Sexually transmitted diseases: What do you know?
Part 3

Gene Gates
Health Promotions Coordinator
Wellness Center
Naval Hospital Lemoore

Cause of Chlamydia

Chlamydia is a sexually transmitted disease (STD). It can affect men or women. Chlamydia is caused by the bacterium *Chlamydia trachomatis*. Chlamydia is sometimes called NGU or *non-gonorrheal urethritis*.

Because it is caused by a bacterium, not a virus, chlamydia can be cured with a complete course of the correct antibiotics.

The biggest obstacle to curing chlamydia is that most infected people have no symptoms. About 75% of women and 50% of men have no symptoms until the disease has caused other health problems.

Chlamydia can cause serious health problems in both men and women. These problems can lead to pain, huge medical expenses, and heartbreak.

Complications of Chlamydia

Chlamydia can increase an infected person’s chances of contracting other STDs, including HIV/AIDS. Recent studies have shown that a woman with chlamydia who is exposed to HIV is 3 to 5 times as likely to acquire HIV as a woman without chlamydia.

In women, the bacteria initially attack the cervix (opening to the uterus) and the urethra (urine canal). In men, the bacteria initially attack the urethra.

The most common complication of chlamydia for women is pelvic inflammatory disease (PID). Women may lose the ability to have children or have ectopic (tubal) pregnancies as a result of PID.

The most common complication of chlamydia in men is epididymitis. This is a painful infection in the testicles. If untreated, it can lead to sterility. Rarely, men contract disabling arthritis as a result of chlamydia infection.

Chlamydia may cause complications in newborns. Some babies of women with chlamydia develop conjunctivitis (eye infections) and pneumonia.

Pelvic Inflammatory Disease (PID)
PID is an infection of the female upper genital tract, which includes the uterus, ovaries, and fallopian tubes. If it is untreated, PID causes scarring in these genital structures. This scarring can lead to infertility (inability to have children).

When fallopian tubes are scarred, a woman’s egg can be unable to pass from the ovary to the uterus. If the egg is fertilized in the tube, it is called an ectopic (tubal) pregnancy. Ectopic pregnancies can lead to death if not treated with surgery.

Many women with PID have serious, chronic (ongoing) pain in their pelvic area.

Chlamydia and gonorrhea are the two most common causes of PID. When the chlamydia, gonorrhea, or other bacteria move upward through the vagina to the cervix and into the upper genital tract, they irritate and infect those tissues. It appears to scientists that gonorrhea and chlamydia cast out some cells in the fallopian tubes and invades other cells. The bacteria multiply within and beneath these cells. As the bacteria spreads, it irritates and scars tissues throughout the area.

Symptoms of PID caused by gonorrhea often appear for the first time immediately after a woman’s menstrual period. This seems to be due to menstrual blood flowing backward from the uterus into the fallopian tubes, carrying the organisms with it. This menstrual connection does not seem to occur with PID caused by chlamydia.

**Symptoms of PID**

PID may produce only minor symptoms or no symptoms at all. This is especially true when the PID is caused by chlamydia. Even if a woman has no symptoms or only slight symptoms, PID can seriously damage her reproductive organs.

When symptoms of PID exist, they are most often lower abdominal pain and abnormal vaginal discharge. Some women experience fever, pain in the right upper abdomen, pain during sex, and irregular menstrual bleeding as well.

**Statistics**

- About 660,000 new cases of chlamydia were reported last year, but this is believed to be less than one-quarter of all new cases.
- Up to 40% of women with untreated chlamydia develop pelvic inflammatory disease (PID).
- One in five women with untreated chlamydia loses the ability to have children.
- 75% of women with chlamydia have no symptoms.
- Women are offered testing for chlamydia more frequently than men are, so information about infection rates in women is more available.
· 9.9% of women tested for chlamydia last year upon joining the Army tested positive for the disease.
· 7.2% of women tested for chlamydia last year in prenatal clinics tested positive for the disease.
· 13% of teenage women tested for chlamydia last year when entering juvenile detention facilities tested positive for the disease.

**How Chlamydia Can Be Spread**

Chlamydia is a sexually transmitted disease. People can get chlamydia through vaginal or anal sex. Occasionally, people get it from oral sex. It is not necessary for body fluids to be exchanged or for any penetration to occur in order for the disease to be spread. Just oral or genital contact with someone’s mouth, genitals, or anus can spread the disease.

If someone has chlamydia bacteria on the hands and touches his or her eyes, eye infections can result.

Newborns can get chlamydia infections in their eyes or can get pneumonia during birth if their mothers have the disease.

You cannot get chlamydia from a toilet seat, by shaking someone’s hand, or similar ordinary activities.

**Preventing the Spread of Chlamydia**

Keeping from getting chlamydia yourself or from passing the disease if you have it can be easy.

Of course, the only completely reliable way to avoid getting chlamydia or any sexually transmitted disease is to avoid having sex. Remember, with chlamydia and many other STDs, penetration and exchange of body fluids are not necessary to spread the disease. Oral/genital/anal contact is enough to spread it. Avoiding these activities keeps you safe from contracting chlamydia.

If you have sex with only one uninfected partner, and he or she has sex only with you, you will not get chlamydia from each other. The best way to know for sure that you and your partner are free from any STDs is to go together to get tested. Tests for HIV need to be repeated several months after the first test because it can take quite a while for a detectable amount of HIV to build up in the body. Tests for chlamydia and many other STDs give much quicker results.

If you are sexually active, a latex condom can reduce your risk of getting chlamydia. The condom needs to be put on before any skin-to-skin oral/genital/anal contact occurs. For oral sex on a woman or in the anal area, a dental dam, a condom cut in half lengthwise, or a piece of plastic wrap can be spread between the mouth and the partner’s genital/anal area. Even if you use condoms or other barriers during sex, you need to get tested for chlamydia or other STDs while you are sexually active. Bacteria, like those that cause STDs like chlamydia, and viruses, like those that can
cause other STDs, are tiny and mobile. Given the right conditions, these organisms can often work around the precautions people take, like condoms. The only way to know for sure that you do not have any STD is to get tested for them twice a year.

Urinating and bathing the external (outside) genitals with soap and water immediately after sex may reduce some chance of infection, especially in men. It’s also a good idea to wash the hands with soap and water after touching someone’s genital/anal area and before touching your own body or face.

Using a douche inside the vagina can be harmful. Women who use douches have more vaginal irritations and infections, like bacterial vaginosis, they also have an increased number of sexually transmitted diseases. Regular vaginal douching increases a woman’s risk of developing pelvic inflammatory disease (PID). PID can lead to infertility, or even death, if left untreated. Bacterial vaginosis and PID can cause infections in a newborn baby, labor problems in childbirth, and preterm (early) delivery.

A woman never needs to use a douche unless her doctor specifically tells her to do so. The worst time to douche is after having unprotected sex, because the douche can force bacteria higher up into the reproductive tract.

If you test positive for chlamydia, your sex partner(s) need to be tested and treated also. Otherwise, they can reinfect you and/or infect others. If it is difficult or impossible for you to tell your partner(s) about the infection, many clinics can contact individuals for you without using your name.

**Symptoms of Chlamydia**

Very few people have any symptoms of chlamydia until they develop complications. After complications have developed, the disease can still be cured, but any damage it has done to the body may be permanent and irreversible.

Only about one quarter of women and about one half of men with chlamydia have symptoms. For this reason, it is critical for sexually active people to be tested twice a year. Treatment for chlamydia is easy. If chlamydia is caught early, it is likely that no permanent damage will be done to the person’s body.

**If symptoms exist at all...**

Women might have abnormal, bad-smelling vaginal discharge or a burning sensation when urinating. Later in the infection, some women have lower abdominal pain, low back pain, nausea, fever, pain during sex, and bleeding between menstrual periods (spotting). Other women still have no symptoms.

Men might have a discharge (fluid) from the penis and a burning sensation when urinating. Men might also have burning and itching around the opening of the penis. Some men might have pain and swelling in the testicles.
Testing, Treatment, and Cure

Testing

There are several different methods of testing for chlamydia in use. The type of test you receive will depend on your health situation, where you live, and where you receive medical care. The different testing methods in use are all reliable.

The most common method is to take a culture of the fluids in the area of the body that could be infected with chlamydia. A swab will be inserted a short distance into the urethra (urine canal), vagina (to get a fluid sample from the cervix), the anus, or throat. The fluid will be placed on a test slide. Later, the fluid will be studied under a microscope, will undergo a DNA probe, or will be tested for antibodies. The way the fluid is examined depends on the resources that particular lab has available.

A urine test is also available in some clinics. The method for detecting chlamydia in urine is newer than the methods for finding the bacterium in discharges. This type of test is not as widely available as the swab tests.

Many people who have chlamydia also have gonorrhea. Tests for both diseases may be done, and treatment for both diseases may be prescribed if either disease is present.

Treatment

The most common medicines given for chlamydia are either doxycycline or azithromycin. Azithromycin can cure chlamydia in only one dose. Some patients may receive erythromycin or ofloxacin if their health status indicates it. Pregnant women cannot take doxycycline or ofloxacin. They are given another medication instead.

The Centers for Disease Control and Prevention (CDC) recommends that people with gonorrhea be treated for both gonorrhea and chlamydia because many people infected with one are infected with both.

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Links

**CDC National Prevention Information Network (NPIN)**
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-888-282-7681 Fax
1-800-243-7012 TTY
Web site: [http://www.cdcnpin.org](http://www.cdcnpin.org)
E-mail: info@cdcnpin.org
American Social Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
Web site: http://www.ashastd.org
STD questions: std-hivnet@ashastd.org

I Wanna Know

Answers to your questions about teen sexual health and sexually transmitted diseases.

http://www.iwannaknow.org

Teens Health

A fun, easy-to-read site with information about a wide variety of health issues of concern to teenagers, including STDs

http://kidshealth.org/teen/sexual_health/stds/std.html