

Chlamydia Investigation Guideline

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Chlamydia, Genital Infections

Disease Management and Investigative Guidelines

CASE DEFINITION

A. Clinical Description for Public Health Surveillance:

Infection with *Chlamydia trachomatis* may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic in women. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum and trachoma.

B. Laboratory Criteria for Diagnosis:

- Isolation of *C. trachomatis* by culture, or
- Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid.

C. Case Classification:

- Confirmed: A case that is laboratory confirmed.

D. Laboratory Tests:

Isolates are not required to be sent to the State Public Health Laboratory; however, if the local health department is participating in the Kansas Infertility Prevention Program the laboratory will provide appropriate testing.

- Specimen: Urogenital
- Remarks: For complete information on the services provided by the Kansas Infertility Prevention Program call 785-296-6544. Additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620. An online manual of laboratory tests is available at <http://www.kdhe.state.ks.us/labs/links.html>

E. Bioterrorism Potential:

None.

F. Outbreak Definition:

There are no formal outbreak definitions; however, the investigator may consider the possibility of an outbreak when there is an unusual clustering of cases in time and/or space. Most outbreaks occur where there are sexually active adolescent social networks.

INVESTIGATOR RESPONSIBILITIES

A. Investigation Tasks and Activities:

- Conduct an epidemiological investigation to identify the possible source of infection and to locate additional cases and/or contacts in the community.
- Report all confirmed cases to the STD Control Program (Fax 785-296-5590).
- Identify all individuals who had sexual contact with the case within the 60 days prior to treatment and refer then for presumptive treatment.
- Follow-up with each identified contact to ensure partner notification has been received and understood.
- Ensure that the case and their sexual partners (*i.e.*, contacts) have access to appropriate medical treatment.
- Maintain an accurate record of the investigation and individuals involved (*i.e.*, case and contacts).

B. Notifications:

- Sexual partners of those diagnosed with a STD's should be notified. Methods of notification include: Provider (*i.e.*, medical provider referral), self (*i.e.*, patient referral) and contact (*i.e.*, Health Department notification).

EPIDEMIOLOGY

Chlamydia genital infections have a worldwide distribution and affect both male and females. In the United States, it is most prevalent among sexually active young adults and among African-Americans, Hispanics and Native Americans populations.

DISEASE OVERVIEW

A. Agent:

Chlamydia trachomatis is an obligate intracellular bacterium. It is related to other chlamydia bacteria, including *C. psittici*, which is responsible for psittacosis (parrot fever).

B. Clinical Description:

Clinically, chlamydia is often difficult to distinguish from gonorrhea and combined infections frequently occur. Potential sites of infection include the urogenital tract, rectum, pharynx, and the conjunctivae. Asymptomatic infections are common, especially among females. Symptomatic males may have a mucopurulent urethral discharge, often accompanied by dysuria. Females may have abnormal vaginal discharge, abnormal menses, pelvic pain, or dysuria. Serious complications include pelvic inflammatory disease (PID) and/or subsequent infertility in females, and epididymitis, infertility and Reiter's syndrome in males. Chlamydial infections during pregnancy may result in the premature rupture of membranes, preterm delivery and conjunctival and/or pneumonic infection of the infant.

- **Differential Diagnosis:** Gonorrhea, cervicitis, herpes, trichomoniasis and candidiasis.

C. Reservoirs:

Humans.

D. Mode(s) of Transmission:

Contact with exudate from infected mucous membrane of infected individuals through sexual activity. Pregnant women may infect their newborn children. In children >1 year of age, it is considered an indicator of sexual abuse.

E. Incubation Period:

The incubation period is not clearly defined; the most likely period is 7-14 days but may be longer.

F. Period of Communicability:

May extend for months or longer if untreated. Asymptomatic cases may be as infectious as symptomatic cases.

G. Susceptibility and Resistance:

Susceptibility is universal. Prior infection, with or without treatment, does not provide lasting immunity and re-infection may occur.

H. Treatment:

Immediate antimicrobial therapy is recommended. Men and women with suspected urethritis, cervicitis or proctitis should be treated presumptively for gonorrhea and chlamydial infection, pending the results of laboratory testing for both. Serologic testing for syphilis and HIV should also be considered. For complete treatment guidelines refer to the current STD Treatment Guidelines CDC Sexually transmitted diseases treatment guidelines 2002. MMWR 2002;51 (No. RR-6) available at <http://www.cdc.gov/std/treatment/rr5106.pdf>

STANDARD CASE INVESTIGATION AND CONTROL METHODS

Standard investigation activities include the following: 1) Confirmation of the diagnoses (*i.e.*, case definition), 2) Collection of relevant demographic and clinical data (*e.g.*, age, sex, disease syndromes and/or symptoms), 3) Determination of the setting (*e.g.*, community, hospital, daycare or other facility), and 4) Investigation of possible epidemiologic links among cases (*e.g.*, cluster, family, co-workers). This can be accomplished by completing the appropriate sections of the Chlamydia / Gonorrhea investigation form. Most of the information can be obtained from the case person, healthcare provider and/or the medical record. The investigator may want to also review previously reported cases in the region and/or state. Additional investigation activities include:

A. Identify Potential Source of Infection:

To help identify the source of the infection, the investigator should focus their investigation within the 60 day time period prior to onset of symptoms or their last sexual partner (if > 60 days) and direct their investigation on the following potential source(s) of infection.

- Sexual partners, If possible, obtain name, address including alternative address, and date(s) of exposure for each sexual partner.

B. Identify Potential Exposed Individuals / Populations (Contacts):

Cases should be instructed to refer their sex partners for evaluation, testing, and treatment. The following recommendations on exposure intervals are based on limited evaluation. Sex partners should be evaluated, tested, and treated if they had sexual contact with the patient during the 60 days preceding onset of symptoms. The most recent sex partner should be evaluated and treated even if the time of the last sexual contact was >60 days before symptom onset or diagnosis.

C. Isolation, Work and Daycare Restrictions:

None; abstain from sexual contact for 7 days following initiation of treatment.

D. Follow-up of Cases:

After examination and treatment an interview for their sexual partners may be required.

E. Protection of Contacts:

- Contacts reasonably believed to have been exposed to a STD should be treated prophylactically at the time of exam based upon CDC treatment guidelines.
- Contact tracing that requires assistance in locating should be referred to STD Section of the Kansas Department of Health & Environment at (785) 296-5596.

F. Environmental Measures:

None.

G. Education:

- The method of transmission of STD's, and
- The importance of taking medication, and
- Complications of the disease, and
- The need to practice safer sex (*i.e.*, condom usage) and/or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

MANAGING SPECIAL SITUATIONS

A. Reported Incidence Is Higher than Usual/Outbreak Suspected:

If you suspect an outbreak, consult with the STD Control Program at the KDHE (785-296-5596). They can help determine a course of action to prevent further cases and can perform surveillance for cases that may cross county lines that would be difficult to detect at the local level.

ADDITIONAL INFORMATION / REFERENCES

- American Academy of Pediatrics. 2003 *Red Book: Report of the Committee on Infectious Disease, 26th Edition*. Illinois, Academy of Pediatrics, 2003.
- Heymann. D., ed., *Control of Communicable Diseases Manual, 18th Edition*. Washington, DC, American Public Health Association, 2004.
- Case definitions for Infectious Conditions Under Public Health Surveillance, Division of Public Health Surveillance and Informatics, Nationally Notifiable Infectious Diseases, United States 2005. Available at: <http://www.cdc.gov/epo/dphsi/PHS/infdis2005.htm>
- Kansas Department of Health and Environment, Bureau of Epidemiology. *Disease Protocols*, 2001.
- County of Los Angeles, Department of Health, Public Health Programs and Services, *Communicable Diseases Manual*, June 2003.
- Oklahoma State Department of Health, Communicable Diseases Division. *The Epidemiologic Follow-up of Communicable Diseases in Oklahoma*, 2001.
- Missouri Department of Health and Senior Services, Section of Communicable Disease Control & Veterinary Public Health, *Communicable Disease Investigation Reference Manual*. 2001.
- Oregon Health Services Website. Available at <http://www.ohd.hr.state.or.us>
- Commonwealth of Massachusetts, Department of Public Health Website. Available at <http://www.state.ma.us/dph/>
- CDC Website. Available at <http://www.cdc.gov/health/default.htm>

Gonococcal & Chlamydial Infections

Case # _____

- Confirmed
 Probable
 Suspect

Report Source

Lab Hospital Physician / HCP Other _____

County _____

Reporter Name _____

Report Date / / Phone () -

Primary M.D. / HCP _____

Phone () -

Case Identification

Name: _____
Last First InitialAddress: _____
Street CityZip: - Phone: () - Alternative Contact: Parent Spouse Other _____Name: _____
Last First InitialPhone: () -

Workplace / School / Daycare: _____

Occupation / Grade: _____

Demographics

Gender: Male FemaleBirth Date: / / Or if unknown, Age:

Race: (check all that apply)

 White Black Asian American Indian / Alaska Native Native Hawaiian / Pacific Islander UnknownHispanic / Latino: Yes No

Clinical Information

Clinical Data Onset date / / Diagnosis date / / Illness duration: days

STD Information

Gonorrhea

- Cervical
 Urethral
 Rectal
 Pharyngeal/Throat
 Other, Specify _____

Culture Collection Date / / Pos. Neg. Not Done Results _____Gram Stain Collection Date / / Pos. Neg. Not Done Results _____Urine DNA Collection Date / / Pos. Neg. Not Done Results _____LCR (or equivalent) Collection Date / / Pos. Neg. Not Done Results _____Other test _____ Collection Date / / Pos. Neg. Not Done Results _____Did the patient have PID? Yes NoIs the case pregnant? Yes No

Chlamydia

- Cervical
 Urethral
 Rectal
 Other, Specify _____

EIA Collection Date / / Pos. Neg. Not Done Results _____Urine DNA Collection Date / / Pos. Neg. Not Done Results _____Did the patient have PID? Yes NoIs the case pregnant? Yes No

Chlamydia Investigation and Documentation Checklist

TASK	DATE	INITIALS
Report Received:	___/___/___	_____
Assigned to Investigator:	___/___/___	_____
Reported to State STD Program:	___/___/___	_____
Met Case Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
Case Interviewed: MOGE: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	___/___/___	_____
Contacts Identified and/or Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None If Yes, Name(s): _____	___/___/___	_____
Contacts Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Name(s): _____	___/___/___	_____
Follow up with Case & Contacts (if necessary):	___/___/___	_____
Case Closed and Filed:	___/___/___	_____
Comments: _____		

Case Name: _____	Number: _____	
Principal Investigator: _____	Date: ___/___/___	
Case Reviewed By: _____	Date: ___/___/___	

KANSAS NOTIFIABLE DISEASE FORM

Today's Date: ___ / ___ / ___

Patient's Name: _____
Last First Middle

Day Phone: _____ **Evening Phone:** _____

Residential Address: _____

City: _____ **Zip:** _____ **County:** _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Unknown
(Circle all that apply)

Sex: M F **Date of Birth:** ___ / ___ / ___ **Age if DOB unknown:** _____

Disease Name: _____

Symptoms:
Onset: ___ / ___ / ___ **State the 3 most prominent symptoms:**

Symptom 1: _____ Symptom 2: _____ Symptom 3: _____

Outbreak associated? Y N Died? Y N

Institutional Residence? None Nursing Home Correctional Residential Hospital Psych

Physician Name: _____ **Physician Phone:** _____

Laboratory Information:

Specimen Collection Date: ___ / ___ / ___ Date Reported To You: ___ / ___ / ___

Name of Test Performed: _____ Results of Test: _____

Name of Laboratory: _____ Laboratory Results Attached? Y N

Treatment Information:

Date of Treatment: ___ / ___ / ___ Treatment Type and Dosage: _____
Treatment Status: Complete On-going Discontinued

Name of person reporting: _____ **Phone:** _____

Comments: _____

	Public Health Fact Sheet Chlamydia
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What is chlamydia?

Chlamydia is a sexually transmitted disease (STD) caused by the bacteria *Chlamydia trachomatis*. It is the most common STD in the world infecting both men and women.

What are the symptoms?

Approximately 75% of females and 50% of males with chlamydia will not have any symptoms. If symptoms are experienced, they usually begin within 2 weeks to a month after exposure and may include:

- For men:
 - A discharge from the penis and/or burning when urinating.
 - A burning sensation and itching around the opening of the penis; symptoms may be present early in the day and go away, only to return.
- For women:
 - Vaginal itching or discharge
 - Abdominal pain, bleeding between menstrual periods, and a low-grade fever.

How is chlamydia spread?

Chlamydia is spread through sexual contact. It can also be spread from mother to infant during birth.

Who gets chlamydia?

Anyone who has unprotected sex may be infected with chlamydia. Babies can get chlamydia during birth if the mother is infected at the time of delivery.

How is it diagnosed?

Your doctor, hospital, local health department or STD clinic will collect a sample of fluid from the cervix, penis, rectum or mouth and have it tested in the laboratory. Chlamydia can also be detected using a urine sample.

How is chlamydia treated?

Antibiotics can cure chlamydia. Because it is often present with other STD's such as gonorrhea, your health care provider may prescribe more than one drug for you to take at the same time.

What happens if chlamydia goes untreated?

If left untreated, chlamydia can spread and cause severe pain and permanent damage to the reproductive system. It may make both women and men infertile.

How can you prevent chlamydia?

Abstinence is the only sure way to avoid getting chlamydia or any other STD. You can reduce your risk by having sex with only one uninfected partner who has sex only with you. Using condoms correctly with all partners will also decrease the risk of becoming infected. If you think you are infected, avoid any sexual contact until you have visited a doctor, hospital, local health department or STD clinic. If you are infected, notify your sex partners immediately so they can be tested and treated.

Where can I get more information?

- Your Local Health Department
- <http://www.cdc.gov/health/default.htm>
- Your doctor, nurse, or local health center

This fact sheet is for information only and is not intended for self-diagnosis or as a substitute for consultation. If you have any questions about the disease described above or think that you may have an infection, consult with your healthcare provider. This fact sheet is based on the Centers for Disease Control and Prevention's Health and Safety topic fact sheets.