The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Infectious Disease and Laboratory Sciences

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**TO:** Chlamydia Screening Providers

**FROM:** Katherine Hsu, MD, MPH, Medical Director, Division of STD Prevention

Kaitlin Nichols, RN, Public Health Nurse, Division of STD Prevention

Kathleen Roosevelt, MPH, Director, Division of STD Prevention

**DATE:** January 28, 2022

**RE:** Reduced case reporting for chlamydia persisting in 2021

Catch-up chlamydia screening recommended

New CDC chlamydia treatment guidelines

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**Pandemic-associated reductions in weekly chlamydia case reports persist in 2021. Since the majority of chlamydia cases reported to the MDPH are detected through screening and reported via automated laboratory reporting streams, these decreases are likely due to ongoing reductions in screening.**

**Laboratory-Confirmed Chlamydia Case Reports**

**Massachusetts, 2019-2021**



**MDPH Division of STD Prevention recommends contacting patients who may have missed routine health care maintenance visits during the pandemic, to provide catch-up chlamydia and gonorrhea screening, in addition to other recommended screening and vaccinations. As a reminder, CDC recommends:**

* annual screening of all sexually active women aged <25 years
* screening of older women at increased risk for infection (e.g., women aged ≥25 years who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI)
* screening of sexually active young men in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, or STD specialty clinics) or for populations with a high burden of infection (e.g., men-who-have-sex-with-men, MSM)
* more frequent screening than annual for certain women (e.g., adolescents) or certain men (e.g., MSM), on the basis of risk behaviors.

**Individuals with chlamydia infection should be tested for other STIs such as gonorrhea, trichomoniasis, syphilis and HIV, and rescreened for chlamydia approximately 3 months after treatment with a test-of-reinfection**, regardless of whether they believe their sex partners were treated. Scheduling the follow-up visit at the time of treatment is encouraged. In addition, expedited partner therapy (EPT) can be offered without sex partners having to be tested or seen by health care providers (<https://www.mass.gov/lists/expedited-partner-therapy-ept>).

**CDC has issued new guidelines recommending doxycycline 100 mg orally twice daily for 7 days as the preferred treatment regimen for chlamydia infection** (versus alternatives such as azithromycin 1 g orally in a single dose, or levofloxacin 500 mg orally once daily for 7 days). Treatment success against chlamydia infection at all sites (urogenital, rectal, and oropharyngeal) is greater with the one week oral doxycycline regimen.

**Please continue to contact the MDPH Division of STD Prevention for:**

* **Clinical consultation on complex cases**, available through the MDPH Division of STD Prevention clinical team (Public Health Nurse, Kaitlin Nichols, RN and Medical Director, Katherine Hsu, MD, MPH; please call the MDPH Division of STD Prevention main phone line at 617-983-6940) or email through the STD Clinical Consultation Network ([www.stdccn.org](http://www.stdccn.org)).
* **Management considerations** including chlamydia screening, treatment, partner management (presumptive sex partner treatment via EPT can be done with either recommended or alternative chlamydia treatment regimens), and re-screening guidance are available in the 2021 CDC STI Guidelines <https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>.
* **Case reporting** – chlamydia cases are primarily reported to MDPH DSTDP via automated laboratory reporting, and clinician-completed MDPH DSTDP Case Report Formsare no longer required on all chlamydia cases (<https://www.mass.gov/lists/infectious-disease-case-report-forms#chlamydia->), but collaboration with MDPH staff is requested to gather more detailed clinical and demographic information on cases randomized for additional data collection.