

TEST IF:

- Sexually active under 30 years
 - OR more than 2 sexual contacts in last year
 - OR has had an STI in past 12 months
 - OR has a sexual contact with an STI
- Pregnant
- Increased risk of complications of an STI, e.g. pre-termination of pregnancy (TOP)
- Signs or symptoms suggestive of chlamydia:
 - **Females: Vaginal discharge / dysuria / lower abdominal pain/ abnormal bleeding / anal pain or discharge**
 - **Males: Urethral discharge / dysuria / testicular pain or swelling / anal pain or discharge**
- Requesting a sexual health check

Note: Most laboratories are automatically performing multiplex NAAT testing for chlamydia & gonorrhoea (+/-trichomoniasis). False positive gonorrhoea results are possible in low prevalence populations – see NZSHS Management of Gonorrhoea 2017, and Response to the Threat of Antimicrobial Resistance www.nzshs.org/guidelines.

RECOMMENDED TESTS

- It is recommended to test for co-existing STIs (see Sexual Health Check guideline www.nzshs.org/guidelines)
- **Females:**
 - A self-collected vulvovaginal NAAT swab if asymptomatic, examination declined and no other tests required
 - A vulvovaginal NAAT swab prior to a speculum examination and other STI swabs if symptomatic or needs examination
 - Additional anorectal NAAT swab as indicated based on sexual history
 - **Note:** A first void urine has lower sensitivity in females than cervical or vaginal swabs so is not specimen of choice
- **Males:**
 - A first void urine (first 30ml), preferably \geq 1 hour after last void
- **Men who have Sex with Men:**
 - **Additional pharyngeal and anorectal NAAT swabs** irrespective of reported sexual practices or condom use, as asymptomatic pharyngeal and rectal infection is common

Treat immediately if high index of suspicion, e.g. symptoms and/or signs, or contact of index case.

- Start treatment for patient and sexual contact/s, without waiting for lab results

MANAGEMENT

- Azithromycin 1g po stat (pregnancy category B1) – for asymptomatic urogenital infection
- Doxycycline 100mg po twice daily for 7 days (**NOT in pregnancy**) – for symptomatic urethritis, rectal, pharyngeal or eye infection, or if patient is on QT-prolonging medication (www.medsafe.govt.nz/profs/PUArticles/DrugInducedQTProlongation.htm)
- If anorectal symptoms and a positive chlamydia test, refer or discuss with a sexual health specialist as LGV proctitis requires further testing and doxycycline 100mg po twice daily for 21 days
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s have been treated

PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 3 months should be notified
- Contact/s should have a sexual health check and treatment for chlamydia with azithromycin 1g po stat, without waiting for test results
- If contacts test positive for an STI refer to specific guideline www.nzshs.org/guidelines
- Advise contact/s to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- Most choose to tell contact/s themselves, giving written information is helpful
- Notifying all contacts may not be possible e.g. if there is insufficient information or a threat of violence

FOLLOW-UP

- By phone or in person, 1 week later
- No unprotected sex in the week post-treatment?
- Completed/tolerated medication?
- Notifiable contact/s informed?
- Any risk of re-infection? Re-treatment necessary if re-exposed to untreated contact
- Test of cure only needed if pregnant, extragenital infection or continuing symptoms
- Diagnostic tests can detect traces of dead organisms – wait at least 5 weeks before retesting
- Re-infection is common; offer repeat sexual health check in 3 months

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.

This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).