

**Appendix**  
**Temporal Patterns in Chlamydia Repeat Testing in Massachusetts**  
**Dee et al.**

**Appendix Table 1.** *Chlamydia trachomatis* repeat testing recommendations from Sexually Transmitted Disease Treatment Guidelines, Centers for Disease Control and Prevention (1998–2015)

<b>Guidelines</b>	<b>General population</b>	<b>Pregnant women</b>
1998	“A test of cure may be considered 3 weeks after completion of treatment with erythromycin ... In some populations (e.g. adolescents), rescreening women several months after treatment might be effective for detecting further morbidity.”	“Repeat testing, preferably by culture, 3 weeks after completion of therapy ... is recommended, because a) none of these regimens are highly efficacious and b) the frequent side effects of erythromycin might discourage patient compliance with this regimen.”
2002	“A test of cure may be considered 3 weeks after completion of treatment with erythromycin ... clinicians and health-care agencies should consider advising all women with chlamydial infection to be rescreened 3–4 months after treatment. Some specialists believe rescreening is an especially high priority for adolescents. Providers are also strongly encouraged to rescreen all women treated for chlamydial infection whenever they next present for care within the following 12 months, regardless of whether the patient believes that her sex partners were treated.”	“Repeat testing (preferably by culture) 3 weeks after completion of therapy ... is recommended for all pregnant women, because these regimens may not be highly efficacious and the frequent side effects of erythromycin might discourage patient compliance with this regimen.”
2006	“Clinicians and health-care agencies should consider advising all women with chlamydial infection to be retested approximately 3 months after treatment. Providers are also strongly encouraged to retest all women treated for chlamydial infection whenever they next seek medical care within the following 3–12 months, regardless of whether the patient believes that her sex partners were treated. Recognizing that retesting is distinct from a test-of-cure ... is vital. Limited evidence is available on the benefit of retesting for chlamydia in men previously infected;	“Repeat testing (preferably by NAAT) 3 weeks after completion of therapy ... is recommended for all pregnant women to ensure therapeutic cure, considering the sequelae that might occur in the mother and neonate if the infection persists.”

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	however some specialists suggest retesting men approximately 3 months after treatment.”	
2010	“Chlamydia-infected women and men should be retested approximately 3 months after treatment, regardless of whether they believe that their sex partners were treated.” Multiple new supporting references cited.	“Repeat testing to document chlamydial eradication (preferably by NAAT) 3 weeks after completion of therapy ... is recommended for all pregnant women to ensure therapeutic cure, considering the sequelae that might occur in the mother and neonate if the infection persists.” No change from 2006.
2015	“Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment, regardless of whether they believe that their sex partners were treated.” No change from 2010.	“Test-of-cure to document chlamydial eradication (preferably by NAAT) 3–4 weeks after completion of therapy is recommended because severe sequelae can occur in mothers and neonates if the infection persists.”