Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: *Chlamydia trachomatis* infections

February 2019
Chlamydia trachomatis infections

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Chlamydia trachomatis (C. trachomatis) detected in an appropriate clinical specimen (e.g., urogenital tract, rectal, or pharyngeal specimen).

3.2 Probable Case
Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case.

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
Any of the following will constitute a confirmed case of C. trachomatis infection:
- Positive C. trachomatis culture
- Positive for C. trachomatis nucleic acid amplification test (NAAT)

Laboratory testing that constitutes a confirmed case of C. trachomatis infection but is not routinely offered in Ontario:
- Positive for C. trachomatis antigen
- Positive for C. trachomatis IgM antibodies (for diagnosis of C. trachomatis pneumonia in infants <three months of age only)

4.2 Approved/Validated Tests
- Consult with laboratory with regards to testing and appropriate specimens.

4.3 Indications and Limitations
- Commercially available approved/validated tests should only be used on approved specimen types (e.g., cervical, urethral); results from non-approved specimen types would need validation.
- Culture has been the preferred method for medico-legal purposes. NAAT may be suitable, provided that positive results are confirmed by a different set of primers.
5.0 Clinical Evidence

A clinical consultation is necessary in probable cases for verification of signs and symptoms.

Pharyngeal and rectal infections are mostly asymptomatic, but rectal chlamydia can be associated with rectal pain and discharge.

Symptomatic females may present with a mucopurulent endocervical discharge with edema, dysuria, dyspareuira, erythema and easily induced endocervical bleeding.

Symptomatic males may present with urethral discharge, dysuria and frequency, non-specific urethral symptoms such as redness, itching, and swelling.

6.0 ICD 10 Code(s)

A56 Other sexually transmitted chlamydial diseases

7.0 Comments

Conjunctivitis in infants less than or equal to 28 days caused by *C. trachomatis* should be reported as ophthalmia neonatorum.

When considering re-infection, primary treatment failure and inadequate treatment please consider the following factors:

- Appropriate treatment provided considering Canadian Guidelines on Sexually Transmitted Infections;
- Treatment adherence;
- Necessary follow up completed (i.e. Test of cure undertaken if recommended);
- Avoidance of sexual activity during treatment period and seven days post treatment.

For surveillance purposes, if the above factors are met health units may consider 28 days for re-infection.

8.0 Sources


9.0 Document History

Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2014</td>
<td>1.0 Provincial Reporting</td>
<td>Addition of “and probable”.</td>
</tr>
<tr>
<td>December 2014</td>
<td>5.0 Clinical Evidence</td>
<td>First sentence, “for verification of signs and symptoms” was added at the end of the sentence.</td>
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<tr>
<td>December 2014</td>
<td>8.0 Sources</td>
<td>All sources have been updated.</td>
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<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance</td>
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