



Communicable Disease Case Reporting and Investigation Protocol **PELVIC INFLAMMATORY DISEASE (PID)**

I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** A spectrum of inflammatory disorders of the female upper genital tract. Sexually transmitted organisms, especially *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, are implicated in most cases; however, other endogenous organisms such as anaerobes, gram negative rods, streptococci, and mycoplasmas may also be the etiologic agents of disease.
- B. **Laboratory Criteria:** Laboratory confirmed infection by isolation of organisms listed above or by clinical diagnosis.
- C. **Wisconsin Surveillance Case Definition: Confirmed**—A case with laboratory confirmed infection as described above or by laparoscopic findings consistent with PID.

II. REPORTING

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04\(3\)\(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report [F-44243](#) to the local health department.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** Clinically compatible illness and/or laparoscopic findings consistent with PID.
- D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection. All positive results should be reported.

III. CASE INVESTIGATION

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
- B. **Required Documentation:**
 - 1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
 - 2. Upon completion of investigation, set WEDSS disease incident process status to "Final" and resolution status to "Confirmed."
- C. **Additional Investigation Responsibilities:** Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. LHD investigation and sex partner referral only for PID cases where *N. gonorrhoeae* and/or *C. trachomatis* have been identified. LHD staff should refer to those sections of this manual for further information.

- C. LHD staff should ensure that appropriate treatment was administered and documented on report form.
- D. LHD staff should also ensure clinical follow-up has taken place within 72 hours of starting appropriate antibiotic treatment.
- E. Patients treated for PID should be counseled regarding their risk for other sexually transmitted diseases including HIV.
- F. Treatment: Successful treatment cures infection, resolves clinical symptoms, and prevents transmission to others. In extensive cases, scarring may result despite successful therapy. Patient can be referred to an infertility specialist. One episode may predispose women to subsequent PID episodes.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies: <https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Sexually Transmitted Disease Control Section: 608-266-7365
- C. Wisconsin State Laboratory of Hygiene / Bacteriology: 608-262-1616
- D. Milwaukee Bureau of Laboratories: 414-286-3526

VI. RELATED REFERENCES

- A. Pickering LK, ed. Pelvic Inflammatory Disease. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 603-608.
- B. Centers for Disease Control and Prevention CDC Sexually Transmitted Diseases Treatment Guidelines 2015: <https://www.cdc.gov/std/tg2015/pid.htm>
- C. Wisconsin Administrative Code, [Chapter DHS 145.14 – DHS 145.22](#)
- D. Wisconsin State Statute [252.11](#)
- E. Centers for Disease Control and Prevention, National Prevention Information Network: <https://npin.cdc.gov/disease/stds>
- F. Wisconsin STD Control Section Surveillance and Statistics: <https://www.dhs.wisconsin.gov/std/data.htm>