

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
PELVIC INFLAMMATORY DISEASE (PID)	490	<p>CLINICAL DIAGNOSIS</p> <p>POTENTIAL AGENTS: <i>NEISSERIA GONORRHOEAE</i> OR <i>C. TRACHOMATIS</i></p>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • See the case definition for Pelvic Inflammatory Disease (PID) in the CD Manual. • Refer to CDC MMWR: Sexually Transmitted Diseases Treatment Guidelines, 2006. August 4, 2006; 55 (RR11); pp 56 - 61. Available from: http://www.cdc.gov/mmwr/PDF/rr/rr5511.pdf • Refer to the Sexually Transmitted Disease Assessment, Prevention and Treatment Protocols, July 2008. Available at: http://www.epi.state.nc.us/epi/hiv/stdmanual/toc.html • Print and review reporting forms: <p><i>Part 1: Confidential Disease Report (DHHS 2124)</i></p>	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Verify completeness of form DHHS 2124. If data is incomplete, contact provider for missing information. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Use the case definition to determine if clinical and laboratory findings meet the case definition criteria. 	
IMPLEMENTING CONTROL MEASURES		
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<p><i>IN A LOCAL HEALTH DEPARTMENT SETTING:</i></p> <ul style="list-style-type: none"> • Patient record should reflect a risk assessment which includes documentation of number of sexual contacts who will need testing and treatment. • 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. <p>• Note: It is assumed that the private provider has discussed partner referral with the patient.</p>	

<p>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Refer to the Sexually Transmitted Disease Assessment, Prevention, and Treatment Protocols, July 2008, "<i>Management Protocols: PID</i>," page 2. • Refer to CDC MMWR: Sexually Transmitted Diseases Treatment Guidelines, 2006. August 4, 2006; 55 (RR11); page 60. • See 10A NCAC 41A .0204 (b) 1-3. • It is assumed that the private provider has discussed control measures with the patient. <p><i>IN A LOCAL HEALTH DEPARTMENT SETTING:</i></p> <ul style="list-style-type: none"> • 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).
<p>REPORTING INVESTIGATION</p>	
<p>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</p>	<ul style="list-style-type: none"> • Enter the Part 1 Communicable Disease Report into NC EDSS as a new event, or update the existing event if already entered. • Assign event to State Disease Registrar when case investigation complete. • 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.
<p>CASE FINDING</p>	<ul style="list-style-type: none"> • Refer symptomatic/asymptomatic contacts to healthcare provider/health department for evaluation and treatment.
<p>SPECIAL CONSIDERATIONS</p>	
<p>STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING</p>	<ul style="list-style-type: none"> • The SLPH will perform follow-up testing for gonorrhea and chlamydia if there is evidence of treatment failure or drug resistance in a case with a positive test for these conditions.
<p>PERSONAL PROTECTIVE MEASURES</p>	<ul style="list-style-type: none"> • See Control Measures above.
<p>RISK COMMUNICATION</p>	<ul style="list-style-type: none"> • Educate the patient on the risks associated with PID (i.e., infertility, exposure to HIV).
<p>REPORTING CRITERIA</p>	<ul style="list-style-type: none"> • A case of PID is reportable if clinical criteria are met (lower abdominal tenderness, and tenderness with motion of the cervix, and adnexal tenderness) even though the gonorrhea and/or chlamydia tests may be negative. Refer to the PID case definition for a list of other clinical findings (one of these must also be present). • In instances where the case definition for PID has been met and the patient has also tested positive for gonorrhea and/or chlamydia, the patient would also be reported with the additional positive STDs. • For reporting purposes, a clinician's report of PID received from a local provider should be counted as a case.