

SCENARIO: Clinician Feedback

Coral Grant

Coral has asymptomatic Chlamydia from a casual sexual contact. This is a common scenario and you need to be able to provide appropriate treatment for Coral and initiate some way in which her contacts are informed. It is possible that she has caught the infection from her husband or that they have both been asymptotically infected from before they met.

Inevitably there will be some distress when she tells her husband and Coral will need some sympathetic support to get through this. It is important not to jump to conclusions or become judgemental as the scenario unfolds. The use of condoms needs to be reinforced for Coral in case she gets herself into a similar problem in the future.

In addition to the generic skills required for every clinical encounter, the clinician needs the following list of specific skills to achieve SECO in this scenario:

- Take a sensitive sexual history
- Treat Chlamydia
- Initiate the informing of contacts without breaking patient confidentiality
- Provide support in a difficult situation
- Reinforce the benefits of condom use
- Advise about the 7 day rule to do with antibiotics and the combined pill

Risk factors for infection includes age under 25yrs, new sexual partner or more than one sexual partner in the past year, a new sexual partner being more important than the number of partners, and lack of consistent use of condoms.

C.trachomatis is frequently asymptomatic in both men and women. If untreated, infection may persist or resolve spontaneously. Two thirds of sexual partners of chlamydia-positive individuals are also chlamydia-positive.

Approx 70% of women and 50% men will be asymptomatic when infected.

Without treatment, 10-40% of infected women will develop pelvic inflammatory disease (PID) with a significant proportion of these cases being asymptomatic or having mild, atypical symptoms. PID can result in tubal factor infertility, ectopic pregnancy and chronic pelvic pain. The risk of developing PID increases with each recurrence of *C.trachomatis* infection, as does the risk of reproductive sequelae.

Sites to be sampled

Women

- A cervical swab or vulvo-vaginal swab are specimens of choice
- The vulvo-vaginal swab has a sensitivity of 90-95% and can be either taken by the patient or health care worker. Studies indicate that sensitivities similar to a cervical swab are obtainable.
- If a speculum examination is not possible then urine samples can be utilized.

- Variable sensitivities (65-100%) have been reported using the first voided urine specimen (FVU). Patients should hold their urine for 1- 2 hours before providing a FVU specimen.

Men

- **First voided urine sample is reported to be as good as a urethral swab.**

Patients should hold their urine for 1-2 hours before being tested

Management /General Advice

Patients should be advised to avoid sexual intercourse (including oral sex) until they and their partner(s) have completed treatment (or wait 7 days if treated with Azithromycin). Advice regarding appropriate action if using hormonal contraceptives is also required.

Further Investigation

All patients diagnosed with *C.trachomatis* should be encouraged to have screening for other STIs, including an HIV test and, where indicated hepatitis B screening and vaccination. If the patient is within the window period for HIV and syphilis, these could be repeated at an appropriate time interval. All contacts of *C.trachomatis* should be offered the same screening tests.

Recommended regimens:

- Azithromycin 1gm orally in a single dose
- Doxycycline 100mg bd for 7 days (contraindicated in pregnancy) *or* Erythromycin 500mg bd for 10-14 days

In general compliance with therapy is improved if there is a positive therapeutic relationship between the patient and the doctor and /or nurse.

Discuss with patient and provide clear written information on Chlamydia and how it is transmitted.

- o It is primarily sexually transmitted
- o If asymptomatic there is evidence that it could have persisted for months or years
- o It is often asymptomatic in both men and women

Ministry of Health. Chlamydia management guidelines, 2008. Available from [http://www.moh.govt.nz/moh.nsf/pages/mh/8210/\\$File/chlamydia-management-guidelines.pdf](http://www.moh.govt.nz/moh.nsf/pages/mh/8210/$File/chlamydia-management-guidelines.pdf)

British association for sexual health and HIV
2006 UK National guideline for the management of genital tract infection with Chlamydia trachomatis
<http://www.bashh.org/documents/61/61.pdf>