What is genital chlamydia?

Genital chlamydia is a sexually transmitted infection (STI) caused by the intracellular bacterium Chlamydia trachomatis. Infection occurs during vaginal, oral or anal sex, or other genital contact with a partner who has chlamydia. Newborn babies can also acquire the infection during birth. This can lead to conjunctivitis or severe chest infection.


Factors linked with a higher risk of infection include:
- People under 25 years of age;
- A new sexual partner;
- Sex without condoms or lack of barrier contraception;
- Use of oral contraceptive;
- Women having a termination of pregnancy.

Signs and symptoms Chlamydia infections are often asymptomatic, but if symptoms occur, they usually start one to three weeks after the infection is acquired. Symptoms may stop despite the presence of infection. About 80 per cent of infections in women are asymptomatic, according to the PHLS fact sheet, Chlamydia: General Information (which is available at: www.phls.co.uk/topics_az/hiv_and_sti/sti-chlamydia/general.htm). But women may experience: postcoital or intermenstrual bleeding; cervicitis (inflammation of the cervix); lower abdominal pain; unusual vaginal discharge; and dysuria (pain when urinating).

The PHLS fact sheet also states that about 50 per cent of infections in men are asymptomatic, but urethral discharge and dysuria/urethral discomfort may occur. Rectal infections are usually asymptomatic but may occasionally cause anorectal discomfort or discharge. Pharyngeal infections are asymptomatic.

Investigations and diagnosis Diagnosis was traditionally made from a swab taken from the male urethra or female cervix. DNA amplification tests, such as ligase chain reaction (LCR) and polymerase chain reaction (PCR), have led to less invasive investigations, such as urine testing and vulval swabs.

Complications These include:
- Pelvic inflammatory disease;
- Female infertility – in the UK, chlamydia is the most common preventable cause of tubal factor infertility (blockage, damage or scarring of the fallopian tubes) and ectopic pregnancy;
- Chronic pelvic pain;
- Epididymo-orchitis (inflammation of the testis and epididymis);
- Male infertility;
- Conjunctivitis – this occurs when hands that have been contaminated with genital discharge make contact with the eye;
- Fitz-Hugh-Curtis Syndrome (pericarditis);
- Sexually acquired reactive arthritis (SARA), which is more common in men.

Treatment of uncomplicated chlamydial infection Treatment options used for uncomplicated chlamydial infections include: 100mg doxycycline, administered orally twice a day for seven days; or 1g azithromycin given in a single oral dose (Royal Pharmaceutical Society of Great Britain and British Medical Association, 2003). If the patient is asymptomatic, it is important to emphasise the importance of compliance with treatment.

Antibiotics, including doxycycline, may reduce the effectiveness of the combined oral contraceptive. Patients should be advised to continue taking their contraceptive pill without interruption, but also to use an additional barrier method of contraception for seven days after completing the treatment. Doxycycline is contraindicated in pregnancy.

Management This requires a holistic approach:
- Partners of infected patients need to be assessed and treated, even if asymptomatic, to prevent further infection, reinfection or complications;
- Patients should be told to avoid sex until treatment of both patient and partner(s) is completed;
- The patient should be made aware that chlamydia is an STI which may be carried asymptomatically for months or years. Diagnosis does not necessarily imply recent infection. Strategies to prevent reinfection, such as practicing ‘safer sex’, should be discussed, and the possibility of infection with other STIs should be investigated;
- STIs can still carry a social and personal stigma. A diagnosis of chlamydia can evoke a range of emotional reactions or have implications for the individual’s relationship(s). While being factual, it is important to promote an empathetic and nonjudgemental approach.

Conclusion Chlamydia is a common infection that causes significant morbidity in the UK. The rollout of the national screening programme will dramatically increase the amount of chlamydia diagnosed in primary care and other community settings.