

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.

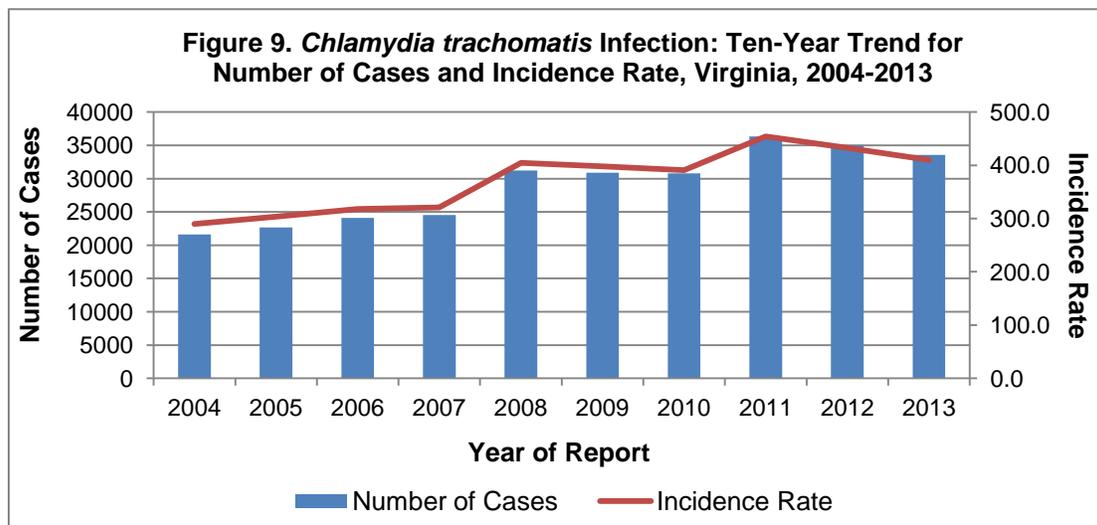
Infants: Infections of the eyes and respiratory tract.

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. Women who have recently or during the first trimester of pregnancy been infected with *Chlamydia* should be retested during the third trimester to prevent postnatal infection in the infant.

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

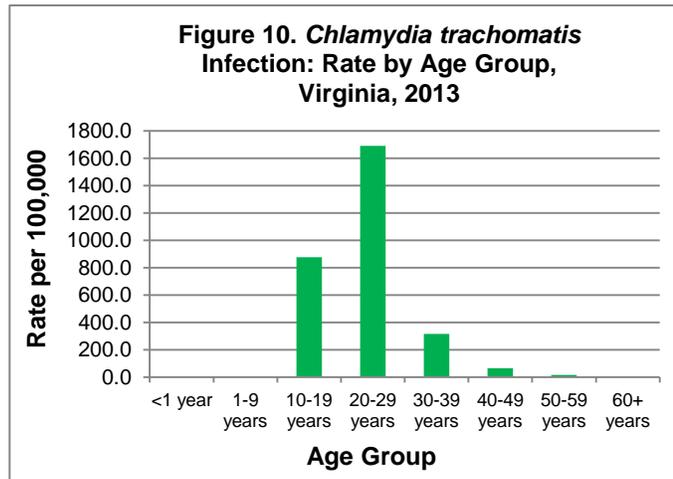
<i>Chlamydia trachomatis</i> Infection: 2013 Data Summary	
Number of Cases:	33,561
5-Year Average Number of Cases:	32,848.2
% Change from 5-Year Average:	+2%
Incidence Rate per 100,000:	410.0

In 2013, 33,561 total cases of *C. trachomatis* (410.0 cases per 100,000) were reported in Virginia (Figure 9). This is a decrease from the 35,016 cases reported in 2012, but a 2% increase from the five-year average of 32,848.2 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, the Centers for Disease Control and Prevention estimate that the true number of annual infections remains undercounted. *C. trachomatis* is frequently asymptomatic, and screening programs are focused largely on sexually active women and male partners of infected women. While screening programs primarily target women, detection of disease among males is increasing. 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 2013, 253.3 per 100,000 males were infected with *C. trachomatis*, a 2% decrease from 2012.

In 2013, the highest incidence rate occurred in the 20-29 year age group (1,691.2 per 100,000), followed by the 10-19 year age group (876.8 per 100,000) (Figure 10). The single reported case in the less than one year age group was an infant with *C. trachomatis* pneumonia. Although four additional *C. trachomatis* infections occurred in the less than one year age group, all were ophthalmic (eye) infections due to perinatal exposure and 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.



Approximately 30% of reported cases did not include data on race; however, among cases for which race was known, incidence in the black population decreased nearly 9% from 2012 to 2013. Despite this change, *C. trachomatis* infection is almost eight times higher (872.2 per 100,000) in the black population than the white population (115.4 per 100,000) and 2.5 times the rate seen in the “other” race population (347.6 per 100,000). The rate of *C. trachomatis* infection diagnosed in females (560.4 per 100,000) was more than two times the rate in males (253.3 per 100,000), which may be largely explained by more frequent screening in women.

Since 2001, the highest incidence rate of *C. trachomatis* has been detected in the eastern region (685.7 per 100,000). Incidence in the eastern region is 1.5 times the most recent national incidence (456.7 per 100,000 in 2012) for *C. trachomatis*. In 2013, the second highest rate occurred in the central region (551.2 per 100,000), while the lowest rate was seen in the northern region (235.4 per 100,000). The map below shows incidence rates by locality.

Chlamydia trachomatis Infection Incidence Rate by Locality Virginia, 2013

