

# Chlamydia in Oregon

## Background

*Chlamydia trachomatis* (i.e., chlamydia) is primarily a sexually transmitted bacterial infection. The majority of infections lack visible symptoms that are not recognized for months. Symptoms commonly include painful urination, vaginal discharge and pelvic pain, among others. Untreated chlamydia can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy in women. If detected, chlamydia can be treated successfully with antibiotics; this prevents long-term health consequences and sex partners from getting chlamydia. Unlike gonorrhea, chlamydia is not resistant to antibiotics.

Oregon law requires health care providers and laboratories to report chlamydia cases to the local health department.<sup>3</sup> Laboratories are the main reporters. Public health has lacked resources to investigate most reported chlamydial infections or help find and notify partners.

The successful Infertility Prevention Project (IPP) was sponsored by the federal Centers for Disease Control and Prevention (CDC). It funded chlamydia screening and treatment for more than 50,000 young men and women across Oregon through December 2013. That program has ended due to the planned health care transformation implementation. The state STD program continues to fund chlamydia screening and treatment for young uninsured or underinsured women under the age of 25 who are served by safety net clinics.

## Key facts

- Chlamydia is the most common reportable illness in Oregon. More than 13,000 cases occurred in 2012.
- Rates of chlamydia are highest among:
  - Women;
  - Men and women aged 15–24; and
  - Blacks and African Americans.
- Chlamydia can be treated with antibiotics.
- Physicians and other health care providers can help stop its spread by prescribing antibiotics for sex partners of people with chlamydia. They can do this even if they have not examined the partner. This is called expedited partner therapy (EPT).
- Increased screening and improved laboratory tests have likely caused an increase in reported cases since 2003.<sup>1</sup>
- U.S. medical care costs to treat chlamydia and its complications exceed \$700 million each year.<sup>2</sup>

## Epidemiology

During 2012, 13,499 cases of chlamydia were reported in Oregon. Chlamydia cases occurred in all but one Oregon county during 2012. Jefferson County had the highest rates,\* followed by Multnomah and Marion counties. The last decade has seen a steady rise in number of Oregon cases. However, Oregon's rate remains below the national average (Figure 1).

Reported rates of chlamydia are twice as high in women as in men. This is likely due to current guidelines recommending screening in women who have no symptoms but not recommended for men without symptoms.<sup>4</sup> The highest rates in both women and men are among 15–24 year-olds (Figure 2). Chlamydia rates are higher in blacks and African Americans and Hispanics than in whites (Figure 3).

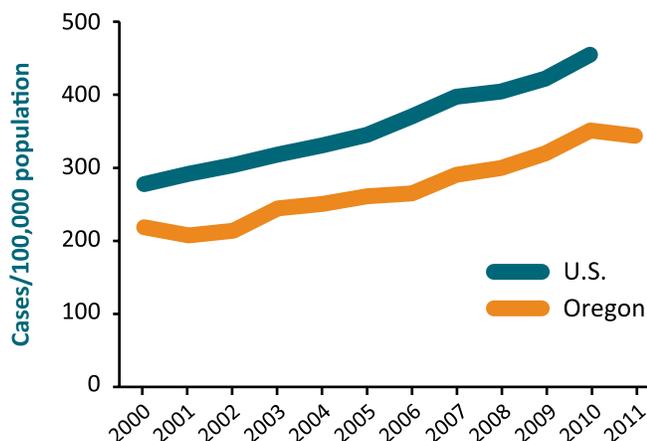
## Prevention

Primary strategies aim to prevent a person from becoming infected in the first place by:

- Delaying age at onset of intercourse;
- Decreasing the number of sex partners;
- Increasing condom use;
- Rapidly finding and treating new cases. This can also be primary prevention when it results in sex partners not becoming infected.

\* The Jefferson County chlamydia infection rate represents 128 cases in a sparsely populated area.

**Figure 1 — Cases of reported chlamydial infection per 100,000 population by year, Oregon and the United States, 2001–2012**

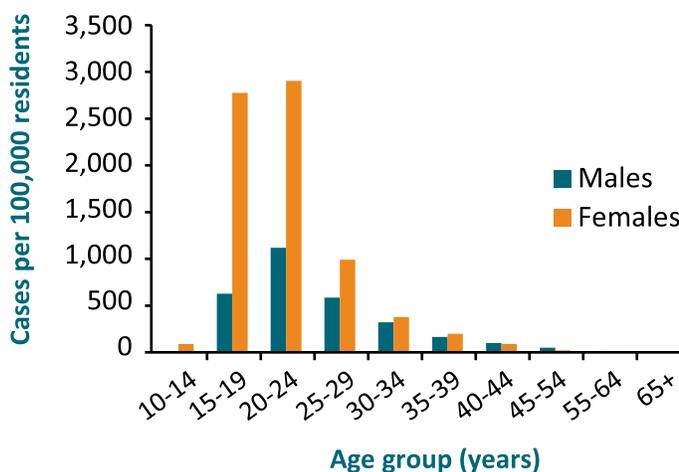


**Note:** Rates for the U.S. are only available through 2011.

**Sources:** Centers for Disease Control and Prevention (CDC). STD Surveillance 2007 National Summary Tables. [www.cdc.gov/std/stats07/tables.htm](http://www.cdc.gov/std/stats07/tables.htm).

Centers for Disease Control and Prevention (CDC). Sexually Transmitted Diseases Surveillance 2011. Division of STD Prevention, December 2012. [www.cdc.gov/std/stats11/](http://www.cdc.gov/std/stats11/).

**Figure 2 — Rates of reported chlamydial infection by age group and sex, Oregon, 2012**



Secondary prevention strategies aim to get rid of existing infections by:

- Treating chlamydial infections when they don't have symptoms;
- Treating sex partners of those with the infection; and
- Retesting people with recent chlamydia.

CDC and the U.S. Preventive Services Task Force currently recommend regular annual chlamydia screenings for women < 25 years of age. They also recommend testing women older than 25 years of age if they have previous sexually transmitted infections or multiple sex partners.

Urine testing with nucleic acid amplification tests has recently made chlamydia screening more convenient and sensitive.

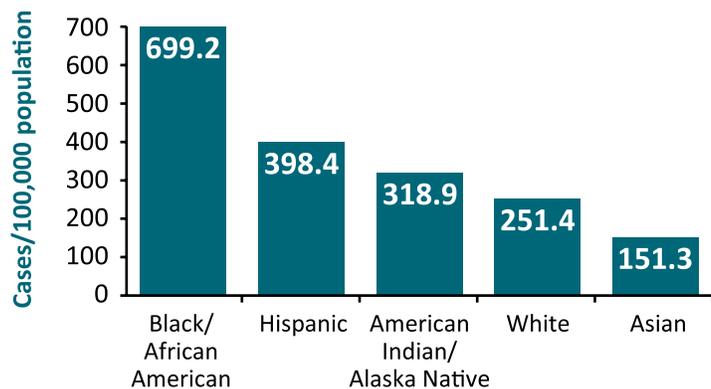
**Oregon Health Authority**

PUBLIC HEALTH DIVISION  
971-673-1222 Local  
971-673-1299 Fax

<http://public.health.oregon.gov>

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**Figure 3 — Rates of reported chlamydial infection by race and ethnicity, Oregon, 2012**



## Sources

Data source for graphics: Oregon Public Health Division statewide mandatory reporting of chlamydia cases: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx>.

1. Datta, S. D. *Chlamydia trachomatis* trends in the United States among persons 14 to 39 years of age, 1999–2008. *Sexually Transmitted Diseases*. 2012; 39 (2); 92–96.
2. Centers for Disease Control and Prevention. CDC grand rounds: chlamydia prevention: challenges and strategies for reducing disease burden and sequelae. *MMWR*. 2011; 60 (12);370–373.
3. Oregon disease reporting: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/index.aspx>.
4. The recent U.S. study indicates that the natural prevalence of infection may be truly lower in men, perhaps because men appear to be less susceptible to the infection and have it for a shorter time than women do. U.S. Preventive Services Task Force. Source: Screening for chlamydial infection recommendations and rationale. *American Journal of Preventive Medicine*. 2001; 20 (3s): 90–94.