



Chlamydia and Gonorrhoea Testing

(*Chlamydia trachomatis*, *Neisseria gonorrhoeae*)

COLLECTION METHODS

- **SWAB** - Endocervical/vaginal
 - specimen of choice for people with a vagina/cervix
 - Vaginal sample can be self-collected
- **CERVICAL SCREENING** - request test on clinician-collected sample, or self-collected sample (both can be used to test for chlamydia and gonorrhoea)
- **URINE** - First Pass – no need for early morning sample
- **CONSIDER** - anorectal +/-pharyngeal swab, if indicated (note, VCS Pathology does not currently offer testing from these anatomical sites).

No refrigeration required.

Can be collected by a VCS Pathology courier or posted.

BULK BILLED TEST

If the patient has signed the request form and provided their Medicare number.

FOR MORE INFORMATION

Laboratory Queries: Call VCS Pathology on 03 9250 0300 and ask for the lab.

Clinical Queries

- Call VCS Pathology on 03 9250 0300 and ask for the Liaison Physician
- Call 1800 009 903: Clinicians' Advice Line at Melbourne Sexual Health Centre (Health Professionals only)

Further clinical information can be obtained from: the Melbourne Sexual Health Centre website mshc.org.au (Health Professionals section).

CHLAMYDIA AND GONORRHOEA

- Are the most common bacterial STIs in Australia
- Are commonly asymptomatic
- Chlamydia is found in around 5% of men and women under 30
- Gonorrhoea is much less common but is increasing in incidence
- Can result in PID, pelvic pain, ectopic pregnancy and infertility.

WHO SHOULD BE TESTED?

Chlamydia

Anyone who has ever had sex and who is under the age of 30 - annually¹

Chlamydia and gonorrhoea

Anyone who:

- Has symptoms eg. discharge; dyspareunia; urethral symptoms; pelvic or testicular pain
- Has had a recent change of sexual partner
- Has had sexual contact with someone from overseas
- Have another STI
- Is a sex worker or injecting drug users
- Is a sexual contact of a partner who has a positive diagnosis
- MSM* should have urine, pharyngeal and anorectal tests - at least annually¹.

TREATMENT

For uncomplicated genital infection

- Chlamydia: Azithromycin (B1) 1 g orally stat or doxycycline (D) 100 mg bd for 7 days
- Gonorrhoea: Azithromycin 1 g orally stat plus Ceftriaxone 500 mg IM stat (consider reconstitution in 1% lignocaine)

Latest guidelines are available for other syndromes:

- Melbourne Sexual Health Centre guidelines mshc.org.au
- STI Guidelines Australia sti.guidelines.org.au

FOLLOW-UP

- Prior to treatment (which should nevertheless not be delayed) a swab for culture and antimicrobial susceptibility testing should be taken when a gonococcal NAAT** test is positive²
- Sexual partners also need treatment - do not wait for results of tests, and consider patient delivered partner therapy (PDPT) for chlamydia if partners are unwilling to present for treatment
- Test for syphilis (if not already performed) and consider testing for other STIs based on sexual history
- Test-of-cure is not routinely required for chlamydia
- Perform test-of-cure for gonorrhoea no less than 2 weeks after treatment
- Re-test 3 months after treatment as re-infection is common.

¹ Guidelines for Preventative Activities in GP, 9th edition

² Australian STI management guidelines <http://sti.guidelines.org.au/>

* Men who have sex with men

** NAAT Nucleic Acid Amplification Test



Chlamydia and Gonorrhoea Collection Methods

Please label all specimens clearly with surname, first name, DOB and collection date

HOW DO I DO THE TEST?

CERVICAL OR VAGINAL

ENDOCERVICAL SAMPLE

(If speculum examination is required)

- Insert swab into the cervical os
- Rotate once

DO NOT INSERT SWAB COMPLETELY INTO THE CERVICAL CANAL

- Withdraw and place in transport tube.

VAGINAL SAMPLE

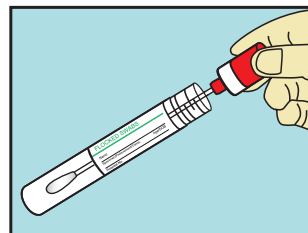
(If no speculum examination required)

Can be taken by a healthcare practitioner or self-collected by patient.

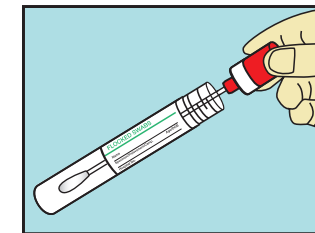
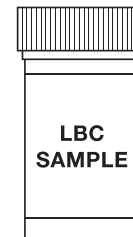
- Insert swab 4-5cm into vagina
- Rotate once
- Withdraw and place in transport tube.

CERVICAL SCREENING

- If screening is due, take sample using either:
 - A clinician-collected cervical sample or
 - A self-collected vaginal sample
- Request CST (cervical screening test), indicate 'self-collected' if this is the case, +/- chlamydia/ gonorrhoea.
- Ask patient to sign the request form and provide their Medicare number.



Dry Swab (Red Top)



Dry Swab (Red Top)

Note: Urine pots are also accepted.

URINE

URINE (FIRST PASS)

- No need for early morning sample.
- Check the expiry date on the tube before taking the sample.

INSTRUCT THE PATIENT TO:

1. Unscrew cap and remove the swab
2. Hold the swab in the stream to saturate with first pass urine.
3. Return the swab to the tube and close securely.