

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.

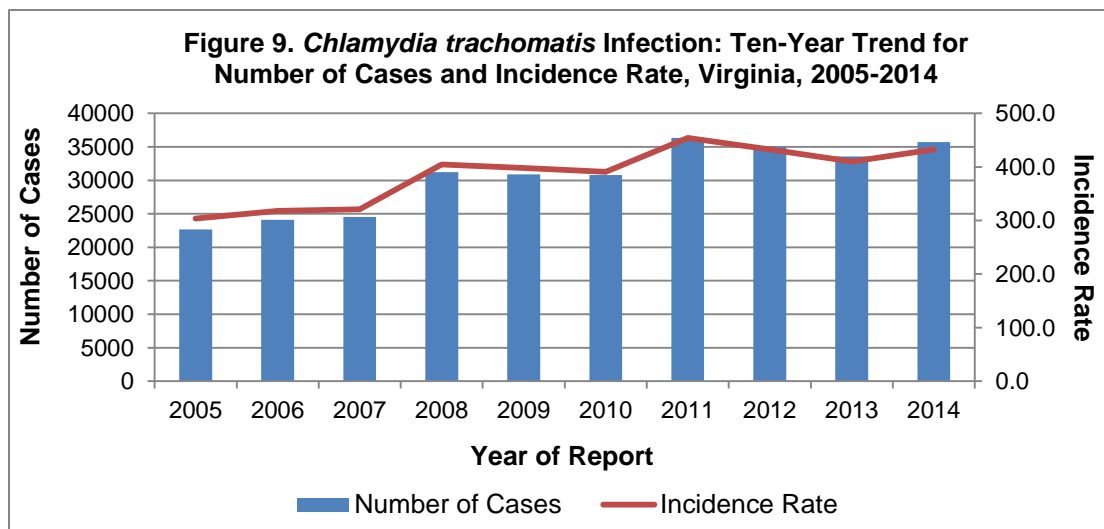
Signs/Symptoms: Men may experience urethritis with discharge, itching, and burning upon urination. Women may experience cervical inflammation, discharge, and vaginal bleeding, but are frequently asymptomatic. Untreated *Chlamydia* can lead to pelvic inflammatory disorder and infertility. Infants may become infected in the eyes or respiratory tract.

Prevention: Preventive measures include adhering to safe sexual practices, screening women less than 25 years of age, and presumptive treatment for *Chlamydia* infection among people who are exposed. Pregnant women who have recently been infected with *Chlamydia* should be retested during the third trimester to prevent postnatal infection in the infant.

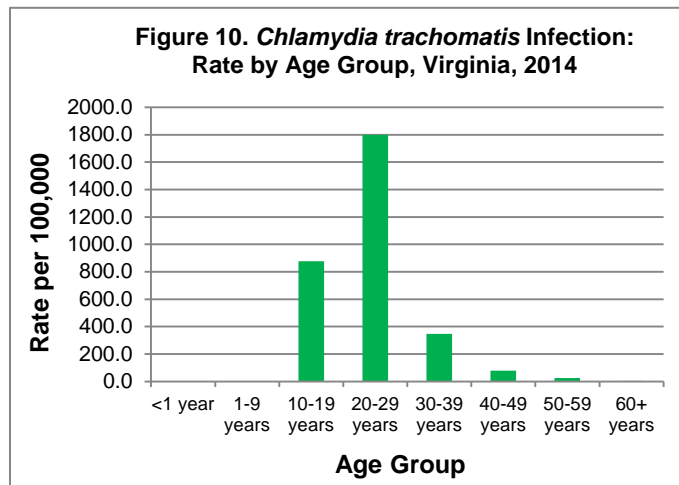
Other Important Information: Many chlamydial infections go undiagnosed and unreported. Approximately 70% of infected women are asymptomatic, and patients are frequently not tested at extragenital (pharyngeal or rectal) sites.

<i>Chlamydia trachomatis</i> Infection: 2014 Data Summary	
Number of Cases:	35,725
5-Year Average Number of Cases:	33,319.4
% Change from 5-Year Average:	+7%
Incidence Rate per 100,000:	432.5

There were 35,725 cases of *C. trachomatis* infection reported in Virginia during 2014 with a statewide incidence rate of 432.5 cases per 100,000 population (Figure 9). This represents a 7% increase from the five-year average of 33,319 cases per year. Nationwide, *C. trachomatis* remains the most frequently reported bacterial sexually transmitted infection. Despite improvements in expanded screening, lab test sensitivity, and reporting, CDC estimates that *C. trachomatis* infection is significantly underreported. *C. trachomatis* is frequently asymptomatic, and screening programs are focused largely on sexually active women and male partners of infected women.



In 2014, the highest incidence rate occurred in the 20-29 year age group (1,798.9 per 100,000), followed by the 10-19 year age group (877.6 per 100,000) (Figure 10). Four cases of *C. trachomatis* ophthalmia neonatorum were reported in infants; however, ophthalmic (eye) infections due to perinatal exposure are counted as cases of Ophthalmia Neonatorum and not *C. trachomatis* infection. For information on these cases, please see the Ophthalmia Neonatorum section of this report.



Race information was not provided for nearly 30% of reported cases. However, among those with a known race, incidence of *C. trachomatis* infection was more than six times higher (912.6 per 100,000) in the black population when compared to the rate in the white population (139.1 per 100,000), and almost four times higher when compared to the rate in the “other” race population (246.9 per 100,000). Incidence of *C. trachomatis* infection in females (584.4 per 100,000) was more than two times the incidence rate in males (274.3 per 100,000), which may be largely explained by more frequent screening in women. While screening programs primarily target women, detection of disease among males is increasing as evidenced by the fact that the incidence rate among males in Virginia rose from 88.1 per 100,000 in 2001 to 274.3 per 100,000 in 2014.

Since 2001, the highest incidence rate of *C. trachomatis* has been noted in the eastern region (697.0 per 100,000). In 2014, the central region had the second highest (617.9 per 100,000), and the northern region had the lowest incidence (256.2 per 100,000). The map below displays incidence rates by locality.

Chlamydia trachomatis Infection Incidence Rate by Locality Virginia, 2014

