4. Chlamydia

*Chlamydia trachomatis* infection is the most commonly reported sexually transmitted disease (STD) in the United States, with an estimated 2.8 million infections occurring annually. Timely diagnosis and treatment of chlamydial infection is critical to preventing both complications and transmission.

**Screening:**
In the United States, chlamydial infection occurs frequently among sexually active adolescents and young adults. Among both men and women, infections are commonly asymptomatic. As a result, sexually active adolescent women should be screened for chlamydia at least annually, even if symptoms are not present. Annual screening of all sexually active women aged 20–25 years is also recommended, as is screening of older women with risk factors (e.g., those who have a new sex partner and those with multiple sex partners). An appropriate sexual risk assessment should always be conducted and may detect the need for more frequent screening for some women.

**Complications:**
Several important complications can result from *C. trachomatis* infection in women; the most serious include pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. A recent investigation of patients in a health maintenance organization demonstrated that screening and treatment of cervical infection can reduce the likelihood of PID. Chlamydial infection in men can manifest as urethritis and epididymitis.

**Treatment:**
Treating infected patients prevents further transmission to sex partners. In addition, treatment of chlamydia in pregnant
Chlamydia is the most common bacterial STD in the United States. Around 40% of women with untreated chlamydia infections develop pelvic inflammatory disease, and 20 percent of those become infertile, according to CDC. Chlamydia-infected patients are also three to five times more likely to acquire HIV if exposed.

women usually prevents transmission of *C. trachomatis* to infants during birth. Treatment of sex partners helps to prevent re-infection for the original patient and new infections among other sex partners.

Coinfection with *C. trachomatis* often occurs among patients who have gonococcal infection; therefore, presumptive treatment of such patients for chlamydia is appropriate. For detailed information on appropriate treatment regimens, refer to the 2002 Sexually Transmitted Diseases Treatment Guidelines, which are available on the CDC’s web site: http://www.cdc.gov/std/treatment.

**Chlamydia Facts:**
- Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States.
- Women are frequently re-infected if their sex partners are not treated.
- Untreated, chlamydia can cause severe, costly reproductive health problems with both short- and long-term consequences, including pelvic inflammatory disease (PID), infertility, and tubal pregnancy (potentially fatal).
- An estimated 2.8 million Americans are infected with chlamydia each year.
- Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing or treatment.
National Chlamydia Trends – All Races:

Both the number of chlamydia cases and the rate of infection for the Total U.S. population have increased since 1996, primarily due to improved screening rates over the last decade.

*In America, chlamydia rates have gradually increased since 1996.*

In the U.S., chlamydia rates gradually increased from 183 cases per 100,000 in 1996 to 302 cases of chlamydia per 100,000 in 2003.

The total number of chlamydia cases and the rate of infection in the Northwest (Idaho, Oregon, and Washington) also increased during this period, ranging from 162 cases per 100,000 in 1996 to 243 cases per 100,000 in 2003. These rates were slightly higher in Washington and Oregon than in Idaho.
When comparing rates by ethnicity, American Indians have the second highest chlamydia rate in the US.

When broken down by race and ethnicity, non-Hispanic blacks in the United States had the highest rates of chlamydia from 1999-2003.

Rates among American Indians and Alaska Natives (AI/AN) were the second highest.

Rates among non-Hispanic whites are typically the lowest of all racial/ethnic groups.
Total Chlamydia Rates among AI/ANs, 1996-2003
United States and NW States (ID, OR, WA)

National Chlamydia Trends – Among AI/ANs:

In the U.S. as a whole, AI/AN chlamydia rates are about 2.5 times higher than the rates reported among all persons, ranging from 533 cases per 100,000 to 667 cases per 100,000.

Both nationally and regionally, AI/ANs are disproportionately impacted by chlamydia infection.

In the U.S., AI/ANs make up approximately 1.5% of the total population and account for approximately 2% of all reported chlamydia cases.

In Idaho, Oregon, and Washington, American Indians and Alaska Natives make up 2.1%, 2.5%, and 2.7% of the total population (respectively), and account for approximately 3% of all reported chlamydia cases.

American Indian chlamydia cases and rates have increased since 1997 at a rate similar to those reported for the rest of the U.S.

NOTE: In 1996 (point not shown), Oregon shows approximately three times the number of chlamydia cases among American Indians than reported in later years. This may be due to a special screening effort or an isolated coding error.
Chlamydia Trends – AI/AN, By Gender:

STD rates among females are typically higher than rates among males due to intentional screening policies that target women to reduce chlamydia-related complications. Women of childbearing age are also more likely to visit a health clinic than men, and thus are more likely to receive STD testing and treatment.

For both males and females, the number of chlamydia cases has increased in the United States since 1996. Chlamydia rates among U.S. females increased from 303 cases per 100,000 in 1996 to 467 cases per 100,000 in 2003. U.S. male chlamydia rates increased from 57 cases per 100,000 in 1996 to 133 cases per 100,000 in 2003.

*In the U.S. as a whole, AI/AN males are diagnosed with chlamydia at nearly twice the rate reported among all males. And among females, AI/ANs are diagnosed with chlamydial infection at nearly three times the rate found among all females.*

The chlamydia rates among AI/AN males and females in Idaho, Oregon, and Washington follow a similar trend, but exhibit a less significant rate difference than observed when comparing national rates.
In 2003, chlamydia rates produced similar age distribution patterns for both “All Races” (designated as “Total Rates”) and AI/ANs in the Pacific Northwest, with the highest rates occurring among 15-24 year olds.

While the general age distribution was similar for both groups, the rates among AI/AN teens and young adults clearly exceeded the rates observed for the total population in that age group.

When comparing case rates for the NW States individually (OR, WA, ID), chlamydia rates in each state displayed similar distributions between age groups, with some variation in the magnitude of infection.

The highest rates occurred among 15-24 year olds for each geographic population.

In the Northwest, 15-24 year olds are most likely to get chlamydia.
2003 County Chlamydia Cases among Northwest AI/ANs.\textsuperscript{5}