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 when no symptoms are present 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 2013, over 1.4 million cases of chlamydia were reported to the Centers for Disease Control and Prevention. The actual number of cases is believed to be higher because most people are not aware that they are infected.
- Prevalence is highest among women ages 15-24 years and men ages 20-24 years.
- There is also a high prevalence of chlamydia among men who have sex with men (MSM).
- Women who have sex with exclusively 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 like eye infections and pneumonia.

WHAT ARE THE SYMPTOMS?
Chlamydia is known as a “silent” disease because approximately 85% of infected women and 40-96% of infected men have no symptoms.

If symptoms are present, they may take several weeks to appear because the organism replicates slowly. However, symptoms may appear as early as 1-2 weeks after 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.

WHAT ARE POSSIBLE COMPLICATIONS?

- **Pelvic inflammatory disease (PID)** occurs in 10-20% 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).
- **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 chlamydial infections. A variety of testing options are available. However, symptomatic individuals should have a genital exam performed in addition to lab testing.
- A sample of discharge may be obtained from the cervix in women or the penis in men.
- Alternatively, a urine specimen may be used for detection. This is the test of choice in men. 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 done.
- Since gonorrhea and chlamydia often occur simultaneously, samples sent to the lab are usually tested for both organisms.
- Men and women infected with chlamydia are also at higher risk of spreading or acquiring HIV. Therefore, patients suspected of having chlamydia should also 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 those at higher risk for STIs. For example, MSM who have multiple or anonymous partners should be screened every 3-6 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 most common antibiotic prescribed is Azithromycin 1000mg taken one time as a single dose:
- This means you will take two 500mg tablets (or four 250mg tablets) of Azithromycin all at one time. Eat before taking this medication to avoid an upset stomach/vomiting.
- If you vomit within 2-3 hours of taking this medication, contact your medical provider because you will need to take the medication again.
- Other antibiotic options are available if you are allergic to or have problems taking Azithromycin.

Do NOT have sexual contact again until BOTH you and your partner(s)...
- Have waited 7 days after treatment with single-dose therapy OR have completed a 7-day treatment course 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 pregnant females.
- 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. Avoid sex with casual partners or strangers. Talk to your partner about his or her sexual history before becoming intimate, and be prepared to share your history as well.
- Limit your number of partners. The more partners you have, the higher your risk of getting an STI.
- Use latex barriers (eg. 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. Remember that birth control pills, the NuvaRing, the Depo shot, and other forms of hormonal contraception do not protect against STIs. Read our fact sheet “Condoms & Other Barrier Methods” for more information.


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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.

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:

- **Azithromycin** 1 gram orally in a single dose or
- **Doxycycline** 100mg orally twice a day 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.