The ‘2015 European guideline on the management of Chlamydia trachomatis infections’ has now been published

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Citation style for this article:

Article published on 03 December 2015

On 24 November 2015, the evidence-based ‘2015 European guideline on the management of Chlamydia trachomatis infections’ was published online [1]. This guideline is a comprehensively updated version of the 2010 European C. trachomatis guideline [2] and provides up-to-date and detailed guidance regarding the testing, diagnosis, treatment and general management of C. trachomatis infections in Europe. The important updates include, for example:

- broader indications for testing and treatment of C. trachomatis infections;
- clearer recommendation of using exclusively validated and quality assured highly sensitive and specific nucleic acid amplification tests for diagnosis;
- advice on (repeated) C. trachomatis testing;
- recommendations of increased testing particularly at sexually transmitted infections and sexual health clinics to reduce the incidence of pelvic inflammatory disease and prevent exposure to infection;
- recommendations to identify, verify and report C. trachomatis variants.

Details are also available in the newly launched guideline regarding the aetiology, transmission, clearance, epidemiology and taxonomy of C. trachomatis, clinical features, recommended diagnostics (including quality assurance), advice for C. trachomatis infected patients, indications for therapy, recommended and alternative treatment regimens for urogenital and extragenital C. trachomatis infections, contact tracing and management, and the notification of C. trachomatis cases [1].

C. trachomatis infection, which most frequently is asymptomatic, is the most common bacterial sexually transmitted infection and a major public health concern globally. In 2012, the World Health Organization (WHO) estimated 130.9 million urogenital cases among adults worldwide (8.9 million in the WHO European region) [4]. In the European Union (EU) and European Economic Area (EEA), 384,555 chlamydial cases were reported in 26/31 EU/EEA Member States (incidence: 182 cases per 100,000 population) in 2013. The incidence was higher among females (incidence: 207) than in males (incidence: 153) [5]. The true incidence is certainly significantly higher, due to the asymptomatic nature of chlamydial infection, lack of sufficient testing, appropriate diagnostic methods and surveillance systems across Europe. For example, 83% of all cases were reported in four countries (Denmark, Norway, Sweden and the UK). Two thirds of all chlamydial infections were reported in the 15–24 years age group, with the highest incidence among females 20 to 24 years of age (incidence: 1,717). Heterosexual transmission accounted for 88% of cases. In countries reporting consistently between 2004 and 2013, the overall reporting rate has increased by 68%.

References


For further details regarding background, evidence base of recommendations and discussions, see also the published background review for the guideline [3].
