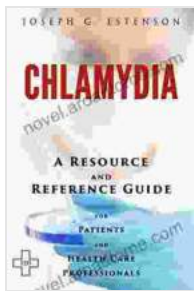


# Chlamydia Reference Guide: The Comprehensive Guide to Chlamydia Prevention, Diagnosis, and Treatment

Chlamydia is a common sexually transmitted infection (STI) that can cause serious health problems if left untreated. It is caused by the bacterium *Chlamydia trachomatis*, which can infect the cervix, urethra, rectum, and throat.

Chlamydia is often asymptomatic, meaning that many people who have it do not experience any symptoms. However, some people may experience:



## Chlamydia - A Reference Guide (BONUS DOWNLOADS) (The Hill Resource and Reference Guide Book 107)

by Samantha Wells

★★★★☆ 4.7 out of 5

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- Abnormal vaginal discharge
- Burning or itching during urination
- Pelvic pain

- Rectal pain or discharge
- Sore throat

If you think you may have chlamydia, it is important to see a doctor right away. Chlamydia can be diagnosed with a simple urine test or swab of the cervix or urethra. Treatment for chlamydia is typically a course of antibiotics.

Chlamydia is a preventable infection. The best way to prevent chlamydia is to use condoms every time you have sex. You should also get tested for chlamydia regularly, especially if you have multiple sexual partners.

### **The Hill Resource and Reference Guide**

The Hill Resource and Reference Guide is a comprehensive guide to chlamydia that provides information on:

- The symptoms of chlamydia
- The causes of chlamydia
- The diagnosis of chlamydia
- The treatment of chlamydia
- The prevention of chlamydia

The guide also includes a glossary of terms, a list of resources, and a section on frequently asked questions.

The Hill Resource and Reference Guide is an essential resource for anyone who wants to learn more about chlamydia. It is written in a clear

and concise style, and it provides comprehensive information on all aspects of chlamydia.

## **Bonus Downloads**

When you Free Download the Chlamydia Reference Guide, you will also receive access to the following bonus downloads:

- A printable PDF of the guide
- A set of chlamydia prevention tips
- A list of resources for chlamydia testing and treatment

These bonus downloads will help you to stay informed about chlamydia and to protect yourself from this common STI.

## **Free Download Your Copy Today**

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## Diagnosis of *Chlamydia trachomatis* Quick Reference Guide for General Practices



### SCREENING FOR CHLAMYDIA

**Why screen?** Prolonged exposure to chlamydia as a silent infection or frequent reinfections cause kidney damage and infertility in about 5–15%.<sup>1,2</sup> PID occurs in 10–15% of untreated women attending GUM with chlamydia.<sup>3,4</sup>  
**Who screen and under 25 years?** Prevalence in 15–24 yr olds is 6%<sup>5</sup> but over 50% are asymptomatic.<sup>6</sup>  
**Effective office approaches:** **Leading to AGL:** **most** <sup>7</sup> **and women <25 attending the surgery (GUM) reasons.**<sup>8</sup>  
**Are you a low tester?** There is a great variation in practice ranging from 0.1–50% of 15–24 year old patients.<sup>9</sup>  
**What do my patients think?** Patients say they prefer screening in a GP practice and would like to offer them the test.  
**How often should I screen?** Offer screening at practice change and at least once a year.<sup>10</sup>  
**What about those over 25 years?** Currently, much GP testing is in older women<sup>11</sup> who are at much lower risk (1% of 25 years).<sup>12</sup> Patients OVER 25 years should only be screened if new sexual partner in last 12 months.<sup>13,14</sup>

### SAMPLING

**How long will it take me?** An issue among patients know about chlamydia it is now much quicker to offer, explain the benefits and how to take the specimen. Patient leaflets are available from the national screening programme.  
**A. How can I improve return of specimen kits by patients?** It is much better to ask the patient to provide the specimen before they leave the surgery – patients say they would prefer this.  
**B. In women:** Submits will take a vaginal swab **specifically for Nucleic Acid Amplification Test (NAAT) a chemical swab.**<sup>15</sup> A 20-40 second specimen may be accepted by some laboratories. **Check local laboratory performance.**  
**A. In men:** first void urine. If some held in bladder for 2 hours there is a risk of false negatives of mild infection.<sup>16,17</sup>  
**B. Value of swab tests:** Current evidence does not support routine use of point-of-care tests for chlamydia in primary care.  
**B. Reactive arthritis:** In reactive arthritis, take urine and genital swabs, which may detect chlamydia.<sup>18,19</sup>  
**22. In asymptomatic patients or positive chlamydia test, swabs for other STIs should be taken.**  
**23. Give patient verbal and written information about chlamydia, other STIs, and safer sex.**

### ALSO TEST FOR SYMPTOMS OR SIGNS SUGGEST CHLAMYDIA

<b>In sexually active women:</b>	<b>In sexually active men:</b>
<ul style="list-style-type: none"> <li>1. Menstrual abnormalities (pain, cycle irregularities)</li> <li>2. Mucopurulent cervical discharge<sup>20</sup></li> <li>3. Painful or irritable cervix (which may bleed on contact)</li> <li>4. Deep dyspareunia</li> <li>5. Urinary symptoms: Frequency/dysuria with or MSU</li> <li>6. Another sexually transmitted infection (including scabs)</li> <li>7. Suspected PID (pelvic pain and tenderness)</li> <li>8. Failed infertility or ectopic pregnancy<sup>21</sup></li> <li>9. Women undergoing cervical intraepithelial neoplasia (CIN)<sup>22</sup></li> </ul>	<ul style="list-style-type: none"> <li>1. Dysuria (frequency is not suggestive of UTI)<sup>23</sup></li> <li>2. Urethral discharge</li> <li>3. Urethritis<sup>24</sup></li> <li>4. Epididymitis, proctitis, proctocolitis in sexually active<sup>25</sup></li> </ul>
	<b>In men or women if:</b>
	<ul style="list-style-type: none"> <li>1. Reactive arthritis in the sexually active<sup>26</sup></li> <li>2. Presence of ulcers with chlamydial conjunctivitis or proctitis<sup>27</sup></li> <li>3. Semen and egg donors<sup>28</sup></li> </ul>

### TREATMENT OF UNCOMPLICATED INFECTION

**In patients with signs or symptoms strongly suggestive of chlamydia, start treatment without waiting for test results and ensure that steps are taken to treat the sexual partner(s). Treatment for STIs is free in GU clinics.**

**A. First line treatment in women and men:**  
 1. Azithromycin 1g PO stat or  
 2. Doxycycline 100mg bid PO 7 days

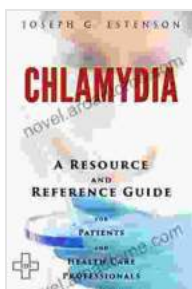
**In pregnancy or breast-feeding:**  
 1. Azithromycin can be used but is 'off label'.  
 2. Alternatives include:  
 a. Erythromycin 500mg bid PO 14 days  
 b. Amoxicillin 500mg bid PO 7 days

**Advise patient and partner to abstain from intercourse or use safe sex until 7 days post-azithromycin or completion of other treatment.**

### PARTNER NOTIFICATION

**B. 1. Local arrangements for contact tracing may still may no longer be arranged. Use of CSP**  
 2. **Identify current partners retrospectively if found.**  
 3. **Inform patients. Attempt to contact all sexual partners in last 12 months.**

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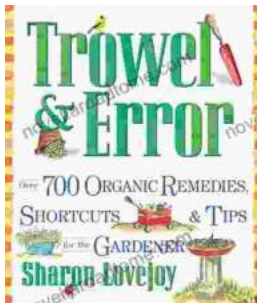
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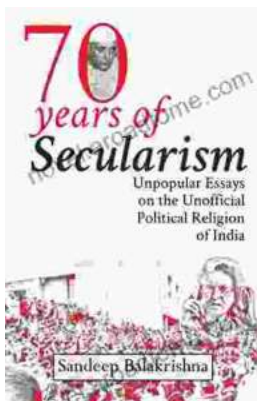
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