

What is Chlamydia?

Chlamydia is a common sexually transmitted infection (STI) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.

Any sexually active person can be infected with chlamydia. It is a very common STD, especially among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

Sexually active young people are at high risk of acquiring chlamydia for a combination of behavioral and biological reasons. Men who have sex with men (MSM) are also at risk for chlamydial infection since chlamydia can be transmitted by oral or anal sex.

How do you get Chlamydia?

People get chlamydia by having sex with someone who has the infection. "Having sex" means anal, vaginal, or oral sex. Chlamydia can still be transmitted even if a man does not ejaculate. People who have had chlamydia and have been treated can get infected again if they have sex with an infected person.

Chlamydia can also be spread from an infected woman to her baby during childbirth.

What are the symptoms of chlamydia?

Chlamydia is known as a 'silent' infection because most infected people have no symptoms. If symptoms do occur, they may not appear until several weeks after exposure. Even when it causes no symptoms, chlamydia can damage a woman's reproductive organs.

In women, the bacteria first infect the cervix (structure that connects the vagina or birth canal to the uterus or womb) and/or the urethra (urine canal). Some infected women have an abnormal vaginal discharge or a burning sensation when urinating. Untreated infections can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Even if PID causes no symptoms initially, it can lead to infertility (not being able to get pregnant) and other complications later on.

Some infected men have discharge from their penis or a burning sensation when urinating. Pain and swelling in one or both testicles (known as "epididymitis") may also occur, but is less common.

Chlamydia can also infect the rectum in men and women, either through receptive anal sex, or possibly via spread from the cervix and vagina. While these infections often cause no symptoms, they can cause rectal pain, discharge, and/or bleeding (known as "proctitis").

What complications can result from chlamydial infection?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydial infections can lead to serious health problems.

In women, untreated infection can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Both symptomatic and silent PID can cause permanent damage to a woman's reproductive tract and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Complications are rare in men. Infection sometimes spreads to the tube that carries sperm from the testis, causing pain, fever, and, rarely, preventing a man from being able to father children.

How does chlamydia affect a pregnant woman and her baby?

In pregnant women, untreated chlamydia can spread to the newborn, causing an eye infection or pneumonia. Screening and treatment of chlamydia during pregnancy is the best way to prevent these complications. All pregnant women should be screened for chlamydia at their first prenatal visit.

Who should be tested for chlamydia?

CDC recommends yearly chlamydia testing for all sexually active women age 25 or younger and older women with risk factors for chlamydial infections (e.g., women who have a new or more than one sex partner), and all pregnant women. Any woman who is sexually active should discuss her risk factors with a health care provider who can then determine if more frequent testing is necessary.

Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should avoid having sex until they are able to see a health care provider about their symptoms.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

Men who have sex with men (MSM) who have receptive anal sex should be tested for chlamydia each year. MSM who have multiple and/or anonymous sex partners should be tested more frequently.

HIV-infected sexually active women who are age 25 or younger or have other risk factors, and all HIV-infected patients who report having receptive anal sex should be tested for chlamydia at their first HIV care visit and then at least annually. A patient's health care provider might determine more frequent testing is necessary, based on the patient's risk factors.

How is chlamydia diagnosed?

There are laboratory tests to diagnose chlamydia. Specimens commonly used for testing include a cotton swab of the vagina (collected by the woman herself or her health care provider) or a urine sample.

What is the treatment for chlamydia?

Chlamydia can be easily treated and cured with antibiotics. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV-negative.

Persons with chlamydia should abstain from having sex for seven days after single dose antibiotics, or until completion of a seven-day course of antibiotics, to prevent spreading the infection to partners.

Repeat infection with Chlamydia is common. Persons whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple chlamydial infections increases a woman's risk of serious reproductive health complications, including pelvic inflammatory disease and ectopic pregnancy. Women and men with chlamydia should be retested about three months after treatment of an initial infection, regardless of whether they believe that their sex partners were successfully treated.

Antibiotics Used for Chlamydia

You have been given the antibiotic checked below. It is very important that you take all of the medication as directed.

- Azithromycin 500 mg capsule #2. Take this in a single dose. Take one (1) hour before or two (2) hours after a meal. Do not have sexual intercourse for one (1) week.
- Doxycycline 100 mg. Take one capsule every twelve (12) hours (two times a day) for seven (7) days. Do not take this drug if you think you may be pregnant or are nursing. If this drug upsets your stomach, take it with food or milk. Do not take Doxycycline if you are allergic to Tetracycline. When taking Doxycycline, you are more sensitive to sunburn, so apply a sunscreen lotion to your skin if you plan to be in the sun.

If you have any side effects from your medication, call the health center immediately.

Call the health center if you do not take all of your medication or have intercourse with an untreated partner; return to the clinic for another treatment.

What about partners?

If a person has been diagnosed and treated for chlamydia, he or she should tell all sexual partners from the past 2 months so that they can see a healthcare provider and be treated. This will reduce the risk that the sex partners will develop serious complications from chlamydia and will also reduce the person's risk of becoming re-infected. A person with chlamydia and all of his or her sex partners must avoid having sex until they have completed their treatment for chlamydia (i.e., seven days after a single dose of antibiotics or until completion of a seven-day course of antibiotics) and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/

To help get partners treated quickly, healthcare providers may give patients extra medicine or prescriptions to give to their sex partners. This is called expedited partner therapy or EPT. EPT is only available in some parts of the country. Consult a healthcare provider to find out if it is available in a specific area. Sex partners should still be encouraged to see a healthcare provider, regardless of whether they receive EPT.

How can chlamydia be prevented?

Latex, polyurethane or polyisoprene condoms when used consistently and correctly, can reduce the risk of getting or giving chlamydia. The surest way to avoid chlamydia is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

For more information

Division of STD Prevention (DSTDP) Centers for Disease Control and Prevention
www.cdc.gov/std
CDC-INFO 1-800-CDC-INFO (800-232-4636)

CDC National Prevention Information Network (NPIN)
<http://www.cdcnpin.org/scripts/index.asp>
 P.O. Box 6003
 Rockville, MD 20849-6003
 E-mail: info@cdcnpin.org

Source: <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>