

**NB:** "Uncomplicated chlamydia" suggests infection of the male urethra or female urethra/ endocervix **alone**, without involvement of the epididymis/testes in men or the pelvis in women.

If a female has abdominal pain, deep dyspareunia, dysmenorrhoea, menorrhagia or systemic signs

If a male has epididymal / testicular tenderness

Refer to PID / epididymo-orchitis guidelines

**Uncomplicated infection:**

- At least 75% women & 50% males asymptomatic
- Women: irregular or post coital bleeding, vaginal discharge, dysuria
- Men: dysuria/ urethral discharge

**Sample - Females**

Endocervical (if speculum exam<sup>n</sup> indicated) or self taken lower vaginal SDA swab (pink)

**Sample - Males**

First pass urine, plain pot with "T-bag" for SDA (if available - if not lab will add on receiving sample)

**If positive:**

- Azithromycin 1g stat (empty stomach - 2 hours after food, 1 hour before)
- If macrolide allergic/intolerant - doxycycline 100mg bd 7days

**Notes**

- Pregnancy: azithromycin is as yet unlicensed in pregnancy, but considered safe - counsel woman accordingly
- Use Erythromycin 500mg bd 14 days as alternative
- No sex for 1 week and/or 1 week after partners treated, not even with condom / oral sex
- Screening **and** treatment of partners (azithromycin 1g stat)

- Contact trace for 6 months prior to diagnosis (can refer to GUM if complicated, or refer to liaison health adviser tel: 07789 995086).
- Patient info see: <http://www.playingsafely.co.uk/worried/what/pdfs/chlamydia.pdf>