



Chlamydia in North Carolina, 2021



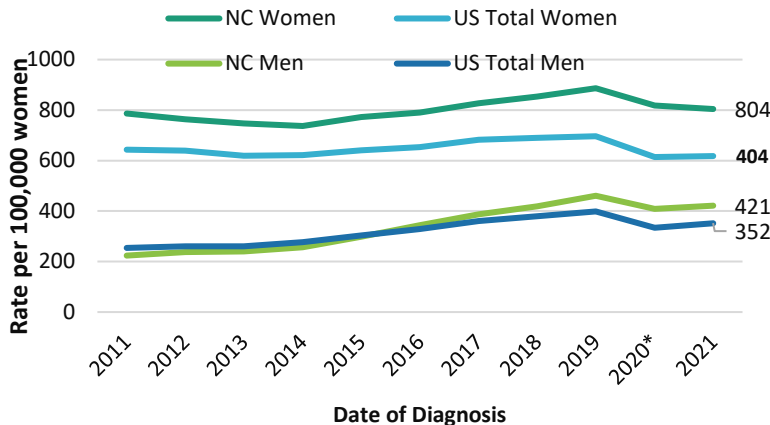
The reported rates of chlamydia infections remained high in 2021

North Carolina 2021:

- 65,107 cases reported among men and women (rate of 617.1 cases per 100,000).

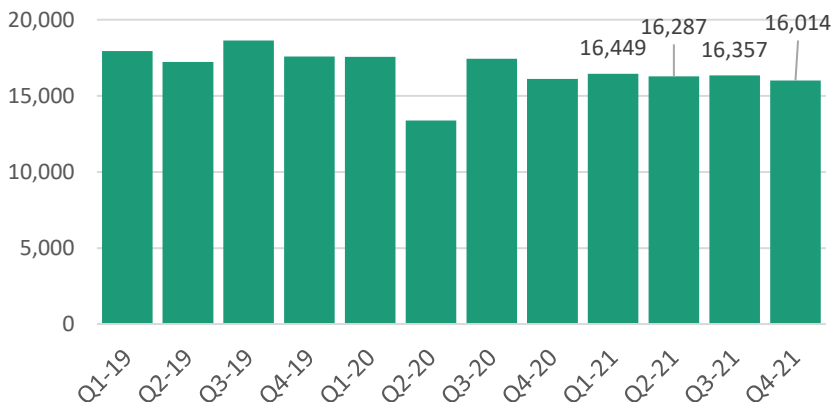
United States, 2021:

- 1,628,397 million cases reported among men and women (rate of 490.6 cases per 100,000) (<https://www.cdc.gov/std/statistics/2021/default.htm>).



Chlamydia trends: Chlamydia rates are relatively stable.

The reported number of chlamydia infections decreased during the initial outbreak of COVID-19.

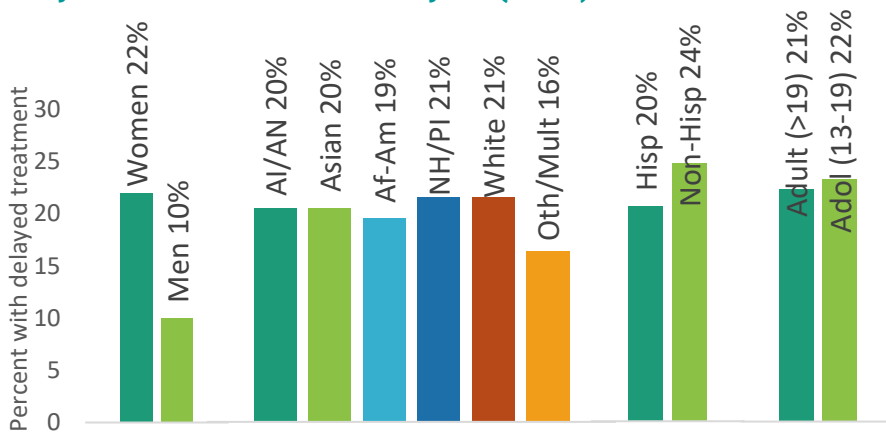


Several factors likely contributed to decreases in reported cases:

- Decrease in STI screening availability thru public and private clinics during the height of the COVID-19 pandemic
- Limited testing supplies and reagents.
- Stay-at-home order to reduce spread of COVID-19, may have also decreased sexual behaviors.

Delayed Treatment for Chlamydia (2020)

- Delays in treating chlamydia (>7 days since diagnosis) may result in increased morbidity and transmission.
- Women were more likely than men to receive delayed treatment.
- Differences between race, ethnicity, and age groups were minimal.



*2020 data should be treated with caution due to the impact of the COVID-19 pandemic on accessing STI testing, STI treatment, and surveillance activities in North Carolina. Abbreviations: AI: American Indian, AN: Alaska Native, Af-AM: African American, NH: Native Hawaiian, PI: Pacific Islander, Oth/Mult: Other/Multiracial, Hisp: Hispanic



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What is North Carolina doing to decrease chlamydia?

- In September 2014, the State Lab of Public Health (SLPH) increased the upper age limit for routine chlamydia screening in women from 24 years of age (as recommended by the CDC) to 25 years of age.
- North Carolina provides funds for chlamydia screening for all women who are seen in a publicly funded health care facility, such as local health departments and family planning settings.
- North Carolina supports expedited partner therapy for chlamydia; this therapy can help ensure that partners are treated, preventing reinfection. Resources and protocols can be found: <https://www.cdc.gov/std/products/infographics/images/EPT-Infographic2016-800.jpg>.

How is chlamydia treated and why do we track treatment?

82%

Of people with chlamydia had correct treatment recorded in 2021

- Chlamydia can be treated with antibiotics: doxycycline, azithromycin, and levofloxacin, or during pregnancy, azithromycin and amoxicillin are recommended. For more information, see the [CDC Treatment Guidelines](#).
- Untreated or mistreated chlamydia can lead to severe health outcomes, including increased risk for HIV, PID, and infertility.
- Chlamydia can be transmitted from mother to infant during delivery, resulting in severe eye and lung infections in the newborn. Treatment of babies at birth can protect infants. In 2021, 11 babies were born to chlamydia-infected mothers.

- For 15% of people with chlamydia, no treatment information was available; these people may not have been treated.
- At least 3% of people with chlamydia received incorrect treatment. The most frequently used **incorrect** medications were: Ceftriaxone (Rocephin), Amoxicillin/Clavulanate (Augmentin), and Metronidazole (Flagyl).

What CLINICIANS can do

- Routinely ask patients about their sexual activity and test those that are sexually active
- Treat all pregnant women diagnosed with chlamydia promptly and correctly, by adhering to the CDC's STI Treatment Guidelines ([2021 Summary of CDC STI Treatment Guideline](#)).
- Refer partners for treatment and consider implementing Expedited Partner Therapy (EPT).
- Both patient and partner must be treated to cure and prevent reinfection.
- For other resources, visit the National Coalition for Sexual Health compendium ([Compendium of Sexual & Reproductive Health Resources for Healthcare Providers](#)).

What YOU can do

If you have chlamydia, ensure that you and your partners get treatment, and get retested after three months.

Anonymously notify your partners via [TellYourPartner.org](https://www.tellyourpartner.org)

Data Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of September 7, 2022).