

## Chlamydia & Gonorrhea 30-day Guidance

Multiple chlamydia or multiple gonorrhea incidents (i.e. ELRs, manual lab reports, CMRs) with specimen collection or diagnosis dates  $\leq 30$  days apart should be considered the same case, and all such reports should be attached or entered into the same "case". Specimen collection or diagnosis dates  $\geq 31$  days apart should be considered separate cases (i.e., reinfections) and entered as separate case incidents. This 30-day cut point guidance has been in place in California for many years, and was based on knowledge of the natural history and test technology associated with these infections. This cut point will undoubtedly misclassify some true reinfections as the same case, and vice versa, but is reasonable and adequate for surveillance purposes. Since this cut point approach may inhibit detection of treatment failures, it is important for staff reviewing case reports to remain aware of this possibility and, as resources allow, investigate more thoroughly if the surveillance data is suggestive of reinfection (e.g., recommended treatment noted and time between incidents close to the 30-day cut point).