



## Chlamydia Infection: Nursing Roles in Prevention, Education, and Treatment Compliance-An Updated Review

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### Abstract:

**Background:** Chlamydia trachomatis is the most commonly reported bacterial sexually transmitted infection (STI) globally, contributing to significant health risks, particularly in women, such as infertility, pelvic inflammatory disease (PID), and ectopic pregnancy. The infection can also lead to ocular infections like trachoma, a leading cause of blindness. Asymptomatic cases facilitate silent transmission, making early diagnosis and prevention essential.

**Aim:** This review explores the role of nursing in preventing, educating, and ensuring treatment compliance in patients with chlamydia infections, emphasizing the impact of nursing interventions on managing this widespread STI.

**Methods:** A comprehensive review of the current literature, including epidemiology, risk factors, diagnostic methods, treatment protocols, and nursing practices, was conducted. The review synthesizes findings from recent studies on chlamydia infection management and nursing responsibilities.

**Results:** Nurses play a critical role in preventing chlamydia transmission through public health education and promoting safe sexual practices. Additionally, they contribute to the diagnosis process by facilitating screenings and supporting patient treatment compliance, particularly in high-risk populations such as sexually active young adults. Early detection through nucleic acid amplification tests (NAAT) and timely interventions with antibiotics like azithromycin or doxycycline significantly reduce complications and transmission rates. However, challenges in ensuring treatment adherence remain, especially in patients with co-infections.

**Conclusion:** Nurses have a pivotal role in the prevention, education, and management of chlamydia infections. Their involvement in patient education, screening, and adherence support is essential in curbing the spread of this STI. Strengthening nursing practices through ongoing education and proactive health interventions is necessary to reduce the burden of chlamydia-related complications.

**Keywords:** Chlamydia trachomatis, nursing roles, prevention, education, treatment compliance, STI, sexual health.

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### **Introduction:**

Chlamydia, a sexually transmitted infection (STI), is caused by the bacterium *Chlamydia trachomatis*. It is the most frequently reported bacterial infection in the United States and globally represents the most prevalent STI. *Chlamydia trachomatis* is responsible for an ocular infection known as "trachoma," which is the leading infectious cause of blindness worldwide. In women, infections with *C. trachomatis* significantly increase the risk of infertility and ectopic pregnancy, contributing to substantial healthcare costs [1]. A rarer manifestation of *C. trachomatis* infection, lymphogranuloma venereum (LGV), is caused by specific serovars of the bacteria and is characterized by enlarged lymph nodes or severe proctocolitis [2].

### **Nursing Diagnosis:**

The nursing diagnoses for patients with *C. trachomatis* infection typically include ineffective healing, deficient knowledge, anxiety, ineffective body defenses, sexual dysfunction, pain, low self-esteem, and the risk for infection transmission. Each of these diagnoses reflects the significant physical and psychological impacts of the infection, as well as the potential challenges in managing both the disease and the patient's emotional well-being.

### **Causes:**

*Chlamydia trachomatis* belongs to the *Chlamydophila* genus, which includes gram-negative, anaerobic, intracellular obligate bacteria that replicate within eukaryotic cells. *C. trachomatis* is categorized into 18 distinct serovars, identified through monoclonal antibody-based typing assays. These serovars are responsible for a range of medical conditions. Serovars A, B, Ba, and C are linked with *trachoma*, a severe and endemic eye disease that causes chronic conjunctivitis and can result in blindness, particularly in Africa and Asia. Serovars D-K are associated with genital tract infections such as cervicitis, pelvic inflammatory disease, and urethritis. Serovars L1-L3 lead to lymphogranuloma venereum (LGV), which is commonly associated with genital ulcer disease in tropical regions [3].

*Chlamydia trachomatis* is the causative agent of chlamydial infections, a prevalent sexually transmitted disease (STD) worldwide. *C. trachomatis* is a gram-negative, obligate intracellular bacterium that primarily infects the epithelial cells of the human genital tract, eyes, and respiratory system. It is classified into 18 serovars, with distinct clinical manifestations depending on the serovar involved. Serovars D-K are most commonly associated with genital infections, while serovars A, B, Ba, and C are responsible for trachoma, and serovars L1-L3 cause lymphogranuloma venereum (LGV). The infection is typically transmitted through sexual contact, including vaginal, anal, and oral sex, with a high rate of transmission in individuals who have multiple sexual partners or inconsistent use of protective barriers, such as condoms. Additionally, perinatal transmission can occur during childbirth, leading to ocular or respiratory infections in newborns. Chlamydial infections are often asymptomatic, which facilitates the silent spread of the infection among individuals unaware of their status. The bacterium's unique ability to evade the host immune system contributes to its persistence and often subclinical course, with chronic infections potentially leading to long-term complications, including pelvic inflammatory disease (PID), infertility, and ectopic pregnancy in women. Additionally, *C. trachomatis* infections can increase susceptibility to other STDs, including HIV, highlighting the importance of early detection and treatment [4].

**Epidemiology:**

*Chlamydia trachomatis* infection is the most common bacterial sexually transmitted infection (STI) globally, with an estimated 131 million new cases annually, according to the World Health Organization (WHO). It is particularly prevalent in sexually active young adults and adolescents. In the United States, *C. trachomatis* is the most frequently reported bacterial infection, with significant disparities across age groups, sex, and geographic regions. Women aged 15 to 24 are at particularly high risk, with the incidence of infection in this group being twice that of men in the same age range. The infection rates among men who have sex with men (MSM) are also notably high, as this group engages in higher-risk sexual behaviors, contributing to increased transmission rates. The prevalence of *C. trachomatis* also correlates with socioeconomic factors, including poverty, limited access to healthcare, and lack of education about safe sexual practices. Additionally, individuals with multiple sexual partners or those who do not consistently use condoms are at a heightened risk of contracting the infection. In settings such as correctional facilities, the incidence of *C. trachomatis* infection is also elevated due to high-risk sexual behaviors within these populations. The infection is often underreported due to its asymptomatic nature, leading to its silent spread. Screening programs aimed at young women and at-risk populations have been shown to reduce the incidence of complications such as pelvic inflammatory disease (PID) and infertility.

**Risk Factors:**

Urogenital infections caused by *C. trachomatis* represent the most commonly reported bacterial infections in the United States and are the leading cause of sexually transmitted diseases worldwide. In the U.S., women experience urogenital infections at twice the rate of men, with the highest prevalence observed in women aged 15-24 years. However, the incidence also remains significant among men, particularly those between 20-24 years of age. These age-related risk factors highlight the importance of targeted prevention and early detection strategies in sexually active individuals [5].

**Assessment:**

*Chlamydia trachomatis* can result in a range of urogenital infections, including cervicitis, pelvic inflammatory disease (PID), urethritis, epididymitis, prostatitis, and lymphogranuloma venereum. In addition, *C. trachomatis* can lead to extragenital infections such as conjunctivitis, perihepatitis, pharyngitis, reactive arthritis, and proctitis. Although the majority of individuals infected with *C. trachomatis* remain asymptomatic and act as silent reservoirs of the infection, clinical signs and symptoms are common among symptomatic individuals, depending on the site of infection [6].

For instance, in cases of cervicitis, approximately 70% of women are either asymptomatic or present with mild symptoms such as vaginal discharge, bleeding, abdominal pain, and dysuria. A small proportion of women exhibit the classic presentation of mucopurulent cervicitis, which is characterized by discharge and easily induced endocervical bleeding. When *C. trachomatis* ascends to the upper reproductive tract, it may result in pelvic inflammatory disease (PID), typically presenting with abdominal or pelvic pain, with or without concurrent cervicitis symptoms. In men, urethritis is more commonly seen, and although subtle clinical differences exist between gonococcal urethritis and chlamydial urethritis, distinguishing the two without laboratory testing is not feasible. This condition typically presents with dysuria and urethral discharge, which may appear white, gray, or clear and is sometimes evident only during morning hours or after penile "stripping." Epididymitis, commonly observed in men, is characterized by unilateral testicular pain, tenderness, potential hydrocele, palpable swelling of the epididymis, and fever. Proctitis, which is associated with receptive anal intercourse, manifests as rectal pain, discharge, and bleeding. Lymphogranuloma venereum (LGV) typically begins with a small, painless genital ulcer, followed by the development of inguinal lymphadenopathy [1-7].

**Evaluation:**

Among *C. trachomatis* infections, only *trachoma* can be diagnosed solely on clinical grounds. Other infections, such as those affecting the urogenital tract, require laboratory confirmation due to their diverse clinical presentations. The gold standard for diagnosing urogenital *C. trachomatis* infections is nucleic acid

amplification testing (NAAT), which can be performed on vaginal swabs for women or first-catch urine for men. Alternative testing methods include endocervical or urethral swabs, along with culture, rapid testing, serology, antigen detection, and genetic probes. If testing is unavailable, treatment should be based on clinical presentation, although laboratory confirmation is always preferred for accurate diagnosis and management [8].

### **Diagnosis**

The diagnosis of *Chlamydia trachomatis* infection is primarily based on laboratory testing, as clinical signs and symptoms alone are often insufficient to distinguish it from other infections. The gold standard for diagnosis is nucleic acid amplification testing (NAAT), which detects the presence of *C. trachomatis* genetic material in urine or genital swabs. NAAT is highly sensitive and specific, making it the most reliable method for diagnosing both symptomatic and asymptomatic infections. For women, testing is typically performed using vaginal or endocervical swabs, while for men, first-catch urine samples are preferred. Other diagnostic methods include direct fluorescence assays, enzyme immunoassays (EIAs), and cell cultures, although these are less commonly used due to lower sensitivity compared to NAAT. In cases of suspected extragenital infections, such as those involving the throat or rectum, swabs from these sites may be necessary. Additionally, in certain high-risk populations, such as individuals with HIV or men who have sex with men (MSM), regular screening for *C. trachomatis* is recommended, even in the absence of symptoms. If a patient tests positive for *C. trachomatis*, it is crucial to assess for coinfections with other STIs, particularly *Neisseria gonorrhoeae*, as these infections often occur together. Diagnostic screening guidelines recommend annual testing for sexually active women under 25, individuals with new or multiple sexual partners, and those in high-risk groups, such as pregnant women and incarcerated populations [9].

### **Symptoms and Signs:**

*Chlamydia trachomatis* infections are often asymptomatic, particularly in women, leading to underdiagnosis and untreated infections that can result in severe complications. When symptoms do occur, they vary based on the site of infection. In women, the most common presentation is cervicitis, characterized by mild symptoms such as vaginal discharge, pelvic pain, and dysuria. In some cases, a mucopurulent discharge may be observed, and cervical bleeding can be provoked during a pelvic exam. As the infection ascends to the upper reproductive tract, it can cause pelvic inflammatory disease (PID), presenting with abdominal or pelvic pain, fever, and abnormal vaginal discharge. In men, *C. trachomatis* infection commonly manifests as urethritis, with symptoms including dysuria, urethral discharge (often clear or cloudy), and discomfort in the urethra. Epididymitis, which is an inflammation of the epididymis, may also occur in men, presenting with unilateral testicular pain, swelling, and fever. Proctitis can develop in individuals who engage in receptive anal intercourse, resulting in rectal pain, discharge, and bleeding. Less commonly, *C. trachomatis* infection can lead to reactive arthritis, especially in men, presenting with joint pain, swelling, and conjunctivitis. *Lymphogranuloma venereum* (LGV), caused by serovars L1-L3 of *C. trachomatis*, typically presents with a small, painless genital ulcer followed by painful inguinal lymphadenopathy. Due to the often subtle or absent symptoms, individuals with *C. trachomatis* infections may unknowingly transmit the infection to others, underscoring the importance of regular screening.

### **Medical Management:**

The primary objective of treatment for *Chlamydia trachomatis* infections is to prevent complications such as pelvic inflammatory disease (PID) and perihepatitis, reduce the risk of transmission, and alleviate symptoms. For uncomplicated urogenital chlamydial infections, azithromycin is the first-line treatment due to its convenience as a single-dose therapy. Doxycycline serves as an alternative treatment; however, azithromycin is typically preferred because of its more favorable dosing regimen. Chlamydial and gonococcal infections often co-occur, and this comorbidity requires careful management. In men, co-treatment for gonococcal infection should be based on the detection of *Neisseria gonorrhoeae* through nucleic acid amplification tests (NAAT) or gram staining. However, in women, the gram stain is less reliable due to the potential colonization of *Neisseria* species in the vaginal flora, which can lead to false positives.

As a result, the decision to co-treat should depend on an individual assessment of the patient's risk factors and local prevalence rates of gonorrhea. It is essential to identify and test sexual partners of infected patients. Patients should also receive counseling on high-risk sexual behaviors, advised to refrain from sexual activity for at least one week following the initiation of therapy, and encouraged to consider HIV testing. Furthermore, verification of cure is critical, with retesting recommended three weeks after treatment completion and again at three months to confirm eradication. If symptoms persist, clinicians should consider the possibility of co-infection with other pathogens or reinfection [1-11].

### **Nursing Management:**

In the nursing management of chlamydial infections, it is important to educate the patient thoroughly about the nature of the infection and its transmission. Nurses should encourage patients to adopt safe sex practices, particularly through the consistent use of condoms, and emphasize the importance of medication adherence. Nurses should also verify laboratory results to confirm the presence of *C. trachomatis* and ensure that appropriate antibiotics are administered. In women, pregnancy status should be checked to ensure doxycycline, which is contraindicated in pregnancy, is not prescribed. Patients should be encouraged to notify their sexual partners so they can be screened for infection. Follow-up visits should be encouraged, especially at sexually transmitted disease (STD) clinics, to monitor treatment progress and ensure complete resolution of the infection [10].

### **Coordination of Care:**

In developed countries such as the United States, the prevention of sexually transmitted infections (STIs) focuses largely on screening and treating non-pregnant sexually active women under 25 years of age on an annual basis. Pregnant women are also routinely screened, and women over 25 with identifiable risk factors—such as new or multiple sexual partners—are recommended for screening and treatment. Screening in young men, particularly in high-risk settings like adolescent clinics, correctional facilities, or STI clinics, should be considered where resources allow. NAAT testing of urine or endocervical swabs remains the gold standard for screening. When treatment is initiated promptly and the full course of antibiotics is completed, the prognosis for *C. trachomatis* infections is excellent, with antibiotic therapy being 95% effective in first-time treatments. Currently, no vaccine is available for *C. trachomatis* genital infections or trachoma. The healthcare team—including clinicians, nurses, and pharmacists—must work collaboratively to educate patients on preventive strategies, such as avoiding exposure to infected individuals and adhering to the full course of treatment to ensure effective management and prevent recurrence [12-13].

### **Health Teaching and Health Promotion:**

Asymptomatic infection with *Chlamydia trachomatis* is highly prevalent, and the consequences of undiagnosed or untreated infection can be severe and far-reaching. For this reason, routine screening is strongly recommended. All pregnant women should be screened for *C. trachomatis*, as should all sexually active females under the age of 25. Women older than 25 years should also undergo screening if they have specific risk factors for sexually transmitted infections (STIs). These risk factors include having sexual partners with multiple concurrent partners, engaging in sexual activities with new or multiple partners, inconsistent condom use in non-monogamous relationships, exchanging sex for money or drugs, or having a history of previous or coexisting STIs. Additionally, men who have sex with men should be screened regularly for *C. trachomatis* infection. For individuals living with HIV, screening should occur at the time of initial presentation and annually thereafter. In correctional settings, screening is recommended for women aged 35 years or younger and men aged 30 years or younger, given the higher risk within these populations.

In the United States, *C. trachomatis* is classified as a notifiable infection, and as such, local and state regulations regarding disease reporting must be followed. In cases where an STI is diagnosed in the index patient, sexual partners should be notified, examined, and treated accordingly. Expedited partner therapy (EPT) may be available in certain clinical settings, which allows healthcare providers to prescribe antibiotics to sexual contacts without the need for a formal physician-patient relationship, thereby

streamlining the treatment process and reducing the likelihood of further transmission. Patient education is a key component in the management of *C. trachomatis* infections. Patients should be made aware of the potentially severe consequences of untreated chlamydia infections, as well as the importance of regular screening. It is crucial to inform patients that screening can often be conducted using non-invasive methods, such as urine samples. By educating patients on the convenience and minimal discomfort associated with these testing methods, healthcare providers may reduce the hesitation some patients feel about undergoing screening, especially if they fear discomfort associated with more invasive procedures. This approach enhances compliance with recommended screening guidelines and promotes overall health prevention [14].

### **Preventive Methods:**

Prevention of *Chlamydia trachomatis* infections primarily relies on education, safe sexual practices, and regular screening. The consistent use of condoms during sexual activity is one of the most effective methods for preventing transmission, as condoms act as a physical barrier to the bacterium during vaginal, anal, and oral sex. However, it is important to note that while condoms significantly reduce the risk of transmission, they do not provide complete protection, as the infection can also be spread through contact with infected areas not covered by a condom. Sexual partners should be encouraged to undergo screening and treatment if necessary, as timely intervention can prevent the spread of the infection and reduce the risk of complications. Expedited partner therapy (EPT) is a strategy in which healthcare providers prescribe antibiotics to sexual partners of infected individuals without requiring a formal physician-patient relationship, thus helping to reduce reinfection rates. Education regarding the risks of multiple sexual partners, inconsistent condom use, and the importance of monogamous relationships can further decrease the risk of acquiring *C. trachomatis* infection. In high-risk populations, such as young women under 25, men who have sex with men, and individuals with HIV, regular screening is crucial for early detection and treatment. Pregnant women should be routinely screened for *C. trachomatis* to prevent perinatal transmission, which can lead to neonatal conjunctivitis or pneumonia. In settings such as correctional facilities, screening programs targeting younger women and men can help identify and treat infections early. Furthermore, public health campaigns and outreach initiatives aimed at raising awareness about the signs, symptoms, and preventive measures for *C. trachomatis* can contribute to a reduction in the incidence of this infection and its associated complications.

### **Conclusion:**

Chlamydia trachomatis infection is a significant global health concern, primarily due to its silent nature and the potential long-term complications, particularly in women. It remains the most common bacterial STI, with high transmission rates among sexually active individuals, especially young adults and those engaging in high-risk behaviors. Nursing plays a crucial role in combating the spread of this infection through multifaceted strategies that include education, prevention, screening, and treatment management. Nurses contribute significantly to early detection through regular screenings, particularly in high-risk populations, and ensure timely interventions. They are instrumental in educating patients about the nature of the infection, its transmission, and the importance of adhering to prescribed treatment regimens. By counseling patients on safe sexual practices, providing information on condom use, and promoting regular STI screenings, nurses can help reduce the incidence of chlamydia infections and their associated complications. Treatment for chlamydia is highly effective when administered appropriately, with azithromycin and doxycycline being the primary antibiotics used. However, ensuring patient compliance with treatment regimens is a challenge, especially considering the asymptomatic nature of the infection in many individuals. Nurses can play an essential role in reinforcing the importance of completing the full course of antibiotics and in providing follow-up care to confirm the effectiveness of treatment and prevent reinfection. Moreover, nurses should be vigilant in identifying potential co-infections with other STIs, particularly gonorrhea, and encourage screening for HIV, further contributing to comprehensive care. The nursing role in chlamydia management goes beyond clinical intervention to include advocacy for public health policies that emphasize STI education, prevention, and accessible healthcare. Continued professional

development in the understanding of STI management, along with collaborative efforts within multidisciplinary teams, can enhance the effectiveness of interventions and lead to better patient outcomes. Nurses, through their education and outreach efforts, have the potential to significantly impact the reduction of chlamydia infection rates and the associated health risks, contributing to the overall improvement of sexual health in the population.

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## الملخص:

الخلفية: تعد *Chlamydia trachomatis* أكثر أنواع العدوى البكتيرية المنقولة جنسيًا (STI) التي يتم الإبلاغ عنها على مستوى العالم، وتسبب مخاطر صحية كبيرة، خاصة للنساء، مثل العقم، والتهاب الحوض، والحمل خارج الرحم. كما يمكن أن تؤدي العدوى إلى التهابات عينية مثل التراخوما، وهي أحد الأسباب الرئيسية للعمى. تسهل الحالات الخالية من الأعراض الانتقال الصامت، مما يجعل التشخيص المبكر والوقاية أمرين حاسمين.

الهدف: تستعرض هذه المراجعة دور التمريض في الوقاية من العدوى بالكلاميديا، و تثقيف المرضى، وضمان الامتثال للعلاج، مع التركيز على تأثير التدخلات التمريضية في إدارة هذه العدوى المنقولة جنسيًا.

الطرق: تم إجراء مراجعة شاملة للأدبيات الحالية، بما في ذلك علم الأوبئة، وعوامل الخطر، وطرق التشخيص، و بروتوكولات العلاج، والممارسات التمريضية. تعكف المراجعة على تجميع النتائج من الدراسات الحديثة حول إدارة عدوى الكلاميديا ومسؤوليات التمريض.

النتائج: يلعب الممرضون دورًا حيويًا في الوقاية من انتقال العدوى بالكلاميديا من خلال التعليم الصحي العام وتعزيز الممارسات الجنسية الآمنة. بالإضافة إلى ذلك، يساهمون في عملية التشخيص من خلال تسهيل الفحوصات ودعم امتثال المرضى للعلاج، خاصة في الفئات السكانية ذات المخاطر العالية مثل البالغين النشطين جنسيًا. يقلل الكشف المبكر من خلال اختبارات تضخيم الحمض النووي (NAAT) والتدخلات العلاجية في الوقت المناسب باستخدام المضادات الحيوية مثل الأزيثروميسين أو دوكسيسيسكلين بشكل كبير من المضاعفات ومعدلات الانتقال. ومع ذلك، لا تزال هناك تحديات في ضمان الالتزام بالعلاج، خاصة في المرضى الذين يعانون من التهابات مشتركة.

الخلاصة: يتمتع الممرضون بدور محوري في الوقاية والتعليم وإدارة عدوى الكلاميديا. يعد مشاركتهم في تثقيف المرضى، والفحص، ودعم الامتثال أمرًا أساسيًا في الحد من انتشار هذه العدوى المنقولة جنسيًا. من الضروري تعزيز ممارسات التمريض من خلال التعليم المستمر والتدخلات الصحية الاستباقية لتقليل عبء مضاعفات الكلاميديا.

الكلمات المفتاحية: *Chlamydia trachomatis*، أدوار التمريض، الوقاية، التعليم، الامتثال للعلاج، العدوى المنقولة جنسيًا، الصحة الجنسية.