

Chlamydia

Chlamydia is a Class C Disease and must be reported to the state within five business days.

Genital Chlamydia is caused by the bacteria *Chlamydia trachomatis*. Infection is spread through sexual contact.

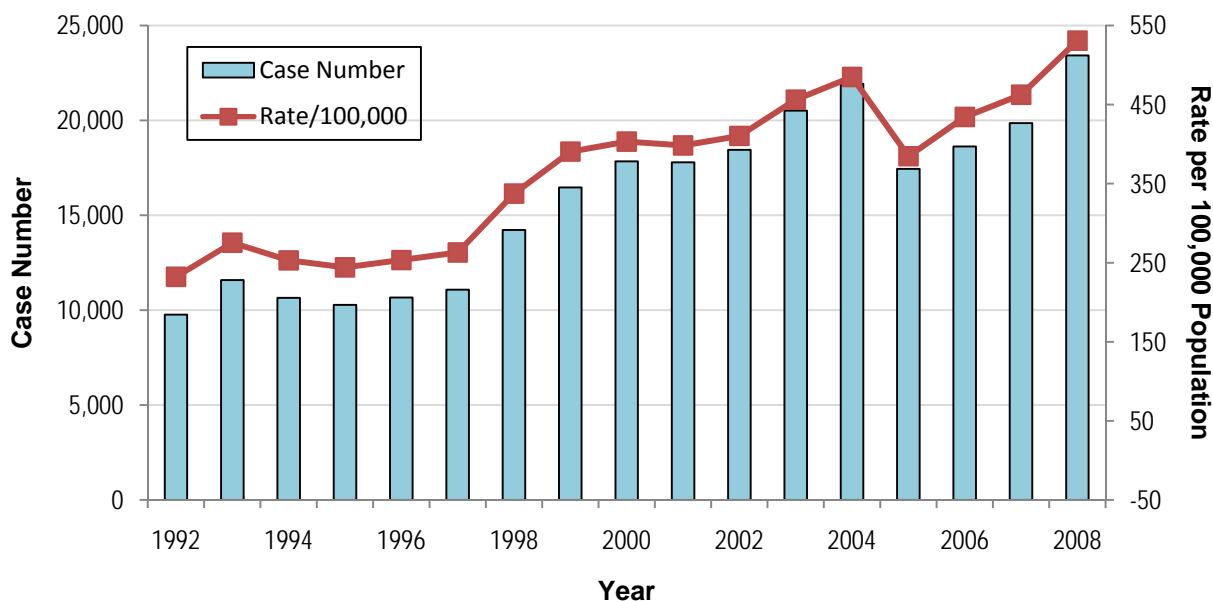
Although women who have Chlamydia are often completely asymptomatic, some experience a variety of symptoms ranging from mild urethritis or vaginitis to severe pelvic inflammatory disease (PID). Approximately twenty-five percent of men infected with Chlamydia are asymptomatic, while others experience mild to more severe urethritis. About seventy percent of partners of chlamydia-infected individuals are also infected.

Reporting of chlamydial infections is heavily influenced by the intensity of screening and contact investigation programs. Public health screening for Chlamydia in women was established to avert PID and its related complications. Chlamydia screening for sexually active females under the age of twenty-five became routine in Louisiana in 1992.

Incidence Rates

Reported rates of genital chlamydial infections have remained between 350 cases per 100,000 and 550 cases per 100,000 population since 1999. Cases began to increase after 1997, which may be due to increases in screening or an actual increase in infections, or a combination of both. (Figure 1)

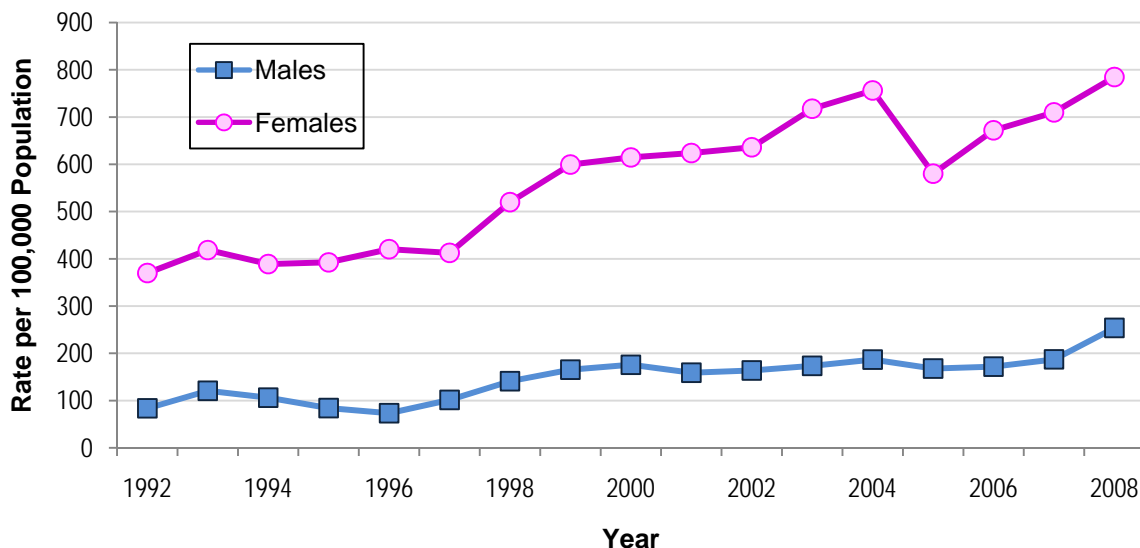
Figure 1: Chlamydia incidence rates - Louisiana, 1992-2008



Age, Gender and Race Distribution

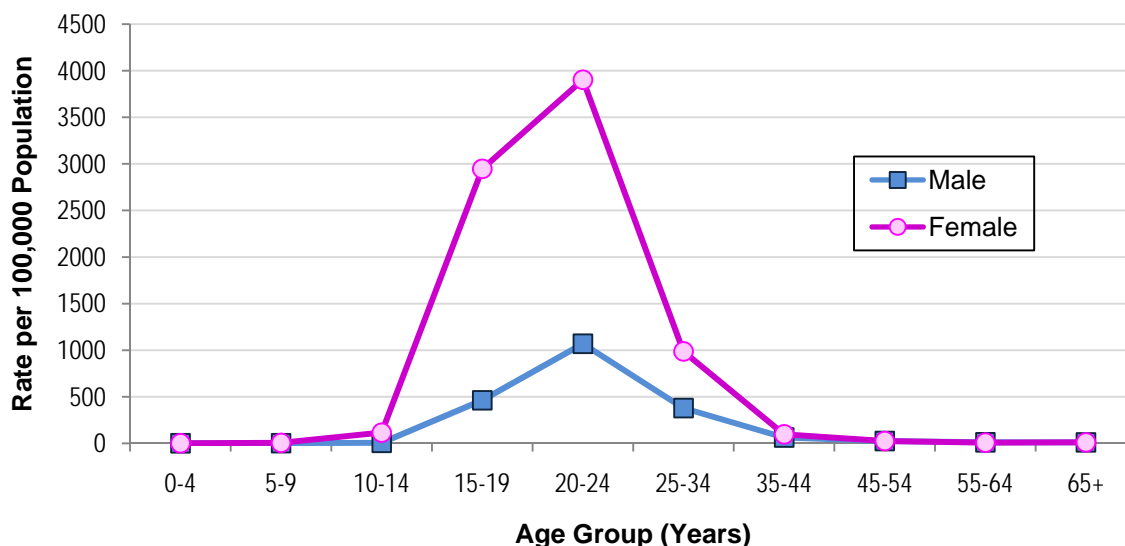
The reported rate among females (785 per 100,000 women in 2008) is over three times higher than the rate among males (250 per 100,000 men in 2008), reflecting the systematic screening of women. The rate of Chlamydia infections has been steadily increasing among women, which again, could be due to improved screening systems; the rate among males has only slightly increased in the last decade. (Figure 2)

Figure 2: Chlamydia incidence rates by gender and age - Louisiana, 1992-2008



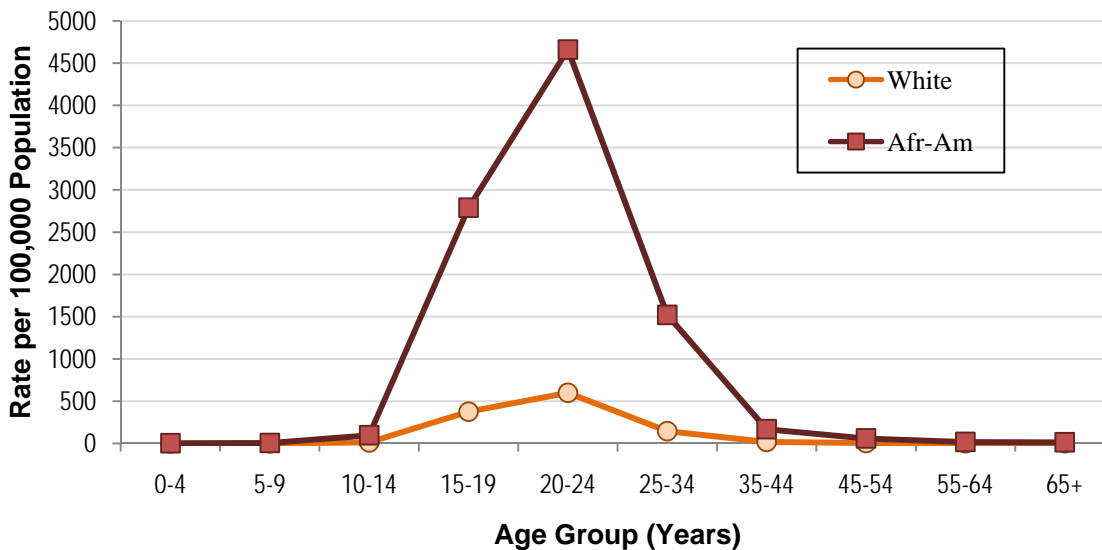
Louisiana’s age distribution for Chlamydia infection is typical; with the highest rates in the late teens and early twenties, particularly for women. These rates rapidly decrease after age twenty-four and continue to decrease in the older age groups. (Figure 3)

Figure 3: Yearly average incidence rates of Chlamydia infections, by gender and age Louisiana, 2004-2008



There is a large disparity between the yearly average incidence rates for African-Americans and for Whites, with African-Americans having exhibiting markedly higher rates. Both race groups experience peak incidence rates in persons aged fifteen to twenty-four years old. (Figure 4)

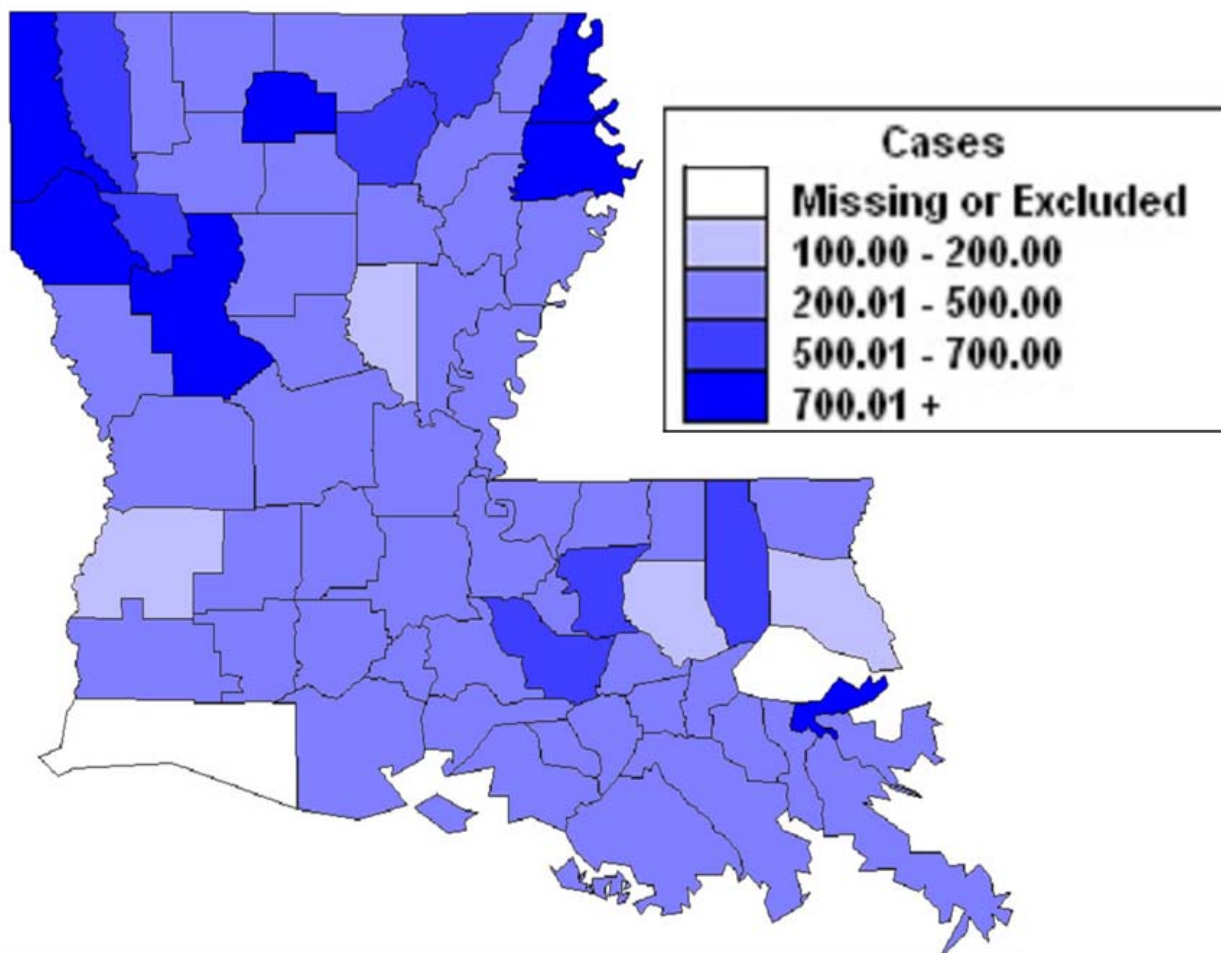
Figure 4: Yearly average incidence rates of Chlamydia infections, by race and age Louisiana, 2000-2008



Geographical Distribution

The geographical distribution shows a fairly uniform distribution with forty-five parishes having incidence rates from 200 to 500 per 100,000; only five parishes have lower rates. There are fourteen parishes with higher rates including Orleans, East Baton Rouge and neighboring Iberville, a five parish cluster around Shreveport in the north-west, East and West Carroll in the north-east and Lincoln parish. (Figure 5)

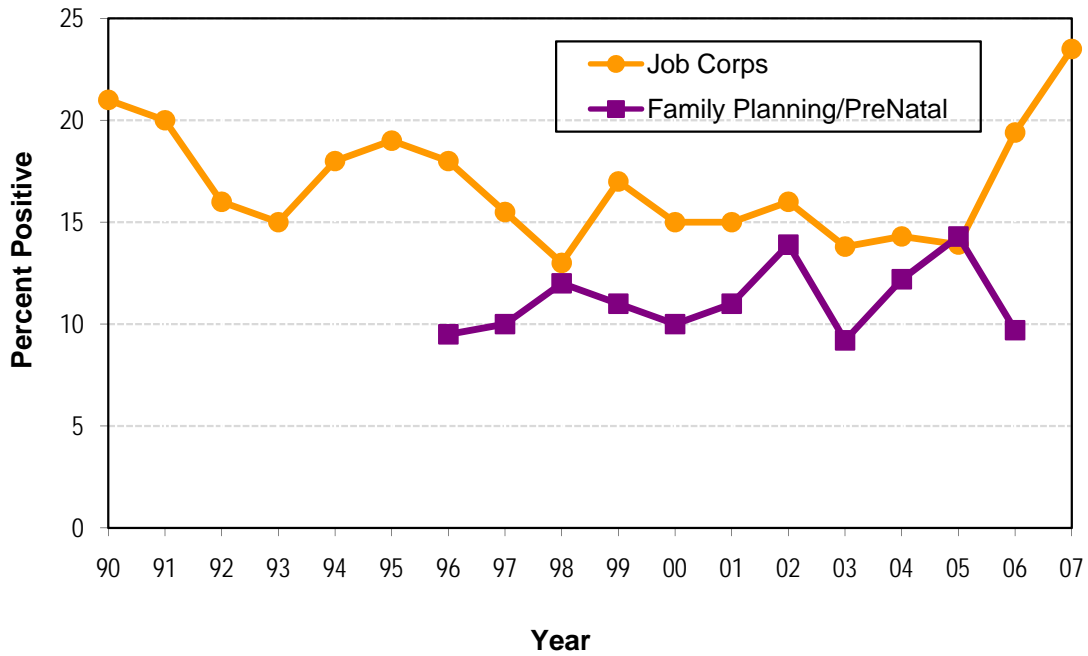
Figure 5: Chlamydia average incidence – Louisiana, 2004 - 2008



Prevalence Rates

The prevalence of chlamydia infection is most effectively determined in Louisiana through test positivity rates among women age fifteen to twenty-four years, screened at family planning clinics throughout the state. A statewide prevalence of 12.2% was reported among those screened. The prevalence among women in prenatal clinics was 14.3% in 2004. The evolution of prevalence screening among family planning clients and job corps applicants is presented in Figure 6.

Figure 6. Chlamydia prevalence rates in women aged 16-24 years by screening facility Louisiana, 1990-2007



Chlamydia prevalence is highest in the late teen years and decreases with age. (Figure 7)

Figure 7. Chlamydia prevalence rates in women attending family planning clinics within age group - Louisiana, 2007

