

# Genital Chlamydiosis

## 1. DISEASE REPORTING

### A. Purpose of Reporting and Surveillance

1. To assure the adequate treatment of infected individuals, in order to curtail infectiousness and prevent sequelae of infection (e.g., PID and infertility).
2. To identify, contact, and treat sexual contacts of reported cases, in order to break the chain of transmission.

### B. Laboratory And Physician Reporting Requirements

Physicians are required to report all confirmed and suspected cases within one working day. Labs must report all positive test results within one working day.

### C. Local Health Department Reporting and Follow-Up Responsibilities

1. Report all confirmed and probable cases to the OHD (see definitions, §3) by the end of the calendar week of initial physician/lab report. Probable cases should be reported as NGU (non-gonococcal urethritis) in males; MPC (mucopurulent cervicitis) in females. Use the Confidential STD case report form (OHD 42-36 STD).
2. Begin follow-up investigation within 2 working days. Use the STD field record (CDC form 2936). Send a copy of the completed form to the OHD within 21 days of initial report.

## 2. THE DISEASE AND ITS EPIDEMIOLOGY

### A. Etiologic Agent

Certain serovars [serologically distinguishable variants] of *Chlamydia trachomatis*. Chlamydiae are an unusual kind of bacteria, and include the agents that cause psittacosis and a common cause of “walking” pneumonia. Although rarely seen in the U.S., other serovars of *C. trachomatis* cause trachoma, a potentially devastating eye infection.

### B. Description of Illness

*C. trachomatis* preferentially colonizes columnar epithelial tissue. Potential sites of infection include not only the urogenital tract but the rectum, pharynx, and occasionally the conjunctivae. Asymptomatic infections are extremely common, especially among males. 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 in males. Untreated infections during pregnancy can result in premature delivery (including stillbirth). Newborns of women with untreated infections are at risk for ophthalmia neonatorum and chlamydial pneumonia.

Clinically, chlamydiosis can be difficult to distinguish from gonorrhea. Combined infections are not uncommon, and for treatment purposes it is prudent to assume that persons infected with one are infected with the other as well.

### C. Reservoirs

Infected humans only.

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### D. Modes of Transmission

Sexual. The attack rate among exposed females is generally higher than that of exposed males. Non-sexual transmission among adults is unlikely. Anogenital infections among infants and young children should be investigated to rule out sexual abuse.

### E. Incubation Period

Typically 7-14 days. Asymptomatic infections are common.

### F. Period of Communicability

From the time of infection until the patient is adequately treated. Asymptomatically infected persons are generally just as infectious as symptomatic individuals.

### G. Treatment

Currently, 100 mg doxycycline orally b.i.d. x 7 days, or 1 g azithromycin orally in a single dose. Refer to the current [now 1993] STD Treatment Guidelines for additional discussion of therapy.

This regimen is not designed to be effective against gonorrhea. If indicated (*e.g.*, a history of multiple sex partners within the previous 6 months), the patient should be screened for evidence of gonorrheal infection.

## 3. CASE DEFINITIONS, DIAGNOSIS, AND LABORATORY SERVICES

Note: Because of potential inconsistencies with CDC definitions, the typical OHD case definitions using “presumptive” and “suspect” terminologies are not used with chlamydiosis. “Suspect” chlamydiosis has a specific and widely used meaning in a laboratory context. “Probable,” the category defined here, implies somewhat less certainty than “presumptive.”

### A. Confirmed Case Definition

Anyone from whom *C. trachomatis* is cultured, or who has a positive test by any of several antigen detection methods (*e.g.*, FA).

### B. Probable Case Definitions

- Anyone diagnosed clinically by a physician and reported as a case; *or*
- any sexually active female with a mucopurulent cervicitis (MPC) where gonorrhea has been ruled out; *or*
- any sexually active male with a non-gonococcal urethritis (NGU), *i.e.*, mucopurulent urethral discharge where gonorrhea has been ruled out.

### D. Services Available at the Center for Public Health Laboratories

Routine testing at the CPHL is limited to agencies participating in the USPHS Region X Chlamydia Project.

For information about specimen collection, handling, and shipment, refer to the CPHL's *Guide to Services* or contact the lab (phone: 503/229-5882; fax: 229-5682).

## 4. ROUTINE CASE INVESTIGATION

### A. Case Interview

1. For cases diagnosed by private providers, contact the provider to verify treatment and ask for permission before contacting the case.
2. Confidentially contact the case and arrange an interview. In-person interviews are generally preferable to telephone interviews.
3. Identify all individuals who had sexual contact with the case within the 60 days prior to treatment. This would include both potential sources for the index case and other persons who they may have exposed. To the extent possible, obtain complete locating and identifying information on each contact, including nicknames, hangouts, living situation, and first and last dates of exposure.
4. Assess the need to screen for other STDs.

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### B. Contact Potentially Exposed Persons

1. Using available information, contact the sexual partners of reported cases by telephone, field visit, etc., and refer them to the health department or other provider for evaluation and treatment. If the case is willing and able, allow them to contact their sexual partner(s) and refer them for treatment (the "contract" method). Allow 2 working days for patient-referred contacts to present. If they don't show up, proceed with your own efforts to notify and refer them.
2. Sexual partners should be treated presumptively for chlamydial infection, counseled, and evaluated for other STDs.
3. Newborns delivered of women with chlamydia (excluding those delivered by Caesarean) should be medically evaluated and treated as necessary.
4. *Out-of-county contacts.* If the case names a partner who lives outside your county (including out-of-state), telephone the OHD's STD Program with the relevant information. They will arrange for necessary follow-up.

### C. Paperwork

1. As the initial interview is completed, fill out a field record on each partner who can possibly be located. The field record has a place for the Original Patient ID Number. Use the same number (found in the upper right corner of the original STD case report) on every field record initiated off that case. Refer to examples at the end of this guideline.
2. As each sexual partner of the index case is tested and treated, complete the field record form. Send the white (top) copy to the STD Program office. Refer to the examples that follow.

## 5. CONTROLLING FURTHER SPREAD

Interviews, referrals, and treatment are all aimed at controlling further spread.

Patients should be counseled to take all their medication as directed, to avoid sex with untreated sex partners, and to use condoms to reduce the risk of acquiring STDs in the future. Suggest curling up with a good book instead. Counseling should be personalized to the patient. In general, STD interviews are a one-time encounter, so the focus by necessity must be kept fairly narrow. Attention needs to be focused on those behaviors the patient is willing to change.

### Local Health Department FIPS Codes

(for use on STD forms)

Baker .....01	Harney .....25	Morrow .....49
Benton .....03	Hood River .....27	Multnomah .....51
Clackamas .....05	Jackson .....29	Polk .....53
Clatsop .....07	Jefferson .....31	Sherman .....55
Columbia .....09	Josephine .....33	Tillamook .....57
Coos .....11	Klamath .....35	Umatilla .....59
Crook .....13	Lake .....37	Union .....61
Curry .....15	Lane .....39	Wallowa .....63
Deschutes .....17	Lincoln .....41	Wasco .....65
Douglas .....19	Linn .....43	Washington .....67
Gilliam .....21	Malheur .....45	Wheeler .....69
Grant .....23	Marion .....47	Yamhill .....71