

Chlamydia trachomatis infections

Reporting Obligations

Chlamydia trachomatis infections are designated as a disease of public health significance and is reportable under the *Ontario Health Protection and Promotion Act*. Report all suspect and confirmed cases **within one business day** to the health unit.

REPORTING FORM

Epidemiology

Aetiologic Agent:

Chlamydia trachomatis is an obligate intracellular bacterium causing genital infections and other forms of infections including chlamydial conjunctivitis and pneumonia.

Clinical Presentation:

Chlamydia infection is often asymptomatic including pharyngeal and rectal infections. If symptoms are present in rectal infections individuals often display rectal discharge and pain.

Males may present with urethral discharge, dysuria and frequency, non-specific urethral symptoms such as redness, itching, and swelling. More than 50% of infected males are asymptomatic.

Females may present with cervical infection that includes the following signs and symptoms: a mucopurulent endocervical discharge with edema, dysuria, dyspareunia, erythema, and easily induced endocervical bleeding.

Complications and sequelae include salpingitis pelvic inflammatory disease with subsequent risk of infertility. Up to 70% of sexually active females with chlamydia infection are asymptomatic.

Can present as chlamydial pneumonia and conjunctivitis (Ophthalmia neonatorum) in infants.

Modes of transmission:

Sexual contact via oral, vaginal, cervical, urethral, or anal routes; in children, exposure to infected genitals (consider the possibility of sexual abuse in these cases); newborns: during delivery from infected mother.

Incubation Period:

From time of exposure to onset of symptoms is 2-3 weeks but can be as long as 6 weeks.

Period of Communicability:

Unknown; may extend for months or longer if untreated, especially in asymptomatic persons; re-infections are common; effective treatment ends infectivity.

Risk Factors/Susceptibility

Transmission is more efficient male-to-female than female-to-male. No acquired immunity has been demonstrated, although strain specific immunity probably exists. Risk factors include:

- Sexual contact with a Chlamydia-infected person
- A new sexual partner or more than two sexual partners in the past year
- Previous sexually transmitted infections
- Judgement impaired by alcohol/drugs
- Vulnerable populations (e.g., injection drug users, incarcerated individuals, sex trade workers, street youth, etc.)
- The 15 to 25-year-old age group

Diagnosis & Laboratory Testing

Chlamydia trachomatis detected in an appropriate clinical specimen (e.g., urogenital tract, rectal specimen). Refer to the "[Canadian Guidelines on Sexually Transmitted Infections, evergreen edition.](#)"

TESTING INFORMATION & REQUISITION

Treatment & Case Management

Treatment is determined as per attending health care provider. Refer to the "[Canadian Guidelines on Sexually Transmitted Infections, evergreen edition.](#)" for treatment information.

Provide education about and promote safer sex practices. Repeat testing is recommended 6 months post-treatment, as re-infection risk is high.

Patient Information

PATIENT FACT SHEET

References

1. [Ministry of Health. Infectious Diseases Protocol - Ontario Public Health Standards, 2022.](#)

Additional Resources

1. [Public Health Agency of Canada. "Canadian Guidelines on Sexually Transmitted Infections, evergreen edition."](#)
2. [Planned Parenthood. "Chlamydia."](#)
3. [Simcoe Muskoka HealthSTATS: Chlamydia](#)
4. [Public Health Ontario. "Chlamydia", Dec 2022.](#)