### Title of guideline
SIGN 42: Management of Genital Chlamydia trachomatis Infection

| Date of publication | 2000 |

### SIGN scoping search – sources
MeSH headings for the condition specified, plus any common variations as free text
Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane library. Other good quality systematic reviews: UK HTA database (Southampton); DARE. Individual studies: Embase and Medline, date of publication - 2005.

### SIGN scoping search - summary
Guidelines – 7
HTAs – 0
Cochrane reviews – 0
Other good quality systematic reviews – 4
Individual RCTs - ~200

### Other guidelines/HTAs
- **American College of Preventive Medicine** practice policy statement. Screening for chlamydia trachomatis. American College of Preventive Medicine - Medical Specialty Society. 2003
- **Finnish Medical Society Duodecim** Chlamydial urethritis and cervicitis. 2001. (revised 2004)
- **PRODIGY Guidance - Chlamydia – genital. 2002 [updated 2005]**
- **US Centers for Disease Control and Prevention.** Screening test to detect Chlamydia trachomatis and Neisseria gonorrhoeae infections – 2002.

### Main conclusions from new evidence
- All sexually active women aged 25 and younger should be screened. Guideline recommends opportunistic testing in this group (B).
- All pregnant women aged 25 and younger should be screened. Guideline suggests opportunistic testing should be carried out at consultations related to pregnancy (good practice point).
-Azithromycin and doxycycline are equally efficacious. Guideline recommends either (A), but particularly azithromycin, when compliance is taken into account (B)
- Nucleic acid amplification tests on urine samples are more effective than conventional tests. Guideline recommends these tests (B) on urine samples in men (B) and on either an endocervical swab for women undergoing vaginal examination or a urine sample for those not being examined (good practice points)

A large systematic review, “A study to evaluate the most cost effective way to screen for Chlamydia trachomatis genital tract infection and reduce its prevalence and associated burden of disease” is due to report in November.
2005.

New areas that could be added to the guideline

- screening

Summary of the recommendations that could be updated

- recommendations on opportunistic testing could be replaced by discussion of screening
- recommendations on preferred sample in women

Results of consultation

Contributions from:

- Lead clinician for sexual health
- Consultant in genito-urinary medicine
- Paediatric endocrinologist
- Consultant gynaecologist

1(a) Is there still a requirement for an evidence-based guideline on this topic?

- Yes – 2
- Up to a point – the guideline definitely achieved its desired goals of making nucleic acid amplification tests available throughout Scotland and using single dose treatment with Azithromycin. The current areas of ‘controversy’ are almost matters of policy rather than evidence. I would still be tempted to await the systematic review on the most cost effective way to screen for Chlamydia due in November. That may well address much of what is required in the area, but if it doesn’t, then a re-drafted SIGN guideline would be very valuable.

1(b) If no, should the guideline be withdrawn?

2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? Please give details.

- The main issue which needs reviewed is screening/opportunist Chlamydia testing
- It would be good to incorporate evidence of high prevalence in men
- Some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed.

2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?

- Yes -2

3 Please list any additions to the remit of the guideline that you think would be beneficial

- Possibly cost-effectiveness assessment although I know this is not ‘traditional’
- There is a lot of opportunistic testing going on using different ways to target at risk populations including postal testing, internet sites, etc. It is a bit of a band wagon & needs a voice of reason.
- Frequency of screening (issues to prevent reinfection)

4 Please tick your preferred option for reviewing this guideline

a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed
   - 3

   c. the entire guideline should be reviewed