

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

CHLAMYDIA

WHAT IS IT?

Chlamydia is a common sexually transmitted infection (STI) caused by the bacterium *Chlamydia trachomatis*. The majority of infections are asymptomatic. Therefore, practicing safe sex and getting regular STI testing are important ways to prevent the spread of infection.

HOW COMMON IS IT?

Chlamydia is the most frequently reported bacterial STI in the United States.

- In 2018, the Centers for Disease Control and Prevention (CDC) estimated that there were over 4 million cases of chlamydia in the US.
- Prevalence is highest among men and women ages 15-24 years.
- There is also a high prevalence of chlamydia among men who have sex with men (MSM).
- Women who have sex exclusively with women are also at risk for chlamydia, especially in the setting of new, multiple, or symptomatic partners.

HOW IS IT TRANSMITTED?

- Chlamydia is spread through sexual contact with the penis, vagina, anus, or mouth of an infected partner. Ejaculation does not have to occur in order for chlamydia to be transmitted.
- Any sexually active person can become infected. However, female teenagers and young women are especially susceptible because of the immature nature of the cells that line the cervix (the opening to the uterus).
- Chlamydia can also be passed from a mother to her child during vaginal delivery, causing complications in the newborn, such as eye infections and pneumonia. Untreated chlamydia during pregnancy can result in premature birth.

WHAT ARE THE SYMPTOMS?

Chlamydia is known as a “silent” disease because only about 10% of men and 5-30% of women develop symptoms. If symptoms are present, they may take several weeks to appear because the bacteria replicate slowly. However, symptoms may also appear as early as 1-2 weeks following exposure.

- **Women** with symptoms usually present with inflammation of the cervix (cervicitis), which can cause abnormal vaginal discharge, vaginal bleeding between periods, and/or bleeding after sex. Less commonly, burning with urination may occur if the urethra (or urinary canal) is involved.
- **Men** with symptoms usually present with inflammation of the urethra (urethritis), associated with watery discharge from the penis, burning with urination, and/or irritation around the urethra. Symptoms are often worse early in the morning.
- **Both men and women** can develop rectal pain, discharge, and/or bleeding if they have had anal sex with an infected partner. Throat infections from oral sex are less likely and often asymptomatic, though infections may be painful. Eye infections (conjunctivitis or pink eye) are uncommon but can occur if the eye comes into contact with infected secretions.

WHAT ARE POSSIBLE COMPLICATIONS?

- **Pelvic inflammatory disease (PID)** occurs in 10-15% of women with untreated chlamydia. If the infection spreads from the cervix to the uterus and fallopian tubes, women can develop symptoms of acute PID, which typically includes lower abdominal pain, back pain, nausea, fever, and pain with intercourse. However, some patients experience no symptoms at all. Both acute (symptomatic) and subclinical (asymptomatic) PID can cause permanent damage to the uterus and fallopian tubes, leading to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancies (pregnancies that occur in the fallopian tube instead of the uterus). Other complications of PID may include the formation of an ovarian/tubal abscess and perihepatitis (inflammation of the liver capsule).
- **Epididymitis** can occur in men with untreated chlamydia. This occurs when the infection spreads to the epididymis, which is the coiled tube at the back of the testicle that stores and transports sperm. Typical symptoms include one-sided testicular pain/swelling and fever. Infertility may result if this condition is severe or left untreated.
- **Reactive arthritis** is a rare condition that can follow symptomatic or asymptomatic chlamydial infections. When associated with inflammation of the urethra and eyes, it is part of a condition formerly known as Reiter's Syndrome.

HOW IS IT DIAGNOSED?

Because only a minority of people infected with chlamydia experience symptoms, screening of asymptomatic individuals is critical in detecting infection. Symptomatic patients should have a physical exam performed in addition to lab testing.

- For genital testing, a variety of options are available:
 - A sample of discharge may be obtained from the cervix (the opening to the uterus) or the penis by the medical provider. Some patients may prefer to perform a self-collected vaginal swab instead.
 - A urine specimen is a convenient and popular testing option. For accurate results, it is important not to urinate for at least one hour prior to giving a urine sample.
- Because chlamydia can infect the rectum and throat, inform your healthcare provider if you have had anal or oral sex so that appropriate testing can be completed.
- Since gonorrhea and chlamydia often occur simultaneously, samples sent to the lab are usually tested for both organisms.
- Individuals infected with chlamydia are also at higher risk of spreading or acquiring HIV. Therefore, patients suspected of having chlamydia should be screened for HIV.

HOW OFTEN SHOULD I GET TESTED?

- If you are sexually active and have no symptoms, you should get an STI screen once a year. This is especially important in women ages 25 & younger, men who have sex with men (MSM), people with new or multiple sex partners, and people with prior STIs.
- More frequent screening should be performed in asymptomatic individuals at higher risk for STIs. For example, MSM who have multiple or anonymous partners should be screened every 3 months.
- If you have symptoms concerning for chlamydia or suspect you have been exposed to chlamydia, see your healthcare provider immediately for testing.

HOW IS IT TREATED?

Chlamydia is effectively treated and cured with antibiotics. The preferred treatment regimen recommended by the CDC is doxycycline 100mg taken by mouth twice daily for 7 days.

- Take doxycycline with a full glass of water to avoid throat irritation. Avoid laying down for at least 10 minutes after taking the medication. If doxycycline causes stomach upset, you may take it with food.
- Doxycycline may increase your risk of sunburn. Limit your time in the sun, and use sunscreen when outdoors.
- Other antibiotic options are available if you are allergic to or have problems taking doxycycline. Doxycycline should be avoided during pregnancy.

Do NOT have sexual contact again until BOTH you and your partner(s)...

- Have completed a 7-day treatment course OR have waited 7 days after treatment with single-dose therapy AND
- Symptoms have resolved. If symptoms do not resolve within one week of starting treatment, contact your healthcare provider.

WHICH PARTNERS DO I CONTACT?

- If you are diagnosed with chlamydia, all partners who have had sexual contact with you within the last 60 days should be examined and treated, even if they have no symptoms.
- If your last sexual contact was more than 60 days ago, your most recent sexual partner should be evaluated and treated.

DO I NEED TESTING AFTER TREATMENT?

- A test of cure 3-4 weeks after completing treatment is recommended in patients with persistent symptoms or who are pregnant.
- The CDC recommends rescreening for infection in all patients approximately 3 months after treatment is completed. Most post-treatment infections do not result from treatment failure, but rather from reinfection by untreated or new partners.

HOW DO I DECREASE MY RISK OF GETTING CHLAMYDIA?

- Know your partner. Share your sexual history with each other, and consider STI testing before becoming intimate. Avoid sex with casual partners or strangers.
- Limit your number of partners. The more partners you have, the higher your risk of getting an STI.
- Use latex barriers (condoms, dental dams, finger cots) consistently. Using these barriers from the beginning to the end of skin contact offers the best protection. Substitute a polyurethane condom if either you or your partner is sensitive to latex. Read our fact sheet "[Safer Sex and Condom Use](#)" for more information.

RECOMMENDED WEBSITES: www.cdc.gov/std, www.plannedparenthood.org, www.itsyoursexlife.com

UNIVERSITY STUDENT HEALTH SERVICES
(804) 828-8828, Monroe Park Campus
(804) 828-9220, MCV Campus

The person giving you this notification has been treated for CHLAMYDIA.

1. Even if you do not have any signs or symptoms, you need to be examined and treated.
2. You should see your healthcare provider or go to the public health department at once.
3. When you go, show this paper to your healthcare provider so that you can be properly tested and treated.

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Dear Healthcare Provider:

The person presenting this notification has been told that he/she has been exposed to chlamydia.

The Center for Disease Control recommends the following for the treatment of chlamydia:

Preferred regimen:

Doxycycline 100 mg orally twice daily for 7 days

Alternative regimens:

Azithromycin 1 g orally in a single dose

OR

Levofloxacin 500 mg orally once daily for 7 days

If you have any questions, please call VCU Student Health Services at the numbers listed above or your local health department.

Thank you for your cooperation.