

Sexually transmitted diseases

Chlamydiosis

Chlamydiosis (i.e., chlamydia) is primarily a sexually-transmitted infection caused by *Chlamydia trachomatis*. The majority of infections lack symptoms and can persist unrecognized for months. Symptoms commonly include painful urination, vaginal discharge, and pelvic pain, among others. Untreated Chlamydia infection in women can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy. If detected, chlamydiosis can be treated successfully with antibiotics, preventing transmission to partners and preventing long-term health consequences. Unlike gonorrhea, resistance to antibiotics has not been a problem with chlamydial infections.

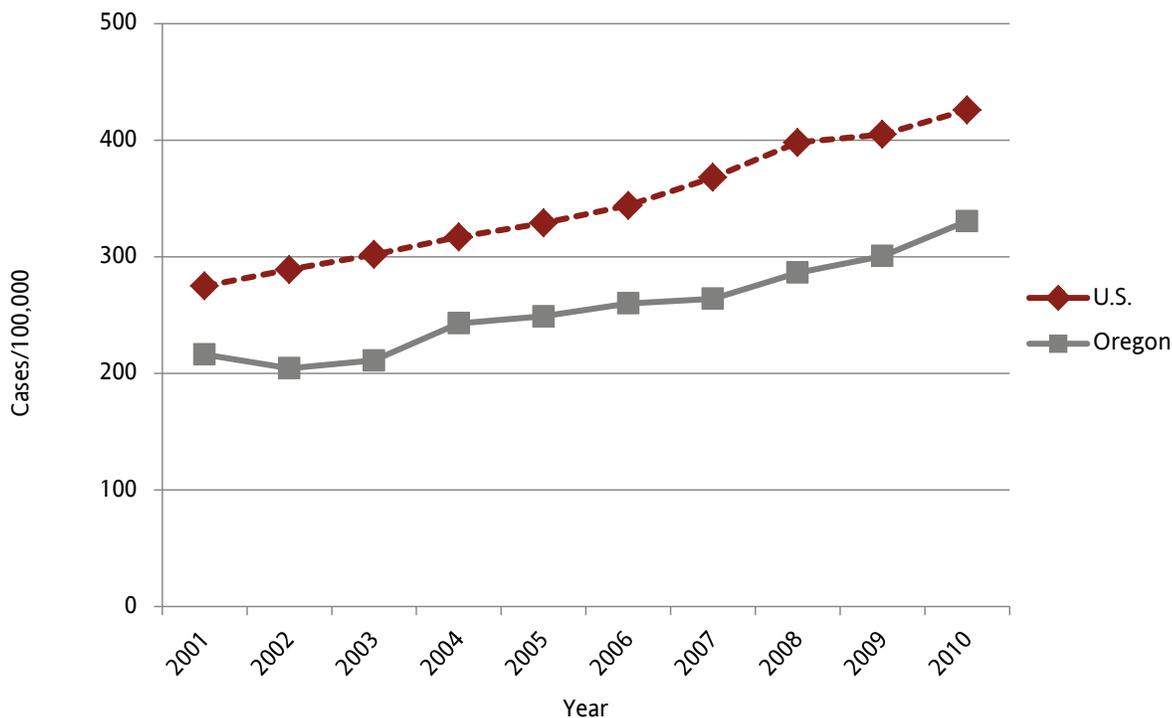
In Oregon, law requires health care providers and laboratories to report cases of Chlamydia infection to the local health department. This occurs primarily through automatic electronic reporting by laboratories. Due to lack of resources, with some local exceptions, public health investigation of reported chlamydial infections, and efforts to provide assistance with partner notification and treatment have become rare.

The Infertility Prevention Program (IPP), sponsored by the federal Centers for Disease Control and Prevention (CDC) through grants to the Oregon Health Authority, supports screening and treatment of chlamydial infections for more than 50,000 young women and men in more than 100 clinics around Oregon each year. Approximately 5,000 reported Oregon cases are identified and treated in IPP clinics annually. The Oregon Health Authority and local public health authorities use IPP data to help direct Chlamydia control efforts to locations and activities that are most likely to be effective.

Epidemiology

During 2011, 13,691 cases of chlamydia were reported in Oregon residents (approximately 375/100,000). Chlamydial infections occurred in residents of every Oregon county but one during 2011 with the highest rates found in Jefferson (612/100,000)*, Multnomah (542/100,000) and Marion (475/100,000) counties. While the number of Oregon cases has increased steadily during the past 10 years, Oregon's rate remains below the United States. (Figure 1).

Figure 1. Incidence of reported chlamydial infection by year, Oregon and the United States, 2001–2010



Reported rates of chlamydia are twice as high in women compared to men, probably a result of current guidelines that recommend asymptomatic screening in women, but not in men.¹ By age, the highest rates in both women and men are among 15- to 24-year-olds (Figure 2). Chlamydia infection rates are higher in blacks and African Americans (834/100,000) and Hispanics (391/100,000) than whites (226/100,000) (Figure 3).

Figure 2. Incidence of reported chlamydial infection by age group and by sex, Oregon, 2011

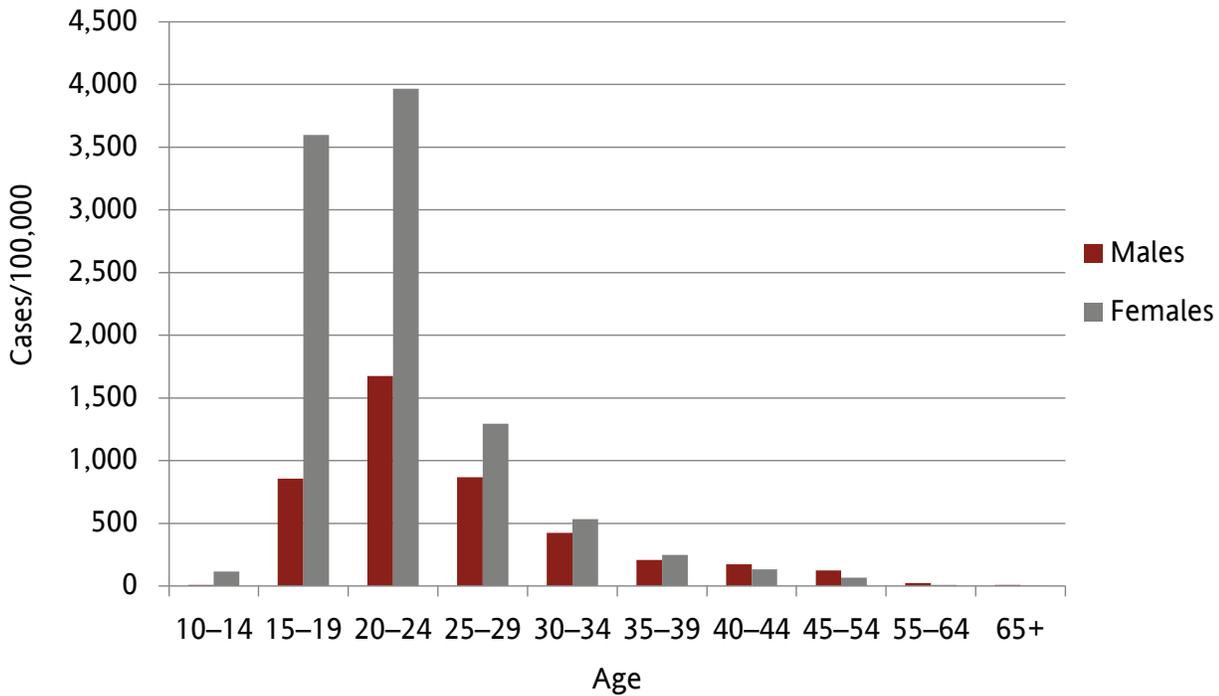
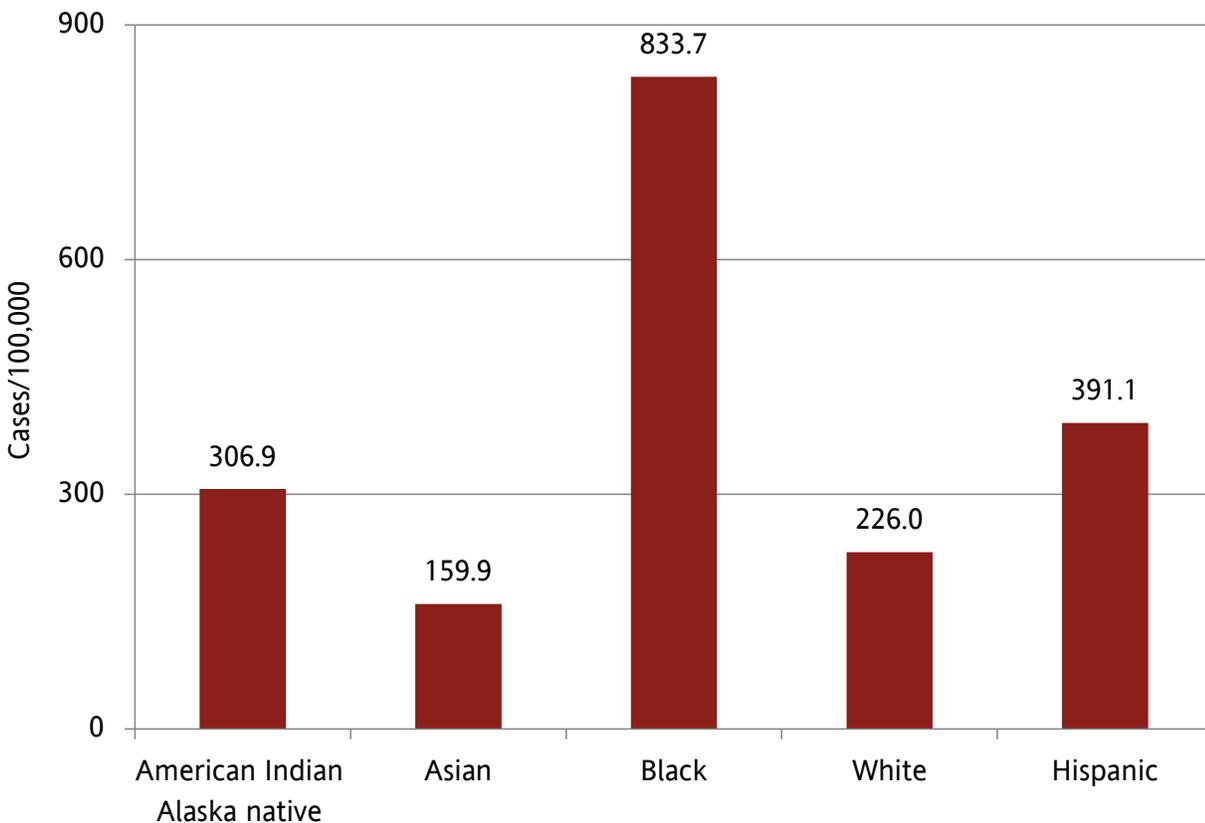


Figure 3. Incidence of reported chlamydial infection by race and ethnicity, Oregon, 2011



Prevention

Primary prevention 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; and
- Increasing condom use.

Rapid identification and treatment of new cases can also be considered primary prevention when it results in averting transmission to a sex partner.

Secondary prevention strategies aim to eradicate existing infections by:

- Treating asymptomatic chlamydial infections;
- Treating sex partners of people who have chlamydia; and
- Retesting people with recent chlamydia.

In recent years, urine testing with nucleic acid amplification tests have made screening for Chlamydia more convenient and more sensitive.

The CDC-funded IPP sponsors systematic screening in school-based clinics, job corps, vocational training, jails and detention centers, health care settings and family planning centers with a test positivity of $\geq 3\%$.

Sources

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

1. U.S. Preventive Services Task Force. Screening for chlamydial infection recommendations and rationale. *American Journal of Preventive Medicine*. 2001;20 (3s): 90–94.