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

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Useful resources and websites References and further reading