

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS		
NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
<b>CHLAMYDIAL INFECTION</b>	<b>200</b>	<b><i>C. TRACHOMATIS</i></b>
<b>PREPARING FOR INVESTIGATION</b>		
<b>KNOW THE DISEASE/CONDITION</b>	<ul style="list-style-type: none"> <li>• See the case definition for Chlamydia in the CD Manual.</li> <li>• Refer to CDC MMWR: Sexually Transmitted Diseases Treatment Guidelines, 2006. August 4, 2006; 55 (RR11); pp 38 - 42. Available from: <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5511.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr5511.pdf</a></li> <li>• Refer to the Sexually Transmitted Disease Assessment, Prevention, and Treatment Protocols, July 2008. Available at: <a href="http://www.epi.state.nc.us/epi/hiv/stdmanual/toc.html">http://www.epi.state.nc.us/epi/hiv/stdmanual/toc.html</a></li> <li>• Study APHA Control of Communicable Diseases Manual, 19<sup>th</sup> ed., pp 116 – 119.</li> <li>• Print and review reporting forms:  <i>Part 1: Confidential Disease Report (DHHS 2124)</i></li> </ul>	
<b>CONDUCTING INVESTIGATION</b>		
<b>COLLECT CLINICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• Verify completeness of form DHHS 2124. If data is incomplete, contact provider for missing information.</li> </ul>	
<b>REVIEW LABORATORY INFORMATION</b>	<ul style="list-style-type: none"> <li>• Review laboratory report(s) specific to this disease.</li> <li>• Evaluate laboratory results to determine if requirements of the case definition are satisfied.</li> </ul>	
<b>APPLY THE CASE DEFINITION</b>	<ul style="list-style-type: none"> <li>• Use the case definition to determine if clinical and laboratory findings meet the case definition criteria.</li> </ul>	
<b>IMPLEMENTING CONTROL MEASURES</b>		
<b>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</b>	<p><i>IN A LOCAL HEALTH DEPARTMENT SETTING:</i></p> <ul style="list-style-type: none"> <li>• Patient record should reflect a risk assessment which includes documentation of number of sexual contacts who will need testing and treatment.</li> <li>• Patient record should reflect documentation that the provider of treatment issued notification cards to patient to share with all sex partners from the last 60 days.</li> <li>• <b>Note: It is assumed that the private provider has discussed partner referral with the patient.</b></li> </ul>	

<p><b>IMPLEMENT CONTROL MEASURES TO PREVENT ADDITIONAL EXPOSURES</b></p>	<ul style="list-style-type: none"> <li>• Refer to the Sexually Transmitted Disease Assessment, Prevention and Treatment Protocols, July 2008, “<i>Management Protocols: Chlamydia</i>,” page 2.</li> <li>• Refer to CDC MMWR: Sexually Transmitted Diseases Treatment Guidelines, 2006. August 4, 2006; 55 (RR11); page 40.</li> <li>• See 10A NCAC 41A .0204 (b) 1-3.</li> <li>• <b>Note: It is assumed that the private provider has discussed control measures with the patient.</b></li> </ul> <p><i>IN A LOCAL HEALTH DEPARTMENT SETTING:</i></p> <ul style="list-style-type: none"> <li>• Assure there is documentation in the patient record of counseling by the treating provider regarding prevention of further transmission or re-exposure (i.e. condom use, partner notification, behavior modification).</li> </ul>
<p><b>REPORTING INVESTIGATION</b></p>	
<p><b>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</b></p>	<ul style="list-style-type: none"> <li>• Enter the Part 1 Communicable Disease Report into NC EDSS as a new event, or update the existing event if already entered.</li> <li>• Assign event to State Disease Registrar when case investigation complete.</li> <li>• Do an “Event_Print” in NC EDSS after assigning to the state. Keep for one year along with any additional notes. Maintain as a surveillance file, not a medical record.</li> </ul>
<p><b>CASE FINDING</b></p>	<ul style="list-style-type: none"> <li>• Refer symptomatic/asymptomatic contacts to health care provider/health department for evaluation and treatment.</li> </ul>
<p><b>SPECIAL CONSIDERATIONS</b></p>	
<p><b>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</b></p>	<ul style="list-style-type: none"> <li>• The SLPH will perform follow-up testing for chlamydia if there is evidence of treatment failure or drug resistance.</li> </ul>
<p><b>PERSONAL PROTECTIVE MEASURES</b></p>	<ul style="list-style-type: none"> <li>• See Control Measures above.</li> </ul>
<p><b>CASES 12 YEARS OF AGE AND YOUNGER</b></p>	<ul style="list-style-type: none"> <li>• Document in NC EDSS (dashboard notes), the status of DSS referral activity by the provider or your agency if the infected individual is 12 years of age and younger. This reporting documentation does not apply if the case is a newborn or infant with chlamydial ophthalmia or pneumonia.</li> <li>• Follow-up for newborns or infants with chlamydial ophthalmia or pneumonia should include documentation that the mother has been tested and treated for chlamydia.</li> </ul>
<p><b>RISK COMMUNICATION</b></p>	<ul style="list-style-type: none"> <li>• Educate the patient on the risks associated with chlamydia. (i.e. PID, infertility, epididymitis, exposure to HIV).</li> </ul>