Chlamydia Infection

Definition
Chlamydia (kla-MID-ee-ah) is the most commonly reported curable infectious disease in the United States; it infects one out of ten teens and young adults today. With an estimated 3 million new cases every year - more than gonorrhea, syphilis, and herpes combined - chlamydia is considered one of the most dangerous sexually transmitted infections (STI's) today. If left untreated it can cause serious complications - especially in women.

Causes and Risk Factors
Chlamydia is caused by a bacterium called chlamydia trachomatis, a microscopic germ that lives inside the cell it infects. It’s transmitted mainly by sexual intercourse, and through exchange of infected secretions. Incubation time is 7 to 21 days, but in 75% of women and 50% of men, chlamydia causes NO SYMPTOMS, so that the majority of cases go undetected. Up to 40% of women with untreated chlamydia will develop pelvic inflammatory disease (PID), an infection that spreads from the cervix (the opening to the uterus) into the lining of the uterus and fallopian tubes.

What Are the Symptoms?
In men, chlamydia most often causes urethritis, an infection of the urethra (the tube through which urine and semen pass). Symptoms, IF THEY OCCUR, include a burning pain with urination; clear, white, or yellow discharge from the urethra; and tingling or itching sensations inside the urethra. Untreated infection may spread to the prostate and epididymis: the resulting scarring can lead to male infertility.

IF THEY OCCUR, symptoms in women may be increased vaginal discharge or burning with urination. Symptoms of PID may include lower abdominal discomfort, fever, pelvic pain especially with intercourse, increased cramping with menstruation, or spotting between periods. One in five women with PID becomes infertile due to scarring of the fallopian tubes. Scarring can also result in ectopic (tubal) pregnancies.

Pain with a bowel movement, pus, mucus, or blood in the stool may indicate a chlamydial anal infection in either gender. Unprotected oral sex can result in a throat infection. Babies born to mothers with chlamydia face the risk of pneumonia and conjunctivitis (eye infection).

How Is It Diagnosed?
There are reliable tests to detect chlamydia even if there are no symptoms. Usually a swab is inserted into the urethra or cervix. Cost at the University Health Service is $7.50. An alternative test for male patients (called PCR) can be done with a urine sample. The test can screen for both chlamydia and gonorrhea. The cost for testing at UWSP Health Service ranges from $30-$60. Test results takes 48 hours. Testing is advised if you have more than one sex partner and with any change in partners, even if you have no symptoms. The Center for Disease Control recommends annual screening for all women 19-25 years of age.

How Is It Treated?
When detected early, chlamydia is easily treated with antibiotics. Azithromycin is taken as a single dose. As alternatives, doxycycline, erythromycin, or ofloxacin are usually prescribed for 7 to 10 days.

Can Chlamydia Be Prevented?
All recent and past partners (past 3-4 months) of an infected person must be notified, examined, tested, and treated for this infection, even if they have no symptoms. A repeat screen is recommended 3-4 months after treatment. If your sex partner(s) has the infection and is not treated, you can get infected again. Avoid sexual contact until two weeks after initiating drug therapy. Always use a condom during sex with a new partner. Transmission of chlamydia requires exchange of infected secretions, so a condom is an effective barrier. If you feel you may be at risk for a chlamydia infection, consider getting tested for all potential STI's. For if you have one STI, your risk increases for others.

For More Information:
CDC National STD Hotline (800) 227-8922
http://www.cdc.gov/std/

National Institute of Allergy & Infectious Disease:

www.drweil.com

This document was prepared by the staff of the UWSP University Health Service.
This information should not be used in lieu of medical care.
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