

# Chlamydia in Iowa

The following guidance is from the STD Program at the Iowa Department of Public Health and is intended for medical professionals.

## What is it?

Chlamydia is a common sexually transmitted disease (STD) caused by infection with *Chlamydia trachomatis*. It infects the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. *C. trachomatis* can also infect the mouth, eyes, and rectum.

## How is it transmitted?

Chlamydia is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected partner. Chlamydia can also be spread from an untreated mother to her baby during childbirth, leading to pneumonia or conjunctivitis.

## Symptoms and How to Identify It Clinically

Most people with chlamydia are **asymptomatic**. Women who are symptomatic may experience cervicitis and urethritis. Men who are symptomatic typically have urethritis with discharge and dysuria. Rectal chlamydia infections are often asymptomatic, but can cause rectal pain, discharge, or bleeding.

## Complications of Untreated Chlamydia

In women, untreated chlamydia can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, tubal factor infertility, and potentially fatal ectopic pregnancy. In men, epididymitis is a possible complication of untreated chlamydia.

For more information about chlamydia, please contact George Walton, STD Program Manager, IDPH, at (515) 281-4936 or [george.walton@idph.iowa.gov](mailto:george.walton@idph.iowa.gov)

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## How is it diagnosed?

For urogenital infection, the preferred specimen for women is a vaginal swab (clinician or patient-collected). The preferred specimen for men is urine. Endocervical swabs and urine may also be used for women and urethral swabs for men or women. Nucleic acid amplification tests (NAATs) are the most sensitive and accurate test types to use. NAATs are the preferred tests for rectal infections.

All sexually active persons under 25 years of age at least annually, regardless of gender, sexual orientation, presence of signs or symptoms, or condom use. Individuals 25 years of age or older should be tested if they are at increased risk (new or multiple sex partners, partner with an STD, signs or symptoms, etc.). Local data indicate increases in chlamydia in Iowa and high positivity rates among the populations specified.

## Who should be tested?

## How is it treated?

The recommended treatment regimen for chlamydia is 1g orally of azithromycin in a single dose OR 100mg of doxycycline orally twice a day for 7 days. In addition, Expedited Partner Therapy (EPT) is the clinical practice of providing medications to the diagnosed patient to take to sex partners they've had within the last two months of diagnosis who will not seek examination and treatment with a clinician. The EPT regimen for chlamydia is 1g azithromycin. It is effective at preventing re-infection in the index patient.

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia. All recent anal, vaginal, or oral sex partners (within 60 days before the onset of symptoms or diagnosis) should be notified by the patient so they can be tested and treated. Upon request, the Iowa Department of Public Health Partner Services Program can assist with notifying partners and referring them to testing services.

## Risk Reduction

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