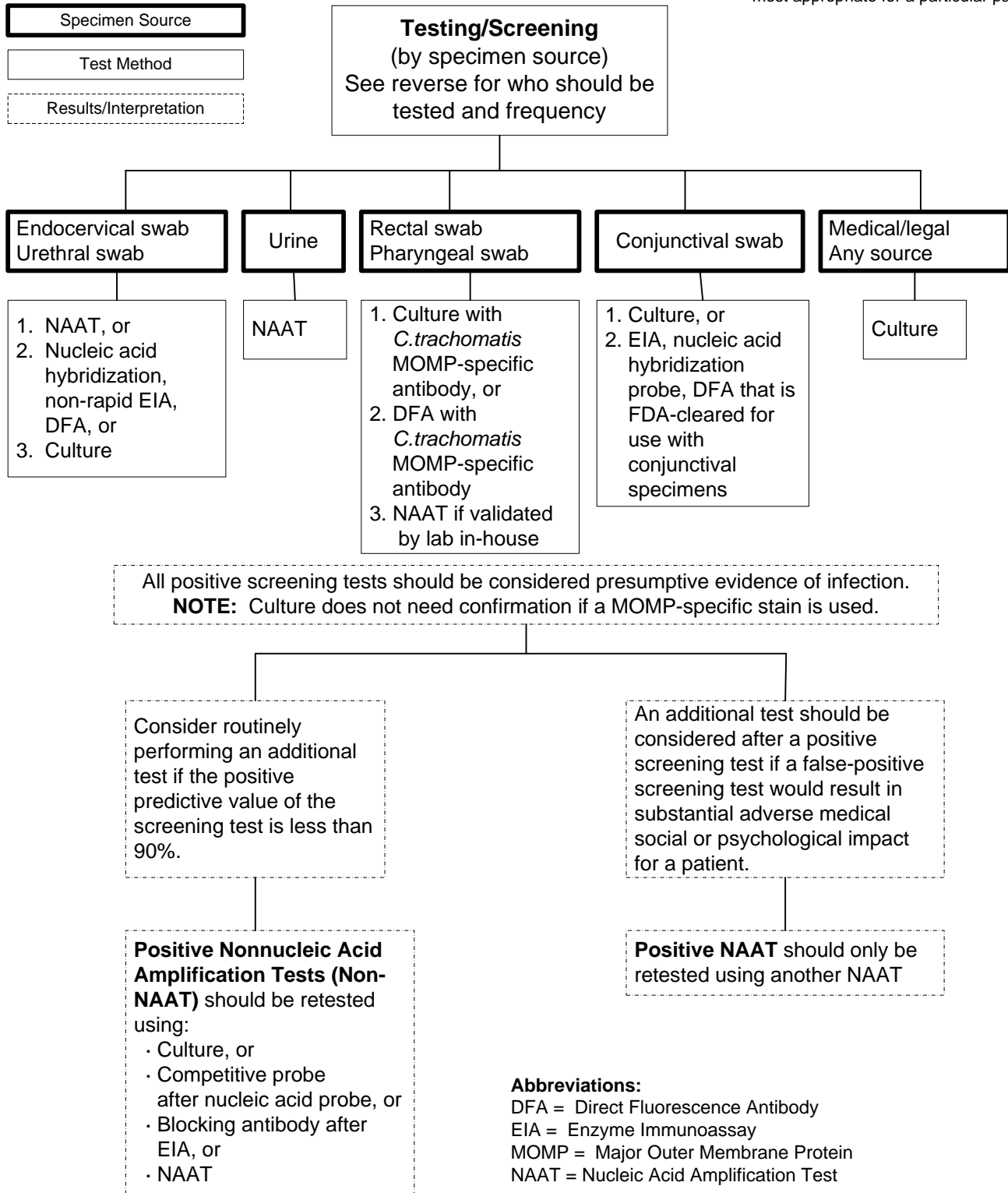


# Chlamydia trachomatis Testing Guidelines

Washington State Clinical Laboratory Advisory Council  
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**FOR EDUCATIONAL PURPOSES ONLY**

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



## References

- Centers for Disease Control and Prevention. Screening Tests to Detect Chlamydia trachomatis and Neisseria gonorrhoeae Infections - 2002. MMWR 2002; (No. RR-15): 3-37.
- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2006. MMWR 2006; 55 (No. RR-11): 7, 38-40.
- Centers for Disease Control and Prevention. Recommendations for the Prevention and Management of Chlamydia trachomatis Infections. MMWR 1993; 42 (No. RR-12)
- Centers for Disease Control and Prevention. Incorporating HIV Prevention into the Medical Care of Persons Living with HIV... MMWR 2003; 52 (No. RR-12):6.

## WHO SHOULD BE TESTED FOR CHLAMYDIA

- Women with mucopurulent cervicitis (defined as a purulent or mucopurulent cervical discharge, easily induced cervical bleeding, and sometimes inflammation in the zone of ectopy), pelvic inflammatory disease, and/or urethral syndrome (defined as acute dysuria and pyuria in the absence of bacteriuria).
- Sexually active women aged 25 years and under.
- Women over 25 with a new sex partner or more than one sex partner.
- Pregnant women.
- Women planning IUD insertion, depending on individual risk as defined by US Preventive Services Task Force guidelines and local *Chlamydia trachomatis* epidemiology.
- Sex partners of persons with chlamydial infection.
- Men with urethritis or epididymitis.
- Young sexually active men (aged 29 years and under) seeking routine health care should be evaluated for asymptomatic chlamydial infection in geographic areas of high prevalence (<http://www.doh.wa.gov/cfh/std/morbidity.htm>).
- HIV-infected persons should be screened for asymptomatic urogenital infection annually or more frequently if at higher risk of infection. Patient reporting receptive anal sex should be tested for rectal chlamydial infection.<sup>4</sup>

## FREQUENCY OF TESTING

- Sexually active adolescent women should be screened for chlamydial infection at least annually, even if symptoms are not present.
- All other women who meet the suggested screening criteria (listed above) should be tested for chlamydia annually unless a sexual risk assessment indicates more frequent screening.
- Routine test of cure is not recommended for persons treated with the recommended regimens unless therapeutic compliance is in question or symptoms persist or reinfection is suspected except in pregnant women. If a nucleic acid amplification test (NAAT) is used to determine if the patient is cured, the specimen should not be collected sooner than four weeks after completion of treatment.
- All persons with chlamydial infection should be re-tested for *C. trachomatis* 3-4 months after treatment (rescreening). Rescreening is indicated regardless of whether the person has resumed sexual activity, has had protected or unprotected intercourse, and whether or not he/she is confident all sex partners were treated. Any visit to the clinic by the patient that occurs at least 10 weeks after treatment for chlamydia, should be used as an opportunity for rescreening. If a NAAT is used, rescreening can be done on urine or a self-obtained vaginal swab, without a pelvic examination.
- A test for *C. trachomatis* should be performed at the first prenatal visit. Women aged <25 years and those at increased risk for chlamydia (i.e., women who have a new or more than one sex partner) also should be tested during the third trimester to prevent maternal postnatal complications and chlamydial infection in the infant.