

GOVERNMENT OF THE DISTRICT
OF COLUMBIA
Department of Health

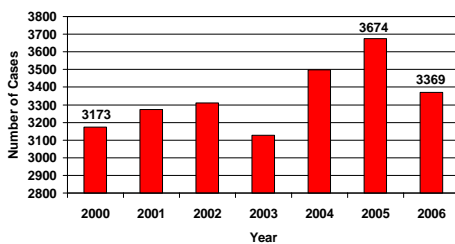


The Status of Chlamydia,
Washington, DC, 2000-2006

Chlamydia is the most frequently reported bacterial STD in the United States. Symptoms are usually mild or absent. Regardless, serious complications that cause irreversible damage, including infertility, can occur “silently.”

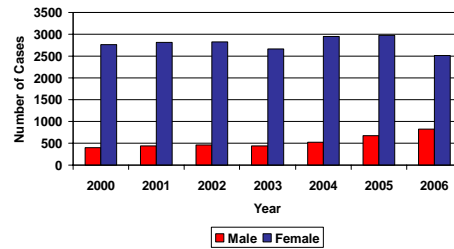
Despite a gradual increase in the number of chlamydia cases reported in the District of Columbia from 2000 to 2005 (from 3173 to 3674, respectively), the number decreased to 3369 in 2006 (Figure 1).

Figure 1. Chlamydia,
Washington, DC, 2000-2006



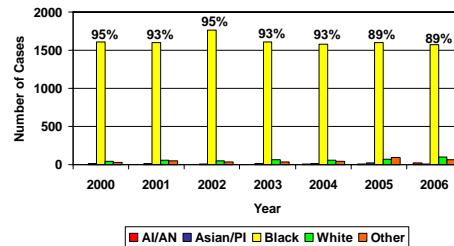
Due to screening programs that specifically target women of child bearing age (i.e., the Infertility Prevention Project), the number of cases of chlamydia reported among females (in blue) was much greater than the number of cases reported among males (in red) (Figure 2). Between 2003 and 2006, though, the number of cases reported among males gradually increased.

Figure 2. Chlamydia, by Sex,
Washington, DC, 2000-2006



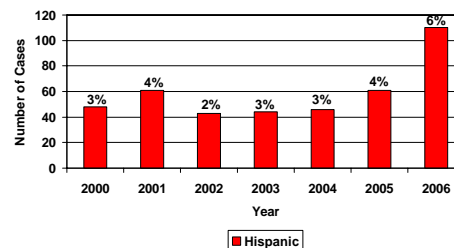
Most of the chlamydia cases reported in Washington, DC were among African Americans (in yellow) (Figure 3). In 2005 and 2006, of those cases with race data available, Blacks accounted for only 89% of total cases reported, versus 93%-95% from 2000 to 2004.

Figure 3. Chlamydia, by Race,
Washington, DC, 2000-2006



Despite the increasing number of chlamydia cases reported from 2000 to 2005, among those with ethnicity data available, the percentage of cases among Hispanics remained relatively stable (between 2%-4%) (Figure 4).

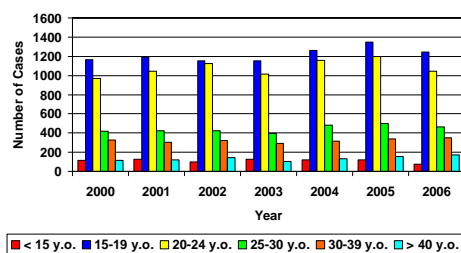
Figure 4. Chlamydia, by Ethnicity,
Washington, DC, 2000-2006



In 2006, though, despite a decrease in the number of chlamydia cases reported in Washington, DC, the number among Hispanics increased and constituted 6% of total cases with ethnicity data available.

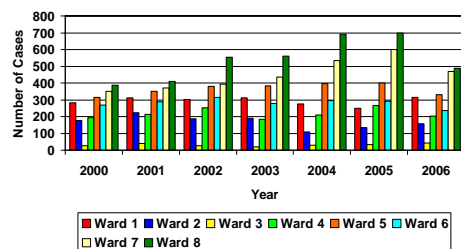
Most of the chlamydia cases reported in the District were among 15-19 year olds (in blue), followed closely by 20-24 year olds (in yellow) (Figure 5).

Figure 5. Chlamydia, by Age Category, Washington, DC, 2000-2006



Although the most number of chlamydia cases reported in Washington, DC over the past 6 years was among Wards 7 & 8 (in cream and dark green, respectively), the disparity between the number of cases reported in these two wards compared to the other 6 wards increased over time, especially between 2001 and 2005 (Figure 6).

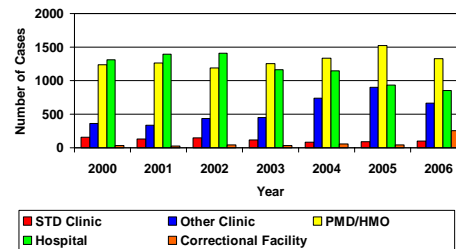
Figure 6. Chlamydia, by Ward, Washington, DC, 2000-2006



The number of chlamydia cases reported among “Other Clinics” (in blue) gradually increased from 2001 to 2005 (Figure 7). Since 2002, the

number of chlamydia cases reported among “Hospitals” (in green) gradually decreased.

Figure 7. Chlamydia, by Provider Type, Washington, DC, 2000-2006



There was a significant increase in the number of chlamydia cases reported from “Correctional Facility” (in orange) in 2006.

In summary, although there was a gradual increase in the number of chlamydia cases reported in Washington, DC over the last decade, the number decreased in 2006. Cases were predominantly reported among females, African Americans, and those 15-24 years of age. The race / ethnicity discrepancy in reported cases appears to be improving.

The recommended treatment regimen for chlamydia is either Azithromycin (1 gram orally in a single dose) or Doxycycline (100mg orally twice a day for 7 days).

Annual chlamydia screening is recommended for all sexually active women 25 years of age and younger. Retesting 3 months after treatment is encouraged for all cases.

If you have any questions about the prevention, diagnosis, treatment or reporting of chlamydia, please call the STD Control Program at (202) 727-9860(1) or (202) 442-4760.