

What does a chlamydia look like?

A Health Care Provider Toolkit

**What do I need to know about
chlamydia and gonorrhoea?**

General Information

- ▶ Chlamydia is the most frequently reported communicable disease in Utah, followed closely by gonorrhea.

- ▶ In 2008, over 6,000 cases of chlamydia and nearly 500 cases of gonorrhea were diagnosed in Utah. Two-thirds of all cases were diagnosed in 15-24 year olds.

- ▶ Chlamydia and gonorrhea are both reportable diseases.

- ▶ Diagnosing laboratories are required by Utah law to report chlamydia and gonorrhea cases to the state

health department and/or local health departments where the patient resides.

- ▶ The local health department will follow-up with health care providers and infected patients to confirm treatment and ensure sex partners are tested and treated.

- ▶ Local health departments will require the following patient information from medical providers:

Name, address, phone numbers, date of birth, race/ethnicity, sex, pregnancy status, date of treatment, and dosage.

**What are the long-term
health effects of chlamydia
and gonorrhoea?**

Transmission & Long-Term Effects

Transmission

- ▶ Chlamydia and gonorrhea are transmitted in bodily fluids during vaginal, anal, and oral sex.
- ▶ Babies who are born to infected mothers can contract chlamydia and/or gonorrhea through exposure to vaginal/cervical secretions, resulting in ophthalmic and respiratory infections.

Long-Term Effects

- ▶ Untreated chlamydia and gonorrhea infections can cause pelvic inflammatory disease (PID) and epididymitis, leading to infertility/sterility, pelvic/testicular pain, and ectopic pregnancies.
- ▶ The majority of PID cases are diagnosed in patients infected with chlamydia and/or gonorrhea.
- ▶ Patients with chlamydia, gonorrhea, and other sexually transmitted infections can be more susceptible to HIV infection.

If I can't see the gonorrhoea, is it still there?

Symptoms

▶ Most patients infected with chlamydia and/or gonorrhea experience no signs or symptoms; 75% of women and 50% of men with chlamydia are asymptomatic.

Women

abnormal vaginal discharge, dysuria, lower abdominal pain, lower back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods

Men

penile discharge, dysuria, burning and itching around the opening of the penis, or epididymitis

▶ Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements.

▶ Chlamydia and gonorrhea can be transmitted to the throat during oral sex; this can cause symptoms ranging from non-existent to severe.

▶ If a patient presents with any symptoms common to chlamydia or gonorrhea infection, a health care provider should conduct an STD screening, presumptively treat, and instruct the patient to abstain from any sexual activity until test results are back and/or treatment is completed.

**How can I combat myths about
chlamydia and gonorrhoea?**

Prevention



- ▶ The best way to prevent the transmission of chlamydia, gonorrhea, and other STDs is to abstain from sex.
- ▶ Sexually active patients can reduce their risk through regular screening combined with mutual monogamy with an uninfected partner.
- ▶ Latex male condoms, when used consistently and correctly during oral, anal, and vaginal sex, can greatly reduce (though not eliminate) the risk of chlamydia and gonorrhea transmission.
 - If your patient has a latex allergy, they should consider using polyurethane condoms.

- Female condoms are also available.
- It is not recommended that natural membrane condoms (frequently & incorrectly called lambskin condoms) be used for the prevention of STDs. These condoms can have pores up to 1500 nanometers in diameter and allow bacteria and viruses to easily pass through them.
- ▶ Oral contraceptives (birth control pills) and spermicides do not prevent the transmission of any STD, including chlamydia and gonorrhea.

Patients may benefit from being reminded that washing the genitals, urinating, or douching after sex will not prevent any STD.

What can I do to calm my patients' anxieties?

Screening Recommendations



- ▶ Chlamydia and gonorrhea can be diagnosed by testing urine or swab specimens collected from the site(s) of the body at risk for infection (pharynx, rectum, vagina, penis, cervix)
- ▶ A urine test may not detect a vaginal, cervical, rectal, or pharyngeal infection; therefore, health care providers must ask about the specific screening needs of each patient.
- ▶ Patients with chlamydia and/or gonorrhea should be screened for other STDs.
- ▶ Patients should be tested for chlamydia and gonorrhea at least once a year if:
 - 25 or younger and sexually active
 - Older than 25 and having sex with more than one partner
 - Older than 25 and have a new sex partner
 - Pregnant
- ▶ Health care providers should encourage patients to call in if symptoms appear or worsen at any time. Presumptive treatment for symptomatic patients and their partners (expedited partner therapy) is recommended.

**What hurts more? The infection
or the treatment?**

Treatment Guidelines

▶ Infected patients and their sex partner(s) should be instructed to abstain from any sexual contact until 7 days after a single-dose regimen or after completion of a 7-day regimen in order to prevent reinfection.

▶ Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partner(s) of patients diagnosed with chlamydia or gonorrhea by providing prescriptions of medications to the patient to take to his/her partners without the health care provider first examining the partners. EPT is now legal in Utah.

▶ Visit www.cdc.gov/std/treatment/ for guidelines.

| Chlamydia | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Treatment | Regimen |
| Azithromycin | 1 g orally in a single dose |
| Doxycycline | 100 mg orally twice a day for 7 days |
| Pregnant women with chlamydia should be treated with Azithromycin : 1 g orally in a single dose. | |
| Gonorrhea | |
| Treatment | Regimen |
| Ceftriaxone | 125 mg IM in a single dose |
| Cefixime | 400 mg orally in a single dose or 400 mg by suspension (200 mg/5ml) |
| Treat for chlamydia if chlamydial infection is not ruled out. | |
| Gonococcal Infections of the Pharynx | |
| Ceftriaxone | 125 mg IM in a single dose |

*Please note that updated treatment guidelines will be available from the CDC September 2010.

**Where can I find more
information?**

Provider Resources

- ▶ Catch the Answers www.catchtheanswers.com
- ▶ Chlamydia & Gonorrhea www.cdc.gov/std/
- ▶ CDC Treatment Guidelines www.cdc.gov/std/treatment
- ▶ CDC EPT Information www.cdc.gov/std/ept
- ▶ Condom Effectiveness www.cdc.gov/condomeffectiveness/brief.html
- ▶ Utah HIV/AIDS Info www.aidsinfoutah.net/
- ▶ Utah's HIV/STD/Viral Hepatitis Prevention Program <http://health.utah.gov/cdc/>

Brought to you by the

