

Chlamydia Screening

The following guideline recommends assessment and screening for *Chlamydia trachomatis*.

- Annual screening for all sexually active women 25 and younger (including adolescents). U.S. Preventive Task Force (USPSTF) Grade A recommendation.
- Perform assessment of risk factors for infection with every routine healthcare contact with young women

Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Women (Pregnant and Non Pregnant)			Men
	24 years and younger	25 years and older		
	Includes adolescents	Not at increased risk	*At increased risk	
Recommendation	A (Non Pregnant) Screen if Sexually Active B (Pregnant) Screen	C Screening not indicated	A (Non Pregnant) Screen if Sexually Active B (Pregnant) Screen	I No recommendation due to insufficient evidence
Risk Assessment	<p>Age: Women and men aged 24 years and younger are at greatest risk.</p> <p>* Risk Factors: History of previous Chlamydial infection or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work.</p>			
Screening Tests	<p>Nucleic acid amplification tests (NAATs) can identify chlamydial infection in asymptomatic women (non-pregnant and pregnant) and asymptomatic men.</p> <p>NAATs have high specificity and sensitivity and can be used with urine and vaginal swabs.</p>			
Screening Intervals	<p><u>Non-Pregnant Women</u> The CDC recommends that women at increased risk be screened at least annually.</p> <p><u>Pregnant Women</u> For women 24 years and younger and older women at increased risk: Screen at the first prenatal visit. For patients at continuing risk, or who are newly at risk: Screen in the 3rd trimester.</p>			Not applicable

Chlamydia Treatment and Follow Up

	Non-pregnant patients	Pregnant women	Alternative Regimens for non-pregnant
Treatment	<p>Azithromycin 1000mg PO x 1 dose</p> <p>OR</p> <p>Doxycycline 100mg PO BID X 7 days</p>	<p>Azithromycin 1000mg PO x 1 dose</p> <p>OR</p> <p>Amoxicillin 500mg PO TID x 7days</p>	<p>Erythromycin base 500mg PO QID x 7 days</p> <p>OR</p> <p>Erythromycin ethylsuccinate 800mg PO QID x 7 days</p> <p>OR</p> <p>Levofloxacin 500mg PO QD x 7 days</p> <p>OR</p> <p>Ofloxacin 300mg PO BID x 7 days</p>
Test of Cure	<p>Not recommended unless compliance is in question, symptoms persist or reinfection is suspected</p>	<p>Repeat testing 3-4 weeks after completing therapy</p>	
Sex Partners	<p>Refer sex partners if sexual contact occurred within 60 days of symptom onset or diagnosis</p> <p>Patient delivery of antibiotic therapy to sex partners is appropriate if concerns regarding ability to get treatment to the partner. <i>*Not recommended for Men having Sex with Men as higher risk for co-existing infections.</i></p>		