What you need to know about...

CHLAMYDIA

Infection with Chlamydia trachomatis bacteria can remain asymptomatic for months or even years

WHAT IS IT?

○ Chlamydia is a sexually transmitted infection (STI).
○ It is caused by the intracellular bacterium Chlamydia trachomatis.
○ It is one of the most common STIs and the most likely identifiable cause of non-specific urethritis in men.
○ It can affect the eyes, throat, and lungs.
○ If chlamydia is left untreated, complications may occur.
○ It may be carried asymptotically for months or years. Diagnosis does not necessarily imply recent infection.

INCIDENCE

○ It is the UK’s most common treatable STI.
○ It affects one in twelve sexually active women aged 16–24.

CAUSES

○ Infection occurs during vaginal, oral or anal sex, or other genital contact with a partner who has chlamydia.
○ Newborn babies can acquire the infection during birth.
○ A conjunctive infection can follow if discharge is transferred on hands.

RISK FACTORS

Factors linked with a higher risk of infection include:

○ Under 25 years of age;
○ A new sexual partner;
○ Lack of barrier contraception such as having intercourse without condoms;
○ Use of oral contraceptive;
○ Women having a termination of a pregnancy.

SYMPTOMS

○ Chlamydia is often asymptomatic.
○ If symptoms occur, they usually start one to three weeks after the infection is acquired.
○ Symptoms may stop despite the continued presence of infection.
○ Chlamydia can be passed on even when there are no symptoms.

COMMON FEMALE SYMPTOMS

Women may experience the following:

○ Abnormal vaginal discharge;
○ Painful intercourse;
○ Painful urination;
○ Occurrence of bleeding between menstrual periods;
○ Bartholin glands (producer of sexual lubrication mucus) become inflamed and cysts may form;
○ Pain in lower back and pelvic area.

COMMON MALE SYMPTOMS

Men may experience the following:

○ Yellow urethral discharge;
○ Tender and swollen testicles;
○ Inflamed joints and eyes.

DIAGNOSIS

Traditionally, diagnosis has been made from male urethral or female cervical swabs.

DNA amplification tests, such as ligase chain reaction (LCR) and polymerase chain reaction (PCR), have led to less invasive investigations, such as urine testing.

TREATMENT

Antibiotics (100mg doxycycline, administered orally twice a day for seven days; or 1g azithromycin in a single oral dose).

If the patient is asymptomatic, it is important to emphasise the importance of compliance with treatment as the infection may spread and cause complications.

Strategies to prevent reinfection, such as practising ‘safer sex’, should be discussed.

Sexual partners need to be assessed and treated, even if they are asymptomatic.

Patients should be told to avoid sex until their treatment and that of their partner(s) is complete.

COMPLICATIONS

○ Ectopic pregnancies.
○ Pelvic inflammatory disease (PID).
○ Female or male infertility.
○ Epididymo-orchitis (inflammation of the testis and epididymis).
○ Chronic pelvic pain.
○ Fitz-Hugh-Curtis syndrome (perihepatitis).
○ Sexually acquired reactive arthritis (SARA).

WHY IS IT SO COMMON?

Possible reasons include:

○ STI education is not school-based;
○ No high-profile public sexually transmitted disease or infection education campaigns;
○ No national screening programme.

REFERENCES


WEBSITE

PHLS factsheet on chlamydia: www.hpa.org.uk/infections/topics_az/hiv_and_sti/sti-chlamydia/general.htm