

STD/STI INFORMATIONAL FACT SHEET

CHLAMYDIA (cla MIH dee ah)

What is Chlamydia?

Chlamydia is a common, curable STD caused by the bacterium, *Chlamydia trachomatis*. In the U.S., it occurs frequently among sexually active adolescents and young adults. The bacteria target cells of the soft, moist mucous membranes not covered by skin. For example, areas that can be infected include the: urethra, vagina, cervix, endometrium (lining of the uterus), anus, rectum, and lining of the eyelids. Although possible, it rarely targets the mouth or throat. If left untreated in women, Chlamydia can spread to the fallopian tubes and lead to Pelvic Inflammatory Disease (PID), which can seriously damage a woman's reproductive organs and cause infertility.

How common is Chlamydia?

Chlamydia is the most frequently reported bacterial STD in the U.S. Changes that occur in the cervix during puberty make adolescent girls especially vulnerable to the disease. Of the nearly three million new infections each year, at least 1.5 million occur in young people aged 15-24. Under-reporting is significant because most people with Chlamydia are not aware of their infections and do not seek testing. On average, young women with Chlamydia go untreated for a year and young men may average five months before seeking treatment. Furthermore, women are frequently re-infected if their sex partners are not treated.

How is Chlamydia transmitted?

Persons are considered contagious with Chlamydia from the time they become infected until treatment is completed. The risk of infection increases with the number of sex partners a person has and/or when people engage in unprotected sexual intercourse. Chlamydia can be transmitted during vaginal, anal, or (less likely) oral intercourse when sexual fluids containing the bacteria come into contact with mucous membranes. Chlamydia also can be passed from an infected mother to her newborn during vaginal childbirth. In children, Chlamydia may be a possible sign of sexual abuse.

Contrary to many beliefs, Chlamydia is not transmitted through casual contact such as hugging, shaking hands, sharing food, using the same eating utensils, drinking from the same glass, sitting on public toilets, or touching door knobs.

What are the signs and symptoms of Chlamydia?

Chlamydia is known as a "silent" disease because nearly three quarters of infected women and about half of infected men have no symptoms. If symptoms do occur, they usually appear within one to three weeks after exposure.

Women who have symptoms might experience an abnormal vaginal discharge, itching, or a burning sensation when urinating. Some women may experience pain of the lower abdomen and back, pain during intercourse, bleeding between menstrual periods, nausea, or fever--if the infection has spread to the fallopian tubes. This fever may indicate that the infection has progressed to PID. Chlamydial infection of the cervix also can spread to the rectum.

Men with signs or symptoms of Chlamydia might experience heaviness and discomfort in their testicles, an inflammation of the scrotal skin, a pus-like discharge from their penis or a burning sensation when urinating. Men also might have burning and itching around the opening of the penis.

Men or women who have receptive anal intercourse may acquire Chlamydial infection in the rectum, which can cause rectal pain, discharge, or bleeding. Chlamydia sometimes can be found in the throats of women and men having oral sex with an infected partner.

What are complications of Chlamydia?

Symptoms of Chlamydia are usually mild or absent. If the disease is untreated, the infections can progress to serious, irreversible reproductive damage and cause other health problems that have both short-term and long-term consequences.

Forty percent of women with untreated Chlamydia develop pelvic inflammatory disease (PID) when the infection spreads to the uterus or fallopian tubes. This complication can cause infertility, chronic pain, and tubal pregnancy. Chlamydia is the leading preventable cause of infertility in the U.S. Women infected with Chlamydia also are up to five times more likely to become infected with HIV, if exposed.

Complications among men are rare. However, if there is untreated infection in men, it may lead to prostatitis (inflammation of the prostate gland), scarring of the urethra, infertility, epididymitis (inflammation of the epididymis, which is the elongated, cord-like structure that runs along the back of each testes and carries sperm from the testis). This can cause pain, fever, and, sometimes sterility.

Rarely, genital Chlamydial infection can cause arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra (Reiter's syndrome).

If untreated in infants, Chlamydia can lead to conjunctivitis (pink eye), blindness, or complications of pneumonia, which can include death.

The direct medical costs of Chlamydia are nearly \$250 million each year. Adding in the cost of complications, such as PID, the amount is as high as \$24 billion a year.

How does Chlamydia affect a pregnant woman and her baby?

Pregnant women with Chlamydia may experience premature delivery. Their babies can get Chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

How is Chlamydia diagnosed?

Laboratory tests performed on urine and secretions from the penis, cervix, vagina, anus, or throat can determine if individuals have been exposed to Chlamydia.

To help prevent the serious consequences of Chlamydia, annual screening for Chlamydia is recommended for sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors for Chlamydia, such as a new sex partner or multiple sex partners. All pregnant women should have a screening test for Chlamydia.

People infected with Chlamydia are often infected with gonorrhea. Therefore, patients with Chlamydia are often treated for gonorrhea simultaneously, since the cost of treatment is generally less than the cost of testing. This process also helps to avoid re-infection.

What is the treatment for Chlamydia?

Chlamydia is easily treated and cured with antibiotics. A single dose of azithromycin or one-week dosages of doxycycline (twice daily) are the most commonly used treatments. The patient must take all medications as directed.

Women whose sex partners have not been appropriately treated are at high risk for re-infection. Therefore, retesting should be considered for women, especially adolescents, three to four months after treatment.

How can Chlamydia be prevented?

The best way to avoid transmission of Chlamydia is to abstain from sexual contact, or to be in a long-term, mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Correct and consistent use of condoms can reduce the rate of Chlamydial transmission. However, condom use cannot guarantee absolute protection.

Water-based spermicides are not recommended for the prevention of Chlamydia. Recent studies have shown that nonoxynol-9 (N-9), which is found in most water-based spermicides, is not effective in preventing Chlamydia.

Any genital symptoms such as discharge or burning during urination or unusual sore or rash should be a signal to stop having sex and to consult a health care provider immediately. If a person is diagnosed with Chlamydia (or any other STD), he or she should notify all recent sex partners so they can consult with a health care provider and be treated. This will reduce the risk that serious complications will develop. Treatment will also reduce the person's risk of becoming re-infected. The person and all of his or her sexual partners must avoid sex until treatment is completed.

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For information about specific STDs/STIs, below are sources to use:

**Alan Guttmacher Institute
(AGI)**

120 Wall Street, 21st Floor
New York, NY 10005
Phone: 212/248-1111
Fax: 212/248-1951
<http://www.agi-usa.org>

**American Social Health
Association (ASHA)**

P. O. Box 13827
Research Triangle Park, NC 27709-
3827
Phone: 800-783-9877
<http://www.ashastd.org/>

**Centers for Disease Control and
Prevention – Sexually Transmitted**

Disease - STD information and
referrals to STD Clinics
CDC-INFO
Phone: 800-CDC-INFO (800-232-
4636); TTY: 888-232-6348 In English,
en Espanol
<http://www.cdc.gov/std/default.htm>

**CDC National Prevention
Information Network (NPIN)**

P.O. Box 6003
Rockville, MD 20849-6003
Phone: 800-458-5231;
Fax: 888-282-7681

1-800-243-7012 TTY

E-mail: info@cdcnpin.org

**The Henry J. Kaiser Family
Foundation**

2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650/854-9400
Fax: 650/854-4800
<http://www.kff.org>

National Herpes Hotline (NHH)

Open from 9 A.M. to 7 P.M., ET,
Monday - Friday.
Phone: 919/361-8488

**National HPV and Cervical
Cancer Prevention Hotline**

Open from 2 P.M. to 7 P.M., ET,
Monday - Friday.
Phone: 919/361-4848

**Planned Parenthood Federation
of America**

434 West 33rd St.
New York, NY 10001
212/541-7800
FAX: 212/245-1845
<http://www.plannedparenthood.org/>

**Sexuality Information and
Education Council of the United
States (SIECUS)**

130 West 42nd Street, Suite 350
New York, New York 10036-7802
Phone: 212/819-9770
Fax: 212/819-9776
<http://www.siecus.org>

Virginia Department of Health

109 Governor Street
Richmond, VA 23219
VIRGINIA STD/AIDS HOTLINE
Phone: 800-533-4148
<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/factsheets.htm>