

Chlamydia in North Carolina, 2020



The reported rates of chlamydia infections remained high in 2020

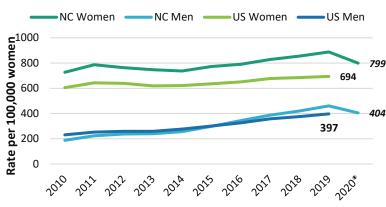
North Carolina 2020*:

• 64,342 cases reported among men and women (rate of 607.0 cases per 100,000).

United States, 2019:

 1,808,703 million cases reported among men and women (rate of 552.8 cases per 100,000) (https://www.cdc.gov/std/statistics/2019/overview.htm#Chlamydia).

Chlamydia trends: Chlamydia rates are relatively stable.



Date of Diagnosis

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



Several factors likely contributed to decreases in reported cases:

- Lack of STI screening provided by public and private clinics due to changes in healthcare clinic hours or closures during stay-at-home order.
- · 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

- 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: Al: American Indian, AN: Alaska Native, Af-AM: African American, NH: Native Hawaiian, PI: Pacific Islander, Oth/Mult: Other/Multiracial, Hisp: Hispanic



Chlamydia in North Carolina, 2020



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

91.6%

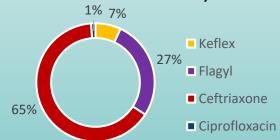
of diagnosed women and men received correct treatment for chlamydia in North Carolina in 2020

How is chlamydia treated and why do we track treatment?

- Chlamydia can be treated with antibiotics. Recommended antibiotics include doxycycline, azithromycin, levofloxacin, or amoxicillin.
- Untreated or incorrect treatment for chlamydia can lead to severe health outcomes, including increased risk for HIV, PID, and infertility. In 2020, 91.5% of women received correct treatment for chlamydia.
- 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 2020,
 four babies were born to chlamydia-infected mothers.

Incorrect Medications Prescribed for Chlamydia in 2020

- There were 7.2% chlamydia cases where treatment could not be determined, or treatment was missing.
- At least 1.2% of chlamydia cases received incorrect treatment. The most frequently used incorrect medications are listed to the right.



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 (<u>Compendium of Sexual & Reproductive Health Resources for Healthcare Providers</u>).

What YOU can do

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

Data Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2021).