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# CHLAMYDIA

Chlamydia (pronounced "kluh-mid-ee-uh) or Chlamydia trachomatis is a bacteria which is sexually transmitted. But it is unlike most other bacteria which we may be familiar with. It is very tiny relative to other bacteria and lives inside cells. It can remain in the cells for many years without necessarily provoking any symptoms. This is more common in women than in men, but can happen in anyone. Because of this characteristic, many people say that Chlamydia is a bacteria which "acts like a virus." As a bacteria, chlamydia usually is easily treated with antibiotics when diagnosed early. Women, who may have chlamydia without symptoms, may only recognize the infection when there are painful and serious consequences. Both heterosexual and lesbian women are at risk.

## SYMPTOMS

In women the most common manifestation of chlamydia is an infection of the cervix or an erosion (a red, raw area) on the cervix or the presence of a yellowish vaginal or cervical discharge. Women can also have an infection of the urethra and experience a burning sensation during urination and a feeling of needing to urinate frequently. If there are symptoms, they usually appear gradually 10 - 20 days after contact with an infected person.

In men, chlamydia is usually called NGU or non-gonococcal urethritis. Men who have symptoms can suffer annoying and sometimes painful symptoms which can include discharge from the penis. About 10% of men with chlamydia will not have symptoms.

Both women and men can get proctitis, or inflammation of the rectum, via anal contact with an infected object. Chlamydia can also infect the eyes by way of hand to eye contact of genital secretions and cause conjunctivitis (inflammation of the mucus membranes around the eyeball.) Also, Reiter's Syndrome, arthritis of joints, is a rare complication of chlamydial urethritis.

If a pregnant woman with an untreated chlamydial infection has a vaginal delivery, her baby has a high chance of becoming infected. Babies can develop conjunctivitis and infections of the ear, throat and intestines. Chlamydia has also been linked with low birth weights, stillbirth and infection of the lining of the uterus after delivery.

## TREATMENT

The common treatment for chlamydia is tetracycline, but it cannot be taken by women who are pregnant or breastfeeding or by babies or young children. Tetracycline has been shown to cause birth defects. For those who cannot take it an alternative antibiotic must be prescribed, usually Erythromycin. There are no known ill effects of Erythromycin at this point.

Although antibiotics are usually effective, sometimes chlamydial bacteria persists. In women, it is also easier to eradicate the infection which it is near the cervix rather than if it spreads to the uterus or tubes. Even with treatment, symptoms may disappear, but weeks later a woman could still have the infection. The reasons for this are not known. Chlamydia may be resistant to antibiotics in some people. Since medication must be taken for a full week at least, some people find it difficult to finish taking the whole dose. Some people might stop taking the medication because the symptoms have disappeared. Chlamydia symptoms can also spontaneously disappear, but then could persist deep in cells for many years. No one is sure how long chlamydia can live in the body. Therefore, an outbreak of the infection is not necessarily connected with an immediate past sexual contact. One researcher thinks that coffee and alcohol may aggravate occurrences of chlamydia.

Women taking medication for chlamydia (and their partners) should get a test five to six weeks after treatment just to try to make sure that they are cured.

### DIAGNOSIS

Diagnosis of chlamydia is presently in a state of change. For years only skilled practitioners could culture chlamydia. This meant taking a swab of suspected secretions. This swab was placed in a medium in a test tube. The swab and medium were delicate and difficult to transport to a lab where technicians tried to grow chlamydia from the sample. Accuracy depended on skill.

More and more laboratories can now assess a test which is similar to a Pap smear. A swab is taken from the cervix or discharge and put on a slide which is fixed for preservation with acetone. Then in the lab it is mixed with an antibody (substance produced by the body in response to chlamydia) and then put under a fluorescent microscope. If there are chlamydia bacteria present, they will show up fluorescent under a special light. This method is less expensive than the culture and does not require as much skill. It has not been used for very long and there is not much information about its accuracy except under test conditions. Even under the best of conditions, chlamydia can be difficult to isolate on a slide or culture.

### GETTING GOOD MEDICAL CARE

Many health practitioners are unfamiliar with chlamydia. Some doctors do not receive specific training about sexually transmitted diseases while in medical school. It is common for doctors not to read up to date literature and consequently be unfamiliar with current diagnostic techniques or treatments. Gonorrhea symptoms could be confused with or mask chlamydia symptoms. Misdiagnosis and/or any waiting time until treatment might mean that the bacteria moves deeper into the body and would be more difficult to test for and treat. If you suspect that you might have chlamydia or been exposed to it, seek out a practitioner who has treated other cases and who has up to date information and techniques for diagnosis. If you cannot find one who is well-informed, try a local VD or STD clinic.

## WHO SHOULD TAKE PRECAUTIONS

Recommendations from medical researchers are thick with sexist and moralistic assumptions. Some say that sexually active women with many partners are "at risk." To be safe, this could be interpreted to mean that any woman who has had more than one sexual partner, or whose sexual partner has had more than one sexual partner. Other researchers think that sexually active teenage women have significantly higher rates of chlamydia than older women. Teenage women may be more susceptible to infections in general because their hormone levels (which affect the cervix and vaginal secretions) are still developing and not stable until 18 or 19 years old. Also women on the birth control pill have been found to have chlamydia more often than women who are not on the pill. This is thought to happen because the pill makes the vagina less acid and therefore more susceptible to infections when exposed. Women whose male partners use condoms are less likely to have chlamydia.

## CLAMYDIA AND ABNORMAL PAP SMEAR RESULTS

A number of studies have shown that chlamydia can be found on the cervixes of a high percentage of women with abnormal Pap smear results. Chlamydia infection in the eyes has been associated with cellular changes similar to mild dysplasia (abnormal cell development.) In these studies, many women, who have been treated for chlamydia then experience normal Pap smear results when the infection has been cleared. Some clinics and practitioners regularly test women with abnormal Pap smear results for chlamydia. Women with abnormal Pap test results which range from mild dysplasia to carcinoma in situ should consider getting a chlamydia test done, particularly if there seems to be no other explanation for the abnormal result.

## RISK OF PELVIC INFLAMMATORY DISEASE

Pelvic inflammatory disease (P.I.D.) can cause permanent infertility, occasionally lead to long term abdominal pain or hysterectomy because of the pain. In some cases P.I.D. is a life threatening disease.

Women with chlamydia related P.I.D. are more likely to have tubal pregnancies than other women. Tubal pregnancies occur when a fertilized egg implants in a tube and not the uterus because the tube is blocked from scar tissue left from an infection. This is also called ectopic pregnancy and is potentially fatal if undetected.

Women with chlamydia bacteria on their cervixes or in their vaginas are at risk for P.I.D. under certain conditions. P.I.D. results primarily from an infection, like chlamydia or gonorrhea, travelling up from the vagina through the cervical canal to the uterus and the tubes. The vagina is not sterile and can accommodate many organisms. The uterus is sterile and the cervix and cervical mucus act as a plug to keep bacteria and other organisms out of the sterile uterus.

One known way chlamydia can get from the vagina to the uterus is during surgical dilation (opening up) of the cervix. Surgical dilation occurs when IUDs (intra-uterine devices) are inserted, when D & Cs (dilation and curettage) and abortions are performed and in a number of other gynecological procedures such as fetal monitoring and salpingography (examination of the tubes) and childbirth.

Women with IUDs have higher rates of P.I.D. than women in general. Rates of P.I.D. have been estimated to be 3 to 9 times that of women without IUDs. Besides the risk during insertion there is another way for infection to reach the uterus. The string which hangs down from the IUD into the vagina may act as a wick for bacteria to climb up from the vagina into the uterus.

If you are considering any of the above procedures than it would be wise to get tested for chlamydia if you have had more than one sexual partner or a sexual partner who has had more than one sexual partner. If the test is positive for chlamydia, get treated before the surgical dilation or consider an alternate birth control method to the IUD. This can lessen the prospects of P.I.D.

There are controversies about the other ways chlamydia can get to the uterus and tubes. Can it move on its own accord? No one knows. Are there other modes of transportation? One theory is that bacteria, like chlamydia can attach itself to sperm or trichomonads (another vaginal infection which is actually a microscopic one cell animal) and travel into the uterus and tubes on them.

Women undergoing donor insemination should make sure that the donor is tested for all sexually transmitted diseases. In general, lesbians have a low incidence of P.I.D.

Condoms are good protection against the transmission of many infections. When looking at prevention of P.I.D. they are the only sure barrier to both sperm, bacteria and viruses. Other barrier methods such as the diaphragm and cervical cap may be helpful when used with spermicides. We just do not know enough about how effective a barrier they are for P.I.D. to recommend them as much as the condom.

Also see THE NEW OUR BODIES, OURSELVES by The Boston Women's Health Book Collective

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