

Chlamydia

Chlamydia is the most common bacterial STD (sexually transmitted disease). It can be present in 3-5% of women younger than 25. A chlamydia infection does not cause symptoms in 90% of women, but when it does, it is usually an increased amount of vaginal discharge and sometimes pain or bleeding after intercourse. Because many conditions will cause an increased discharge, the diagnosis requires laboratory tests from the vagina or the cervix.

In more advanced stages, it can cause moderate to severe pain in the lower abdomen and pelvis, caused by the spread of the bacteria to the fallopian tubes (Pelvic Inflammatory Disease, or PID). PID can then lead to infertility, increased risk of a tubal pregnancy, or chronic pelvic pain. Fortunately, most cases are diagnosed before the infection has a chance to spread up from the vagina and cervix. A pregnant woman with Chlamydia, if untreated, can give the infection to her baby during childbirth.

Although Chlamydia can have serious consequences if it goes untreated, it can also be cured reasonably easily at an early stage. The secret is to get tested regularly. To make a diagnosis, a swab for Chlamydia (and Gonorrhea) can be collected from the vagina (this is the most accurate), either as a self-administered test or by a health care provider, or directly from the cervix (by a health care professional). The urine test for chlamydia is less accurate than the vaginal test.

If you or your sexual partner are diagnosed with a sexually transmitted infection like chlamydia, you should have testing for other infections, including HIV, gonorrhea, trichomoniasis, and syphilis.

The Public Health Agency of Canada (PHAC) recommends checking for chlamydia in:

- all sexually active women age 25 or younger on a yearly basis, because chlamydia is common in this age group and the infection usually does not cause symptoms.
- In women with symptoms such as discharge and pain.
- In women who engage in high risk sexual behaviour, like multiple partners, or have sex with infected individuals.

Once the diagnosis is confirmed, treatment is offered free of charge with an antibiotic called azithromycin (4 pills, taken all at once), and your partner should ideally be treated at the same time. Another antibiotic called doxycycline can also be used, but the treatment is twice a day for 1 week. They are both 98-99% effective if taken properly. You should not have sex until one week passes after both you and your partner have been treated. It is possible to be infected with chlamydia more than once.

It is recommended that anyone who is treated have another vaginal swab for chlamydia three to six months after their diagnosis, because many people (as many as 25 percent in some studies) are re-infected from untreated sexual partners.

The most effective way to prevent chlamydia is to avoid sexual intercourse, stay in a monogamous relationship, and use a latex condom consistently every time you have sex.

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