



NWT Clinical Practice Guidelines for the Treatment of Uncomplicated Chlamydia

Reporting Requirements	Chlamydia is a Reportable Disease. The NWT Sexually Transmitted Infections Report form must be filled out and sent to the OCPHO within 7 days.	
Contact Tracing	All sexual partners in the last 60 days prior to symptom onset or date of specimen collection (if the index case is asymptomatic) should be notified, tested and empirically treated regardless of clinical findings and without waiting for test results.	
Follow-up	Repeat screening is recommended 6 months post treatment (Re-infection risk is high)	
Test of Cure (TOC)	<p>TOC is not routinely indicated if a recommended treatment is taken AND symptoms and signs disappear AND there is no re-exposure to an untreated partner except:</p> <ul style="list-style-type: none"> • Where compliance is suboptimal • If an alternative treatment regimen has been used • In all pre-pubertal children • In all pregnant women • when non-genital site involved (e.g. eye, rectum, pharynx) or in cases of complicated infection (PID or epididymitis). <p>Test of cure using a NAAT, if needed, should be performed at 3-4 weeks after the completion of effective treatment.</p>	
Treatment of Uncomplicated Urethral, Endocervical, Rectal, Conjunctival	Adults (Non-pregnant & Non-lactating)	Preferred Treatment
		<p>Azithromycin 1 gm PO in a single dose OR Doxycycline¹ 100mg PO BID for 7 days</p>
		Alternate Treatment
		<p>Ofloxacin 300 mg PO BID for 7 days OR Erythromycin 2 g/day PO in divided doses for 7 days OR Erythromycin 1g/day PO in divided doses for 14 days</p>
Treatment of Uncomplicated Urethral, Endocervical, Rectal	Pregnant Women & Nursing Mothers	Preferred Treatment
		<p>Amoxicillin 500 mg PO TID for 7 days OR Erythromycin 2 g/day PO in divided doses for 7 Days OR Erythromycin 1 g/day PO in divided doses for 14 days OR Azithromycin 1 g PO in a single dose, if poor compliance is expected</p>

Special Considerations

Concomitant treatment is **NOT** recommended for treatment of Chlamydia infections alone when Neisseria Gonorrhoea has been ruled out. Dual treatment is recommended for empiric treatment.

Erythromycin dosages refer to ERYTHROMYCIN BASE. Equivalent dosages may be substituted (with the exception of the esolate formulations). ERYTHROMYCIN ESOLATE FORMULATIONS ARE CONTRAINDICATED IN PREGNANCY. GI side effects are more severe with Erythromycin than Amoxicillin.

¹In cases where a patient is being treated empirically prior to test results being known or when combination therapy is being used for the treatment of gonorrhoea, Doxycycline 100 mg PO BID for 7 days is **NOT** recommended due to the significant rates of tetracycline resistant Gonorrhoea and compliance issues. DOXYCYCLINE IS CONTRAINDICATED IN PREGNANT AND BREASTFEEDING WOMEN.

This guideline is a summary for uncomplicated chlamydia. For further information please consult the Canadian Guidelines on Sexually Transmitted Infections - <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html>.

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