

Chlamydia in North Carolina, 2024

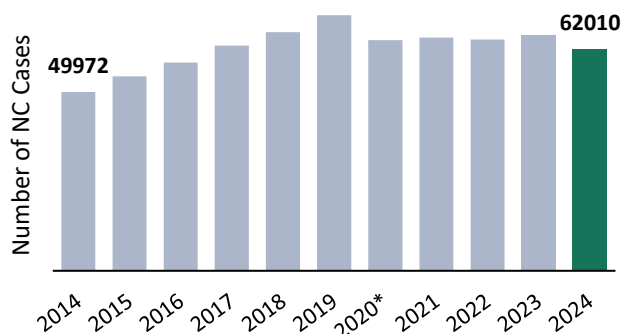
North Carolina's rate of chlamydia remained high in 2024

North Carolina 2024:

- 62,010 cases reported among men and women (rate of 572.3 cases per 100,000).

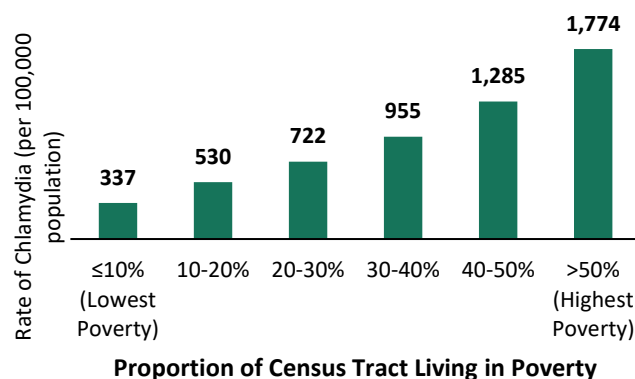
United States, 2024 (Provisional Data):

- 1,515,985 million cases reported among men and women (rate of 445.7 cases per 100,000) ([CDC Provisional STI Data 2024](#))



Chlamydia trends: Chlamydia rates are relatively stable.

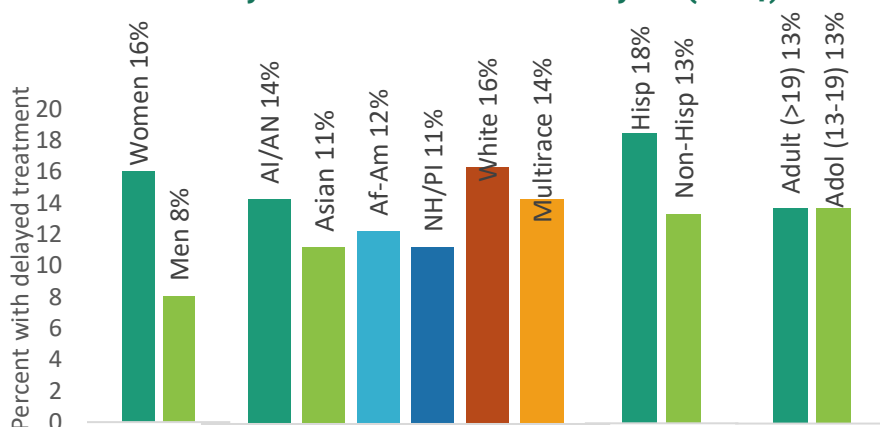
People living in impoverished areas often have less access to resources, including health resources. This can make it difficult to access health care and increase the potential for disease transmission. Chlamydia rates are higher in impoverished areas.



Most people with chlamydia did not identify as Hispanic. Chlamydia among Hispanic/Latine people increased more rapidly since 2020 (81% increase) compared to non-Hispanic/Latine people (17% increase).

- Delays in treating chlamydia (>7 days after diagnosis) may result in increased morbidity and transmission.
- Women were more likely than men to receive delayed treatment.
- Hispanic/Latine and White people were also more likely to experience delayed treatment.

Delayed Treatment for Chlamydia (2024)



*2020 data should be treated with caution due to the impact of the COVID-19 pandemic on accessing STI testing, STI treatment, and surveillance activities in North Carolina.

Abbreviations: AI: American Indian, AN: Alaska Native, Af-AM: African American, NH: Native Hawaiian, PI: Pacific Islander, Oth/Mult: Other/Multiracial, Hisp: Hispanic, Adol: Adolescent

Chlamydia in North Carolina, 2024

What is North Carolina doing to decrease chlamydia?

- North Carolina provides funds for chlamydia screening for all women who are seen in a publicly funded health care facility, such as local health departments and family planning settings.
- North Carolina supports expedited partner therapy for chlamydia; this therapy can help ensure that partners are treated, preventing reinfection. [Resources and protocols for EPT](#) can be found at CDC.
- Doxy PEP is a new approach to addressing STI prevention and has demonstrated benefit in reducing STI incidence (e.g., syphilis, chlamydia, and gonorrhea). For more information: [Preventing STIs with Doxy PEP](#).

How is chlamydia treated and why do we track treatment?

91%
Of people with
chlamydia had
correct treatment
recorded in 2024

- Chlamydia can be treated with antibiotics: doxycycline, azithromycin, and levofloxacin, or during pregnancy, azithromycin and amoxicillin are recommended. For more information, see the [CDC Treatment Guidelines](#).
- Untreated or mistreated chlamydia can lead to severe health outcomes, including increased risk for HIV, PID, and infertility.
- Chlamydia can be transmitted from mother to infant during delivery, resulting in severe eye and lung infections in the newborn. Treatment of babies at birth can protect infants. In 2024, 11 newborns were diagnosed with chlamydia, presumably exposed during birth.
- For 7% of people with chlamydia, no treatment information was available; these people may not have been treated.

What CLINICIANS can do

- Routinely ask patients about their sexual activity and test those that are sexually active
- Refer partners for treatment and consider implementing Expedited Partner Therapy (EPT). Both patient and partner must be treated to cure and prevent reinfection.
- For other resources, visit the National Coalition for Sexual Health compendium ([Compendium of Sexual & Reproductive Health Resources for Healthcare Providers](#)).

What YOU can do

If you have chlamydia, ensure that you and your partners get treatment, and get retested after three months.

Anonymously notify your partners via [TellYourPartner.org](#)



Data Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 2025).