

Strategies to Control Chlamydia in Oregon

Key facts

- Chlamydia (*Chlamydia trachomatis*) is the most common reportable illness in Oregon, with nearly 14,000 cases reported in 2011.
- Rates of chlamydia are highest among women; men and women aged 15–24 years (Figure 1); and blacks and African Americans (Figure 2).
- Chlamydia can be treated with antibiotics.
- Physicians and other health care providers can help stop the spread of chlamydia by prescribing antibiotics for sex partners of people with chlamydia even if they have not examined the partner. This is called expedited partner therapy (EPT).
- Numbers of reported cases in Oregon have been increasing since 2003, likely due to increased screening and improved laboratory tests.
- Medical care costs to treat chlamydia and its complications exceed \$700 million annually in the United States.¹

Figure 1. Cases of reported chlamydial infection per 100,000 population by age group and by sex, Oregon, 2011.

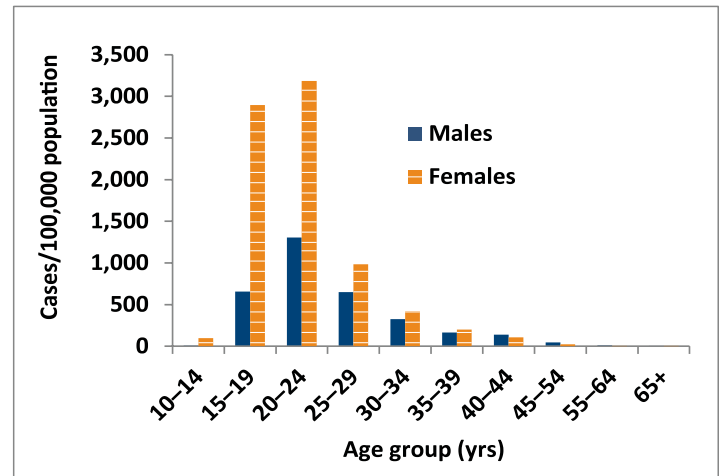
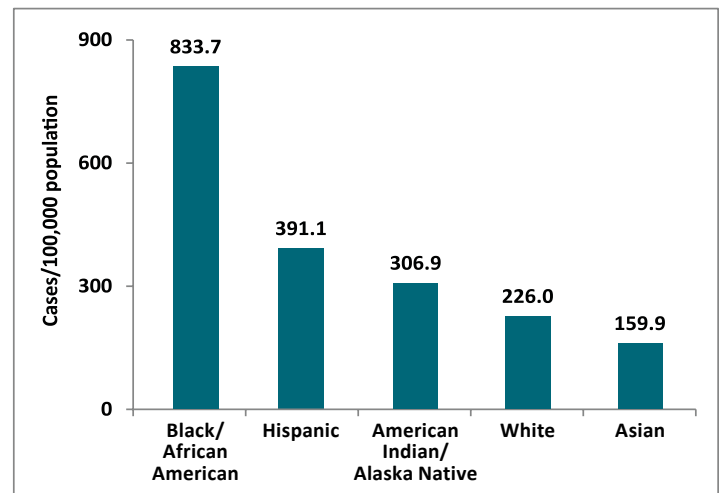


Figure 2. Cases of reported chlamydial infection per 100,000 by race and ethnicity, Oregon, 2011.



State and local public health strategies to control chlamydia in Oregon

Population-based screening

The Oregon Public Health Division's Sexually Transmitted Disease (STD) Control Program collaborates with local and federal Infertility Prevention Program partners to screen young women and men in more than 100 sites around the state. This program screens over 50,000 people a year and treats more than 5,000 cases of chlamydia.

Repeat testing

Approximately 15 percent of Oregon women with chlamydia are found to be re-infected when tested a few months later. Focused screening among previously infected men and women is one of the most cost-effective ways to control chlamydia. Oregon's STD Control Program works with local partners to encourage repeat testing among people who had a previous case of chlamydia.

Partner treatment

All sex partners of people with chlamydia should be treated for chlamydia. Direct interviewing and treatment of sex partners by clinics and local health departments is not possible, but Oregon law permits patients to be given medication to deliver to their partners. Future Oregon STD Control Program efforts to control chlamydia must focus on expanding the use of patient-delivered partner therapy and strategies for partner treatment to be implemented by primary health care providers.

Monitoring

The Oregon STD Control Program administers a statewide database that receives and processes laboratory test results for all cases of chlamydia. This system can be accessed remotely by local public health staff, and is used to compile and report statewide statistics on chlamydia that are used to direct screening and treatment efforts to populations and settings where they are most needed and most effective. Program goals include expanding the reporting capacity of this system for use by local partners and increasing the utilization of existing data such as that obtained by the Infertility Prevention Program to direct prevention efforts.

Sources

Data source for graphics: Oregon Public Health Division statewide mandatory reporting of chlamydia cases: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Pages/annrep.aspx>

1. Centers for Disease Control and Prevention. CDC Grand Rounds: Chlamydia Prevention: Challenges and Strategies for Reducing Disease Burden and Sequelae. *MMWR*. 2011;60(12):370-373



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