

Chlamydia

Screening and Treatment Guidelines

U.S. Preventive Services Task Force Chlamydia Screening and Treatment Guidelines

The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active nonpregnant young women aged 24 and younger and for older nonpregnant women who are at increased risk.

Rationale: There is good evidence that screening for chlamydial infection in nonpregnant women who are at increased risk can reduce the incidence of PID. The USPSTF concludes that the benefits of screening for chlamydial infection substantially outweigh the harms.

The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.

Rationale: There are no studies evaluating the effectiveness of screening for chlamydial infection in pregnant women who are at increased risk. The USPSTF, however, found that 1) screening identifies infection in asymptomatic pregnant women, 2) there is a relatively high prevalence of infection among pregnant women who are at increased risk, and 3) there is fair evidence of improved pregnancy and birth outcomes for women who are treated for chlamydial infection. The USPSTF concludes that the certainty is moderate that the benefits substantially outweigh the harms of screening for chlamydial infection.

The USPSTF recommends against routinely providing screening for chlamydial infection for women aged 25 and older, whether or not they are pregnant, if they are not at increased risk.

Rationale: The USPSTF identified no studies documenting the benefits of screening women, including pregnant women, who are not at increased risk for chlamydial infection. While recognizing the potential benefit to women identified through screening, the USPSTF concludes that the overall benefit of screening would be small, given the low prevalence of infection among women not at increased risk. There may be considerations that support screening an individual patient.

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydial infection for men.

Rationale: For men, the benefits of screening are not known; thus, the USPSTF could not determine the balance of benefits and harms of screening men for chlamydial infection.

Comparison of chlamydia testing technologies

Each of these tests are covered by BCBSNC, as indicated by BCBSNC Preventive Care Guidelines

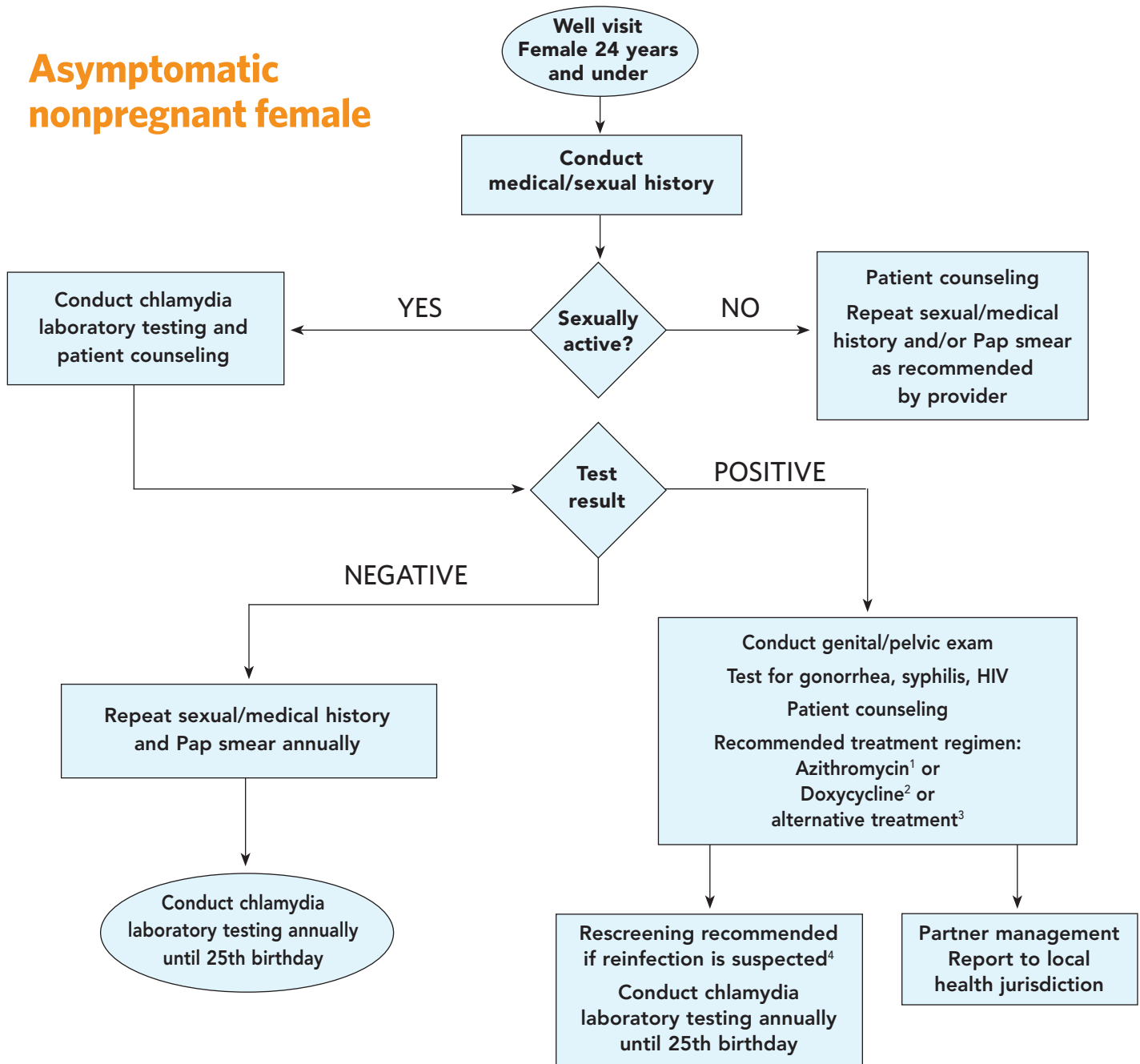
| Test | Advantages | Disadvantages |
|--|---|---|
| Nucleic Acid Amplification (NAAT) | 90% or greater sensitivity and specificity Can use either urine or cervical swabs as specimens | More expensive than DNA Probe or EIA |
| Culture | Specificity nears 100%, thereby reducing the potential for false positive results | Requires a skilled laboratorian, is laboratory intensive and expensive Sensitivity is about 80% Cervical specimens only |
| DNA Probe | More stable transport of specimens Less expensive than culture | Cervical specimens only Sensitivity is about 65% |
| EIA | Less technically demanding than culture Less expensive | Cervical specimens only Sensitivity is about 60% |

Source: USPSTF Screening for Chlamydial Infection. 2007. <http://www.ahcpr.gov/clinic/uspstf/uspstfuschlm.htm>

CDC Chlamydia Screening. 2000. http://www.cdc.gov/nchstp/dstd/Reports_Publications/HMOletter.pdf

Chlamydia Care Path

Asymptomatic nonpregnant female



Sources: California STD Initiatives: Chlamydia Action Coalition, Clinical Practice Guidelines, http://www.ucsf.edu/castd/downloadable/clinicalpractice_guidelines.pdf, November 2007.

1 Azithromycin dose: 1 gram p.o., single dose.

2 Doxycycline dose: 100 mg p.o. BID for 7 days.

3 Alternative treatment regimen: Erythromycin base 500 mg p.o. QID for 7 days or Erythromycin ethylsuccinate 800 mg p.o. QID for 7 days or Ofloxacin 300 mg p.o. BID for 7 days or Levofloxacin 500 mg p.o. QD for 7 days.

4 Because chlamydia reinfection is common, it is recommended that rescreening of infected females be performed 3-4 months after treatment.

