



DuPage County Health Department R E V I E W

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The purpose of this two-page surveillance update is to promote the control and prevention of **communicable disease (CD)** by providing clinically relevant information and resources to healthcare professionals in DuPage County.



Under the Microscope *Chlamydia trachomatis*

For questions or to report suspect or known cases of chlamydia, please call the DuPage County Health Department at (630) 682-7979, ext. 7575.

Physicians and other healthcare providers play a critical role in preventing and treating sexually transmitted diseases (STDs), and *Chlamydia trachomatis* infections are not only among the **most prevalent of all STDs**, but the **most frequently reported notifiable disease in the United States**.^{1,2}

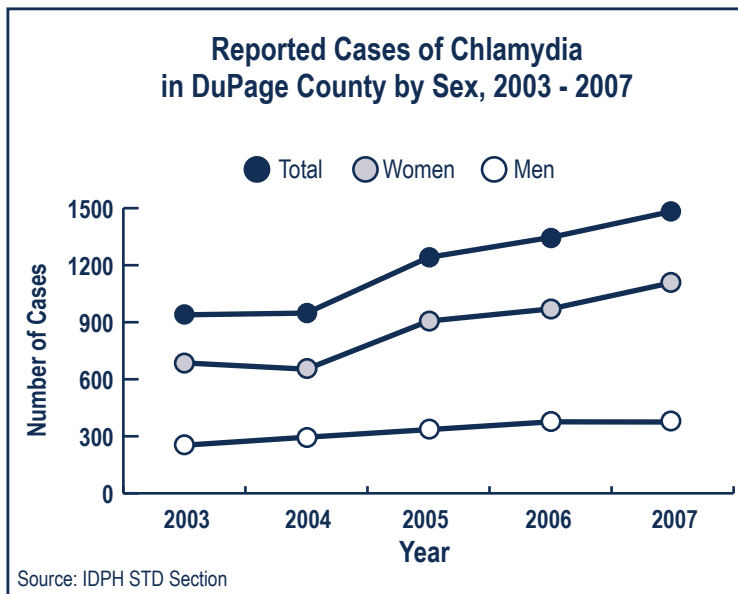
Statistics: In 2006, 1,030,911 chlamydial infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia (up from 976,445 in 2005).² **This is the first time reported cases of chlamydia have exceeded 1 million.** The national rate of reported chlamydia in 2006 was 347.8 cases per 100,000 population, an increase of 5.6 percent from 2005 (329.4).²

Illinois ranked 10th by rate, with 53,586 cases reported in 2006, and a corresponding rate of 419.8 cases per 100,000 population (up from 50,559 and 397.7 in 2005, respectively).² The increases in reported cases and rates likely reflect the continued expansion of screening efforts and increased use of more sensitive diagnostic tests; however, **this trend may also reflect an actual increase in infections**.²

In 2006, the overall **rate of reported chlamydia among women** in the United States (515.8 cases per 100,000 females) was **almost three times as high as the rate among men** (173.0 cases per 100,000 males), likely reflecting a greater number of women screened for this infection.

With the advent of highly sensitive nucleic acid amplification tests that can be performed on urine, however, **symptomatic and asymptomatic men are increasingly being diagnosed with chlamydia**.²

Sequelae: In women, chlamydia (often asymptomatic) may result in **pelvic inflammatory disease (PID)**, which is a major cause of **infertility, ectopic pregnancy, and chronic pelvic pain**. Chlamydia can also **facilitate the transmission of HIV infection**. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in **ophthalmia neonatorum and pneumonia**. Complications from chlamydia among men are relatively uncommon, but may include **epididymitis and urethritis**.²



Annual screening of all sexually active women aged ≤ 25 years is recommended, as is screening of **older women with risk factors** (e.g., those who have a new sex partner or multiple sex partners). **All pregnant women** should also have a screening test for chlamydia. Screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics). **An appropriate sexual risk assessment should be conducted for all persons** and might indicate more frequent screening for some women or certain men.¹

Since the **majority of post-treatment infections result from reinfection**, clinicians should consider advising all women with chlamydial infection to be **retested approximately 3 months after treatment, regardless of whether the patient believes that her sex partners were treated**. Limited evidence is available on the benefit of retesting for chlamydia in men previously infected; however, some specialists suggest retesting men approximately 3 months after treatment.¹

Prevention: In addition to **screening and appropriate partner notification and management**, the most reliable way to avoid transmission of STDs is to **abstain from sex** (i.e., oral, vaginal, or anal sex) or to be in a **long-term, mutually monogamous relationship with an uninfected partner**. Latex male **condoms**, when used consistently and correctly, can reduce the risk of transmission of chlamydia.^{1,3}

As part of the clinical interview, **healthcare providers should routinely and regularly obtain sexual histories from their patients and address management of risk reduction**. Counseling skills, characterized by respect, compassion, and a nonjudgmental attitude toward all patients, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively.¹

References:

1. www.cdc.gov/std/treatment/2006/rr5511.pdf
2. www.cdc.gov/std/stats/chlamydia.htm
3. www.cdc.gov/std/chlamydia/

