LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS				
NC REPORTABLE DISEASE/CONDITION		INFECTIOUS AGENT (S)		
PELVIC INFLAMMATORY DISEASE (PID)		CLINICAL DIAGNOSIS POTENTIAL AGENTS: NEISSERIA GONORRHOEAE OR C. TRACHOMATIS		
PREPARING FOR INVESTIGATION				
KNOW THE DISEASE/CONDITION	Dise Ref Dise 2000 http Ref Ass July http ml • Prir	the case definition for Pelvic Inflammatory ease (PID) in the CD Manual. er to CDC MMWR: Sexually Transmitted eases Treatment Guidelines, 2006. August 4, 6; 55 (RR11); pp 56 - 61. Available from: ://www.cdc.gov/mmwr/PDF/rr/rt5511.pdf er to the Sexually Transmitted Disease essment, Prevention and Treatment Protocols, 2008. Available at: ://www.epi.state.nc.us/epi/hiv/stdmanual/toc.ht t and review reporting forms: t 1: Confidential Disease Report (DHHS 2124)		
CONDUCTING INVESTIGATION				
COLLECT CLINICAL INFORMATION	inco	fy completeness of form DHHS 2124. If data is implete, contact provider for missing rmation.		
REVIEW LABORATORY INFORMATION	• Eva	iew laboratory report(s) specific to this disease. luate laboratory results to determine if uirements of the case definition are satisfied.		
APPLY THE CASE DEFINITION	• Use	the case definition to determine if clinical and bratory findings meet the case definition criteria.		
IMPLEMENTING CONTROL MEASURES				
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	 Pat whi con Pat the to p last 	LOCAL HEALTH DEPARTMENT SETTING: ient record should reflect a risk assessment ch includes documentation of number of sexual tacts who will need testing and treatment. ient record should reflect documentation that provider of treatment issued notification cards atient to share with all sex partners from the 60 days.		
		e: It is assumed that the private provider discussed partner referral with the patient.		

IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	 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. <i>IN A LOCAL HEALTH DEPARTMENT SETTING:</i> 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). 	
REPORTING INVESTIGATION		
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	 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. 	e
CASE FINDING	 Refer symptomatic/asymptomatic contacts to healthcare provider/health department for evaluation and treatment. 	
SPECIAL CONSIDERATIONS		
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	• 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.	a
PERSONAL PROTECTIVE MEASURES	See Control Measures above.	
RISK COMMUNICATION	• Educate the patient on the risks associated with PID (i.e., infertility, exposure to HIV).	
REPORTING CRITERIA	 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. 	st