

# Chlamydia

Last updated: 1 September 2014

**Public Health Priority:**

Routine

**PHU response time:**

Enter on NCIMS within five working days of notification  
Enter confirmed cases only.

**Case management:**

Responsibility of treating doctor

**Contact management:**

Responsibility of treating doctor

## 1. Reason for surveillance

- To monitor the epidemiology of the disease and so inform prevention strategies.

## 2. Case definition

A confirmed case requires laboratory definitive evidence (excluding eye infections).

**Laboratory definitive evidence**

Isolation of *Chlamydia trachomatis*, or:

- Detection of *C. trachomatis* by nucleic acid testing, or
- Detection of *C. trachomatis* antigen.

**Clinical evidence**

Not applicable.

**Epidemiological evidence**

Not applicable.

**Factors to be considered in case identification**

Clinical manifestations of chlamydial infections are difficult to distinguish from gonorrhoea. Symptoms are not necessarily present in all cases.

## 3. Notification criteria and procedure

*Chlamydia trachomatis* infection of any site is to be notified by laboratories on microbiological confirmation (ideal reporting by routine mail).

Only confirmed cases should be entered onto NCIMS.

## 4. The disease

**Infectious agent**

The bacterium *Chlamydia trachomatis*.

### ***Mode of transmission***

Contact with exudate from mucous membranes of infected people, almost always as a result of sexual activity or perinatal transmission.

### ***Timeline***

The typical incubation period is poorly defined, probably 7 to 14 days or more.

The period of communicability is unknown. Relapses are common, and an infected person may be intermittently infectious over many months.

### ***Clinical presentation***

Many infections are asymptomatic. The usual clinical presentation in males is a urethral discharge. Proctitis may be a presentation of the disease in persons who practise receptive anal intercourse. In females, mucopurulent cervicitis is the usual presentation. Congenital chlamydia generally presents as conjunctivitis or pneumonia in neonates.

## **5. Managing single notifications**

### **Response times**

#### ***Data entry***

Within 5 working days of notification enter on NCIMS confirmed cases only.

Response procedure for cases under 16 years:

- Where a case of chlamydia is reported in a child <16 years old, the PHU must send a letter to the doctor who requested the test to undertake an assessment of the risk of harm according to the mandatory reporting guidelines and obligations under the Children and Young Persons (Care and Protection) Act, 1998 and resources for clinical management (Therapeutic Guidelines).
- Where a case of chlamydia is reported in a child aged 12 years or under, the PHU must also directly contact the doctor (eg by telephone) to ensure that mandatory reporting obligations have been addressed. If no contact can be made, the PHU should contact the Child Well Being Unit (1300 480 420) or make a direct report to the Department of Community Services.
- The PHU should make reasonable attempts to record in NCIMS the Indigenous status of all cases under 16 years, for example by checking the LHD patient management system and/or calling the diagnosing doctor.
- All actions should be documented in the NCIMS record.

### **Case management**

#### ***Investigation and treatment***

In general, the attending medical practitioner is responsible for treatment.  
Refer to: Therapeutic guidelines: Antibiotics.

#### ***Education***

In general, the case's doctor provides educational and counselling. The medical practitioner should provide information to the case about the nature of the infection and the mode of transmission.

### **Contact Management**

#### ***Identification of contacts***

Sexual contacts usually up to 6 months depending on symptoms.

#### ***Investigation and treatment***

The attending doctor is responsible for contact tracing. PHU's should work with Sexual Health Service Staff to assist if requested. Contacts require counselling, examination and testing, and are usually treated.

## **6. Managing special situations**

**Case clustering**

Case clustering, for example among clients of a sex industry establishment, may indicate the need to initiate an education and/or screening program to meet local requirements.