

HEALTHY PEOPLE 2020

CRITICAL INDICATORS FOR ADOLESCENTS AND YOUNG ADULTS



Chlamydia rates among females, aged 15–19 and 20–24 years.

Overview of chlamydia in the United States

Chlamydia trachomatis is the most frequently reported bacterial sexually transmitted infection (STI) in the United States. In 2011, 1.4 million cases of chlamydia were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia.¹ Chlamydia is most prevalent among females and young people aged 15–24 years of age. The female chlamydia infection rate in the United States is more than double that of males, which likely reflects a larger number of females screened for the infection. According to the CDC, the lower rate among males may suggest that many of the sex partners of females with chlamydia are not being diagnosed or reported as having chlamydia.¹ It is estimated that one in 15 sexually active females aged 14–19 years has chlamydia.²

Chlamydia is caused by a bacterium that is spread through oral, vaginal or anal sex. In some cases, symptoms of a chlamydia infection may be present. Infected individuals may experience a burning sensation when urinating. Women may have abnormal vaginal discharge and men may experience discharge from their penis. Pain and swelling in one or both testicles may also occur, but this is less common. Chlamydia is easily treated with antibiotics, but because chlamydia is often asymptomatic, many people do not know they are infected unless they are screened for the infection.² Chlamydia is sometimes referred to as a “silent” disease because infections

may occur with no symptoms.² If left untreated, chlamydia can cause pelvic inflammatory disease (PID) and fallopian tube infection in females. PID and the chlamydia infection in the upper genital tract may cause permanent damage to the fallopian tubes, uterus and surrounding tissues, which can lead to infertility.³ Chlamydia infection during pregnancy is related to poor pregnancy outcomes that can lead to miscarriage, premature rupture of membranes, preterm labor, low birth weight and infant mortality.⁴ Untreated chlamydia may also cause infertility in men.⁵

Chlamydia in Oregon

As seen in Figure 1, chlamydia rates among females aged 15–19 and 20–24 in Oregon rose steadily from 2005 to 2011. The rates fell slightly for both age groups in 2012.^{5, 6}

Chlamydia rates among females aged 15–19 and 20–24 years per 100,000 in Oregon, 2005–2012

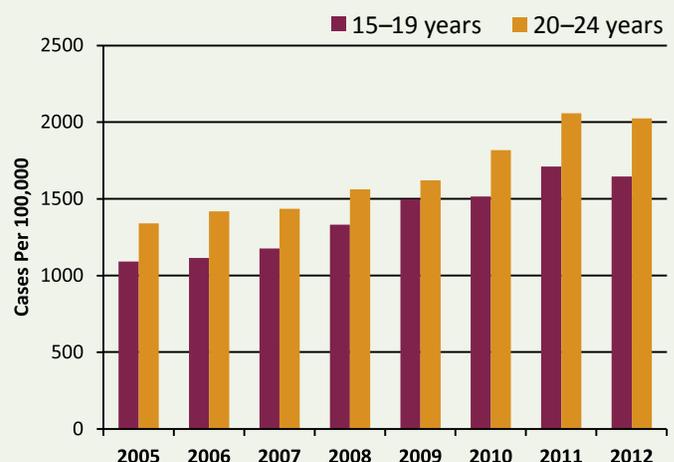
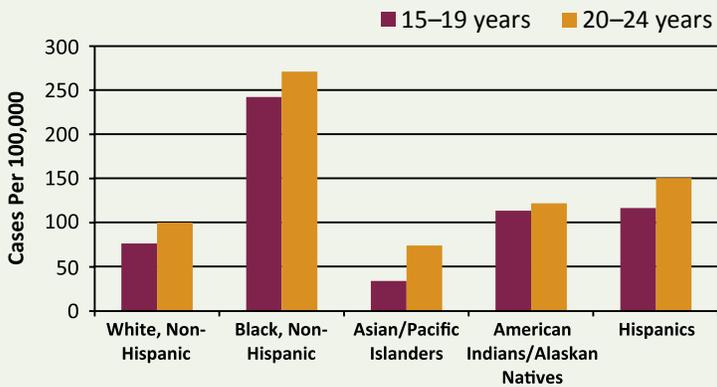


Figure 1

Source: Oregon Health Authority Public Health Division (2013)

Figure 2 showcases the racial and ethnic disparities of chlamydia diagnoses among Oregonians aged 15–19 and 20–24 years. In 2012, the three highest rates of chlamydia in Oregon for both age groups belonged to people of color: Black, Non-Hispanic, American Indians/Alaskan Natives and Hispanics.^{5, 6}

Chlamydia rates among residents aged 15–19 and 20–24 years per 100,000 in Oregon by race and ethnicity, 2012



Source: Oregon Health Authority Public Health Division (2013)

Figure 2

Chlamydia testing recommendations

Early detection of chlamydia is important because the earlier the disease is diagnosed and treated, the less likely the bacteria will cause future infertility or pregnancy complications. Testing for chlamydia infections is very easy. Laboratory tests to diagnose chlamydia involve swabbing the vagina or male urethra and collecting urine to look for the presence of the bacteria.⁸ The CDC and the U.S. Preventive Services Task Force (USPSTF) recommends the following guidelines for chlamydia testing:^{2, 4}

- All sexually active women age 25 or younger and older women with risk factors for chlamydia infection (e.g., women who have a new or more than one sex partner) should be tested each year.
- All pregnant women in the first trimester and again in the third trimester should be tested if high-risk sexual behaviors are reported.

- Men who have sex with men (MSM) who have receptive anal sex should be tested for chlamydia each year. MSM who have multiple and/or anonymous sex partners should be tested more frequently.
- Women over 25 years with previous STIs (including HIV) and/or multiple sexual partners should be tested annually.

Treatment for chlamydia

Chlamydia can be easily treated and cured with antibiotics. Individuals with chlamydia should abstain from having sex for seven days after single-dose antibiotics or until completion of a seven-day course of antibiotics. Additionally, sexual partners should be notified so that they can get tested and treated if necessary, which will help to reduce the chances of reinfection.² Abstinence from sexual activity and using latex, polyurethane or polyisoprene condoms if engaging in sex are the best ways to protect from chlamydia infection.

Access to health care

Oregon's 63 School-Based Health Centers (SBHC) offer a unique health care model in which comprehensive physical and mental health services are provided to youth and adolescents in a school setting. SBHCs are required to offer on-site STI testing and treatment at all middle and high school sites (available at <http://public.health.oregon.gov/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCHOOLBASEDHEALTHCENTERS/Pages/index.aspx>).

Oregon's 211 info allows searches for family planning clinics and services statewide as well as obtaining valuable reproductive health information. In Oregon, the CDC Infertility Prevention Project (IPP) funds testing at family planning clinics throughout the state. Anyone can text their ZIP code to 898211 to have a conversation with a community resource expert (available at <http://211info.org/human-services/partner-highlights/oregon-safenet>).

Parents

When parents and guardians talk to their youth regularly, young people are more likely to develop positive, healthy attitudes about themselves.¹² This is also true when it comes to sexual health. It has been shown that youth who reported feeling connected to their parents and family were more likely than other youth to delay their sexual debut.¹³ While some parents or guardians may view discussing sexual health with their adolescents as an uncomfortable task, there are many resources that parents and guardians can access to aid them in this important discussion, including:

- **There's No Place Like Home ... for Sex Education** is a website developed by **Planned Parenthood of Southwestern Oregon** that provides parents and guardians age-appropriate ways to discuss sexual health with children and adolescents aged 3–18 years (available at www.noplacelikehome.org).
- **The Centers for Disease Control and Prevention** provides parents with information on various STIs (available at www.cdc.gov/parents/teens/index.html).
- **Advocates for Youth** hosts the **Parents' Sex Ed Center** that provides a wealth of information on sexual health, including growth and development, how to get started on the conversation of sexual health and advice from parenting experts (available at www.advocatesforyouth.org/parents-sex-ed-center-home).
- **Children Now** hosts **Talking with Kids about Tough Issues** that has information on how to discuss many topics that may affect youth, such as sex and relationships, drugs and alcohol and race relationships (available at www.childrenow.org/index.php/learn/talking_with_kids/).

Youth

Forty-eight percent (48%) of Oregon's 11th-grade students reported ever having sexual intercourse. Among those who reported being sexually active, 67 percent reported using condoms at last sexual intercourse.¹⁴ It is important that all youth have the knowledge and resources to practice safer sex if and when they become sexually active. Specifically, youth should be able to:

- Seek sexual and reproductive health information and services within their communities before deciding to become sexually active;
- Develop effective communication and negotiation skills to express sexual health decisions to partners;
- Develop short- and long-term goals that will help support their sexual health and avoid unintended pregnancies and HIV/STI infections;
- Commit to being tested for HIV and other STIs if sexually active;
- Speak up! Discuss ways to inform other youth about sexual health by advocating for sexual education in schools, easier access to reproductive care and other items that will promote positive sexual health outcomes.



For additional information, youth can access the following resources:

- Nemours Foundation's TeensHealth is a comprehensive website dedicated to informing youth about various health issues such as food and fitness, sexual health, staying safe, and diseases and conditions (available at <http://teenshealth.org/teen/>).
- TeenSource provides an interactive look at STIs such as chlamydia as well as birth control methods (available at www.teensource.org/ts/std).

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