

Chlamydia

The Facts About Chlamydia

What is chlamydia?

Chlamydia trachomatis is the most common bacterial sexually transmitted infection in humans.

How many people have chlamydia?

Two million Americans are currently infected with *Chlamydia trachomatis*, and three million more will acquire the infection this year.¹ The prevalence of chlamydia is highest in young people. In fact, 6 percent of girls under 18 years of age tested in family planning clinics are infected with chlamydia,² and 10 percent of young female United States Army recruits have chlamydia.³ The prevalence in women 30 or older is around 2 percent.⁴ There are fewer statistics on the proportion of men who have chlamydia, but the prevalence of infection in sexually active men probably ranges from 3-5 percent in the general population to 15-20 percent among those visiting STI clinics.⁵

How does someone get chlamydia?

Chlamydia trachomatis is primarily transmitted through sexual activity. It can also be passed from pregnant women to their newborn infants during childbirth. Other types of chlamydial infections exist, but they are acquired by non-sexual activities.

What are the symptoms?

Typical symptoms include a vaginal or urethral discharge, burning with urination, pelvic pain in women, swelling and tenderness of the scrotum in men (epididymitis), and (rarely in the United States) genital ulcers.⁶

When a woman has vaginal intercourse with an infected man, the infection usually begins in the woman's cervix. The infection may remain in the area of the cervix for some time, or may spread to the uterus (endometritis) and fallopian tubes (salpingitis). When this spread occurs, the condition is called pelvic inflammatory disease (PID). PID may cause few symptoms and go unrecognized, or PID may be a severe, life-threatening infection. Common symptoms of PID include pelvic and abdominal pain, fever and abnormal vaginal bleeding. When abdominal tenderness is present, PID may be confused with other severe abdominal conditions, i.e., acute appendicitis or ectopic (tubal) pregnancy.

How does someone find out s(he) has chlamydia?

Patients with symptoms are usually diagnosed when the clinician finds characteristic physical findings and identifies evidence of the chlamydia organism in genital fluids or urine.

Many people with chlamydia infections do not know they are infected. In fact, as many as 85 percent of women and 40 percent of men who are infected have no symptoms.⁷

How is chlamydia treated?

Chlamydia infections in both men and women are typically treated with oral antibiotics. Severe pelvic inflammatory disease (PID) may require hospitalization and treatment with intravenous antibiotics.⁸ Treatment of infected pregnant women prevents infection of the newborn. In addition, newborn infants routinely receive antibiotic eye drops/ointment to prevent eye infection.⁹

What are some of the long-term effects of chlamydia infection?

The most serious complication of chlamydial infection is pelvic inflammatory disease (PID). PID can damage the fallopian tubes and result in tubal scarring and infertility. In fact, PID causes over 25 percent of the infertility in women pursuing in vitro fertilization in the United States.¹⁰ Tubal scarring can also increase the risks for developing a subsequent ectopic (tubal) pregnancy.

How can I avoid getting chlamydia?

Condoms probably reduce the risk of chlamydia transmission among sexually active people. Studies of condoms in actual use, however, show that condoms do not consistently prevent chlamydia infection.

If you have already been sexually active outside a lifelong mutually faithful relationship (as in marriage), talk to your healthcare provider about getting you and your partner tested for STDs. Abstinence from sexual activity—including oral sex—or lifetime faithfulness to one uninfected partner is the only certain way to avoid being infected sexually.

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4. Centers for Disease Control and Prevention. *STDs in Adolescents and Young Adults*. Available at: www.cdc.gov/nchstp/dstd/stats_Trends/1998Surveillance/98PDC/section8.pdf. Accessed February 14, 2000.

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6. Ibid.

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