

GENITAL TRACT INFECTIONS

Chlamydia trachomatis

Genital chlamydial infection is the most reported, curable, bacterial sexually transmitted infection (STI) in the UK. It is caused by the obligate intracellular bacterium *Chlamydia trachomatis*. The infection is asymptomatic in at least 70% of women and 50% of men.

- Infection of the urogenital tract typically causes inflammation of the:
 - urethra in men
 - cervix and/or urethra in women.
- *C. trachomatis* can also infect the conjunctiva, rectum, and nasopharynx.

Chlamydial infection is termed:

- "Uncomplicated" when the infection has not ascended to the upper genital tract.
- "Complicated" when the infection has spread to the upper genital tract, causing pelvic inflammatory disease (PID) in women and epididymo-orchitis in men.

National guidance ([BASHH guidelines Chlamydia Sep 2018](#)) for first-line treatment has changed back to doxycycline as a consequence of an increase in azithromycin resistance in genital infections.

Opportunistic screening of those aged over 16 years and less than 25 years is available.

In **pregnancy or breastfeeding**, tetracyclines are contra-indicated, so use an extended course of azithromycin (unlicensed as per BASHH guidance) or erythromycin and retest 3-5 weeks after treatment to ensure clearance (test of cure). Please discuss with Integrated Sexual Health Services (ISHS) or microbiology if allergic to macrolides.

All patients with chlamydia should be offered a full STI screen – this can be done via ISHS if needed. Complicated chlamydia infections (including rectal infections or infection in pregnancy) should be referred to ISHS for management. Advise sexual abstinence until they and their partner(s) have completed treatment (or waited 7 days after treatment with azithromycin).

Note: Refer patients with risk factors for STIs (<25yrs, no condom use, recent (<12mth) or frequent change of sexual partner, previous STI, symptomatic partner, or men who have sex with men) or a confirmed STI to ISHS.

General practices with level 2 expertise in sexual health are also appropriate referral sites for some forms of uncomplicated STI management.

Medication	Dose	Duration of Treatment
First line: Doxycycline (contraindicated in pregnancy and breastfeeding)	100 mg twice daily	7 days
Second line: Azithromycin	1 g as a single dose on day 1 and 500 mg once daily on days 2 and 3	3 days
Third line: Erythromycin or Ofloxacin [^] (contraindicated in pregnancy, children, and growing adolescents)	500 mg twice daily	10-14 days
	200 mg twice daily or 400 mg once daily	7 days
In pregnancy or breastfeeding: Azithromycin	1 g as a single dose on day 1 and 500 mg once daily on days 2 and 3	3 days
Or Erythromycin	500 mg twice daily	10-14 days
[^] Note fluoroquinolones can cause long-lasting (up to months or years), disabling, and potentially irreversible side effects, sometimes affecting multiple systems, organ classes, and senses. Please refer here for further information on MHRA alerts.		

Patient information is available from:

The British Association for Sexual Health and HIV (BASHH) '[A guide to - chlamydia](#)'.

The Family Planning Association '[Chlamydia](#)'.