Chlamydia among Women in North Carolina 2017

The reported number of chlamydia infections is increasing

Chlamydia infection rates among women have been increasing since 2014.

**North Carolina 2017:**
- 43,586 cases reported among women.
- 827 cases per 100,000 women.

**United States, 2016:**
- 1,072,719 cases reported among women.
- 687 cases per 100,000 women.
- The NC rate is higher than national rate, but similar to many Southeast states (CDC 2018).

The rate of chlamydia in screening settings shows a small increase

Pelvic inflammatory disease and infertility caused by chlamydia can be prevented by testing women less than 25 years of age, whether or not they have symptoms.

This screening detects disease in women without symptoms.

Screening data from settings shown in the chart show a very small increase in chlamydia, suggesting that increases are mainly due to the increased testing in other settings.
Chlamydia among Women in North Carolina

What is North Carolina doing to decrease chlamydia?

- In September 2014, the SLPH increased the age cut off 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 here: http://epi.publichealth.nc.gov/cd/lhds/manuals/std/treatment/Expedited_Partner_Therapy.pdf.

Most women receive correct treatment for chlamydia

N= 43,586

What YOU can do

If you have a chlamydia, ensure that you and your partners get treatment and you get retested after 3 months.

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 STD Treatment Guidelines (link in side bar)
- Refer partners for treatment and consider implementing Expedited Partner Therapy (EPT)
- Both patient and partner must be treated to cure and prevent infection.
- For other resources, visit the National Coalition for Sexual Health compendium (resource in sidebar).

Data Source:
North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 28, 2018), and North Carolina State Laboratory of Public Health testing data (data as of July 11, 2018).

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National Coalition for Sexual Health Resources for Healthcare Providers:
https://nationalcoalisitonforsexualhealth.org/tools/for-healthcare-providers/compendium-of-sexual-reproductive-health-resources-for-healthcare-providers

Created by the HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch
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In 2017, 92% of women received the correct treatment for chlamydia.

Untreated or mistreated chlamydia can lead to severe health outcomes, including increased risk for HIV, PID, and infertility.

Infants born to mothers with active chlamydia are also at risk for infection. In 2017, 8 babies were born to chlamydia-infected mothers and developed conjunctivitis.

Recommended from the CDC 2015 STD Treatment Guidelines:

Screening Recommendations:

- Annual screening of all sexually active women ≤25 years of age is recommended
- Screening among women ≥ 25 years of age should occur among women at increased risk for infection (e.g., have a new sex partner or more than one sex partner).