I. IDENTIFICATION
A. CLINICAL DESCRIPTION: A sexually transmitted disease (STD) caused by an obligate intracellular bacterium, *Chlamydia trachomatis*. The disease is characterized by urethritis in males and mucopurulent cervicitis in females. Asymptomatic infection may be found in up to 25% of sexually active men and in up to 70% of sexually active females. The incubation period is poorly defined but is probably within 7-14 days or longer. Infected individuals are considered infectious until treated without which infections can persist for months. Reinfection is common and both reinfection and untreated infections with or without symptoms may lead to complications. In males, these complications include epididymitis, infertility and Reiter syndrome. Individuals who engage in receptive anorectal intercourse may develop chlamydial proctitis. Common sequelae in women include salpingitis and chronic infection of the endometrium and fallopian tubes. These complications can lead to chronic pelvic pain, infertility and ectopic pregnancy. Infection during pregnancy may result in premature rupture of membranes and preterm delivery and/or complications in the newborn, including conjunctival and pneumonic infections. Endocervical chlamydial infection has been associated with increased risk of HIV infection. Though less commonly reported in the United States, *C. trachomatis* is also the cause of trachoma infection and lymphogranuloma venereum.

B. REPORTING CRITERIA: Laboratory confirmation of *Chlamydia trachomatis*

C. LABORATORY CRITERIA FOR CONFIRMATION:
- Detection of *C. trachomatis* by molecular tests, the most sensitive of which are the Nucleic acid amplification tests (NAATs) **OR**
- Isolation of *C. trachomatis* in culture

D. WISCONSIN CASE DEFINITION: A laboratory confirmed infection.

II. ACTIONS REQUIRED / PREVENTION MEASURES
A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:
   Report to the patient’s local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an STD Laboratory & Morbidity Epidemiologic Case Report (DPH F-44243), or by other means within 72 hours upon recognition of a case or suspected case.

B. EPIDEMIOLOGY REPORTS REQUIRED:
- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs **OR**
- *Paper Copy* – Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report (F-44243)

C. PUBLIC HEALTH INTERVENTIONS:
   In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
Protocol for Disease Management and Investigation of Contacts

- Screening of women for *C. trachomatis* has been shown to reduce the risk of pelvic inflammatory disease. Annual screening of sexually active women is recommended.
- Patients should be counseled for their risk of infection with HIV and other STDS and on the use of condoms and other methods to reduce exposure to STDs including HIV.
- Dual infection with gonorrhea and chlamydia is common. Though the epidemiology of gonorrhea and chlamydia infections supports presumptive treatment for chlamydia for patients who first present with gonorrhea infection, for patients who present first with a positive test for chlamydia infection, testing for gonorrhea should be considered.
- Patients should be advised to avoid sex for seven days following the completion of treatment and their sexual partner have been tested and treated.
- Source investigation by LHD: Patients should be interviewed for all sexual partners and other at-risk individuals (referred to as social contacts and associates). The interview period for sex partners is from 60 days prior to the onset of symptoms or positive test (whichever is earlier) to the date of treatment. Partners elicited within this interview period should be notified and referred for testing and treatment (regardless of test results). Other at-risk individuals (social contacts and associates, including sex partners prior to the interview period) elicited during the interview related to the case, should be notified, and referred for testing; and treated after positive test results occur.
- All sex partners should be screened for STDs and preventively treated for chlamydia.
- CDC treatment recommendations indicate that high rates of reinfection strongly support protocols to retest individuals who test positive for chlamydia within the year at greater than 30 days post treatment, preferably at three months following completion of treatment, and is not for the purpose of a test of cure which is **NOT** recommended except in pregnant women (Sexually Transmitted Diseases Treatment Guidelines, 2010).
- Infection during pregnancy may result in conjunctival and pneumonic infection in the newborn. Prenatal screening can prevent chlamydia infections in neonates. However, neonatal ocular prophylaxis is **NOT** effective in preventing chlamydia ophthalmia neonatorum.
- All infants with conjunctivitis <30 days of age should be evaluated for chlamydia. Chlamydial pneumonia can occur one to three months after birth. These infants are at increased risk for abnormal pulmonary function later in childhood. [And/or interventions listed in bullet format]

**Recommended Treatment Regimens for Uncomplicated Chlamydial Infection in Adolescents and Adults:**

| Azithromycin 1 g orally in a single dose, OR |
| Doxycycline 100 mg orally twice a day for 7 days |

**NOTE:** See *Sexually Transmitted Diseases Treatment Guidelines, 2010*, for more treatment information including for infants and pregnant women. ([http://www.cdc.gov/std/treatment/2010/default.htm](http://www.cdc.gov/std/treatment/2010/default.htm)).

**III. CONTACTS FOR CONSULTATION**

A. **LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:**

**Wisconsin Division of Public Health Communicable Disease Surveillance Guideline**

B. BCDER / STD CONTROL SECTION: (608) 266-7365 (Madison) or (414) 286-5526 (Milwaukee)

C. WISCONSIN STATE LABORATORY OF HYGIENE / STD PROGRAM COORDINATOR: (608) 262-6505

D. MILWAUKEE BUREAU OF LABORATORIES: (414) 286-3526

**IV. RELATED REFERENCES**


- Centers for Disease Control and Prevention, [CDC Sexually Transmitted Diseases Treatment Guidelines 2010](#)


- Wisconsin Administrative Code, Chapter HFS 145, 2009, No. 637

- Wisconsin State Statute 252.11

**V. DISEASE TRENDS**

[Wisconsin STD Control Section Surveillance and Statistics](#)