PROTECT YOURSELF + SAFEGUARD YOUR HEALTH

chlamydia

THE FACTS

KNOW THE FACTS ABOUT CHLAMYDIA...

- ✓ Chlamydia is an STD that affects both males and females.
- ✓ Most people have no symptoms.
- ✓ Chlamydia can lead to more serious infections.

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CHLAMYDIA FACTS

What is Chlamydia?

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

How Common is Chlamydia?

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2006, 1,030,911 chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is not often done if patients are treated for their symptoms. An estimated 2,291,000 non-institutionalized U.S. civilians ages 14-39 are infected with Chlamydia based on the U.S. National Health and Nutrition Examination Survey. Women are frequently re-infected if their sex partners are not treated.

How do People get Chlamydia?

Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth.

Any sexually active person can be infected with chlamydia. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women is not fully matured and is probably more susceptible to infection, they are at particularly high risk for infection if sexually active. Since chlamydia can be transmitted by oral or anal sex, men who have sex with men are also at risk for chlamydial infection.

What are the Symptoms of Chlamydia?

Chlamydia is known as a "silent" disease because about three quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

In women, the bacteria initially infect the cervix and the urethra (urine canal). Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. When the infection spreads from the cervix to the fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), some women still have no signs or symptoms; others have lower abdominal pain, low back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. Chlamydial infection of the cervix can spread to the rectum.

Men with signs or symptoms might have a discharge from their penis or a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Pain and swelling in the testicles are uncommon.

Men or women who have receptive anal intercourse may acquire chlamydial infection in the rectum, which can cause rectal pain, discharge, or bleeding. Chlamydia can also be found in the throats of women and men having oral sex with an infected partner.

What Complications can Result from Untreated Chlamydia?

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that chlamydia causes is often "silent."

In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in up to 40 percent of women with untreated chlamydia. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy (pregnancy outside the uterus). Women infected with chlamydia are up to five times more likely to become infected with HIV. if exposed.

To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors for chlamydia (a new sex partner or multiple sex partners). All pregnant women should have a screening test for chlamydia.

Complications among men are rare. Infection sometimes spreads to the epididymis (the tube that carries sperm from the testis), causing pain, fever, and, rarely, sterility.

Rarely, genital chlamydial infection can cause arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra (Reiter's syndrome).

How does Chlamydia Affect a Pregnant Woman and her Baby?

In pregnant women there is some evidence that untreated chlamydial infections can lead to premature delivery. Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

How is Chlamydia Diagnosed?

There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from a site such as the penis or cervix.

What is the Treatment for Chlamydia?

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV negative.

All sex partners should be evaluated, tested, and treated. Persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible.

Women whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple infections increases a woman's risk of serious reproductive health complications, including infertility. Retesting should be encouraged for women three to four months after treatment. This is especially true if a woman does not know if her sex partner received treatment.

How can Chlamydia be Prevented?

The surest way to avoid transmission of STDs is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia.

CDC recommends yearly chlamydia testing of all sexually active women age 25 or younger, older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners), and all pregnant women. An appropriate sexual risk assessment by a health care provider should always be conducted and may indicate more frequent screening for some women.

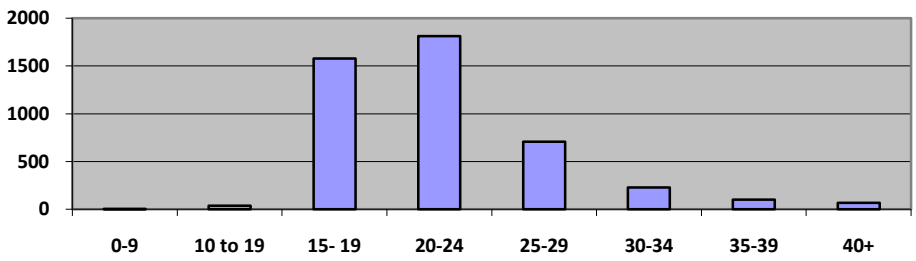
Any genital symptoms such as an unusual sore, discharge with odor, burning during urination, or bleeding between menstrual cycles could mean an STD infection. If a woman has any of these symptoms, she should stop having sex and consult a health care provider immediately. Treating STDs early can prevent PID. Women who are told they have an STD and are treated for it should notify all of their recent sex partners (sex partners within the preceding 60 days) so they can see a health care provider and be evaluated for STDs. Sexual activity should not resume until all sex partners have been examined and, if necessary, treated.

Information source: CDC

Incidence of Chlamydia

According to the Behavioral Risk Factor Surveillance System, The Kansas Department of Health and Environment (KDHE) publishes biannual reports each year for specific counties and the incidence and statistical data for 3 STDs: Chlamydia, Gonorrhea, and Syphilis. These 3 STDs are reportable to the state (KDHE, 2008). For the State of Kansas, in 6 months, 4,539 cases of Chlamydia were reported; 3,392 of these cases were in people between the ages of 15 and 24 years old (KDHE, 2008). Johnson County had the second highest number of outbreaks in the State with 559 cases. Sedgwick County had the greatest number of cases with 1,171 reported outbreaks.

State of Kansas
Reported Cases of Chlamydia by Age - January- June 2008

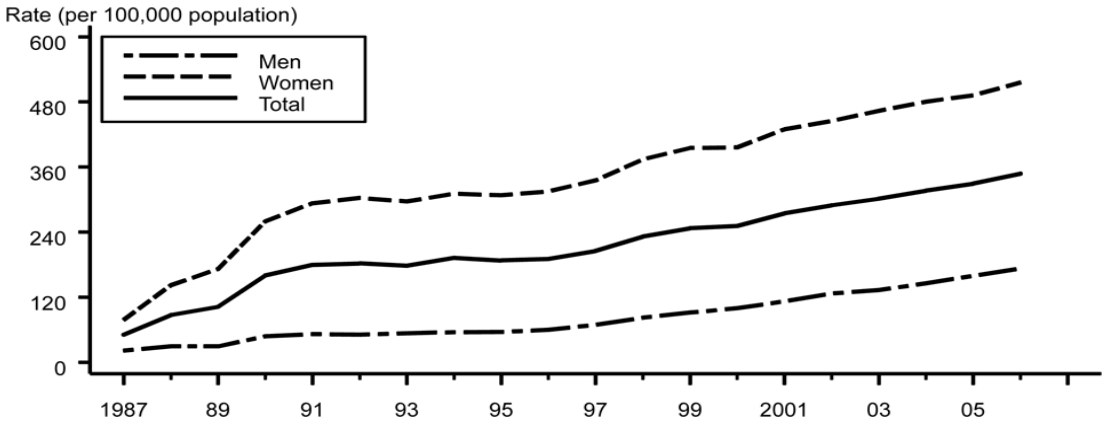


Total Cases: 4,539

Note: Table is adapted from information found at Reported Cases of Chlamydia by Age by Kansas Department of Health and Environment. http://www.kdheks.gov/std/std_reports.html

The majority of cases of this STD were reported with an unknown race meaning patients identified with Chlamydia did not disclose his or her race (KDHE, 2008). The second highest race with Chlamydia are Caucasians with African-Americans third, and Hispanic-Latinos fourth. Females are the gender with the most reported cases of Chlamydia. Of the total cases of Chlamydia, 81% were female. Historically, females are the gender prone to be infected with Chlamydia (CDC, 2008).

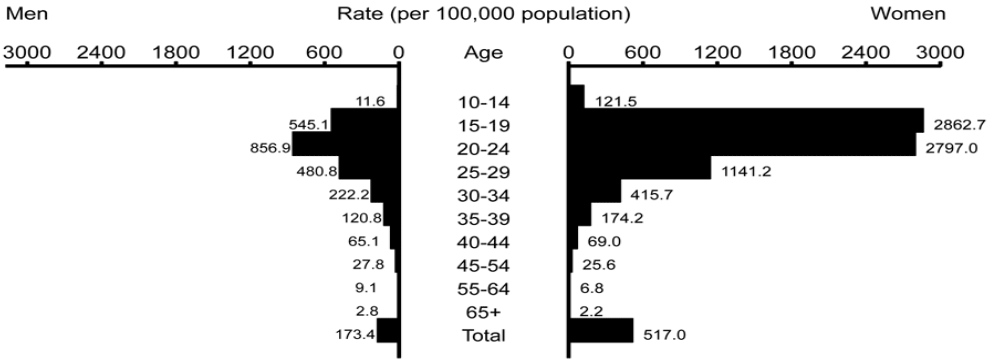
Chlamydia — Rates: Total and by sex: United States, 1987–2006



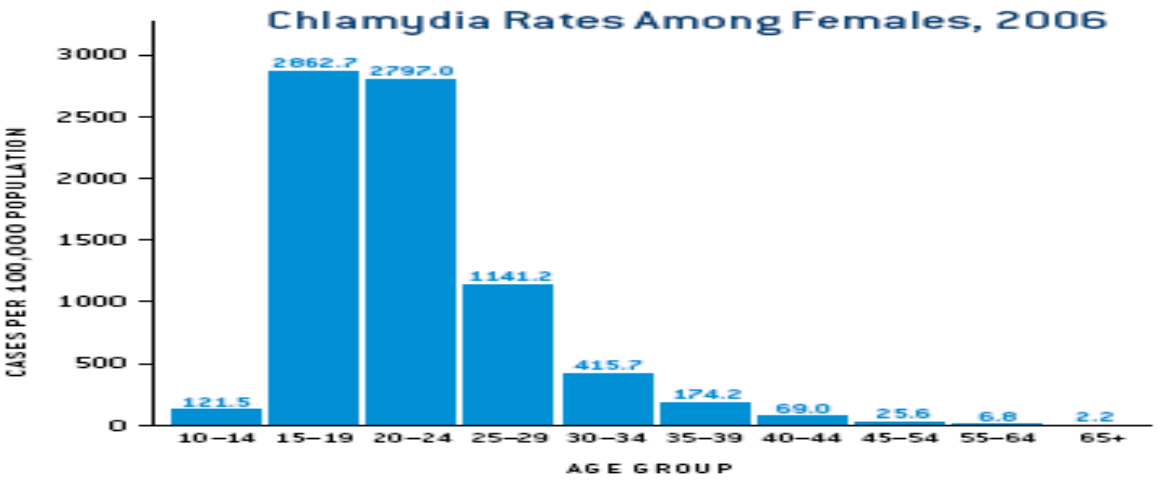
http://www.cdc.gov/std/stats/figures/figure1.htm

According to the CDC (2006) teens and young adults between the ages of 15 to 24 years of age make up 25% of the population that is currently sexually active and in 2006 nearly half of that population acquired an STD. In 2006 there were 515.8 cases per 100,000 cases of Chlamydia reported by women. This was three times higher than those reported by males. (CDC 2006),

Chlamydia — Age- and sex-specific rates: United States, 2006



In 2006, women between the ages of 15 to 19 had the highest rate of reported cases of Chlamydia (around 2,862.7 cases per 100,000 females), with 2,797.0 cases per 100,000 for females between the ages of 20 to 24 (CDC, 2006),



http://www.cdc.gov/std/stats/trends2006.htm

Within the female population there is a higher rate of African-American women affected by Chlamydia. In 2006 about 1,760.9 cases per 100,000 were reported which is about seven times that among white females (about 237.0 per 100,000) and twice that of Hispanic females (761.3 per 100,000). Second highest rates were among American Indian/Alaska Native females with 1,262.3 per 100,000 documented cases of Chlamydia. The lowest rates of Chlamydia were among Asian/Pacific Islander females with 201.2 per 100,000 cases (CDC, 2006).

http://www.cdc.gov/std/chlamydia/default.htm

Additional Resources

http://www.cdc.gov/std/chlamydia/default.htm

http://www.nlm.nih.gov/medlineplus/chlamydiainfections.html

http://www.ashastd.org/learn/learn_chlamydia_facts.cfm

http://www.mayoclinic.com/health/chlamydia/DS00173