

Chlamydia

Chlamydia is primarily a sexually-transmitted infection caused by *Chlamydia trachomatis*. Most infections don't cause any symptoms and can persist unrecognized for months. When symptoms do occur, they commonly include painful urination, vaginal discharge, and pelvic pain, among others. Untreated chlamydial infection in women can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy. If detected, chlamydia can be treated successfully with antibiotics, preventing transmission to partners and preventing PID and other long-term health consequences. Unlike the case with gonorrhea, resistance to antibiotics has not been a problem with chlamydial infections.

Oregon law requires health care providers and laboratories to report *Chlamydia* infections to the local health department. The reporting 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.

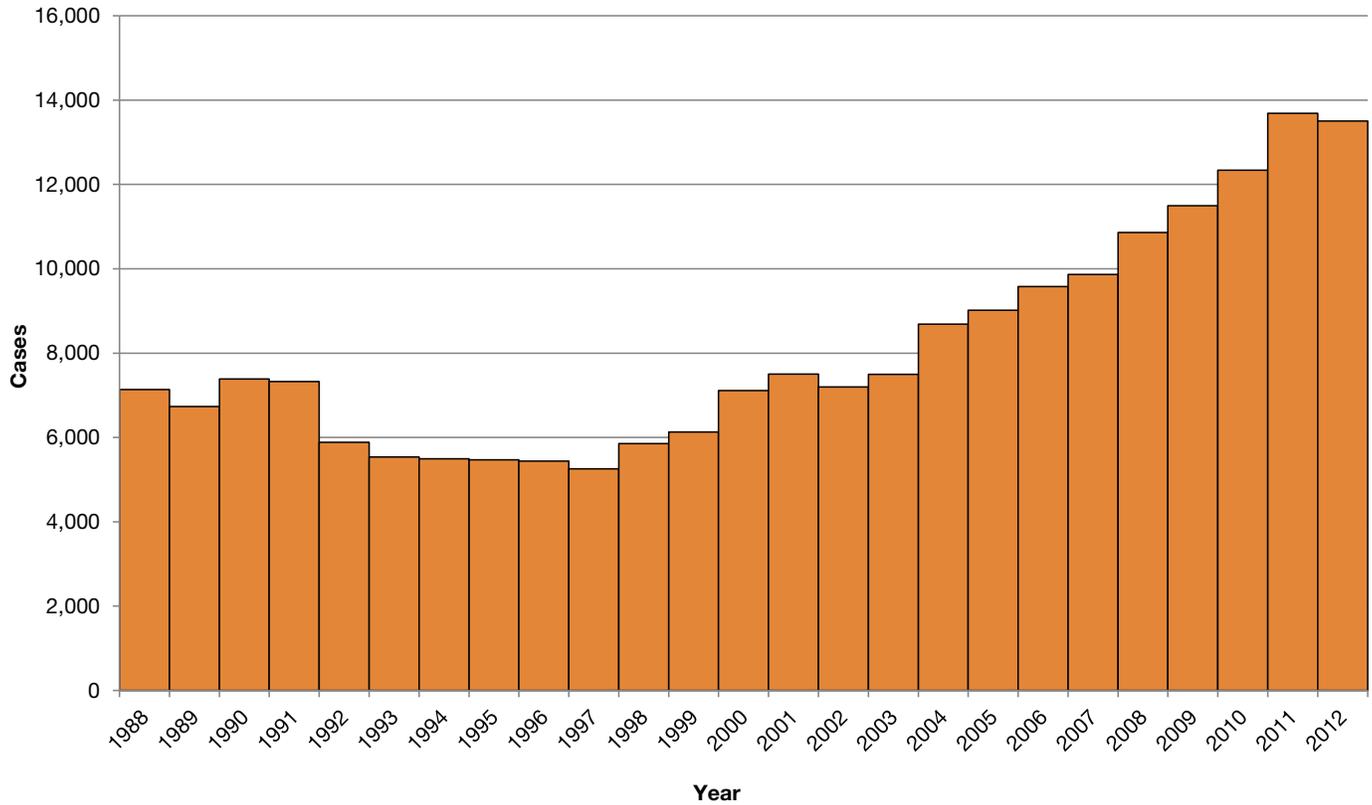
The Infertility Prevention Program (IPP), sponsored by the federal Centers for Disease Control and Prevention (CDC) through grants to the Oregon Health Authority (OHA), supports screening and treatment of chlamydial infections for more than

50,000 young women and men in more than 100 clinics around Oregon each year. Approximately 5,000 reported chlamydia cases are identified and treated in IPP clinics in Oregon annually. The OHA 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. In recent years, testing of urine with nucleic acid amplification tests has made screening for chlamydial infection better and more convenient.

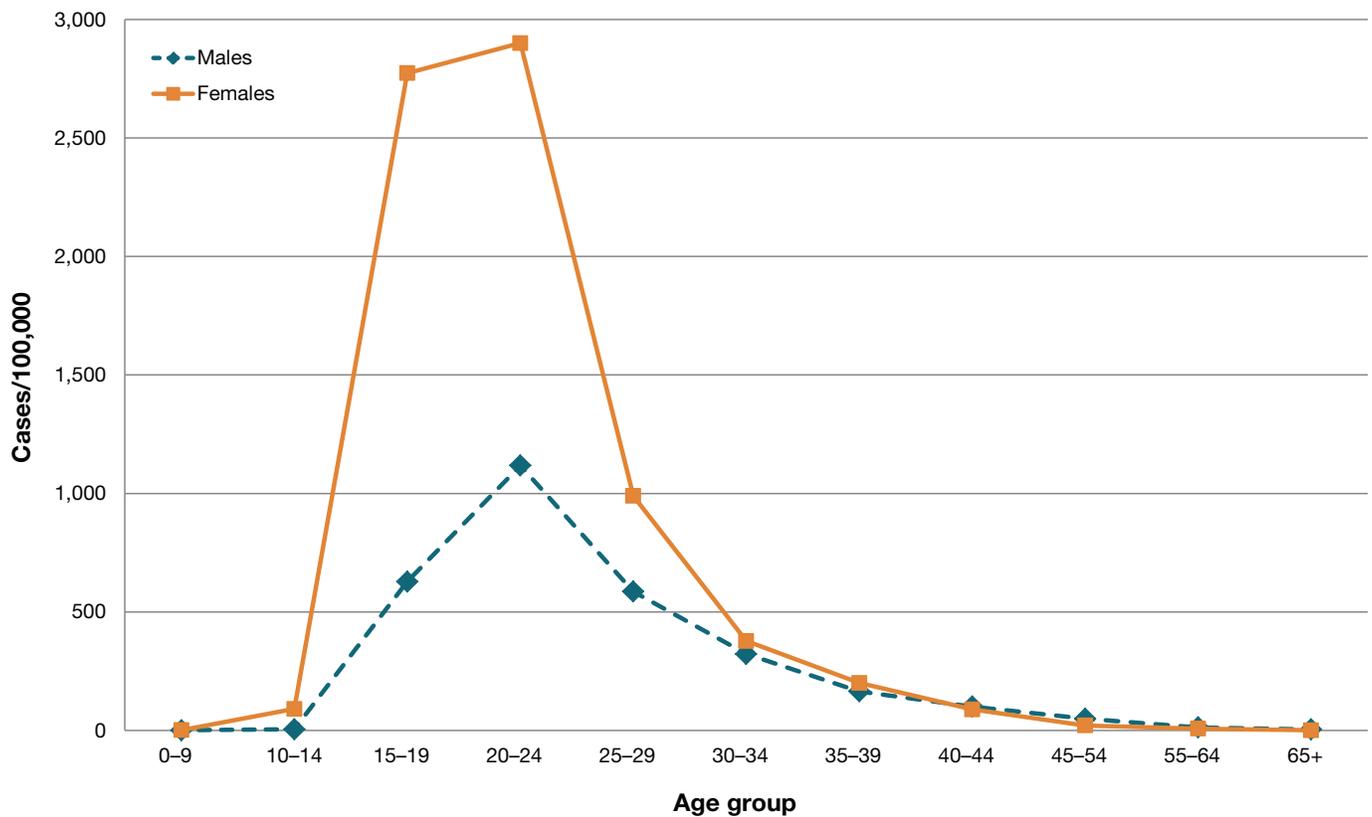
During 2012, 13,500 cases of chlamydia were reported in Oregon residents (approximately 346/100,000). Chlamydial infections occurred in residents of every Oregon county in 2012 with the highest rates found in Jefferson (583/100,000), Multnomah (457/100,000) and Marion (443/100,000) counties. While the number of Oregon cases has increased steadily during the past 10 years, Oregon's rate remains below that of the United States.

Reported rates of chlamydia are twice as high in women compared to men, probably a result of guidelines that recommend screening of asymptomatic women, but not of asymptomatic men. By age, the highest rates in both women and men are among 15- to 24-year-olds. Chlamydial infection rates are higher in blacks and African Americans (698/100,000) and Hispanics (397/100,000) than whites (251/100,000).

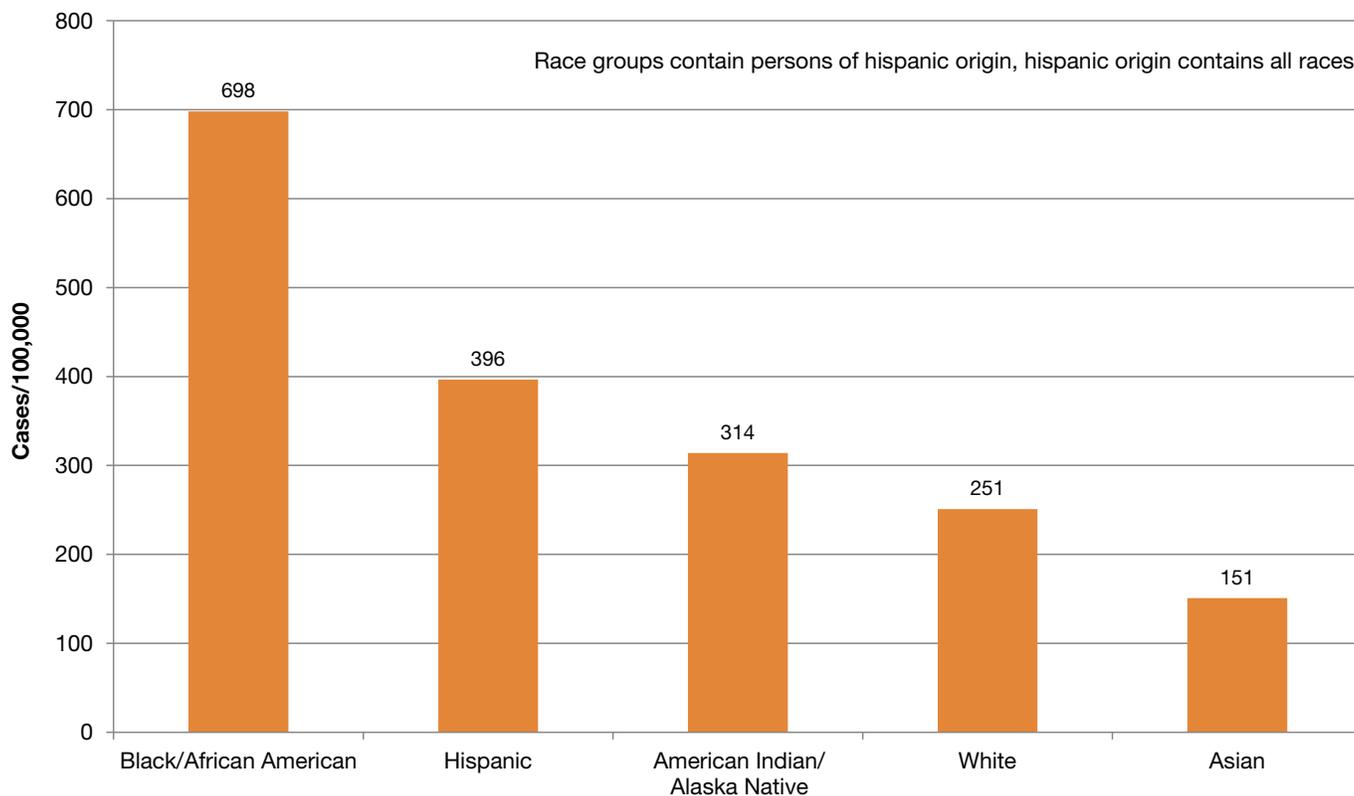
Incidence of reported chlamydial infection by year: Oregon, 1988–2012



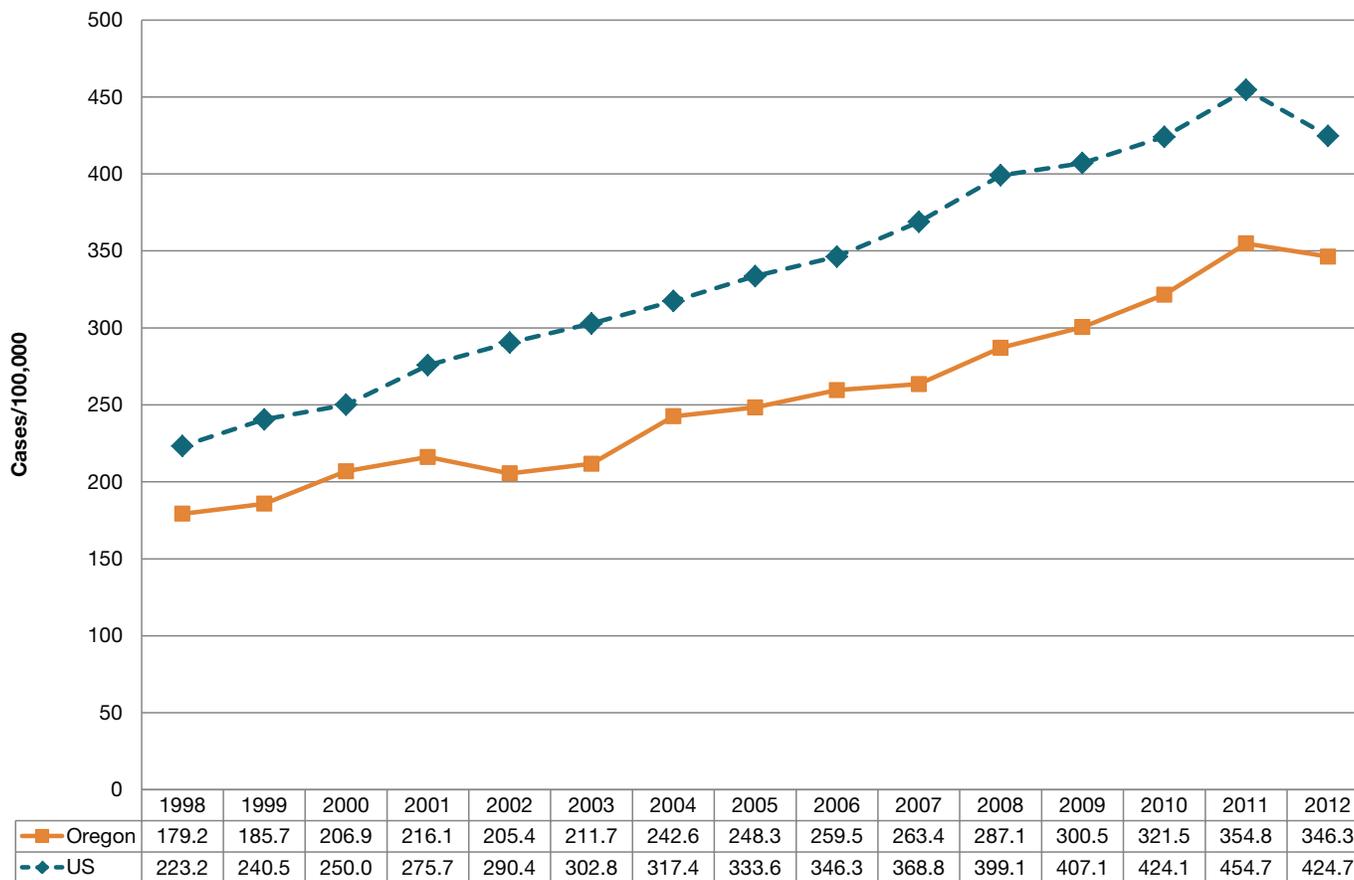
Incidence of reported chlamydial infection by age and sex: Oregon, 2012



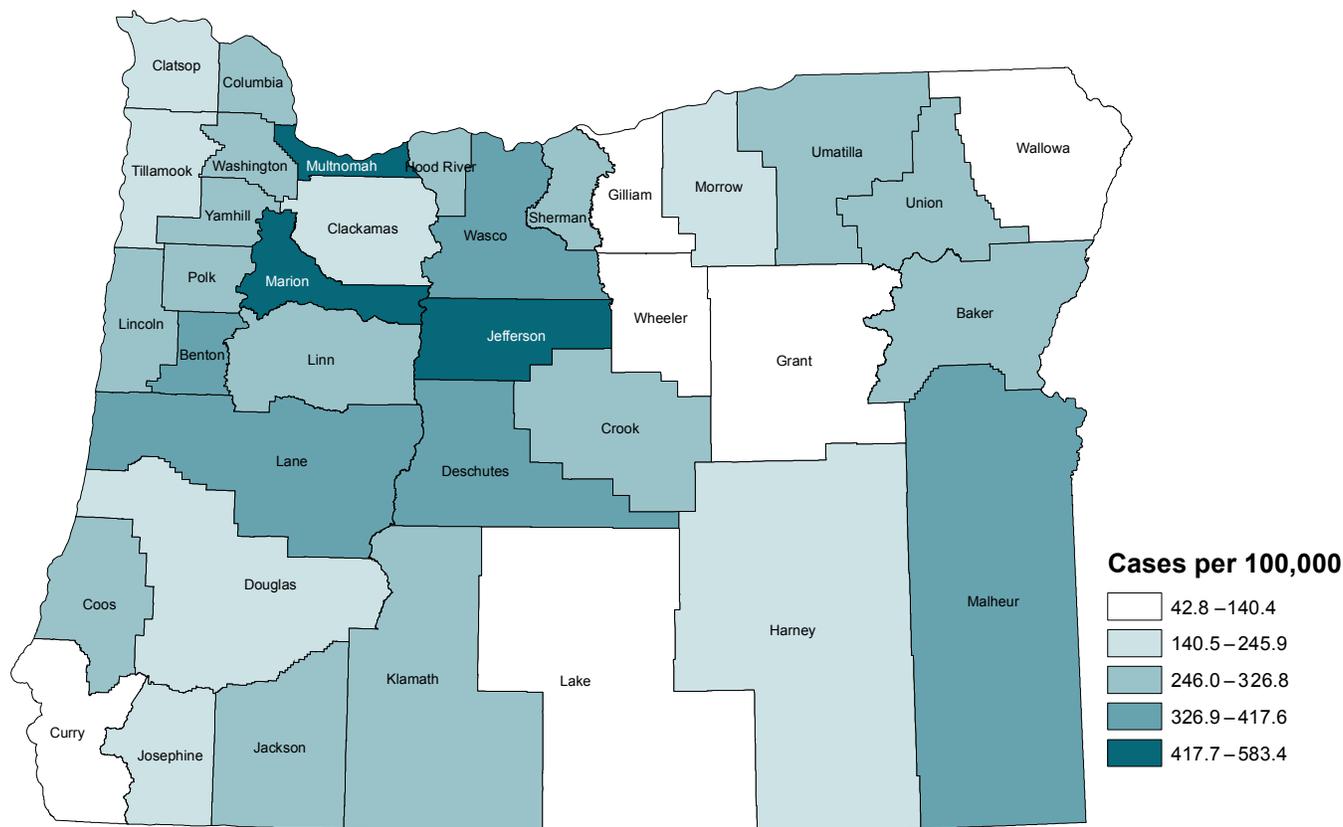
Incidence of reported chlamydial infection by race and ethnicity: Oregon, 2012



Incidence of reported chlamydial infection by year, Oregon vs. nationwide: 1998–2012



Incidence of reported chlamydial infection by county of residence: Oregon, 2012



Prevention

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

- Delaying age at onset of sexual intercourse;
- Decreasing the number of sex partners;
- 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;
 - Retesting people with recent chlamydia;
 - Annual screening of all sexually active women aged ≤ 25 years and older women with additional risk factors for chlamydial infection.