

# Chlamydia

## Investigation Guideline

*Note: A Behavioral Intervention Specialist (BIS) from the Kansas Department of Health and Environment, STI/HIV Section, will investigate all reports.*

**CONTENT:**

**VERSION DATE:**

**Investigation Protocol:**

- Investigation Guideline

**05/2013**

**Revision History:**

<b>Date</b>	<b>Replaced</b>	<b>Comments</b>
05/2013	11/2005	Updated contact investigation and epidemiology

# Chlamydia, Genital Infections

## Disease Management and Investigation Guidelines

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### CASE DEFINITION (CDC, 2008)

#### 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. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum and trachoma.

#### Laboratory Criteria for Case Classification:

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

#### Case Classification:

- **Confirmed:** A case that is laboratory confirmed.

### LABORATORY ANALYSIS

Additional information on laboratory testing and specimen collection can be found on the KDHE STI resources page: [www.kdheks.gov/std/resources.html](http://www.kdheks.gov/std/resources.html)

### EPIDEMIOLOGY

Chlamydia genital infections have a worldwide distribution and affect both male and females. Chlamydia is the most commonly reported sexually transmitted infections (STI) in the United States. It is most prevalent among sexually active individuals less than 26 years of age, and among African-American and Hispanic populations.

### DISEASE OVERVIEW

#### A. Agent:

*Chlamydia trachomatis* is an obligate intracellular bacterium, related to other chlamydia bacteria, including *C. psittaci*, which causes psittacosis (parrot fever).

#### B. Clinical Description:

Clinically, chlamydia is often difficult to distinguish from gonorrhea and dual infections frequently occur. Potential sites of infection include the urogenital tract, rectum, pharynx, and the conjunctivae. Asymptomatic infections are common, especially among females. According to the CDC, only about 10% of men and 5-30% of women with laboratory-confirmed chlamydial infection develop symptoms. Symptomatic males may have a mucopurulent urethral discharge, often accompanied by dysuria. Females may have abnormal vaginal discharge, abnormal menses, pelvic pain, dyspareunia or dysuria. Serious complications include pelvic inflammatory disease (PID) and/or subsequent infertility in females. Complications in males include epididymitis, infertility and Reiter's syndrome. Chlamydial infections during pregnancy may result in the premature rupture of membranes, preterm delivery and conjunctival and/or pneumonic infection of the infant.

**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 during childbirth. In children >1 year of age, chlamydial infection is considered an indicator of sexual abuse.

**E. Incubation Period:**

The incubation period for chlamydia is poorly defined due to the general lack of symptoms in most infected individuals. Symptoms may not appear until several weeks after exposure (in those person who develop symptoms).

**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 2010 CDC STD Treatment Guidelines available at: [www.cdc.gov/std/treatment/2010/default.htm](http://www.cdc.gov/std/treatment/2010/default.htm).

## **NOTIFICATION TO PUBLIC HEALTH AUTHORITIES**

Report all confirmed, probable, and suspect cases to the STI/HIV Section within 24 hours of initial report at 785-296-5596 or fax a report to 785-296-5590.

## **INVESTIGATOR RESPONSIBILITIES**

A Behavioral Intervention Specialist (BIS) from KDHE will complete all investigation and case activity. There are no local responsibilities beyond the initial reporting requirements unless additional information and/or help are requested.

## **STANDARD CASE INVESTIGATION AND CONTROL METHODS**

### **Case Investigation**

The medical provider who reported or ordered testing of the case will be contacted by the BIS to obtain the following:

- Information on symptoms and onset dates.
- Diagnosis date of disease.
- Laboratory testing results and dates.
- Information on hospitalizations, including location and dates

- Current treatment.
- Outcomes: disabilities, survived or date of death
- Case's demographic data and contact information (birth date, county, sex, race/ethnicity, occupation, address, phone number(s))

### **Contact Investigation**

- Contacts are defined as individuals that have had sexual contact with the case during the 60 day time period prior to the onset of symptoms or positive test. If no sexual contacts are identified in the 60 days prior to the onset of symptoms or positive test, identify the most recent sexual partner.
- Cases should be instructed to refer their sex partners for evaluation, testing, and treatment. Sex partners should be evaluated, tested, and/or 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.

### **Isolation, Work and Daycare Restrictions**

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

### **Case Management**

Cases will be managed by attending medical provider. After examination and treatment, an interview for their sexual partners may be required.

### **Contact Management**

- Contacts reasonably believed to have been exposed to a STD should be treated prophylactically at the time of exam based upon CDC treatment guidelines.

### **Environmental Measures**

None.

### **Education**

Cases and their contacts should be provided information including:

- The method of transmission of STD's, and
- The importance of taking medication exactly as directed, 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. Outbreak Investigation:

- 1) Outbreak definition:
  - Higher than usual number of cases or unusual clustering of cases in time and/or space. Most outbreaks occur where there are sexually active adolescent social networks.
  - If you suspect an outbreak, consult with the STI/HIV Section 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.
- 2) Active case finding will be an important part of any investigation.
- 3) Recommendations will be made based on the CDC guidance.

## DATA MANAGEMENT AND REPORTING TO THE KDHE

- A. Collect and organize data.
- B. Report data by fax (785-296-0792).
  - Local health departments and medical providers should report data using KS Notifiable Disease Form.

## ADDITIONAL INFORMATION / REFERENCES

- A. **Treatment / Differential Diagnosis:** 2010 CDC STD Treatment Guidelines available at: [www.cdc.gov/std/treatment/2010/default.htm](http://www.cdc.gov/std/treatment/2010/default.htm)
- B. **Epidemiology, Investigation and Control:** Heymann. D., ed., Control of Communicable Diseases Manual, 19th Edition. Washington, DC, American Public Health Association, 2009.
- C. **Case Definitions:** CDC Division of Public Health Surveillance and Informatics, Available at: [www.cdc.gov/ncphi/diss/nndss/casedef/case\\_definitions.htm](http://www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm)
- D. **Kansas Regulations/Statutes Related to Infectious Disease:** [www.kdheks.gov/epi/regulations.htm](http://www.kdheks.gov/epi/regulations.htm)
- E. **Additional Information (CDC):** [www.cdc.gov/std/chlamydia/default.htm](http://www.cdc.gov/std/chlamydia/default.htm).