
Chlamydia

Public Education

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Abstract

Chlamydia is one of the most common sexually transmitted infections (STIs) worldwide, caused by the bacterium *Chlamydia trachomatis*. It often presents with few or no symptoms, making it a "silent" infection that can easily go undetected and untreated. If left untreated, chlamydia can lead to serious health complications, including infertility and pelvic inflammatory disease (PID) in women, and can increase the risk of ectopic pregnancy. The infection is easily diagnosed and treatable with antibiotics such as azithromycin (Zithromax) and doxycycline. This article provides a thorough overview of chlamydia, covering its causes, types, symptoms, risk factors, diagnosis, treatment, and long-term outlook.

Introduction

Chlamydia is a bacterial infection caused by *Chlamydia trachomatis*, which is transmitted through sexual contact. It affects both men and women and is especially common in young, sexually active individuals. The infection primarily affects the genital tract, but it can also infect the rectum and throat. Chlamydia is often asymptomatic, meaning many people may not realize they are infected. Without treatment, the bacteria can cause significant damage to the reproductive system, particularly in women, where it can lead to infertility or long-term complications such as pelvic inflammatory disease (PID). Despite being easily treatable, chlamydia remains a public health concern because many people are unaware they are infected, leading to continued transmission and untreated complications. Regular screening, particularly for sexually active women under 25 and people with multiple sexual partners, is crucial for early detection. Safe sexual practices, including condom use, can help reduce the risk of infection.

Types of Chlamydia

The term "chlamydia" generally refers to the sexually transmitted infection caused by *Chlamydia trachomatis*, but it is important to know that the *Chlamydia* genus includes other species that can cause infections in different parts of the body.

Genital Chlamydia (*Chlamydia trachomatis*) is the most common form of chlamydia, primarily affecting the genital and urinary tracts. It is transmitted through vaginal, anal, or oral sex. In women, chlamydia can infect the cervix and urethra, potentially leading to more severe reproductive

health issues if left untreated. In men, it typically affects the urethra, causing pain or discomfort during urination.

Lymphogranuloma Venereum (LGV) is a more invasive type of infection caused by certain strains of *Chlamydia trachomatis*. LGV primarily affects the lymphatic system and can cause more severe symptoms, such as swollen lymph nodes, rectal inflammation, and systemic illness. It is more common in certain parts of the world and among certain populations, such as men who have sex with men (MSM).

Ocular Chlamydia (*Chlamydia trachomatis* Serovars A, B, and C), also known as trachoma, is an eye infection caused by different serovars of *Chlamydia trachomatis*. Trachoma is the leading cause of preventable blindness worldwide and is common in areas with poor sanitation and limited access to clean water. It spreads through contact with contaminated hands, towels, or flies that have come into contact with the eyes of an infected person.

Risk Factors of Chlamydia

Several factors can increase the likelihood of contracting chlamydia. Young adults, particularly those under the age of 25, are at higher risk of contracting chlamydia. This is largely due to behavioral factors such as having multiple sexual partners and inconsistent use of condoms. Chlamydia is most commonly transmitted through vaginal, anal, or oral sex. Having unprotected sex with multiple partners increases the risk of contracting chlamydia. Individuals with a history of other sexually transmitted infections are also at higher risk. Since chlamydia often presents with no symptoms, regular screening is crucial. Women under 25

and older women with risk factors, such as new or multiple sexual partners, are encouraged to get screened annually. Men Who Have Sex With Men (MSM) are at higher risk for certain types of chlamydia infections, including those affecting the rectum. Regular screening and safe sex practices are especially important in this population. Condoms are highly effective at preventing the transmission of chlamydia. Inconsistent or improper use of condoms significantly increases the risk of infection.

Epidemiology of Chlamydia

Chlamydia is the most commonly reported bacterial sexually transmitted infection globally, with millions of new cases reported each year. In the United States alone, the Centers for Disease Control and Prevention (CDC) estimates that over 1.7 million cases were reported in 2019, but the actual number of infections is likely much higher due to underreporting and the asymptomatic nature of the infection. Chlamydia is most prevalent in young adults aged 15 to 24, particularly women. Globally, the burden of chlamydia is unevenly distributed, with higher rates in areas with limited access to healthcare and screening programs. Sub-Saharan Africa, Southeast Asia, and parts of the Western Pacific region experience high rates of chlamydia, often alongside other STIs. Screening programs and public health campaigns have helped raise awareness about the importance of testing and treatment, but many cases still go undetected, contributing to the ongoing spread of the infection.

Causes of Chlamydia

Chlamydia is caused by the bacterium *Chlamydia trachomatis*. The bacterium enters the body through

mucous membranes, typically during vaginal, anal, or oral sex with an infected person. Once inside the body, the bacteria target the cells of the genital tract, rectum, or throat, where they multiply and cause infection. Chlamydia can also be passed from an infected mother to her baby during childbirth, leading to eye infections or pneumonia in newborns. This makes screening for chlamydia during pregnancy particularly important. The bacterium avoids detection by the immune system by living and multiplying inside the host's cells. This intracellular lifestyle allows the bacteria to persist in the body for weeks or even months without causing noticeable symptoms, which is why many people with chlamydia remain unaware of their infection.

Symptoms of Chlamydia

Chlamydia is often referred to as a "silent" infection because most people experience no symptoms, or the symptoms are mild and easy to overlook. When symptoms do occur, they can vary depending on the part of the body affected. In women, chlamydia typically affects the cervix, but it can also infect the urethra. Symptoms may include abnormal vaginal discharge, pain or burning during urination, pain during sexual intercourse, lower abdominal pain or discomfort, and bleeding between periods or after sex. In men, chlamydia most commonly affects the urethra. Symptoms may include discharge from the penis, pain or burning during urination, and testicular pain or swelling (less common). Chlamydia can also infect the rectum and throat, especially in individuals who engage in anal or oral sex. Symptoms of rectal chlamydia may include pain, discharge, or bleeding from the rectum, while throat infections are typically asymptomatic but can sometimes cause a sore throat.

Pathophysiology of Chlamydia

Chlamydia trachomatis is an obligate intracellular bacterium, meaning it can only survive and multiply within host cells. Once the bacteria enter the body, they invade the epithelial cells lining the genital tract, rectum, or throat. The chlamydia bacterium has a unique life cycle, consisting of two stages. Elementary Body (EB) is the infectious form of the bacterium. When it comes into contact with host cells, it is taken up by endocytosis and enters the cell. Once inside the cell, the elementary body transforms into a reticulate body (RB), which is the replicative form. The reticulate bodies divide and multiply within the host cell. Eventually, the infected cell bursts, releasing new elementary bodies, which can go on to infect more cells. This cycle of infection and replication leads to inflammation and tissue damage, which is responsible for the symptoms and complications of chlamydia. In some cases, the immune system's response to the infection can cause scarring and long-term damage, particularly in the reproductive system.

Complications of Chlamydia

If left untreated, chlamydia can lead to several serious complications, particularly in women. Early diagnosis and treatment are crucial to preventing these long-term health effects. In Women Chlamydia is a leading cause of pelvic inflammatory disease, a condition where the infection spreads to the uterus, fallopian tubes, and ovaries. PID can cause chronic pelvic pain, damage to the reproductive organs, and increase the risk of ectopic pregnancy, where a fertilized egg implants outside the uterus. Untreated chlamydia can lead to scarring of the fallopian tubes, which can block the passage of eggs and result in infertility. Damage to the fallopian tubes caused by chlamydia

increases the risk of ectopic pregnancy, a potentially life-threatening condition. Pregnant women with chlamydia can pass the infection to their babies during childbirth, leading to neonatal eye infections or pneumonia. In Men, Chlamydia can cause inflammation of the epididymis, the tube that carries sperm from the testicles. This can result in pain, swelling, and, in rare cases, infertility. Prostatitis: Chlamydia can also infect the prostate gland, leading to prostatitis, which causes pain, discomfort, and urinary symptoms. In Both Sexes, Chlamydia can cause Reiter's Syndrome. This is a rare complication of chlamydia that involves arthritis, conjunctivitis, and inflammation of the urinary tract. It is a form of reactive arthritis triggered by the infection.

Diagnosis of Chlamydia

Chlamydia is easily diagnosed through laboratory testing. Healthcare providers may use one or more of the following methods to diagnose the infection. Nucleic Acid Amplification Test (NAAT) is the most common and accurate test for chlamydia. This test detects the genetic material of the *Chlamydia trachomatis* bacterium in a sample. Samples can be collected from the cervix, urethra, rectum, or throat, depending on the site of infection. In some cases, a urine sample may be used, making the test non-invasive and easy to perform. For genital chlamydia, a urine sample is often used to detect the presence of Chlamydia trachomatis. This is particularly convenient for patients, as it does not require a physical exam. Swabs are typically used to collect samples from the cervix in women or the urethra in men. Swabs can also be taken from the rectum or throat if these areas are suspected to be infected.

Treatment of Chlamydia

Chlamydia is easily treated with antibiotics. Early treatment can prevent the infection from causing long-term damage and reduce the risk of transmitting the infection to others. The two most commonly prescribed antibiotics for treating chlamydia are Azithromycin (Zithromax) and Doxycycline. A single dose of azithromycin is often prescribed to treat chlamydia. This antibiotic is highly effective and requires only one dose, making it a convenient option for many patients. Doxycycline is typically taken twice a day for seven days. It is an effective alternative to azithromycin, particularly in cases of rectal chlamydia or recurrent infections. To prevent reinfection, it is essential that all sexual partners of the infected individual are tested and treated. Chlamydia is easily passed back and forth between partners, so both partners must be treated simultaneously. Patients are advised to abstain from sexual activity for seven days after completing treatment to prevent spreading the infection.

Prognosis of Chlamydia

With timely and appropriate treatment, the prognosis for chlamydia is excellent. Most people are cured of the infection within one to two weeks of starting antibiotics. However, it is important to complete the full course of medication, even if symptoms disappear sooner. Without treatment, chlamydia can lead to serious complications, particularly for women, such as pelvic inflammatory disease and infertility. Regular screening, especially for sexually active individuals, is crucial for early detection and treatment.

Conclusion

Chlamydia is a common and easily treatable sexually transmitted infection, but it can lead to serious health complications if left untreated. Regular screening and safe sexual practices are essential for preventing the spread of chlamydia and protecting reproductive health. Early diagnosis and treatment with antibiotics like azithromycin and doxycycline can cure the infection and prevent long-term complications. Understanding the risk factors, symptoms, and treatment options for chlamydia is vital for maintaining sexual health and preventing the transmission of this infection.

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