

# CHLAMYDIA

Are YOU screening for it?

A resource for healthcare providers in Iowa



## The Importance of Screening

- Chlamydia is the most commonly reported infection in Iowa with more than 11,000 new diagnoses annually. It is the leading preventable cause of infertility in the U.S.
- It is highly asymptomatic, as 70% of females and 50% of males don't show any signs or symptoms of infection.
- Screening and early treatment of chlamydia prevent costly complications, such as pelvic inflammatory disease.
- Chlamydia, along with other inflammatory STIs, facilitates transmission and increases the likelihood of acquiring HIV in females and males.
- Half of pregnant women with untreated chlamydia transmit it to their infants. This can cause complications like pneumonia and neonatal conjunctivitis.
- It is estimated that undiagnosed STIs cause 24,000 women to become infertile each year.

## What is Chlamydia?

- Chlamydia is a Sexually Transmitted Infection/ Disease (STI/STD).
- Chlamydia may be transmitted by vaginal, anal, or oral sex.
- It may be transmitted from an infected mother to the newborn during vaginal childbirth.
- Chlamydial infections are readily cured with antibiotics.

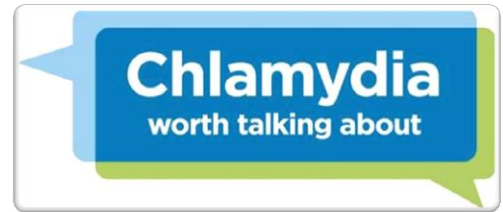
1 in 10 people are infected.



Chlamydia is believed to be twice as common as gonorrhea, 30 times more common than syphilis, and 40 times more common than HIV.

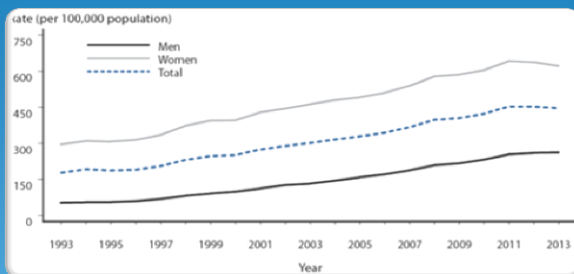
## CDC Screening Recommendations

- **Females 24 years of age and younger:** Screen all sexually active females 24 years of age or younger for chlamydia at least annually, regardless of the presence of signs or symptoms.
- **Females over 24 years of age:** Screen sexually active females over 24 years of age who have a greater risk of infection. Those at greater risk include those with at least one of the following: history of an STI, a new sexual partner, more than one sexual partner, or history of inconsistent use of barrier contraceptives (e.g., condoms).
- **Pregnant Females:** Screen pregnant females for chlamydia at their first prenatal care visit.
- **Lesbians:** Screen lesbians according to their risk factor status and the recommendations for females their age.
- **Males:** The CDC recommends at least annual screening for gay men and other men who have sex with men. Additionally, test males whose partners have chlamydia and those in adolescent health care settings.



### Signs and Symptoms:

- Chlamydia is most often asymptomatic, but diagnostic testing is indicated for any of these signs or symptoms, including:
  - Abnormal vaginal or penile discharge
  - Vaginitis
  - Cervicitis
  - Urethritis
  - Dysuria
  - Postcoital bleeding
  - Intermenstrual bleeding
  - Painful intercourse
  - PID symptoms, such as abdominal pain



From 1993 to 2013 there has been a steady increase in the number of chlamydia cases in the United States. As seen in this figure, rates of chlamydia for females is significantly higher than the rates for males.

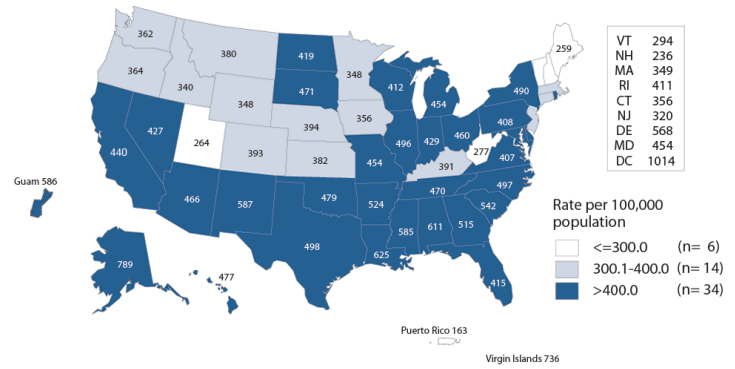
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2013*. Atlanta: U.S. Department of Health and Human Services; 2014.

## Chlamydia in the United States; 2013

- 1,401,906 cases were reported in 2013
- Rate of 446.6 per 100,000 people
- 28% of the cases were among persons 15-19 years of age.
- 39% of the reported cases were among persons 20-24 years of age.
- STIs cost the United States almost \$16 billion in health care costs each year.
- It is estimated that as many as 1 in 10 women are infected with chlamydia.

# Screening Tests for Chlamydia Diagnosis

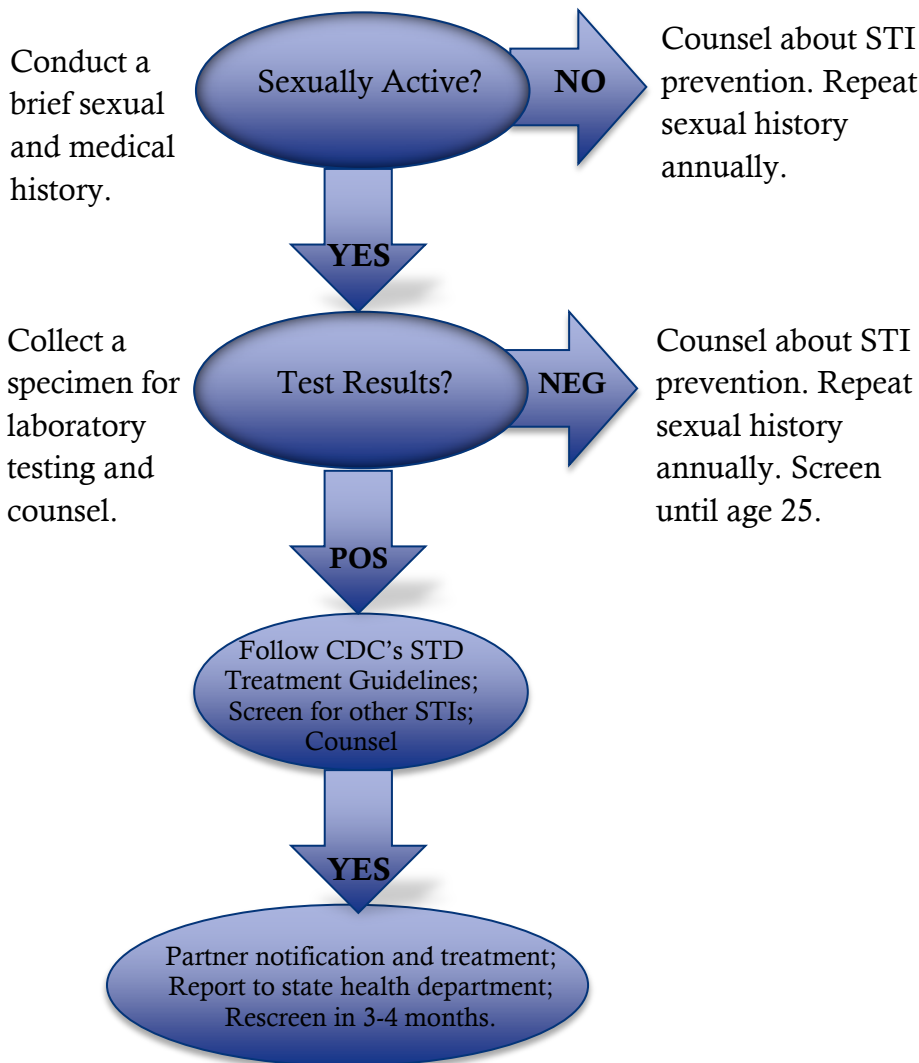
The most common sample types are a swab of the vagina or cervix (females) or urine (men). Results are usually available within three days.



*Chlamydia rates by state in 2013*

## Chlamydia Testing Procedures:

Females, 24 years or younger



## Minors' rights:

Iowa Code 139A.35 states that minors have the right to consent for medical services related to the prevention, diagnosis, or treatment of an STI. Consent of another person, such as a parent, custodian, or guardian shall **not** be necessary.

## Communicating Test Results:

The key to communicating the results of a chlamydia test is consistent procedures throughout the clinic. Guidelines should be created regarding how results will be communicated. All results should be communicated in a confidential and nonjudgmental manner to the patient.

## How is Chlamydia Treated?

Chlamydia is treated easily using a proper dosage and type of antibiotic. Because re-infection is common, it is recommended that an individual be tested again 3-4 months after completing treatment. For complete information, see the STD Treatment Guidelines from the Centers for Disease Control and Prevention (CDC).

Once diagnosed with chlamydia, the **patient should abstain from sexual intercourse for seven days after treatment is completed and sex partner(s) have been treated.**

The most common medications used in the treatment of chlamydia include:

- Azithromycin; 1 gram in a single dose, or
- Doxycycline; 100mg twice daily for 7 days.

Early antibiotic treatment is extremely successful and may prevent the development of long-term complications resulting from chlamydial infection.

\*Chlamydia is an infection that is required to be reported to the Iowa Department of Public Health by both the provider and the laboratory. For additional information call **515-281-4936**.

Go to CDC's STD treatment guidelines page <http://www.cdc.gov/std/tg2015/default.htm> for complete recommendations and to download the app.

## Expedited Partner Therapy (EPT)

- Clinical practice of treating the sex partners of patients diagnosed with chlamydia and/or gonorrhea by providing prescriptions or medications to the patient to take to his or her partner(s) without the health care provider first examining the partner(s).
- Reduces rates of re-infection by 20-50%.
- EPT is legal in Iowa. See Iowa Code [139A.41](#).



## Counseling Partners

After a person has been diagnosed with chlamydia, he/she or the health department should inform their sex partner(s) as soon as possible. This prompts partner(s) to be examined for chlamydia. Partners may test negative even if they are truly infected, particularly if it is early in the infection. For this reason, all sex partners within the last two months should be treated for chlamydia regardless of lab results. This will prevent re-infection from the partner, reduce the likelihood of its transmission to others, and prevent long-term complications associated with untreated chlamydial infections.

# Guide for Taking Patients' Sexual Histories

Improving chlamydia screening begins with an accurate and complete sexual history. Sexual histories should be administered in private. When the patient is an adolescent, her or his parents should not be present.

General tips for talking a sexual history include:

- Establish a connection with the patients prior to asking sexual history questions.
- Remind the patient that any information they give you will be kept confidential.
- Use open-ended questions.
- Use basic terms and avoid medical jargon.
- Keep an open mind and don't make assumptions.
- Think about how you word your questions so that they don't sound judgmental or make the patient feel uncomfortable.
- Think about the five Ps;
  - Partners
  - Prevention of pregnancy
  - Protection from STIs
  - Practices
  - Past history of STIs.

Adolescent-specific practices for taking sexual histories:

- Use of the HEADSSS assessment incorporates an adolescent's sexual history into the larger discussion of his or her social history, thus normalizing discussions of sexual health. HEADSSS stands for:
  - Home
  - Education
  - Activities
  - Drugs
  - Sexual Activity
  - Suicide and depression
  - Safety
- Develop an office policy for the age at which to begin taking a sexual history. The American Medical Association (AMA) recommends beginning this in early adolescence.
- The policy should include a plan for how sexual histories will be taken and who will discuss the history with the patient.
- Be prepared to respond to questions raised by the patient accurately and non-judgmentally.
- Train staff on the procedures for taking sexual histories and on your confidentiality policies.
- If a patient mentions sexual health concerns to clinic staff, the staff member should inform the clinician.

## For further information check out these resources:

National Chlamydia Coalition:  
<http://ncc.prevent.org/providers>

Centers for Disease Control and Prevention:  
<http://www.cdc.gov/std/chlamydia>  
<http://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

<http://www.cdc.gov/std/ept/default.htm>

Iowa Department of Public Health:  
<http://idph.iowa.gov/hivstdhep/std/resources>

George Walton, STD Program Manager  
Iowa Department of Public Health; 515-281-4936

Colleen Bornmueller, CBSS Coordinator  
515-288-9028, Ext. 15



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