

CHLAMYDIA

Case definition

CONFIRMED CASE – GENITAL INFECTIONS

Laboratory evidence of infection in genitourinary specimens:

- Detection of *Chlamydia trachomatis* by culture

OR

- Detection of *C. trachomatis* nucleic acid

OR

- Detection of *C. trachomatis* antigen

CONFIRMED CASE – EXTRA-GENITAL INFECTIONS

Laboratory evidence of infection in rectum, conjunctiva, pharynx and other extra-genital sites:

- Detection of *C. trachomatis* by culture

OR

- Detection of *C. trachomatis* nucleic acid

OR

- Detection of *C. trachomatis* antigen

CONFIRMED CASE – PERINATALLY ACQUIRED INFECTIONS

Laboratory evidence of infection:

- Detection and confirmation of *C. trachomatis* in nasopharyngeal or other respiratory tract specimens from an infant in whom pneumonia developed in the first six months of life:

- Isolation of *C. trachomatis* by culture

OR

- Demonstration of *C. trachomatis* nucleic acid

OR

- Demonstration of *C. trachomatis* antigen

OR

- Detection and confirmation of *C. trachomatis* in conjunctival specimens from an infant who developed conjunctivitis in the first month of life:

- Isolation of *C. trachomatis* by culture

OR

- demonstration of *C. trachomatis* nucleic acid

OR

- Demonstration of *C. trachomatis* antigen

Causative agent

Chlamydia trachomatis, a bacterium with many serologic variants.

Source

C. trachomatis grows in the vagina and/or urethra of infected persons. It may be found in the rectum as well. The bacteria may spread to other parts of the reproductive tract and cause cervicitis, pelvic inflammatory disease (PID), epididymitis, proctitis, urethritis, perihepatitis, conjunctivitis, Reiter's syndrome and lymphogranuloma venereum.

Incubation

2-6 weeks, but it can take longer.

Transmission

Exchange of infected secretions during intimate contact is necessary for infection. Vaginal, oral and anal intercourse is the primary source of transmission; however newborns delivered vaginally in a positive mother are at risk and may develop conjunctivitis and pneumonia.

Communicability

Extent of communicability is unknown, however an individual is infectious as long as bacteria are present in the genital or rectal tract, even without symptoms. Individuals are advised to refrain from sexual contact until the course of antibiotic therapy is completed.

Symptoms

More than 50% of males and 70% of females are asymptomatic. Symptoms may include:

Females	Males	Neonates & infants
Genital discharge	Urethral discharge	Conjunctivitis (neonates)
Dysuria	Dysuria	Pneumonia (infants < 6 months)
Abdominal pain	Urethral itch	
Abnormal vaginal bleeding	Epididymis pain	
Dyspareunia		

Diagnostic testing

Nucleic Acid Amplification Test (NAAT) by vaginal swab, conjunctival swab/scraping, nasopharyngeal swab, urine

Treatment

For youth and adults, azithromycin in a single dose [preferred]. Primary care providers should consult their drug reference guidelines for appropriate dosing of antibiotics.

PUBLIC HEALTH MANAGEMENT & RESPONSE

Case management

All reports of chlamydia trigger Public Health contact with the health care practitioner (HCP) who ordered the lab test.

The HCP will be asked:

- Has the client been notified of the positive result?
- Has the client been treated?
- Has the client been given education?
- Will the client or HCP notify the contacts?

If the HCP requests Public Health assistance, contact the client:

- To discuss notification of sexual partners
- To ensure that the treatment regimen is being followed
- To ensure he or she has been given information about transmission, symptoms, testing, treatment, long-term outcomes and further prevention. Use fact sheets where appropriate.

Contact tracing

If the physician requests Public Health assistance, contact the client to discuss partner notification. There are disease-specific guidelines in terms of how far back to go in sexual history for contact tracing which are included in the Canadian Guidelines on Sexually Transmitted Infections, phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-2-eng.php#a9

- Ascertain whether all partners have been notified.
- Explain how confidential partner notification works and offer assistance in notifying partners.

- You may need to discuss concerns about, and strategies for, talking to past sexual or other partners.
- It should be made clear to the individuals that notification will not involve their own identification.
- Indicate that partner notification is a service that PH provides to assist the individual in possibly uncomfortable situations, instead of as a method of policing the case.
- Be sure that the individual understands that confidentiality is maintained. If the individual is very reluctant to name his or her partners, instruct the individual that they are responsible for reaching their contacts.
- Stress the importance of this for future health and fertility of contacts, especially for partners who may be pregnant.

Notify sexual partners.

Notification of past and present sexual partners should be started as soon as the names are obtained, except in the event that an individual asks the investigator to wait so that he or she may inform the partners first.

Refer to the Canadian Guidelines on Sexually Transmitted Infections for information about partner notification: phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-2-eng.php#a9

Surveillance forms

novascotia.ca/dhw/populationhealth/surveillanceguidelines/NS_Notifiable_Disease_Surveillance_Case_Report_Form.docx

novascotia.ca/dhw/populationhealth/surveillanceguidelines/STI_Follow_Up_Form_for_One_Contact.pdf

General Information Sheet

References

Canadian Guidelines on Sexually Transmitted Infections, Public Health Agency of Canada phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/index-eng.php

Control of Communicable Diseases Manual, 20th edition. 2015. David Heymann, editor. American Public Health Association.

Provincial Microbiology User's Manual cdha.nshealth.ca/pathology-laboratory-medicine

Sexually Transmitted Diseases Treatment Guidelines 2015. U.S. Centers for Disease Control and Prevention. cdc.gov/std/tg2015/tg-2015-print.pdf

Sexual Health and STIs, Public Health Agency of Canada phac-aspc.gc.ca/std-mts/faq-eng.php