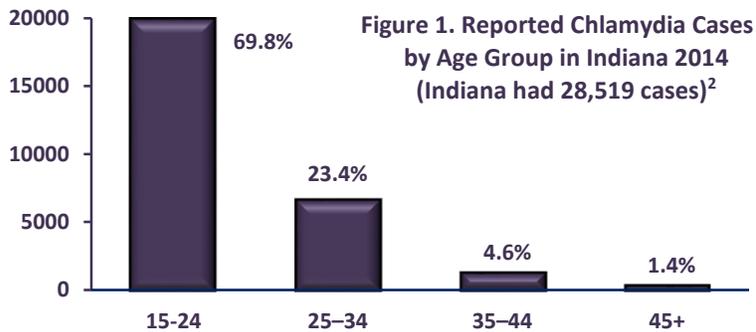




What is Chlamydia?

Chlamydia is the #1 most reported sexually transmitted bacterial infection in the U.S. and in Indiana.^{1,2} Chlamydia is spread by oral, vaginal, or anal sex.¹ The bacteria *Chlamydia trachomatis* can lead to serious consequences in the reproductive organs of women.¹ The Centers for Disease Control and Prevention (CDC) estimates that **2.86 million Americans** will become infected each year, though half will go unreported because most people have no symptoms and will not be tested.¹ Although young people experience more infections than those in older age groups [Figure 1], every sexually active Hoosier is at risk for contracting Chlamydia.²

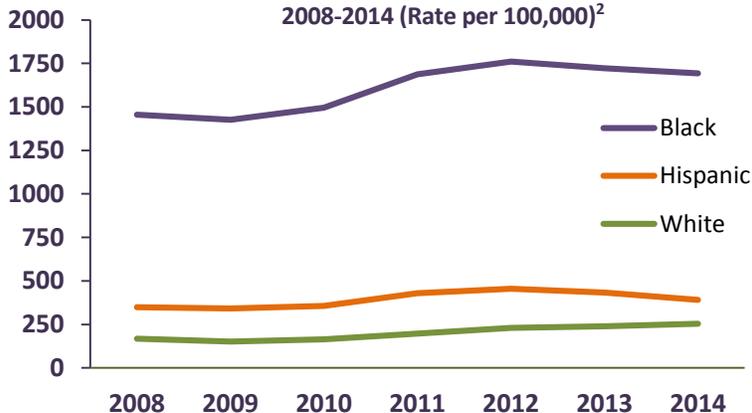


Health Disparity: Race

Racial/ethnic disparities are present in chlamydial infection rates. African American Hoosiers have an infection rate for Chlamydia **7 times** higher than White Hoosiers [Figure 2].² Nationally, rates among non-Hispanic blacks are about 6 times higher than those of non-Hispanic whites.¹

This disparity may be linked to the barriers of quality prevention services, fear and distrust of health care systems, and economic inequality.³

Figure 2. Indiana Chlamydia Rate by Race/Ethnicity 2008-2014 (Rate per 100,000)²



Transmission

- Chlamydia can only be spread through sexual contact with the penis, vagina, mouth, or anus of an infected partner.¹
- Ejaculation does not have to occur for someone to become infected with Chlamydia.¹
- Chlamydia can be spread from a mother to her baby during childbirth.¹
- You can get Chlamydia again after successful treatment if you have further sexual contact with an infected, untreated partner.¹

Symptoms

Most people will have no symptoms at all, which is why Chlamydia is known as a “silent” infection.³ When symptoms do occur, they may not appear for several weeks after exposure because Chlamydia has a slow replication cycle.¹

Women

- Painful or frequent urination¹
- Pus in the urine⁴
- Unusual discharge¹
- Spotting¹

Men

- Mucus or watery discharge from the penis¹
- Burning sensation while urinating⁴
- Pain and swelling in the one of the testicles.¹

Both

- Chlamydial conjunctivitis (infection in the eyes)¹
- Rectal pain¹
- Rectal discharge¹
- Rectal bleeding¹

Complications

In women, infection in the cervix can travel up through the reproductive tract over time resulting in pelvic inflammatory disease (PID), an often painful infection of the reproductive organs.⁴ Spread of the bacteria to the uterus or fallopian tubes can cause permanent damage that can lead to chronic pelvic pain, infertility, and ectopic pregnancy (which can be fatal).¹



Testing

Recommended Yearly Screening for Chlamydia

- All sexually active women younger than 25.¹
- Women who have had partners diagnosed with Chlamydia or other sexually transmitted diseases (STD), exchanged sex for money, or have had new or multiple sexual partners.¹
- Men who have sex with men (MSM) who have anal sex. MSM with multiple or anonymous sex partners should be tested more frequently.¹

Screening for Pregnant Women

- Pregnant women should get tested at their first prenatal visit.¹
- High-risk women should be tested again in the third trimester before delivery.¹

Screening in Areas of High Prevalence

- Routine screening is not recommended for men, but those providers who see high prevalence of Chlamydia (such as adolescent clinics, STD clinics, correctional facilities) should screen men when resources permit.¹

Treatment

Chlamydia can be cured with antibiotics.¹ Even if you have no symptoms, you should take antibiotics when you test positive.⁴ Treatment in pregnant women usually prevents infection of her infant during delivery.⁶

Preferred treatment ⁶
Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days

Because Chlamydia and gonorrhea infections are frequently found in the same person, treatment that works on both infections is sometimes prescribed including the preferred treatment above AND Ceftriaxone injection.⁶

After antibiotic treatment, patients should refrain from sex for 7 days and until all sex partners complete treatment.¹

Partner Notification

Spread of Chlamydia can be reduced if patients are careful to notify all recent sex partners (oral, vaginal or anal) that they have been exposed and may be infected. The partners can then seek testing and treatment. Notifying partners helps to ensure that they do not develop a reproductive tract infection that can cause infertility or trouble conceiving, and also helps prevent re-infection of patients who have already been cured. It is important to note that the more times you are re-infected, the more damage can be done, increasing your risk of infertility.

Indiana Disease Intervention Specialists (DIS) are able to help with partner notification. They can give you tips and scripts to help you have the conversations with your partners, and if needed, they can even help anonymously notify your partners. For information on how to contact the DIS in your area, please call 317-233-1325 and ask for the STD Division.

Expedited Partner Therapy

Indiana practitioners may legally prescribe antibiotics to any exposed sex partners who are unable to seek treatment.⁵ Prescriptions are to be given to the infected patient for distribution to partners. For more information visit the Indiana State Department of Health website:
<http://www.in.gov/isdh/17440.htm>.

Fast Facts

- Chlamydia is **curable**.¹
- Latex condoms used the right way every time will greatly reduce the chance of infection.¹
- Pregnant women can pass this infection on to their unborn child.¹
- **Damage** from untreated Chlamydia cannot be reversed.¹
- Patients should take all medication for the entire duration; medication should not be shared. Failure to do so could result in ongoing infection.¹
- Patients should **wait** 7 days after they and all partners have completed treatment before having sex again.¹

References

1. Centers for Disease Control and Prevention <http://www.cdc.gov/std/chlamydia>.
2. Indiana State Department of Health (2014). Statewide Investigating, Monitoring and Surveillance System (SWIMSS). Internal Data.
3. Centers for Disease Control and Prevention <http://www.cdc.gov/std/stats/default.htm>.
4. Mayo Clinic. <http://www.mayoclinic.org/diseases-conditions>.
5. Indiana State Department of Health <http://www.in.gov/isdh/17440.htm>.
6. Centers for Disease Control and Prevention. <http://www.cdc.gov/std/tg2015>.