**Chlamydia trachomatis Infection**

**Agent:** *Chlamydia trachomatis* (bacteria)

**Mode of Transmission:** Person-to-person via sexual transmission, or from the genital tract of an infected mother to her infant during birth.

**Signs/Symptoms:**

**Men:** Urethritis, with discharge, itching, and burning upon urination.

**Women:** Cervical inflammation with discharge, fluid buildup, and easily induced vaginal bleeding. Untreated *Chlamydia* can lead to pelvic inflammatory disorder and infertility.

**Infants:** Infections of the eyes and respiratory tract.

**Prevention:** Preventive measures include adhering to safe sexual practices; screening of young women less than 25 years of age; and presumptive treatment for *Chlamydia* infection among people who are exposed.

**Other Important Information:** Approximately 70% of infected women are asymptomatic.

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**Figure 9. Chlamydia trachomatis Infection: Ten-Year Trend, Virginia, 2003-2012**

During 2012, a total of 35,016 cases of *C. trachomatis* infection (432.5 cases per 100,000) were reported in Virginia (Figure 9). This represents a 4% decrease from the 36,317 cases reported in 2011, but is higher than the five-year average of 30,750.6 cases per year. Nationwide, the number of reported cases of *C. trachomatis* infection continues to rise and it remains the most frequently reported, bacterial sexually transmitted infection in the United States. The Centers for Disease Control and Prevention attributes the national increase in reported cases to increased screening, expanded use of more sensitive tests and more complete national reporting. Despite improvements in reporting, the true number of annual infections remains undercounted due to a variety of factors, including the commonly asymptomatic nature of *C. trachomatis* infections, presumptive treatment for persons diagnosed with other sexually transmitted infections (e.g., gonorrhea) and screening programs targeted to sexually active females and male partners of infected women. Although it is expected that more females will be tested than males due to current screening criteria, detection of disease among males continues to increase. The incidence of reported infections among males in Virginia rose from 88.1 per 100,000 in 2001 to 258.1 per 100,000 in 2012.
In 2012, the highest incidence rate was observed in the 20-29 year age group (1,752.5 per 100,000), followed by the 10-19 year age group (982.3 per 100,000) (Figure 10). Among the 11 reported infections in the less than one year age group, all were ophthalmic (eye) infections due to perinatal exposure (see the Ophthalmia Neonatorum section of this report). Information on race was missing for 28% of reported cases. Among cases where race was known, incidence in the black population (958.2 per 100,000) was almost eight times the rate in the white population (124.8 per 100,000) and almost three times the rate in the “other” race population (346.3 per 100,000). The rate of C. trachomatis infection diagnosed in females (599.6 per 100,000) was more than two times the rate in males (258.1 per 100,000), which may be largely explained by more frequent screening in women.

Since 2001, the highest C. trachomatis infection rates have been detected in the eastern region (732.0 per 100,000 in 2012). The second highest rate in 2012 occurred in the central region (584.5 per 100,000), while the lowest rate was seen in the northern region (234.2 per 100,000).