Chlamydia (genital)

Genital chlamydia is the most commonly reported sexually transmitted infection in BC. As the majority of chlamydia infections are asymptomatic, the number of chlamydia infections reported is only a portion of the total population burden. If untreated, genital chlamydia may lead to complications such as pelvic inflammatory disease (which can cause infertility, ectopic pregnancy, and chronic pelvic pain) in women and epidymo-orchitis in men.

Mirroring the national trend, genital chlamydia rates have steadily increased in BC since the late 1990s. There are multiple reasons for this increase, including increases in the sensitivity of laboratory tests and uptake of testing (e.g., the greater acceptability of urine-based tests) as well as provider screening practices. Changes in behaviour, such as decreased condom use, may also be contributing to increasing chlamydia incidence.

Females continue to have a higher diagnosis rate compared to males. The greater number of infections among females is partially due to routine screening performed at the time of visits that were for other reasons (e.g., pap testing or contraception counselling).

Lymphogranuloma Venereum

Lymphogranuloma venereum (LGV) is a sexually transmitted infection caused by Chlamydia trachomatis serovars L1, L2, and L3. If left untreated, LGV can cause serious sequelae such as lymphatic obstruction or anogenital ulcerations. LGV can easily be misdiagnosed as other sexually transmitted infections or gastrointestinal disease. LGV was first reported in Canada in 2003 and in BC in 2004. With increasing cases of LGV among gay, bisexual, and other men who have sex with men (MSM) in Europe and the US, provincial LGV surveillance commenced in 2004. Routine testing of positive rectal chlamydia samples for LGV commenced in 2011. MSM continue to be disproportionately affected by LGV.

For more information on the epidemiology genital chlamydia and LGV, please see the STI Annual Report.
16.1 Genital Chlamydia Rates by Year, 2008-2017

- Canada rate is calculated with both genital and extra-genital cases

16.2 Genital Chlamydia Rates by Age Group and Sex, 2017