

PREVENTION

1

Have open conversations with patients about sexual history and health.

2

Recommend safe sex practices such as using condoms and getting regular testing.

3

Discuss DoxyPEP as a potential option for gay, bisexual or other men who have sex with men, and transgender women, regardless of perceived risk. DoxyPEP is an antibiotic that reduces the risk of acquiring STIs after a possible exposure.

4

If a person tests positive for chlamydia, contact sex partners in the last 60 days for screening and treatment.

See the Resources section for partner management options.

During Pregnancy

Three-point testing during pregnancy and test of cure after 4 weeks post treatment completion are key to prevent infection in neonates.



RESOURCES

CDC
Chlamydia
Guidelines



Partner
Services for
Clinicians

IHS Express
STI Services
Guide



IHS
DoxyPEP
Guidance

REFERENCES

1. Hocking, J. S., Geisler, W. M., & Kong, F. Y. S. (2023). Update on the Epidemiology, Screening, and Management of Chlamydia trachomatis Infection. *Infectious disease clinics of North America*, 37(2), 267–288. <https://doi.org/10.1016/j.idc.2023.02.007>.
2. NMDOH STD Surveillance Reports, 2017-2023. <https://www.nmhealth.org/about/phd/idb/std/>.



ALBUQUERQUE AREA SOUTHWEST
TRIBAL EPIDEMIOLOGY CENTER

DEFEND OUR
COMMUNITIES AGAINST

CHLAMYDIA

Empower our tribal clinics
and hospitals to PREVENT,
TEST, and TREAT chlamydia



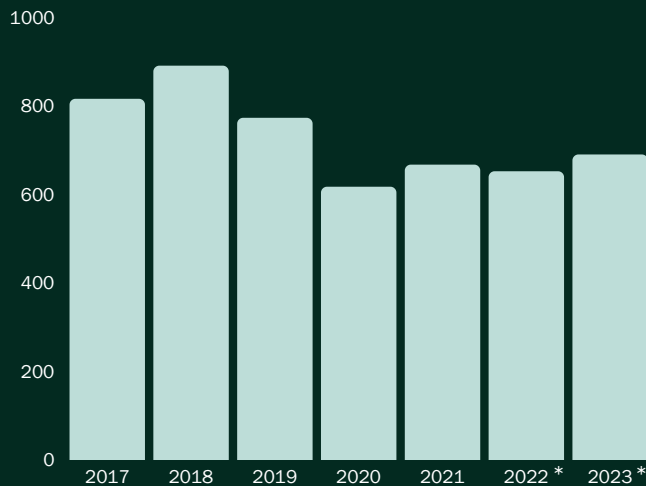
ALBUQUERQUE AREA SOUTHWEST
TRIBAL EPIDEMIOLOGY CENTER

www.aastec.net

THE ISSUE

Chlamydia is the most common bacterial sexually transmitted infection in the US¹

Cases Per 100,000 Amongst Non-Hispanic American Indian/Alaska Natives in NM from 2017-2023²



*Data based on 2021 population estimates

If left untreated, chlamydia infection can lead to:

- Pelvic inflammatory disease in women
- Infertility in women and men
- Other acute and chronic health conditions

Chlamydia infection has also been associated with increased risk of HIV transmission. Chlamydia can also be passed to babies during birth.

Together, we can continue to prevent chlamydia!

TESTING



Most cases are asymptomatic

so screening is critical

Annual screening is recommended for all sexually active patients.

Tests should be administered based on the patient's location of sexual exposure and anatomy.

Nucleic acid amplification tests (NAATs) are recommended for detecting chlamydia.

Self-swabs are acceptable

Urogenital infections can be diagnosed using first-void urine or by vaginal, cervical, or meatal swabs. Rectal and oropharyngeal swabs should be collected if appropriate.

If testing for chlamydia, it is recommended to test for all STIs, HIV, viral hepatitis, and pregnancy due to increased risk for acquisition.

TREATMENT



Doxycycline 100 mg twice daily for 7 days

Alternative Treatment:
Azithromycin 1 g orally in single dose OR
Levofloxacin 500 mg orally once daily for 7 days

FOR PREGNANT PATIENTS:

Azithromycin 1 g single dose OR
Amoxicillin 500 mg orally three times daily for 7 days

Doxycycline and Levofloxacin are not recommended during pregnancy.

LYMPHOGRANULOMA VENEREUM (LGV):

LGV, caused by certain serotypes of *Chlamydia trachomatis*, is more invasive, associated with symptoms, and requires a longer course of treatment.

FOR PARTNERS:

Expedited Partner Therapy (EPT) is an option. Azithromycin 1 g single dose is recommended.

EPT should be considered when partner screening & treatment is difficult or impractical. See Resources section for more information.