

## **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:**

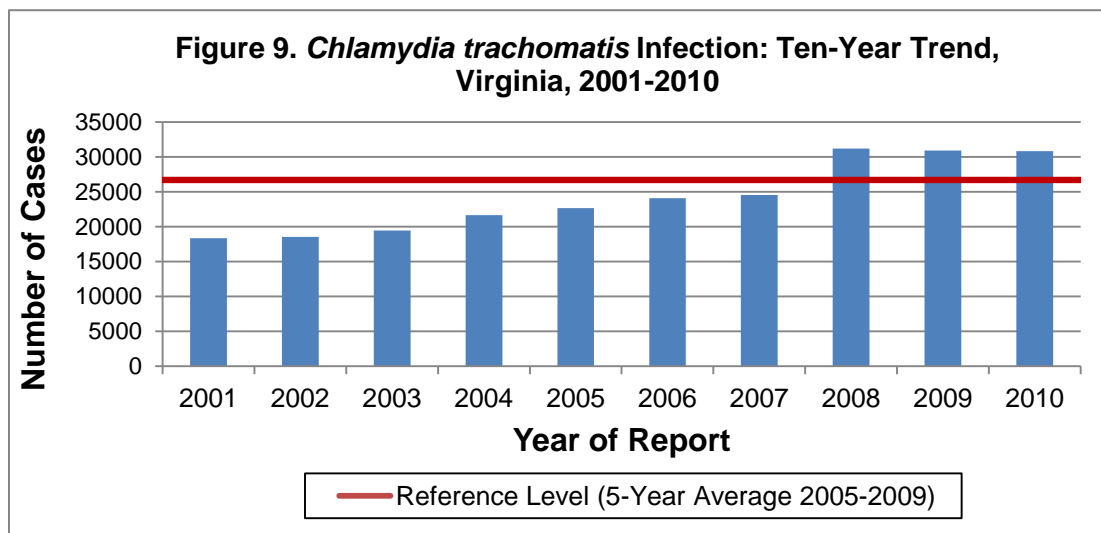
**Men:** Urethritis, with discharge, itching, and burning upon urination.

**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.

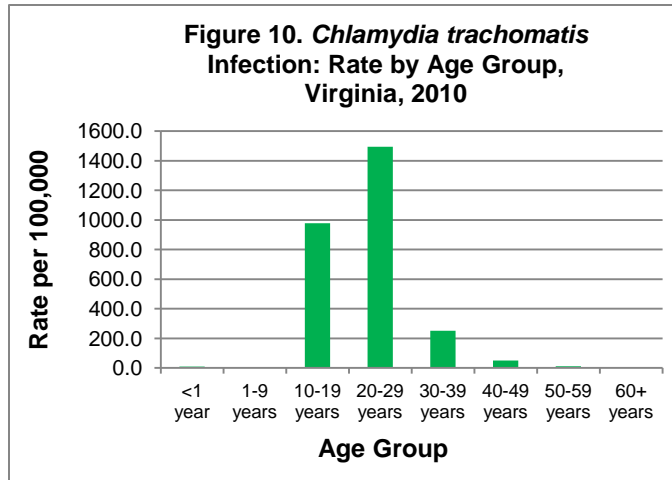
**Prevention:** Preventive measures include adhering to safe sexual practices; screening of young women less than 25 years of age; and presumptive treatment for *Chlamydia* infection among people who are exposed.

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



During 2010, a total of 30,799 cases of *C. trachomatis* infection (396.4 cases per 100,000) were reported in Virginia (Figure 9). This is similar to the 30,904 cases reported in 2009, but is a 15% increase from the average for the previous five years. Nationwide, the number of reported cases of *C. trachomatis* infection continues to rise. This steady increase in reported cases may be attributed to improved testing technology as well as to increased infections. Despite the recent leveling of reported cases in Virginia, the true number of annual infections remains undercounted. This undercounting is related to 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 that have historically been limited to high-risk females and male partners of infected women. Although it is expected that more females will be tested than males because of current screening criteria, the number of males screened continues to increase. This increase in detection of disease among males is reflected in the rise in measured incidence among males from 88.1 in 2001 to 216.7 per 100,000 in 2010.

In 2010, the highest rate was observed in the 20-29 year age group (1,494.9 per 100,000) followed by the 10-19 year age group (977.2 per 100,000) (Figure 10). Among the eleven reported *C. trachomatis* infections in the less than one year age group, seven were ophthalmic (eye) infections due to perinatal exposure (see Ophthalmia Neonatorum section). Reported incidence in the black population (937.9 per 100,000) was more than ten times the rate in the white population (89.6 per 100,000) and over three times the rate in the “other” race population (289.6 per 100,000). The rate of *C. trachomatis* infection detected in females (557.7 per 100,000) was slightly more than 2.5 times the rate in males (216.7 per 100,000).



Since 2001, the highest *C. trachomatis* infection rates have been detected in the eastern region (671.0 per 100,000 in 2010). Among the other regions, the second highest incidence occurred in the central region (587.4 per 100,000), while the lowest rate was seen in the northern region (176.9 per 100,000).