

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.

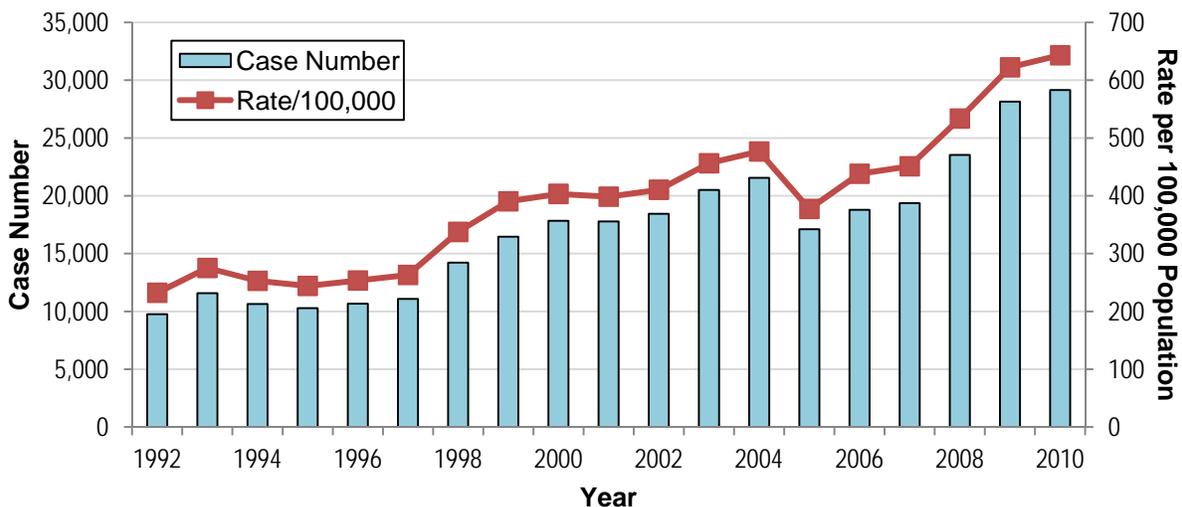
Although women who have chlamydia are often completely asymptomatic, some experience a variety of symptoms ranging from mild urethritis or vaginitis to severe pelvic inflammatory disease (PID). Approximately 25% of men infected with chlamydia are asymptomatic, while others experience mild to more severe urethritis. About 70% 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 25 years became routine in Louisiana in 1992.

Incidence Rates

There were 29,151 cases of chlamydia reported to the Louisiana STD/HIV Program in 2010, a rate of 643 cases per 100,000. This represents a 2.6% rate increase from 2009 to 2010. The largest increase (21.6%) occurred from 2007 to 2008, and the second largest increase occurred from 2008 to 2009. This rise may have been due to increased chlamydia screening. Also, Louisiana's public health units have replaced genetic probe testing with the amplified nucleic acid test which captures more positive cases as recommended by the Centers for Disease Control and Prevention (CDC) (Figure 1). Additionally, Louisiana's ranking remained the third highest chlamydia rate in the nation.

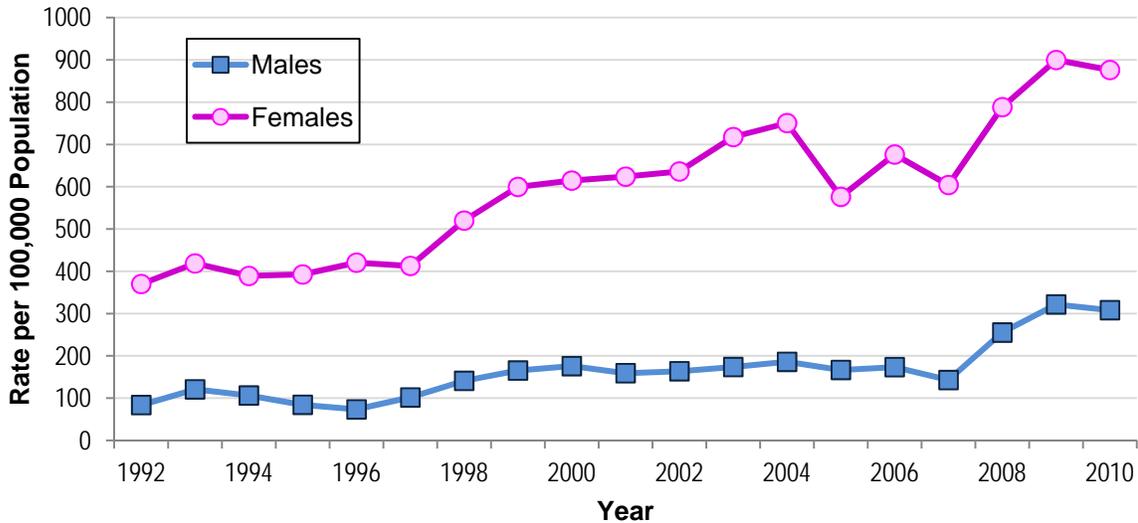
Figure 1: Chlamydia incidence rates - Louisiana, 1992-2010



Age, Gender and Race Distribution

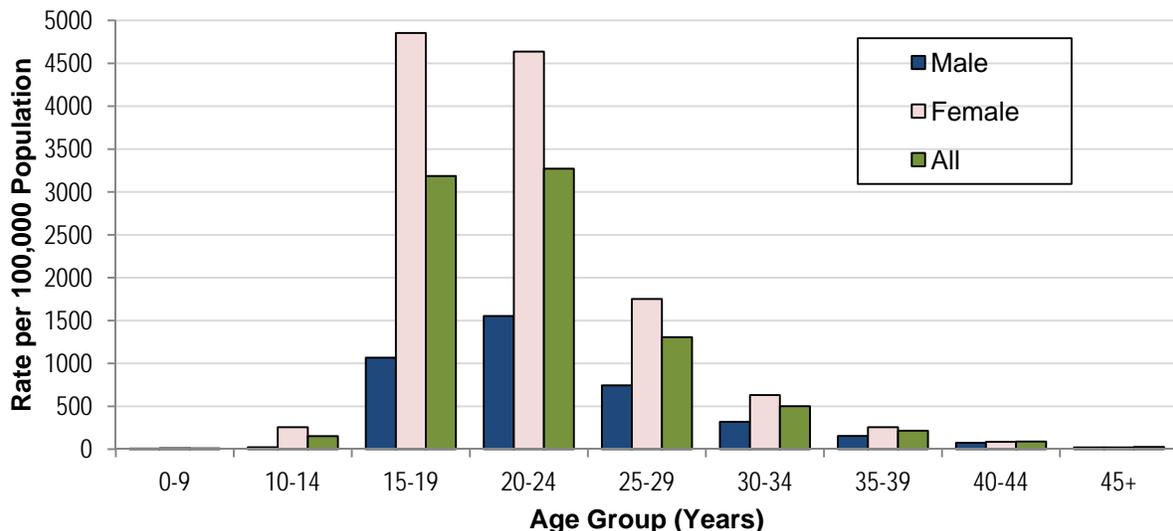
The reported rate among females (889 per 100,000 women in 2010) is almost three times higher than the rate among males (300 per 100,000 men in 2008), reflecting the systematic screening of women. The rate of chlamydia infections has been steadily increasing among women, which again, could be due to improved screening systems; the rate among males has only also increased since 2008 due to increased and improved testing methods. (Figure 2)

Figure 2: Chlamydia incidence rates by gender and age - Louisiana, 1992-2010



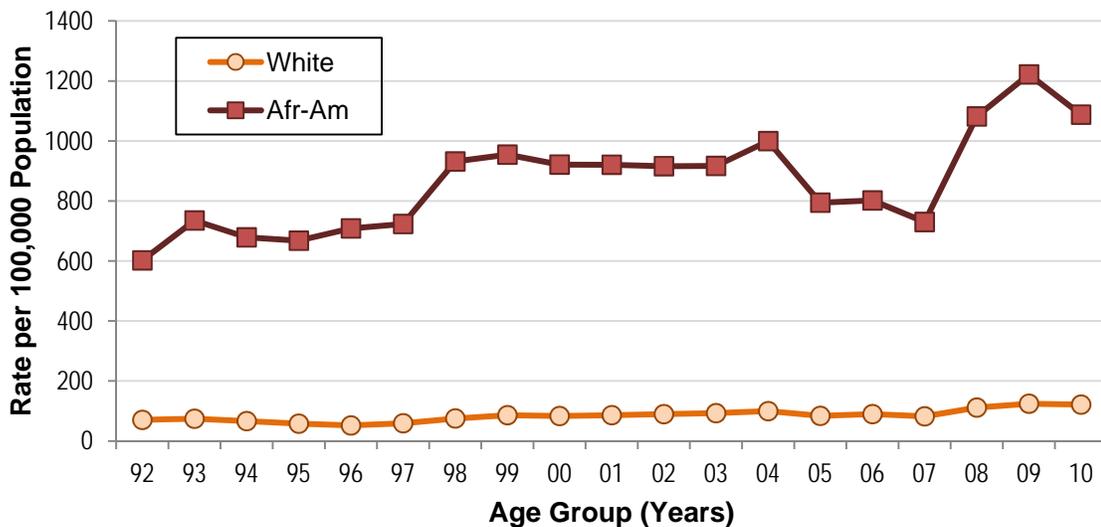
Louisiana’s age distribution for chlamydia infection is typical; with the highest rates in the late teens and early twenties, particularly for women. These rates rapidly decrease after age 24 years and continue to decrease in the older age groups. In 2010, the highest age-specific rate was among 15 to 19-year old females (Figure 3).

Figure 3: Incidence rates of chlamydia infections, by gender and age - Louisiana, 2010



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. The rates among African-Americans increased substantially from 2007 to 2008. In 2010, among the chlamydia cases in females with a reported race, 79% were Black and nearly 19% were White. Of the chlamydia cases in males with a reported race in 2010, approximately 83% were Black and 15% were White (Figure 4).

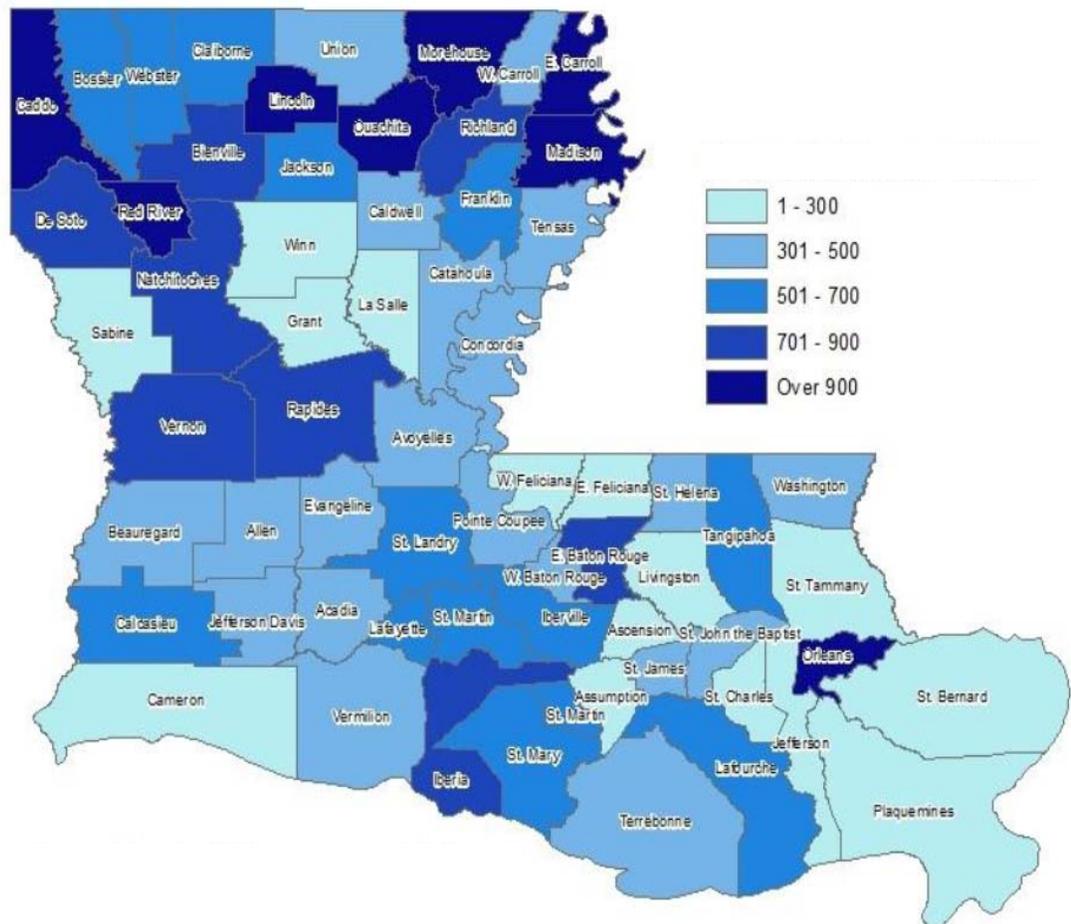
Figure 4: Yearly average incidence rates of chlamydia infections, by race
Louisiana, 1992-2010



Geographical Distribution

In 2010, the geographical distribution shows a fairly uniform distribution with 41 parishes having incidence rates from 300 to 900 per 100,000; only eight parishes have lower rates. There are eight parishes with higher rates including Orleans and East Baton Rouge (Figure 5).

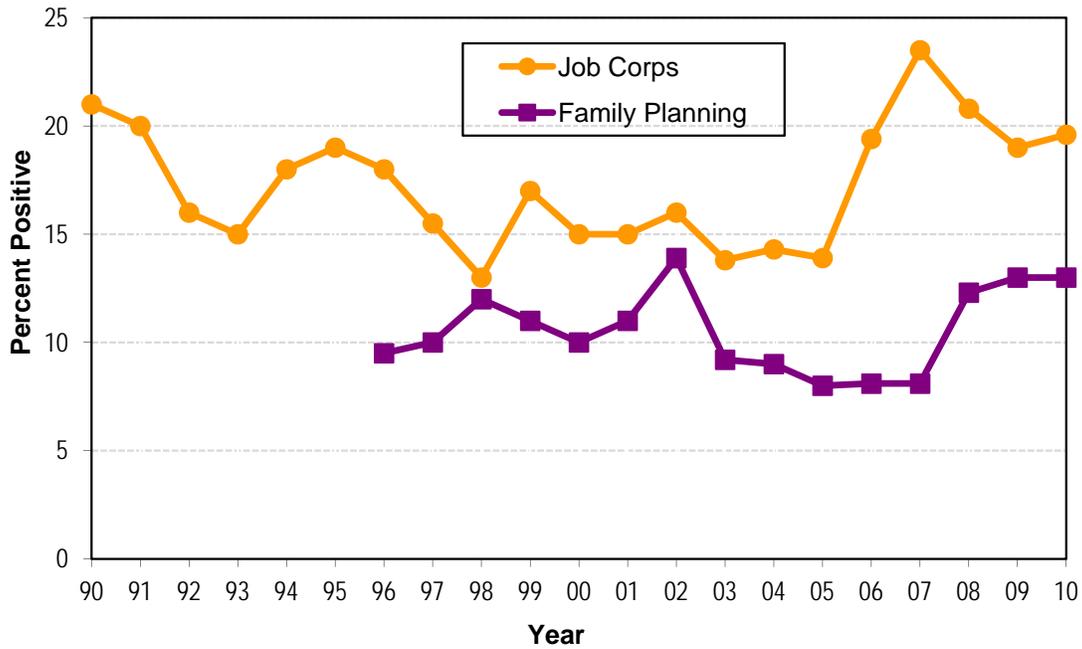
Figure 5: Chlamydia rates by parish per 100,000 population - Louisiana, 2010



Prevalence Rates

The prevalence of chlamydia infection is most effectively determined in Louisiana through test positivity rates among women age 15 to 24 years, screened at family planning clinics throughout the state. The prevalence among women aged 15 to 24 years in prenatal clinics was 13% in 2010. 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 15 to 24 years by screening facility



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, 2010

