The prevalence of Chlamydia trachomatis infection among mothers of children with trachoma.


Department of Medicine, University of Manitoba, Winnipeg, Canada.

The authors studied the epidemiology of Chlamydia trachomatis infection in a trachoma-endemic area of central Kenya. Children with abnormal ocular discharge were evaluated for clinical evidence of trachoma and were cultured for C. trachomatis. Isolated strains of C. trachomatis were immunotyped with monoclonal antibodies. Overall, 221 children from 207 families were evaluated. Clinically, 91 children (41%) had trachomatous follicular inflammation, and 130 (59%) had papillary hypertrophy without visible follicle and were labeled as having mucopurulent conjunctivitis. C. trachomatis was isolated from 31 of 91 children with trachoma (34%) and 17 of 130 children with conjunctivitis (13%) (p less than 0.001). Twenty-two C. trachomatis strains were immunotyped: 17 were from children with trachoma (nine type A, one A/L2, five B, one Ba, and one E) and five were from children with conjunctivitis (two A, one Ba, one D, and one F). A total of 168 mothers were evaluated for cervical C. trachomatis infection, and seven (4%) were culture-positive. Two strains were immunotyped as serovar E. The authors conclude that C. trachomatis ocular infections are due to heterogeneous serovars
in this area, that most cases of trachoma are due to C. trachomatis infection with the classic trachoma serovars (A, B, or Ba), and that cervical C. trachomatis infection is uncommon among mothers of children with trachoma.

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