

# CHLAMYDIA AMONG PREGNANT FEMALES

## OVERVIEW

Chlamydia, caused by the bacterium *Chlamydia trachomatis*, is the most commonly reported, notifiable sexually transmitted disease (STD) in the United States and the most prevalent, reportable STD in Oklahoma. In 2014, females made up 71.9% (14,846) of the 20,655 chlamydia cases reported in Oklahoma and experienced a 12.8% rate increase from 2013 (from 672.3 to 758.3 per 100,000).

In 2014, there were 1,722 pregnant females with chlamydia, making up 11.6% of the 14,846 chlamydia cases among females. This number is suspected to be higher as pregnancy status is often not reported by providers and labs.

## SYMPTOMS AND COMPLICATIONS

Chlamydia, known as a “silent” disease, is typically asymptomatic; only about 30% of females experience symptoms. Serious complications can develop before a patient ever recognizes a problem. Symptomatic females may experience abnormal vaginal discharge or bleeding, burning sensation during urination, and pain during intercourse. In females, chlamydia can cause pelvic inflammatory disease, ectopic pregnancy, chronic pain, and/or infertility. Chlamydia infection can also be transmitted to a baby’s eyes during vaginal birth, which can ultimately result in blindness.

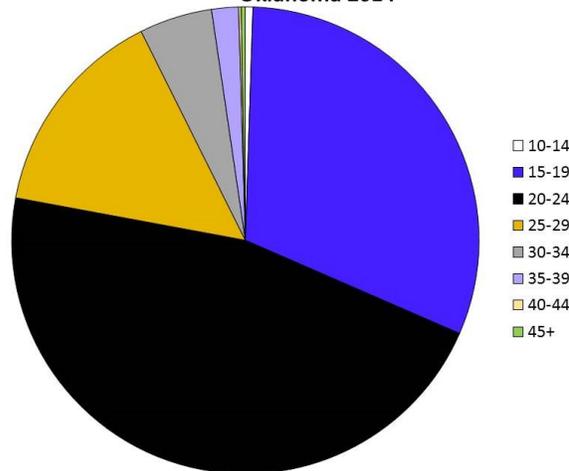
## BY AGE

Most of these pregnant females with chlamydia were among age groups 20 to 24 years (800; 46.5%), 15 to 19 years (535; 31.1%) and 25 to 29 years (254; 14.8%).

### Pregnant Females with Chlamydia by Age:

- 10 to 14 years – 0.5% (9)
- 15 to 19 years – 31.1% (535)
- 20 to 24 years – 46.5% (800)
- 25 to 29 years – 14.8% (254)
- 30 to 34 years – 5.1% (87)
- 35 to 39 years – 1.9% (32)
- 40 to 44 years – 0.2% (3)
- 45 years and older – 0.1% (2)

Pregnant Females with Chlamydia by Age Group, Oklahoma 2014



## BY RACE/ETHNICITY

Whites made up the majority of chlamydia cases among pregnant females, accounting for 42.2% (727). Blacks accounted for the second largest proportion (307; 17.8%), followed by American Indians/Alaska Natives (263; 15.3%) and Hispanics (237; 13.8%). Those reporting multiple races made up 7.7% (133), while all other racial groups made up 3.2% (55) of pregnant females with chlamydia.

**For More Information Contact:**

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Department of Health

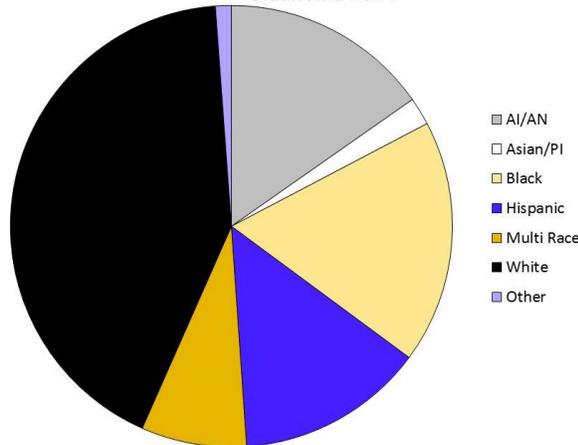
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11.6% of the 14,846 chlamydia cases among females were reported as pregnant.

84.3% of pregnant females with chlamydia were appropriately treated.

Chlamydia infection can be transmitted to a baby's eyes during vaginal birth, which can ultimately result in blindness.

Pregnant Females with Chlamydia by Race/Ethnicity, Oklahoma 2014



## BY GEOGRAPHY

Tulsa County had the highest number of pregnant females with chlamydia in 2014 (389; 22.6%), representing 9.6% of the 4,070 total cases in Tulsa County. Oklahoma County had the second-highest number of pregnant females with chlamydia (356; 20.7%), making up 7.1% of the county's 4,993 total cases.

Of the chlamydia cases among pregnant females, the OKC MSA accounted for 30.7% (529), the Tulsa MSA accounted for 28.3% (488) and the Lawton MSA accounted for 4.0% (69). The majority of the cases occurred in counties that were not part of one of these three MSAs (636; 36.9%).

## TREATMENT INFORMATION

Providing pharmacological treatment to pregnant females who have chlamydia is the best way to avoid complications. In addition, a pregnant female's partner(s) with chlamydia should receive appropriate treatment in order to avoid re-infection.

According to the 2010 Sexually Transmitted Diseases Treatment Guidelines, the recommended treatment for pregnant females with chlamydia is either Azithromycin (1 g PO) or Amoxicillin (500 mg PO TID X 7 days).

The alternative regimens are Erythromycin base (either 500 mg PO QID x 7 days or 250 mg PO QID X 14 days) or Erythromycin ethylsuccinate (either 800 mg PO QID x 7 days or 400 mg PO QID X 14 days).

Based on reported information, 1,451 (84.3%) of the pregnant females with chlamydia were appropriately treated for their infection, while 271 (15.7%) were classified as not appropriately treated. Five of these appropriately treated cases received doxycycline. While still an appropriate treatment for uncomplicated chlamydial infections, doxycycline is contraindicated during pregnancy and is a pregnancy category D drug. Because laboratory reports that were not reported by the physicians or providers of care are missing treatment information, it is likely that more patients were actually treated appropriately.