

# CHLAMYDIA

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<b>Causative organism</b>	<i>Chlamydia trachomatis</i>
<b>Incubation period</b>	2-60 days
<b>How far to trace back</b>	6 months
<b>Usual testing method</b>	Nucleic acid amplification
<b>Common symptoms</b>	<p>Asymptomatic (urogenital, anorectal, pharyngeal) in over 80% of people</p> <p>Mucopurulent cervical discharge easily induced endocervical bleeding, urethritis with a mucoid or watery urethral discharge, dysuria.</p> <p>PID- Pelvic pain, abnormal bleeding patterns (intermenstrual bleeding or post-coital bleeding), dyspareunia, fever, nausea, vomiting (<a href="#">see PID</a>)</p> <p>Epididymo-orchitis-scrotal pain, swelling, erythema (<a href="#">See Epididymo-orchitis</a>)</p> <p>Ano-Rectal - Anal discharge/pain, or bleeding</p> <p>Eye - conjunctivitis</p> <p>Throat - pharyngitis</p>
<b>Likelihood of transmission per act of condomless intercourse</b>	<5%
<b>Likelihood of long-term sexual partner being infected</b>	About two-thirds of partners will be infected
<b>Protective effect of condoms</b>	High
<b>Transmission by oral sex</b>	Low
<b>Duration of potential infectivity</b>	<p>Urogenital infection: cervical infection can be sustained for years if left untreated, but on average 50% will clear a urogenital infection within 12 months.</p> <p>Penile infection can be infected for months.</p> <p>Anorectal infection: Can last for over 12 months if left untreated.</p> <p>Limited data on duration of infectiousness overtime</p>
<b>Important sequelae</b>	<p>Cervical infection: PID/chronic pelvic pain/ infertility/ ectopic pregnancy</p> <p>Penile infection: Epididymo-orchitis</p> <p>Pregnancy and infants: Neonatal pneumonitis and conjunctivitis. Preterm labour and low birth weight.</p> <p>Enhanced HIV transmission</p>
<b>Direct benefit of detection and treatment of contacts</b>	Reduces ongoing transmission and re-infection in index cases. Cervical re-infection substantially increases the risk of developing PID
<b>Usual management of contacts</b>	<p>Counselling, clinical examination and testing for chlamydia.</p> <p>People presenting as asymptomatic contacts of chlamydia should be tested and advised to await results. Consider presumptive treatment if there has been sexual contact within the past 2 weeks or when the person's individual circumstances mean later treatment may not occur. As most people will test negative, routine presumptive treatment often leads to unnecessary antibiotic use.</p> <p>Provision of <a href="#">patient-delivered partner therapy (PDPT)</a> if appropriate.</p> <p>If partners have <a href="#">epididymo-orchitis</a> or <a href="#">PID</a>, see sections in the STI Guidelines</p>
<b>Contact tracing priority</b>	High
<b>Notification</b>	<p>Genital C. trachomatis infection is notifiable in all Australian states and territories by doctors or laboratories.</p> <p>Genital C. trachomatis infection is not notifiable in New Zealand currently but voluntary laboratory notification occurs from most regions</p>

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Developing a sustainable  
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