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

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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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