

10.4 CHLAMYDIA

TITLE	DESCRIPTION
DEFINITION:	<p>Chlamydial infection is the most frequently reported infectious disease in the United States, and prevalence is highest in persons aged ≤ 24 years. Several important sequelae can result from <i>C. trachomatis</i> infection in women, the most serious of which include PID, ectopic pregnancy, and infertility.</p> <p>Asymptomatic infection is common among both men and women. To detect chlamydial infections, health-care providers frequently rely on screening tests. Annual screening of all sexually active women aged <25 years is recommended, as is screening of older women at increased risk for infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection). Screening should occur at initial visits, appointments for pregnancy tests, annual exams, or initiation of contraceptives.</p> <p>Treatment should be given to all clients with clinical and/or laboratory evidence of infection as well as to all people exposed to an infected partner.</p> <p>Chlamydial infection is considered to be a reportable condition by the state of Montana.</p>
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Sexual Health Assessment <p>May Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. Comprehensive medical, family, social, reproductive life plan and contraceptive history (initial, or updated as indicated). 3. Discharge that may cause vulvar and/or vaginal itching. 4. Irregular or postcoital bleeding. 5. Dyspareunia or pelvic pain. 6. Males – epididymitis. 7. Dysuria. 8. No symptoms.
OBJECTIVE:	<p>Assess as Indicated:</p> <ol style="list-style-type: none"> 1. Inflamed cervix – may include mucopurulent cervical discharge, friable and erythematous cervix. 2. Tenderness of cervix, uterus or adnexa (which is suggestive of PID). *If the following symptoms are present (See PID Protocol). <ol style="list-style-type: none"> a. Fever ($T > 100.4$). b. Tachycardia. c. Cervical motion tenderness. d. Other evidence of salpingitis. 3. Males – clear, white or mucoid discharge. 4. Clients should be screened according to current CDC STI Treatment Guidelines. The following screening criteria for women should be used: <ol style="list-style-type: none"> a. For female clients under age 25: <ol style="list-style-type: none"> i. Screen all sexually active women under age 25 for chlamydia annually. b. For female clients 25 years or older, screen those who have:

TITLE	DESCRIPTION
	<ol style="list-style-type: none"> i. A new sex partner. ii. More than one sex partner. iii. A sex partner with concurrent partners. iv. A sex partner who has a sexually transmitted infection.
LABORATORY:	<ol style="list-style-type: none"> 1. Chlamydia screening, including GC as indicated. 2. Any additional STI/HIV screening as warranted.
ASSESSMENT:	<ol style="list-style-type: none"> 1. Chlamydia. 2. Presumptive chlamydia per history or clinical indicators.
PLAN:	<ol style="list-style-type: none"> 1. Treat according to regimens recommended by the current CDC STI Treatment guidelines. 2. Offer testing for HIV infection and other STI tests as indicated. 3. Document education provided & client verbalizes understanding of information. 4. Women and men who have been treated for chlamydia should be retested approximately 3 months after treatment, regardless of whether they believe their sex partners were treated. If retesting in 3 months is not possible, they should be retested whenever they present for medical care in the 12-month period following initial treatment. 5. Test-of-cure to detect therapeutic failure (e.g. repeat testing 3–4 weeks after completing therapy) is not advised for persons treated with the recommended or alternative regimens, unless therapeutic adherence is in question, symptoms persist, or reinfection is suspected. 6. Offer PDPT if limited service pharmacy licensed clinic. 7. RTC if any problems or concerns.
EDUCATION:	<ol style="list-style-type: none"> 1. To minimize disease transmission of sex partners, persons treated for chlamydia should be instructed to abstain from sexual intercourse for 7 days after single dose or until completion of a 7-day regimen and resolution of symptoms if present. 2. Stress importance of completing medication as directed. 3. Stress the need to return to clinic if persistent symptoms or whose symptoms recur shortly after treatment. 4. Stress the need for all sexual partners to be tested, evaluated, and treated. 5. Counsel on consequences of untreated disease including: <ol style="list-style-type: none"> a. Females: PID <ol style="list-style-type: none"> i. Lower abdominal pain. ii. Fever (T>100.4). iii. Chills. b. Males <ol style="list-style-type: none"> i. Epididymitis. ii. Urethral stricture. iii. Sterility. 6. Use barrier method to reduce the risk of future infections.
REFERRAL TO MEDICAL PROVIDER:	Client whose symptoms do not resolve following treatment.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Centers For Disease/Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 2. CDC Sexually Transmitted Disease Treatment Guideline, 2015. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf)