Chlamydia in Oregon

Background

*Chlamydia trachomatis* (i.e., chlamydia) is primarily a sexually-transmitted infection. The majority of infections lack symptoms and can persist unrecognized for months. Symptoms commonly include painful urination, vaginal discharge, and pelvic pain, among others. Untreated chlamydia can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy in women. If detected, chlamydia can be treated successfully with antibiotics, preventing transmission to partners and preventing long-term health consequences. Unlike gonorrhea, resistance to antibiotics has not been a problem with chlamydia.

In Oregon, state law requires health care providers and laboratories to report cases of chlamydia to the local health department. This occurs primarily through automatic electronic reporting by laboratories. Due to lack of resources with some local exceptions, public health investigation of reported chlamydial infections, and efforts to provide assistance with partner notification and treatment have become rare.

The Infertility Prevention Program (IPP), sponsored by the federal Centers for Disease Control and Prevention (CDC) through grants to the Oregon Health Authority, supports screening and treatment of chlamydia for more than 50,000 young women and men in more than 100 clinics around Oregon each year. Approximately 5,000 reported Oregon cases are identified and treated in IPP clinics annually. The Oregon Health Authority and local public health authorities use IPP data to help direct chlamydia control efforts to locations and activities that are most likely to be effective.

Key facts

- Chlamydia is the most common reportable illness in Oregon, with nearly 14,000 cases reported in 2011.
- Rates of chlamydia are highest among women; men and women aged 15–24; and blacks and African Americans.
- Chlamydia can be treated with antibiotics.
- Physicians and other health care providers can help stop the spread of chlamydia by prescribing antibiotics for sex partners of people with chlamydia even if they have not examined the partner. This is called expedited partner therapy (EPT).
- Cases have been increasing since 2003, likely due to increased screening and improved laboratory tests.¹
- Medical care costs to treat chlamydia and its complications exceed $700 million annually in the United States.²
Epidemiology

During 2011, 13,691 cases of chlamydia were reported in Oregon residents (approximately 375 cases per 100,000 residents). Chlamydia cases occurred in residents of every Oregon county but one during 2011 with the highest rates found in Jefferson (612 cases/100,000)*, Multnomah (542 cases/100,000) and Marion (475 cases/100,000) counties. While the number of Oregon cases has increased steadily during the past 10 years, Oregon’s rate remains below the U.S. (Figure 1).

Reported rates of chlamydia are twice as high in women compared to men, probably a result of current guidelines that recommend asymptomatic screening in women, but not in men.4 By age, the highest rates in both women and men are among 15- to 24-year-olds (Figure 2). Chlamydia rates are higher in blacks and African Americans (834/100,000 population) and Hispanics (391) than whites (226) (Figure 3).

Prevention

Primary prevention strategies aim to prevent a person from becoming infected in the first place by:

- Delaying age at onset of intercourse;
- Decreasing the number of sex partners;
- Increasing condom use;
- Rapid identification and treatment of new cases can also be considered primary prevention when it results in averting transmission to a sex partner.

* The Jefferson County chlamydia infection rate represents 144 cases in a sparsely populated area.
Secondary prevention strategies aim to eradicate existing infections by:

- Treating asymptomatic chlamydial infections;
- Treating sex partners of cases; and
- Retesting people with recent chlamydia.

Currently CDC and the U.S. Preventive Services Task Force both recommend regular annual chlamydia screenings for women < 25 years of age, and women > 25 years of age with previous sexually transmitted infections, or multiple sex partners.

In recent years, urine testing with nucleic acid amplification tests have made screening for chlamydia more convenient and more sensitive.

The CDC-funded IPP sponsors systematic screening in school-based clinics, job corps, vocational training, jails and detention centers, health care settings and family planning centers with a test positivity of ≥ 3 percent.

Sources


