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STD Program Management

Surveillance & Epidemiology
Prerecorded Module

Surveillance & Epidemiology Module Objectives

- Summarize the overall goals of STD surveillance systems
- Distinguish between the reporting and/or surveillance requirements for federal, state, providers, laboratories, and health care facilities.
- Describe common surveillance methods
- Describe the common pathway for STD case/lab reports to flow to the reporting authority
- Describe the basic components of STD surveillance systems
- Discuss the key attributes for successful STD surveillance systems

Surveillance & Epidemiology Module Objectives

- List the four criteria important to evaluating STD surveillance systems
- List fundamental goals of Epidemiology
- Briefly define incidence, prevalence, epidemic, pandemic, endemic.
- List questions that epidemiology can answer for STD programs.
- List the four main epi functions that all STD program must be able to accomplish.
Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. (MMWR 2001;50)

Surveillance Systems...

- Provide timely, focused and relevant information upon which to base interventions for improving health
- Provide ongoing information for evaluating the success of public health interventions
- Provide evidence base for allocating resources for diagnosis, treatment and prevention of disease
Core Public Health Functions

- **Assurance**
  - Link people to needed health services
  - Ensure competent health care workforce
  - Inform, educate, and mobilize partnerships

- **Policy Development**
  - Policies supporting health goals
  - Laws and regulations protecting health
  - Research solutions to health issues

- **Assessment**
  - Monitor health status of communities
  - Investigate health problems and hazards
  - Evaluate population-based health services

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The Bigger Picture

STIs Diagnosed → Data Management → Interpretation, Analysis & Dissemination → Policy Development & Public Health Action → Disease Control & Prevention

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Goals of STD Surveillance Systems

- Understand the distribution and spread of sexually transmitted infections
- Identify outbreaks and clusters of cases to prioritize field investigations
- Inform health care policy and public health response in support of intervention and disease control planning efforts
- Evaluate disease control efforts and direct resources to most cost effective interventions
- Identify emergent issues impacting STD diagnosis and treatment
Key Considerations for STD Surveillance

- Public health importance of disease/condition
  - What are the consequences of infection?
- Costs
  - What resources - human and fiscal - are needed?
- Local context
  - Who are the stakeholders?
- Purpose
  - What will the information be used to accomplish?
- Actions
  - Are there specific actions that the surveillance data will inform?

Legal Authority for Surveillance

- Legally notifiable diseases/conditions are those for which regular, frequent and timely information on individual cases is considered a public health priority for prevention and control
- Legal authority resides at the state and territorial level (or at local level) for reporting with identifiers
- Providers, laboratories and other facilities may have different reporting requirements defined in statute or administrative code
- Nationally notifiable diseases/conditions are identified by the Council of State and Territorial Epidemiologists (CSTE) in collaboration with CDC and minimum data elements for national reporting suggested

STIs on Nationally Notifiable Disease List*

- Chancroid
- Chlamydia
- Gonorrhea
- Syphilis and Congenital Syphilis
- HIV/AIDS
- States and territories may require additional conditions/diseases to be reported in their jurisdictions:
  - Herpes Genital Infections, Granuloma inguinale, NGU, etc.
  - LGV is subsumed under chlamydia reporting in some jurisdictions
  - PID is a clinical syndrome and is reportable in some jurisdictions when diagnosed in conjunction with a notifiable STD

* As of 2008
STI Case Definitions

- Case definitions direct surveillance activities and should provide operationally meaningful definitions:
  - Population of interest – for STDs this includes all sexually active persons
  - Places of interest – for STDs this includes all health care settings
  - Time period of interest – for STDs this includes all diagnosis regardless of the time frame of detection

- Case definitions often describe criteria for suspected, probable and confirmed cases
  - Laboratory confirmed cases are most relevant for STD surveillance

Chlamydia trachomatis, Genital Infections

**Clinical description**
Infection with Chlamydia trachomatis may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic in women. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by C. trachomatis include lymphogranuloma venereum (see Lymphogranuloma Venereum) and trachoma.

**Laboratory criteria for diagnosis**
Isolation of C. trachomatis by culture or demonstration of C. trachomatis in a clinical specimen by detection of antigen or nucleic acid

**Case classification**
Confirmed: a case that is laboratory confirmed
Gonorrhea

Clinical description
A sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection may be asymptomatic.

Laboratory criteria for diagnosis
Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, or
Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid,
or
Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male

Case classification
Probable: a) demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a female or b) a written morbidity report of gonorrhea submitted by a physician
Confirmed: a case that is laboratory confirmed

Syphilis

Syphilis is a complex sexually transmitted disease that has a highly variable clinical course. Classification by a clinician with expertise in syphilis may take precedence over case definitions developed for surveillance purposes

Primary syphilis

Clinical description
A stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance.

Laboratory criteria for diagnosis
Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods.

Case classification
Probable: a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP])
Confirmed: a clinically compatible case that is laboratory confirmed

Secondary syphilis

Clinical description
A stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy. The primary chancre may still be present.

Laboratory criteria for diagnosis
Demonstration of *T. pallidum* in clinical specimen by darkfield microscopy, direct fluorescent antibody

Case classification
Probable: a clinically compatible case with a nontreponemal (VDRL or RPR) titer greater than or equal to 1:8
Confirmed: a clinically compatible case that is laboratory confirmed
Minimum data elements

- The minimum data required for national reporting through NETSS includes:
  - Reporting state
  - Unique case number
  - Patient DOB (age)
  - Patient race & Hispanic ethnicity
  - County of residence
  - Zip code
  - Case report date
  - Diagnosis code
  - Specimen collection date
  - Provider type

- Many states and jurisdictions also require reporting of additional data elements at the local level.

Surveillance Methods

- Passive versus Active
  - Passive methods are commonly employed for STD surveillance
  - Active case finding is less common, except for HIV/AIDS

- Sentinel vs. Population-based
  - Most STD programs employ population-based case reporting
  - Special settings, such as STD clinics, can be sentinel sites for special surveillance (resistance monitoring, GISP)

- Syndromic
  - Syndromic surveillance is not relevant to STD programs in the U.S. because STDs have specific laboratory confirmation

Sentinel Surveillance

- Sentinel surveillance activities monitor defined populations or specific settings for events of interest
  - Gonococcal Isolate Surveillance Project (GISP) is an example of sentinel surveillance
  - A distinguishing characteristic of sentinel surveillance in STD programs is that these activities are almost exclusively clinic-based and for specific purposes
  - Sentinel surveillance activities often provide early evidence of changing risk behaviors, emergent disease trends or new risk factors for disease
Prevalence Monitoring

- STI programs monitor results of laboratory tests for chlamydia and gonorrhea conducted through reproductive health and other settings though the Infertility Prevention Project (IPP).

- Usefulness of these data may be limited by changes in the population being screened; caution should be exercised in interpreting test positivity (proportion of all tests that are positive) through the IPP.

Flow of Information

Many states and territories do not have an infrastructure for local health authority; reporting requirements compel reporting only to a single, central authority, usually the state STD program.

Flow of Information

In some states, providers, facilities and labs report to local county health departments – some jurisdictions may make no distinction between facilities and providers.
Basic Components of STD Surveillance

Provider-based and laboratory reporting are core activities of most STD surveillance systems. Provider reporting can provide valuable demographic and behavioral information on patients being diagnosed but has the disadvantage of reliance on a large number of providers. Laboratory reporting may be more complete but often lacks important information about patients and their characteristics.

Prevalence Monitoring

Prevalence monitoring collects data on tests performed in a defined population and monitors the proportion of positive tests over time. Infertility Prevention Project (IPP) is an example of prevalence monitoring.

"Prevalence" and "Positivity" are often used interchangeably but there is an important distinction between the two. Prevalence refers to persons infected in a specific time frame whereas positivity refers to positive tests detected.

Enhanced STD Surveillance

Enhanced surveillance projects collect additional lab, behavioral, clinical or patient outcome data. Enhanced surveillance data may help address information gaps in existing surveillance systems.
Components of STD Surveillance

- Surveillance Monitoring
- Enhanced Surveillance Projects
- Prevalence Monitoring
- Laboratory Reporting
- Provider-based Case Reporting
- State or Local STI Surveillance Unit

Key Attributes of Surveillance Systems

- Simple
- Acceptable
- Sensitive
- Specific
- Timely
- Flexible
- Representative

Costs must be balanced against utility of information.

Keeping it Simple

- For many STDs (such as chlamydia) a single surveillance method will suffice to provide meaningful information
  - Provider or laboratory reporting
- Overly complex systems may strain limited resources and impede analyses, interpretation and dissemination
Stakeholders

- Programs should know who will be using the information provided by the surveillance system
  - Community partners such as Planned Parenthood use STD surveillance data to advocate for programs
- Members of the at-risk population should be informed of surveillance activities
  - For STD surveillance, general educational materials often suffice to inform at-risk populations and affected communities
- Clinics, labs and facilities should be aware of reporting requirements
- Policy-makers should be educated on the public health importance of the diseases
  - Surveillance reports and presentations to various decision-makers are an important STD Program activity

Sensitivity

- Is the ability of a STD surveillance systems to detect all diagnosed cases
  - Sensitivity of surveillance system is a function of multiple factors:
    - Case definitions for STIs
    - Ease of diagnosis and presence of symptoms
    - Availability of laboratory tests (CT, GC and Syphilis)
    - Efficiency of information flow
    - Broad dissemination of reporting requirements
- Sensitivity can be enhanced by broad case definitions

Specificity

- The ability of the surveillance system to exclude persons without a confirmed diagnosis
  - Clear and concise case definitions help maximize specificity, including a requirement for laboratory confirmation of CT or GC
  - A comprehensive reactor grid for syphilis serologies enhances specificity by ruling out previously treated cases and prioritizing case investigations
  - Efforts to identify biologic false positive results enhance specificity
  - Consideration of positive predictive value of widespread screening in low prevalence populations can also be important in detecting false positives
**Timeliness**
- Cases of disease should be detected early enough to allow disease control efforts to be successful.
- Many factors can have an impact on timeliness of reporting:
  - Each step in the data flow should be examined for reporting delays:
    - Provider to local health authorities
    - Laboratories to local/state authorities
    - Local health to state STD program
    - State program to CDC
- Surveillance data should also be analyzed, interpreted and presented to stakeholders in sufficient time to inform policy-making.

**Flexibility**
- STI surveillance systems may be re-directed to new or emerging diseases:
  - HSV, HPV, etc.
  - Chlamydia reporting only recently added
- Can additional patient or pathogen-specific information be collected easily?
- Can new sources of information be added (i.e., Lab or EMR data)?

**Representativeness**
- Does the surveillance system capture information from all populations at risk for infection?
  - Categorical STD clinics
  - Private providers diagnosing STIs
  - Reproductive health settings – Planned Parenthood
  - Other facilities such as school-based or military
- Categorical or integrated surveillance?
  - System limited to a single disease or group of related conditions?
Evaluation of Surveillance Systems

- Sensitivity
  - Are all cases being detected?

- Timeliness
  - Are cases being reported in a timely fashion?

- Representativeness
  - Are all at-risk populations covered?

- CDC provides extensive guidance on evaluating surveillance systems
  - MMWR Recommendations and Reports

Limitations of surveillance systems

- Limitations of surveillance systems must be taken into consideration when interpreting trends in disease incidence and prevalence
A working definition

- Epidemiology:
  - The study of the distribution and determinants of disease
  - Distribution:
    - Time, place and populations
  - Determinants:
    - Physical, biological, social, cultural, geographic and behavioral factors

Goals

There are several fundamental goals of epidemiology in public health directly relevant to STD Programs

1) Interpret and report on general trends in the distribution of STDs in communities and populations
2) Identify and investigate clusters/outbreaks
3) Identify hazards and exposure risks for STDs to guide disease control and prevention efforts

Sources of Information

- Your surveillance system should provide the case data needed for analyses of disease incidence and prevalence
- Additional information about the populations and communities in your area will also be needed and can be obtained from census data
- Many states have a population center or agency where additional local information can be obtained
A Few Definitions

- **Incidence:**
  - Number of events (cases) occurring in a specified time period.

- **Prevalence:**
  - Proportion (or number) of persons infected/affected at a given point in time or within a specified time period.

  Prevalence and incidence are often presented as a standardized "rate" to allow for comparison between groups or places. Rates are usually expressed as a ratio of cases to a specific population standard.

And more definitions

- **Epidemic:**
  - Cases of disease occurring in a given population and over a given time period in excess of those 'normally' expected.

- **Pandemic:**
  - Epidemic of disease among people globally or over a very wide distribution of populations and places simultaneously.

- **Endemic:**
  - Constant prevalence or incidence of disease/infection within a specific population or geographic area.

Basic Reproductive Rate

The basic reproductive rate of an STD describes mathematically the likelihood of new infections and predicts whether transmission will increase, decrease or remain steady in a population over time:

\[ R_0 = \beta \times C \times D \]

- \( \beta \): probability of transmission per exposure
- \( C \): Number of exposures per unit time
- \( D \): Duration of infectiousness

- Values greater than one indicate a growing epidemic
- Values less than one indicate that the disease is decreasing
- Values close to one indicate steady incidence or an endemic state.
Incidence and Prevalence Rates

'Rate per 100,000' is calculated by:

\[(\text{Number of Cases ÷ Population}) \times 100,000\]

Rate per 100,000 is the convention for presenting STD incidence & prevalence data but rates can also be expressed in other conventions:

- Gonorrhea incidence in 2009 was 34 cases per 100,000
- There were 1.2 cases of neonatal herpes per 10,000 live births in 2005
- 6% of tests performed through the IPP were positive for CT in 2008

Person, Place & Time

The most meaningful information epidemiology can provide for STD programs will answer the following questions:

- Who is being infected?
- What diseases are they being infected with?
- When are people being diagnosed?
- Is incidence changing over time?
- Where are infected people...
  - ...living when they are diagnosed?
  - ...being diagnosed?
- How are people becoming infected?

Who?

Attributes of persons being infected:

- Gender
- Age
- Race
- Hispanic Ethnicity
- Socioeconomic position
- Behavioral factors
  - Gender of sex partners
  - Drug use
  - Number of partners
- What are the differences in disease incidence between categories?
Race & Ethnicity

Race and Hispanic ethnicity is often missing for a significant fraction of cases:

- **AI/AN**: 2.2%
- **Black**: 22.7%
- **Multi/Other**: 4.4%
- **NH/OPI**: 0.5%
- **White**: 40.4%
- **Asian**: 1.9%
- **Unknown**: 27.7%
- **Hispanic**: 10.0%
- **Non-Hispanic**: 54.4%
- **Unknown**: 35.6%

Missing cases may be redistributed by the proportion of known cases if there is no reason to suspect that there is bias in reporting.

Health Inequalities

Graphing incidence rates by race and ethnicity may reveal significant inequalities in disease incidence not revealed by charting just the proportion of cases from each group.

Comparing incidence rates for race/ethnic groups to the proportion of people in the population in each group is also crucial to identifying inequities in disease burden.

Behavioral Characteristics

Information may be available from case reporting or enhanced surveillance activities on risk behaviors - such as gender of sex partners - to help understand disease incidence and inform prevention activities.

Disease interventions for MSM may be quite different from those targeting primarily heterosexuals.
Where?

Knowing about the distribution of cases across jurisdictions is essential to help direct prevention resources appropriately.

<table>
<thead>
<tr>
<th>Rate Per 100,000 Population</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=0.2 (n= 2,367)</td>
<td></td>
</tr>
<tr>
<td>0.21-2.2 (n= 377)</td>
<td></td>
</tr>
<tr>
<td>&gt;2.2 (n= 396)</td>
<td></td>
</tr>
</tbody>
</table>

Gonorrhea Incidence Rate Per 100,000 by County, Washington State 2007

Location, location, location...

For purposes of assigning morbidity, the residence of the patient should be used. If residence of the patient is not known, location of the provider is second best for morbidity.

Other locations of interest may be useful in planning interventions:
- Clinics
- Pharmacies
- Labs
- Hospitals
- Commercial sex venues

Geographic Information Systems

Geographic Information Systems (GIS) provide new tools for programs to assign incident cases to the appropriate jurisdiction and to create useful maps displaying disease incidence information. The core of GIS applications are tools that can reliably match address information on case reports and assign additional geographic information to the case like census tract, block group or neighborhood.
When?

- Changes in disease incidence over time are crucial to understanding epidemics and to public health planning.

![Graph of Gonorrhea Incidence Rate in the United States, 1941 - 2005]

Time Trends

- Trends are often presented by year of diagnosis but other time scales may be more useful.

![Graphs showing annual and quarterly trends of Cases diagnosed and incidence rate per 100,000, Washington State 1992 - 2007]

Is It Real?

- Changes in surveillance methods, such as case definitions, as well as clinic and laboratory practices may effect the epidemic curve.

![Chlamydia — Rates: Total and by sex. United States, 1988–2007]
Is It Real II - Significance

- Confidence intervals may help evaluate whether a difference between times, groups or places is 'real'

Other tests of significance include
- Chi Square test of trend
- Chi Square for bivariate analyses

Just because a difference is 'significant' does not always mean that's it is necessarily meaningful!

Epi Capacity for STD Programs

- At a minimum STD Programs should be able to:
  - Calculate incidence rates and graphically represent changes in incidence over time
  - Understand how changes to surveillance methods may affect reporting and incidence rates
  - Be able to compare incidence rates between demographic groups and by geographic regions in their jurisdiction
  - Be able to successfully interpret disease trends and inequalities to policy-makers and stakeholders

- Not all programs will have resources to hire full or part-time epidemiologists dedicated to STDs but should consider borrowing capacity from other programs (such as HIV/AIDS)

Tables:

<table>
<thead>
<tr>
<th>Year</th>
<th>Tests</th>
<th>Percent Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>50070</td>
<td>4.53</td>
</tr>
<tr>
<td>1999</td>
<td>51765</td>
<td>4.95</td>
</tr>
<tr>
<td>2000</td>
<td>50548</td>
<td>5.55</td>
</tr>
<tr>
<td>2001</td>
<td>37688</td>
<td>6.26</td>
</tr>
<tr>
<td>2002</td>
<td>34375</td>
<td>6.62</td>
</tr>
<tr>
<td>2003</td>
<td>42220</td>
<td>6.77</td>
</tr>
<tr>
<td>2004</td>
<td>52586</td>
<td>6.82</td>
</tr>
<tr>
<td>2005</td>
<td>46465</td>
<td>6.49</td>
</tr>
<tr>
<td>2006</td>
<td>38273</td>
<td>6.3</td>
</tr>
<tr>
<td>2007</td>
<td>26911</td>
<td>6.8</td>
</tr>
</tbody>
</table>
Chlamydia Incidence by Gender and Age Group, 2007

Rate per 100,000

- **Males**
- **Females**

Age Group:
- 0-9
- 10-14
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45+
Gonorrhea Cases by Race and Hispanic Ethnicity
Washington State, 2007*

* Cases diagnosed in 2007
Gonorrhea Cases by Race and Hispanic Ethnicity  
Washington State, 2007*

* Races and Ethnicity (missing for 27.7 and 35.6% respectively), redistributed by proportion of known cases
Gonorrhea Incidence Rate by Hispanic Ethnicity, Washington State, 2007*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>92.84</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>51.7</td>
</tr>
</tbody>
</table>

*Gonorrhea cases diagnosed in 2007. Ethnicity redistributed for unknown cases.
Gonorrhea Incidence Rate by Race, Washington State, 2007*

*Gonorrhea cases diagnosed in 2007. Race redistributed for unknown cases.
Male Gonorrhea Cases Diagnosed by Age Group and MSM Status, Washington State, 2007

*Self-reported MSM status; cases missing sex partner gender presumed to be NON-MSM
Rate per 100,000 population

- <=0.2 (n= 2,367)
- 0.21-2.2 (n= 377)
- >2.2 (n= 396)

Primary and secondary syphilis
Rates by county: United States, 2006
Chlamydia Rate among 10 – 19 Year Old Females
by School District, Washington State 2006
DRAFT

Gonorrhea Morbidity
Richmond City Health District
1/1/2002 - 5/31/2002
Correct Locations of Misclassified Health Districts

Incorrect Health District
(In correct geographical location)

- CHESTERFIELD COUNTY
- HENRICO COUNTY
- RICHMOND CITY

Henrico County
Richmond City
Chesterfield County
2008 Chlamydia Rate per 100,000 by Census Tract
Gonorrhea Rate by Census Tract, 1994
DRAFT
Chlamydia Rate by Census Tract, 1994
DRAFT
Median HH Income by Census Tract, 1994

Minneapolis

St. Paul
Gonorrhea Incidence Rate in the United States, 1941 - 2005
Chlamydia Cases Diagnosed and Incidence Rate per 100,000, Washington State 1992 - 2007
GC Cases by Quarter and Reason for Exam*
2003 - 2005
Washington State

* By year and quarter of diagnosis, Cases reported through 1/30/2006 (4th quarter 2005 not complete). Self reported reason for examination.
Chlamydia — Percent of tests that were nucleic acid amplification tests (NAATs) in family planning clinics among 15- to 24-year-old women by HHS region, 2003–2007
Number of Females 15 - 24 Years, Screened for Chlamydia, IPP and Other Payers, Washington State 2002-2006

Number of Tests (Thousands)

- Number Screened Through IPP
- Other Screening

Year | Number of Tests
--- | ---
2002 | 70,696
2003 | 82,003
2004 | 89,439
2005 | 87,979
2006 | 74,379
Module Objectives

- Describe at least two considerations that support a real-time reporting system
- Discuss the four guiding concepts of data management.
- List at least three best practices of data management
- List and briefly describe basic elements of STD data systems

Module Objectives

- Identify essential elements for STD forms usability
- Summarize the advantages and disadvantages of web-based systems
- Explain the relationship between evaluation, quality improvement, and maintenance of STD data management systems
- Summarize the staff capacity and critical skills needed to maintain reporting and data management systems
Outline
- Reporting
- Reporting versus Case Management
- Data Management Concepts & Best Practices
- Data systems for STD programs
- Forms, usability, methods
- QA and evaluation
- Staff capacity for STD programs

Public Health ‘Reporters’
- Public health planning and disease control activities depend on a network of informed and collaborating clinicians, facilities and laboratories
- STD programs usually have a higher volume of reportable conditions than other health department programs
- Reporting requirements carry legal weight in most jurisdictions, yet the goodwill of providers will more fully insure timely and complete compliance

Collaborating Relationships
- Reporting relationships should be viewed like any other business collaboration
- STD programs should have a plan to maintain contact with reporters
- Annual letters of appreciation, including STD fact sheets and reminders of reporting requirements are a useful method of maintaining relationships

“Regardless of the changes in technology, well-crafted messages will always have an audience.”
Steve Burnett
Rationale for Reporting

- Clear statement of the importance of reporting STDs should be communicated to providers
  - Enables public health tracking of disease trends
  - Reporting can help assure timely treatment and facilitate partner services
- Providers should be reassured about the privacy of their patient's health information
  - Surveillance activities are exempt from HIPAA requirements
  - Freedom of Information Act requests do not apply to personally identifiable records

Rationale for Reporting

- Specific information about the legal basis and requirements for disease reporting should be conveyed
  - State statutes govern specific conditions reportable by providers, laboratories and health care facilities in each jurisdiction
  - The Council of State and Territorial Epidemiologists (CSTE) recommends specific conditions for national reporting to CDC

NETSS Reporting

- The National Electronic Telecommunications System for Surveillance (NETSS) is the system that provides CDC with weekly morbidity reporting from states and territories
- Nationally notifiable STDs include:
  - Syphilis (all stages)
  - Congenital syphilis
  - Gonorrhea
  - Chlamydia
  - Chancroid
- Gender, age, county of residence, race and Hispanic ethnicity are core NETSS variables
- States may require reporting of additional diseases (HSV, GI, LGV, PID, etc.)
Reporting and Case Management

- STD Programs have responsibility for assuring case reporting at the state and national level and also may have some responsibilities for case management in the field.
- Management needs of these two program functions can vary greatly in complexity and system requirements.
  - Case management information needs to be dynamic and easily available for frequent reference and update by field staff.
  - Reporting data need to be clean, complete, valid and static.

Guiding Concepts in Data Management

- **Ownership of the data**
  - Data are the property of the program and responsibility for quality, security and use reside with the program manager.
- **Minimization of data**
  - Collect & archive only those data elements that meet a specific surveillance purpose.
- **Accountability**
  - Who, when, where and why of each record or data element should be documented.
- **Evaluation/Quality Improvement**
  - Reporting completeness and timeliness should be periodically evaluated.
  - Data quality improvement should be an ongoing activity.

Data Management Best Practices

- Maintain a data dictionary - list of all data elements collected and how they are coded for STD surveillance and case management.
- Sources of all data collected should be documented.
- Data uses, including data requests from stakeholders and data sharing agreements should be documented.
- Compliance with applicable data confidentiality and security laws, regulations and policies should be documented.
- Data collected should be harmonized with other systems where desirable (HIV) to assure interoperability and encourage integration.
Business Rules

- Understanding the various program needs for data and data management help define the systems best suited to your program.
- Business rules are explicit statements describing steps and processes for managing, validating, accessing and archiving STD information for each specific purpose, for example:
  - Case reports will be recorded in the case registry within 10 days of receipt.
  - Laboratory reports will be matched against previously reported cases prior to creating a new case record.
  - Interviews and field records will be reviewed by the program manager.
  - Syphilis serologies will be run against a reactor grid prior to field investigation.

STD Data Management

- STD data management processes should be formalized in program policies and procedures.
- Data management methods should be periodically reviewed.
- Data validation and quality assurance should be integrated into data management processes.
- Data must be secure and patient confidentiality protected.
  - Stakeholders should be aware of data security considerations.
  - Access to data must be appropriately controlled.
  - Policies should be in place for suppressing small cell sizes in release of data.

Basic Elements of STD Data Systems

- STD programs need to manage data associated with diverse program activities for quality assurance and performance measurement:
  - Case reporting/surveillance
  - Case/partner management
  - Prevalence monitoring
  - Reporting and NETSS transmission
Two Models for Organizing Data

- Data systems can be either case-based or person-based

STD Data Management Systems

- The simplest STD data management systems are databases installed on a single computer or local area network in the state or local program office
  - Advantages include security control, ease of maintenance, control over data entry practices and minimum network requirements
  - Disadvantages include centralized data entry requirements, delay in case reporting and lack of access for case management by field staff
- Many programs are constrained in their choice of data management systems by local agency policies and network standards
  - Data managers/data stewards should be familiar with their home agency requirements

STD Data Systems & Tools

- Programs may be using databases specifically designed for STDs or may have developed local tools using a variety of database platforms
- A variety of data management systems are now available at low cost for STD program use:
  - STD-MIS, PRISM
- Additional software tools are also useful for analysis, data visualization and data manipulation
  - SAS, R, SPSS, PowerPoint, Epi Info, etc.
STD*MIS

STD*MIS is a STD-specific data application developed by CDC for local/state program use

- STD-MIS provides functionality for most aspects of STD surveillance, case management and reporting
- NETSS file production is built in, assuring reliable national reporting
- Program-level performance measure reporting is incorporated in later versions
- Many additional process reports are pre-programmed to facilitate local and state quality assurance activities

Data Management & Analysis Tools

- Data analysis
  - SAS (CDC License available to grantees)
  - SPSS
  - ArcGIS (ESRI) Geographic Information Systems tools
  - R statistical computing and graphics
- Record matching
  - LinkPlus (CDC)
  - Febrl (Freely Extensible Biomedical Record Linkage)
  - SAS
- Graphics Packages
  - Excel
  - PowerPoint
  - Origin

Forms

- Paper-based and electronic forms are the backbone of all public health reporting
- Even in an electronic reporting environment, there is still a need for paper-based forms
  - Emergency situations, power outages
  - Providers without reliable access to electronic media
- Case, laboratory, interview and field record reports are the basic units of STD surveillance
Usability/Acceptability
- Forms used to report cases of disease should clearly explain their purpose, be user-friendly and where space permits:
  - Have a descriptive title
  - Provide a brief rationale for the information being collected
  - Clearly explain confidentiality protections for the information the user is reporting
- Forms should be piloted and modified based on user feedback

STD Program-Specific Forms
- **Case Reports**
  - For use by providers and local health jurisdictions
  - Patient identifiers
  - Demographics and limited behavioral information
  - Provider information
  - Diagnosis, treatment and laboratory information
- **Case Management Interview Forms**
  - For use by DIS and other field staff
  - Captures behavioral data during exposure period
  - Records partner contact information
- **Field Records**
  - Records contact, notification and partner disposition information

Specialized & local use forms
- Congenital syphilis
- Neonatal HSV
- Infertility prevention project forms
- Special conditions surveillance tools (DGI, etc.)
- Enhanced surveillance activities (SSuN)
**On-line Forms and Reporting**

- Many STD programs are reducing manual data entry burden at the state program.
  - Distributing data entry to field/local staff reduces central data entry burden.
  - Reporting may be facilitated by secure web-based systems.
  - Electronic reporting may provide opportunities for more timely and complete information.
- Electronic forms that are identical, or very similar to, paper forms can help speed adoption of electronic reporting and data entry.
- Providers of STD diagnostic services are moving toward electronic medical records, which will be mined for case reporting in the future.

**Web-based Systems**

- A number of states have developed web-based surveillance systems with a variety of core and extended functionality.
  - PA-NEDSS (PA)
  - PRISM (ftp://ftp.pub.doh.state.fl.us/pub/bstd/)
  - MDSS (Michigan)
  - PHIMS-STD (WA)
- Primary advantages include distributed data entry burden, easy access by field staff for case management and potential for more timely reporting of cases.
- Disadvantages may include development and maintenance costs, increased need for ongoing data validation/data cleaning and managing training needs of multiple users.

**Electronic Reporting**

- Many states are implementing electronic laboratory reporting systems which can facilitate reporting of laboratory information, including those associated with reportable STDs.
- Electronic reporting requires that data systems be at least minimally “interoperable”:
  - Compatible data elements
  - Standard data formats
  - Ability to translate, import and export files
- Skill-set needed to build and maintain electronic reporting infrastructure can be highly specialized and expensive.
- Electronic reporting of lab and case data can significantly enhance program activities.
Data Transmission & Security
- NETSS data are transmitted to CDC via a secure data network maintained by CDC (SDN)
- Other STD case data are often needed in locations remote from the program office.
- Insuring the security and integrity of case data requires secure transmission methods
  - Encryption (PGP, Seal, etc.)
  - Secure file transport systems (encrypted in transmission)
  - Certificate-mediated HTTPS protocols for web systems
  - Secure fax locations
- Policies should be reviewed to assure they consider recent changes in technology

Evaluation and Quality Assurance
- Like any other program component, data management systems and methods should be regularly evaluated:
  - Completeness of reporting (cases, IX, FR, lab, etc.)
  - Completeness of data elements (case audit reports)
  - Validity of data (periodic case reviews)
  - Timeliness of reporting (performance measurement)

Evaluation and Quality Assurance
- In addition to system and data quality assurance, data management processes should be evaluated for efficiency:
  - Data entry methods
  - Data retrieval and reporting
  - Data extracts for analyses
- Changes in technology offer opportunities for continuous quality improvement; data management methods should be expected to mature and evolve as other program elements
Desirable STD Program staff capacities related to data management should include:

- Previous experience with database management
  - Dbase, Oracle, SQL, Access, etc.
- Programming skills
  - Basic data manipulation using SQL, VBasic, SAS, SPSS, R, Stata, ArcGIS or other packages
  - Basic understanding of relational databases
  - Understanding of network architecture
  - Familiarity with application development processes
EXAMPLES OF STD-RELATED DATA COLLECTION FORMS
**REPORT ONLY LAB CONFIRMED CASES**

**INSTRUCTIONS:** Print CAPITAL LETTERS clearly within the boxes with a black or blue pen. Do not touch the sides of the boxes. For circles, either completely fill them in or mark with an "X" or "V". Do not use labels on this form. Do not submit photocopies of this form.

**PATIENT'S LAST NAME**

**PATIENT**

**COUNTRY OF BIRTH**

- United States
- Other (specify)
- Unknown

**ADDRESS**

**APT/UNIT NO.**

**CITY/TOWN**

**STATE**

**ZIP CODE**

**DATE OF BIRTH**

**MEDICAL RECORD NO.**

**AREA CODE**

**PHONE NUMBER**

**GENDER (Mark one only)**

- Male
- Female
- Pregnant? Yes
- Pregnant? No
- Transgender (M to F)
- Transgender (F to M)
- Other (specify)

**ETHNICITY (Mark one only)**

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Unknown

**RACE (Mark all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (specify)
- Unknown

**GENDER OF SEX PARTNER(S) (Mark all that apply)**

- Male
- Female
- Transgender (M to F)
- Transgender (F to M)
- Unknown

**CT DIAGNOSIS (Mark one only)**

- Symptomatic - uncomplicated
- Asymptomatic - contact to STD
- Asymptomatic - screening
- Pelvic Inflammatory Disease (PID)
- Conjunctivitis
- Other (specify)

**CT SPECIMEN SOURCE (Mark all that apply)**

- Cervix
- Urethra
- Rectum
- Pharynx
- Urine
- Other (specify)

**CT TREATMENT (Mark one only)**

- Azithromycin (Zithromax), 1 gm po x 1
- Doxycycline, 100 mg po BID x 7 days
- Erythromycin base, 500 mg po QID x 7 days
- Erythromycin ethylsuccinate, 800 mg po QID x 7 days
- Ofloxacin, 300 mg po BID x 7 days
- Levofloxacin, 500 mg po qd x 7 days
- Other (specify)

**SPECIMEN COLLECTION DATE**

**TREATMENT DATE**

**NOT TREATED**

**GC DIAGNOSIS (Mark one only)**

- Symptomatic - uncomplicated
- Asymptomatic - contact to STD
- Asymptomatic - screening
- Pelvic Inflammatory Disease (PID)
- Conjunctivitis
- Disseminated
- Other (specify)

**GC SPECIMEN SOURCE (Mark all that apply)**

- Cervix
- Urethra
- Rectum
- Pharynx
- Urine
- Other (specify)

**GC TREATMENT (Mark one only)**

- Cefixime (Suprax), 400 mg po x 1
- Ceftriaxone (Rocephin), 125 mg IM x 1
- Ciprofloxacin, 500 mg po x 1
- Ofloxacin, 400 mg po x 1
- Levofloxacin, 250 mg po x 1
- Other (specify)

**SPECIMEN COLLECTION DATE**

**TREATMENT DATE**

**NOT TREATED**

**SYPHILIS DIAGNOSIS (Mark one only)**

- Primary
- Secondary
- Early Latent (< 1 yr)
- Late Latent (> 1 yr)
- Neurosyphilis (CSF/VDRL ≥ 1)
- Congential
- Other (specify)

**SYPHILIS TREATMENT (Mark one only)**

- Benzathine penicillin G, 2.4 m.u. IM x 1 (early syphilis)
- Benzathine penicillin G, 2.4 m.u. IM weekly x 3 (late latent syphilis)
- Aqueous crystalline penicillin G, 18-24 m.u. IV x 10-14 days (neurosyphilis)
- Other (specify)

**TEST TYPE/RESULTS**

- USR
- RPR
- TPHA
- VDRL/CSF
- Other (specify)

**SPECIMEN COLLECTION DATE**

**TREATMENT DATE**

**NOT TREATED**

**CHANCROID**

- CHANCROID DIAGNOSIS (lab confirmation or tests to exclude syphilis and herpes)
- CHANCROID TREATMENT:

**DIAGNOSED BY:**

**FORM COMPLETED BY:**

<table>
<thead>
<tr>
<th>Physician Last Name</th>
<th>First Name</th>
<th>Last Name</th>
<th>First Name</th>
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<th>Clinic or Facility</th>
<th>Address</th>
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<th>LabMatch</th>
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<th>Call</th>
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<td>673786</td>
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<tr>
<th>PSU #</th>
<th>Partner</th>
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</table>
MINNESOTA CONFIDENTIAL
STD CASE REPORT

Health care providers should use this form to report LAB CONFIRMED cases of sexually transmitted disease as mandated by state law (Minnesota Rules 4605.7040). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest. All case reports are classified as private under the Minnesota Government Data Practices Act (§13.36). Your cooperation in reporting is both encouraged and appreciated.

Laboratory reports do not substitute for physician case reports. Coexisting infections (such as gonorrhea and chlamydia) may be reported on a single form. Do not use this form to report cases of HIV infection. Contact the STD and HIV Section at (651) 201-5414 if you have questions about HIV case reporting.

INSTRUCTIONS: Print CAPITAL LETTERS clearly within the boxes with a black or blue pen. Do not touch the sides of the boxes. Do not use labels on this form. For circles, either completely fill them in or mark with an "X" or "✓". Do not submit photocopies of this form.

For additional information or consultation, contact:
Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and Control Division
STD and HIV Section
P.O. Box 64975
St. Paul, Minnesota 55164-0975
Telephone: (651) 201-5414
TTY: (651) 201-5797

Please indicate if you would like to receive:

Additional case report forms
MDH return envelopes
STD Treatment Guidelines
STD Surveillance Data Summary
Partner Services Unit information/brochure
STD Reporting Frequently Asked Questions (HIPPA)

Materials needed by: __________________________ (date)

* STD Treatment Guidelines are available at: www.cdc.gov/std/treatment/default.htm

** Available at: www.health.state.mn.us/divs/dstd/otopics/stds/index.html

*** Available at: www.health.state.mn.us/divs/dstd/otopics/reportable/index.html

IMPORTANT INFORMATION:
Treatment of sexual partners is essential to prevent reinfection and further transmission. All sexual partners who had contact with the patient during the following time periods should be preventedly treated, even if the partner's diagnostic tests are negative:

Chlamydia - 60 days before onset
Gonorrhea - 60 days before onset
Syphilis - within 90 days of last exposure to patient

PARTNER SERVICES DATA FORUNTREATED PARTNERS
Please provide name(s) and locating information for UNTREATED PARTNERS if you would like MDH assistance with partner notification. This information is private and no information that could identify your patient will be revealed to partners.

In most cases, partner follow-up cannot be initiated unless specific locating information is given below. If partners are not followed up with appropriate treatment, reinfection of the patient may occur.

PARTNER'S NAME
ADDRESS
CITY/STATE/ZIP
PHONE NUMBER
RACE/ETHNICITY AGE DATE OF BIRTH SEX
APPROX DATE OF LAST EXPOSURE
PHYSICAL DESCRIPTION ADDITIONAL INFORMATION

PARTNER'S NAME
ADDRESS
CITY/STATE/ZIP
PHONE NUMBER
RACE/ETHNICITY AGE DATE OF BIRTH SEX
APPROX DATE OF LAST EXPOSURE
PHYSICAL DESCRIPTION ADDITIONAL INFORMATION
**DIAGNOSIS—DISEASE**

**CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT**

**RACE** - Check all that apply
- W—White
- B—Black
- AI—American Indian
- AN—Alaskan Native
- A—Asian
- NHOPI—Native Hawaiian/Other Pacific Islander
- O—Other
- U—Unknown

**Reason for Exam:** (Check One)
- Symptomatic
- Routine Exam—No Symptoms
- Exposed to Infection

**GONORRHEA**
- Asymptomatic
- Symptomatic - Uncomplicated
- Pelvic Inflammatory Disease
- Ophthalmia
- Other Complications:______

**DIAGNOSIS** - (Check One)
- Asymptomatic
- Symptomatic - Uncomplicated
- Pelvic Inflammatory Disease
- Ophthalmia
- Other Complications:______

**DATE TESTED______________**

**SITE(S) -** D all that apply
- Cervix
- Urethra
- Urine
- Rectum
- Pharynx
- Ocular
- Other:______

**TREATMENT -** D all given/presc.
- Azithromycin
- Doxycycline
- Erythromycin
- Ofloxacin
- Levofloxacin
- Other_____________

**DATE RX_____________**

**SYPHILIS**

**PARTNER MANAGEMENT PLAN**

1. Health Department to assume responsibility for partner treatment.

2. Provide will ensure all partners treated (FREE medications available).

3. Indicate number to be treated
   - ________

**Instructions**

- Patient has had 2 or more sex partners in the last 60 days,
- Patient does not think he/she will have sex again with sex partners from the last 60 days,
- Patient is unable or unwilling to contact one or more partner,
- Patient is a male who has sex with other men.

- Patient has had 2 or more sex partners in the last 60 days,
- Patient does not think he/she will have sex again with sex partners from the last 60 days,
- Patient is unable or unwilling to contact one or more partner,
- Patient is a man who has sex with other men.  

- Patient has had 2 or more sex partners in the last 60 days,
- Patient does not think he/she will have sex again with sex partners from the last 60 days,
- Patient is unable or unwilling to contact one or more partner,
- Patient is a man who has sex with other men.
**FLORIDA DEPARTMENT OF HEALTH – PRACTITIONER DISEASE REPORT FORM**

(Please complete the following information to report the suspect or diagnosis of a disease which is reportable under Florida Administrative Code 64D-3.)

<table>
<thead>
<tr>
<th>Disease Specific Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Onset:</td>
</tr>
<tr>
<td>Patient Hospitalized?:</td>
</tr>
<tr>
<td>Hospital Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Date:</td>
</tr>
<tr>
<td>Test Conducted?:</td>
</tr>
<tr>
<td>Lab Name:</td>
</tr>
<tr>
<td>Lab Test Date:</td>
</tr>
<tr>
<td>Treatment Provided?:</td>
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<tr>
<td>Treatment:</td>
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<td>Medical Record Number:</td>
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<table>
<thead>
<tr>
<th>Patient Information:</th>
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<tbody>
<tr>
<td>Last Name:</td>
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<tr>
<td>First Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
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<tr>
<td>Zip Code:</td>
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</table>

| Social Security Number (no dashes): |
|----------------|----------------|
| Gender: |
| Ethnicity: |
| Race: |
| Other: |

**Report immediately upon:**

- Initial suspicion 24/7 by phone
- Diagnosis 24/7 by phone

- Anthrax
- Botulism, foodborne
- Botulism, infant
- Botulism, other/wound/unspecified
- Brucellosis
- California serogroup virus disease
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera
- Ciguatera fish poisoning
- Clostridium perfringens epsilon toxin
- Conjunctivitis, in neonatal ≤14 days
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria
- Eastern equine encephalitis virus disease
- Ehrlichiosis, human granulocytic (HEG)
- Ehrlichiosis, human monocytic (HME)
- Ehrlichiosis, human other or unspecified species
- Encephalitis, other (non-arboviral)

- Enteric disease due to Escherichia coli O157:H7
- Enteric disease due to other pathogenic Escherichia coli
- Giardiasis (acute)
- Glanders
- Gonorrhea
- Granuloma inguinale
- Haemophilus influenzae, meningitis and invasive disease
- Hansen's disease
- Human adenovirus infection
- Hemolytic uremic syndrome
- Hepatitis, acute A
- Hepatitis, acute B, C, D, E, G
- Hepatitis, chronic B, C
- Hepatitis B surface antigen positive in pregnant woman or child up to 24 months
- Herpes simplex virus (HSV) in infants up to six months
- HSV anogenital in children ≤12 yrs
- Human papilloma virus (HPV) anogenital in children ≤12 yrs
- HPV associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤6 yrs
- HPV cancer associated strains
- Influenza – due to novel or pandemic strains
- Influenza – associated pediatric mortality in persons <18 yrs
- Lead poisoning
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Lymphogranuloma Venereum (LGV)
- Malaria
- Measles (Rubeola)
- Melioidosis
- Meningitis, bacterial, cryptocoecal, other mycotic
- Meningococcal disease
- Mercury poisoning
- Mumps
- Neurotoxic shellfish poisoning
- Pertussis
- Pesticide-related illness and injury
- Plague
- Poliomyelitis
- Psittacosis (Ornithosis)
- Q Fever
- Rabies, animal
- Rabies, human
- Rabies possible exposure (animal bite)
- Ricin toxicity
- Rocky Mountain spotted fever
- Rubella
- St. Louis encephalitis virus disease
- Salmonellosis
- Saxitoxin poisoning, including paralytic shellfish poisoning (PSP)
- Severe acute respiratory syndrome (SARS)
- Shigellosis
- Smallpox
- Staphylococcus aureus, intermediate or full resistance to vancomycin
- Staphylococcus enterotoxin B
- Streptococcal disease, invasive Group A
- Streptococcal pneumoniae, invasive disease
- Syphilis
- Syphilis, pregnancy or neonate
- Tetanus
- Toxoplasmosis, acute
- Trichinellosis
- Tuberculosis (TB)
- Tularemia
- Typhoid fever
- Typhus fever, endemic
- Typhus fever, epidemic
- Vaccinia disease
- Varicella (chickenpox)
- Date of vaccination/immunization
- Varicella mortality
- Venezuelan equine encephalitis virus disease
- Vibriosis, Vibrio infections
- Viral hemorrhagic fevers
- West Nile virus disease
- Western equine encephalitis virus disease
- Yellow fever

- Any Outbreak, grouping, or clustering of patients having similar disease, symptoms, syndromes:!
**Los Angeles County STD Program**  
**Chlamydia & Gonorrhea Laboratory Report**

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th>Patient's Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code</th>
<th>Day Telephone Number</th>
<th>Area Code</th>
<th>Evening Telephone Number</th>
<th>Area Code</th>
<th>Fax Number</th>
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<thead>
<tr>
<th><strong>2</strong></th>
<th>Doctor's Last Name</th>
<th>Doctor's First Name</th>
<th>M.I.</th>
<th>Facility/Clinic Name</th>
<th>Facility Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code</th>
<th>Telephone Number</th>
<th>Area Code</th>
<th>Fax Number</th>
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For HIV Reporting:  
Call (213) 351-8516 or visit www.lapublichealth.org/hiv

<table>
<thead>
<tr>
<th><strong>3</strong></th>
<th>Laboratory's Name</th>
<th>Laboratory's Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code</th>
<th>Telephone Number</th>
<th>Area Code</th>
<th>Fax Number</th>
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<thead>
<tr>
<th><strong>4</strong></th>
<th>Test Name</th>
<th>Test Result</th>
<th>Spec. Coll. Date (MM-DD-YY):</th>
<th>Test Date (MM-DD-YY):</th>
<th>Specimen ID #:</th>
</tr>
</thead>
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</table>

**Chlamydia**

**Specimen Site:**  
- Urine  
- Vaginal  
- Cervix  
- Rectum  
- Urethra  
- Nasopharynx

**Comments:**  
- Other

<table>
<thead>
<tr>
<th><strong>5</strong></th>
<th>Test Name</th>
<th>Test Result</th>
<th>Spec. Coll. Date (MM-DD-YY):</th>
<th>Test Date (MM-DD-YY):</th>
<th>Specimen ID #:</th>
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</tbody>
</table>

**Gonorrhea**

**Specimen Site:**  
- Urine  
- Vaginal  
- Cervix  
- Rectum  
- Urethra  
- Nasopharynx

**Comments:**  
- Other

Fax to: (213) 749-9602  
Reporting or Question: (213) 744-5915  
Download from: http://lapublichealth.org/std/labs.htm

Updated by 07/21/2008
## Interview Record

**Name**

- **Last Name**
- **First Name**
- **Middle Name**
- **Preferred Name / AKA**
- **Maiden Name**

**Address**

- **Residence Street**
- **City**
- **State**
- **Zip**
- **County**
- **District**
- **Country**
- **Residence Type**

**Demographics**

- **Sex at Birth**
- **Marital Status**
- **Hispanic/Latino?**
- **English Speaking?**
- **Race**
- **Primary Language**

**Pregnancy**

- **Pregnant at Exam?**
- **Pregnant at Interview?**
- **Currently in Prenatal Care?**

**E-Mail Address(es)**

- **Home Phone**
- **Work Phone**
- **Cellular Phone**
- **Pager**

**Interviewed?**

- **Date Original Interview**
- **Date Reassigned for Interview**
- **PEMS Site ID**

- **Laboratory Report Date**

<table>
<thead>
<tr>
<th>Condition 1 Reporting Information</th>
<th>Condition 2 Reporting Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Method of Case Detection</strong></td>
<td><strong>Method of Case Detection</strong></td>
</tr>
<tr>
<td><strong>OP Condition</strong></td>
<td><strong>OP Condition</strong></td>
</tr>
<tr>
<td><strong>Facility First Tested</strong></td>
<td><strong>Facility First Tested</strong></td>
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<tr>
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**Local Use:**

- **Imported Case?**
- **Import Location**
- **Imported Case?**
- **Import Location**
### RISK FACTORS

#### I. Sexual Behaviors

**Sex is defined as having engaged in oral, anal or vaginal contact with partners.**

<table>
<thead>
<tr>
<th>Has the patient:</th>
<th>Within past 3 months</th>
<th>Within past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had sex with a male?</td>
<td>Y/N/R/D</td>
<td>Y/N/R/D</td>
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<tr>
<td>2. Had sex with a female?</td>
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<tr>
<td>3. Had sex with an anonymous partner?</td>
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<tr>
<td>4. Had sex with a person known to him/her to be an IDU?</td>
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<tr>
<td>5. Had sex while intoxicated and/or high on drugs?</td>
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<tr>
<td>6. Exchanged drugs/money for sex?</td>
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<tr>
<td>7. [Females only] Had sex with a person who is known to her to be an MSM?</td>
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</table>

#### II. Drug Use Behaviors

| 8. Engaged in injection drug use? | Y/N/R/D |
| 9. During the past 12 months, which of the following injection or non-injection drugs have been used? |
| - Crack | | |
| - Cocaine | | |
| - Heroin | | |
| - None | | |
| - Nitrites/Poppers | | |
| - Erectile dysfunction medications (e.g., Viagra) | | |
| - Other, specify: | | |

#### III. Other Risk Factors

| 10. Been incarcerated? | Y/N/R/D |
| | |
### STD Testing

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Provider</th>
<th>Test</th>
<th>Specimen Source</th>
<th>Qualitative Result</th>
<th>Quantitative Result</th>
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### HIV Testing

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<th>Y</th>
<th>N</th>
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<th>R</th>
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<th>Previously Tested for HIV?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
<th>R</th>
<th>Not Asked</th>
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<tbody>
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<td>Test</td>
<td>Specimen Source</td>
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### Signs and Symptoms

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<thead>
<tr>
<th>Signs/ Symptoms</th>
<th>Earliest Observation Date</th>
<th>Anatomic Site</th>
<th>Clinician Observed?</th>
<th>Patient Described?</th>
<th>Duration (Days)</th>
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If Other, Please Describe: ____________________________________________________________________________

### STD History

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<tr>
<td>Condition</td>
<td>Dx Date (mm/yyyy)</td>
<td>Rx Date (mm/yyyy)</td>
<td>Confirmed?</td>
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### STD/HIV Treatment/Counseling

<table>
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<tr>
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<th>Provider</th>
<th>Drug and Dosage</th>
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Treatment Comments: ____________________________________________________________________________

### HIV Pre-Test Counseled at this event?

<table>
<thead>
<tr>
<th>HIV Pre-Test Counseled at this event?</th>
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<tbody>
<tr>
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Incidental Antibiotic Treatment in Last 12 Months?  

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Rx Date (mm/yyyy)</td>
<td>Drug/Dosage/Duration</td>
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Anti-Retroviral Therapy for Diagnosed HIV Infection?

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</thead>
<tbody>
<tr>
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<td>Ever?</td>
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HIV Pre-Test Counseled at this event?  

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<tbody>
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| HIV Post-Test Counseled at this event? | Y | N | U | R |
### Social History

#### Places Met Partners

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#### Places Had Sex

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#### Partners in Last 12 Months

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#### Interview Period Partners

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### Partner/Cluster Information

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**Interview / Investigation Comments**

**Travel History and Internet Use**
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### Disease/Diagnosis Codes

<table>
<thead>
<tr>
<th>Disease/Diagnosis Codes</th>
<th>Institution Types</th>
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<tbody>
<tr>
<td>030 - HepB acute w/o delta</td>
<td>G - Group Home</td>
</tr>
<tr>
<td>031 - HepB acute w/ delta</td>
<td>J - Jail</td>
</tr>
<tr>
<td>033 - HepB chronic w/o delta</td>
<td>O - Other</td>
</tr>
<tr>
<td>034 - HepB chronic w/ delta</td>
<td>P - Prison</td>
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<tr>
<td>042 - Hepatitis delta</td>
<td>Q - Mental Health Center</td>
</tr>
<tr>
<td>051 - Hepatitis C, acute</td>
<td>R - Rehabilitation Center</td>
</tr>
<tr>
<td>053 - Hepatitis E</td>
<td>X - Drug Treatment/Detox Center</td>
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<tr>
<td>054 - Hepatitis C, chronic</td>
<td>Y - Juvenile Detention</td>
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<td>070 - Hepatitis, unknown</td>
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<td>100 - Chancroid</td>
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<tr>
<td>200 - Chlamydia</td>
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<tr>
<td>300 - Gonorrhea (uncomplicated)</td>
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<td>350 - Resistant Gonorrhea</td>
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<td>400 - Non-Gonococcal Urethritis (NGU)</td>
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<td>450 - Mucopurulent Cervicitis (MPC)</td>
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<td>490 - PID Syndrome</td>
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<td>500 - Granuloma Inguinale</td>
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<td>600 - Lymphogranuloma Venereum (LGV)</td>
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<td>710 - Syphilis, primary</td>
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<tr>
<td>720 - Syphilis, secondary</td>
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<tr>
<td>730 - Syphilis, early latent</td>
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<td>740 - Syphilis, unknown duration</td>
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<td>745 - Syphilis, late latent</td>
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<td>750 - Syphilis, late w/ symptoms</td>
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<td>800 - Genital Warts</td>
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<td>850 - Herpes</td>
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### Neurological Involvement

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<td>P - Yes, Probable</td>
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<td>N - No</td>
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<td>U - Unknown</td>
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### Residence Type

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<td>B - Mobile Home</td>
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<tr>
<td>C - Migrant Camp</td>
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<td>D - Dorm</td>
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<td>G - Group Home</td>
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<td>H - House/Condo</td>
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<td>J - Jail</td>
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<tr>
<td>M - Hotel/Motel</td>
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<td>N - Homeless</td>
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<td>O - Other</td>
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<td>P - Prison</td>
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<tr>
<td>Q - Mental Health Center</td>
<td></td>
</tr>
<tr>
<td>R - Rehabilitation Center</td>
<td></td>
</tr>
<tr>
<td>U - Unknown</td>
<td></td>
</tr>
<tr>
<td>X - Drug Treatment/Detox Center</td>
<td></td>
</tr>
<tr>
<td>Y - Juvenile Detention</td>
<td></td>
</tr>
</tbody>
</table>

### Gender/Sex:

<table>
<thead>
<tr>
<th>Gender/Sex</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M - Male</td>
<td></td>
</tr>
<tr>
<td>F - Female</td>
<td></td>
</tr>
<tr>
<td>MTF - Male to Female Transsexual</td>
<td></td>
</tr>
<tr>
<td>FTM - Female to Male Transsexual</td>
<td></td>
</tr>
<tr>
<td>T - Transgender</td>
<td></td>
</tr>
<tr>
<td>U - Unknown</td>
<td></td>
</tr>
<tr>
<td>R - Refused to Answer</td>
<td></td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Asian</td>
<td></td>
</tr>
<tr>
<td>B - Black or African American</td>
<td></td>
</tr>
<tr>
<td>NH/PI - Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>W - White</td>
<td></td>
</tr>
<tr>
<td>U - Unknown</td>
<td></td>
</tr>
<tr>
<td>R - Refused to Answer</td>
<td></td>
</tr>
</tbody>
</table>

### Method of Case Detection

<table>
<thead>
<tr>
<th>Method of Case Detection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - Screening</td>
<td></td>
</tr>
<tr>
<td>21 - Self-Referred (symptomatic patients seeking testing)</td>
<td></td>
</tr>
<tr>
<td>22 - Patient Referred Partner</td>
<td></td>
</tr>
<tr>
<td>23 - Health Department Referred Partner</td>
<td></td>
</tr>
<tr>
<td>24 - Cluster Related (Social Contact (Suspect) or Associate)</td>
<td></td>
</tr>
<tr>
<td>88 - Other</td>
<td></td>
</tr>
</tbody>
</table>

### Reasons Not Interviewed:

<table>
<thead>
<tr>
<th>Reasons Not Interviewed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U - Unable to locate</td>
<td></td>
</tr>
<tr>
<td>P - Physician Refusal</td>
<td></td>
</tr>
<tr>
<td>R - Refused to Answer</td>
<td></td>
</tr>
<tr>
<td>D - Deceased</td>
<td></td>
</tr>
<tr>
<td>L - Language Barrier</td>
<td></td>
</tr>
<tr>
<td>O - Other</td>
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</table>

### Place of Interview

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>C - Clinic</td>
<td></td>
</tr>
<tr>
<td>F - Field</td>
<td></td>
</tr>
<tr>
<td>T - Telephone</td>
<td></td>
</tr>
<tr>
<td>I - Internet</td>
<td></td>
</tr>
<tr>
<td>O - Other</td>
<td></td>
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### Imported Case

<table>
<thead>
<tr>
<th>Imported Case</th>
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</thead>
<tbody>
<tr>
<td>N - Not an imported case</td>
<td></td>
</tr>
<tr>
<td>C - Yes, imported from another country</td>
<td></td>
</tr>
<tr>
<td>S - Yes, imported from another state</td>
<td></td>
</tr>
<tr>
<td>J - Yes, imported from another county/jurisdiction in the state</td>
<td></td>
</tr>
<tr>
<td>D - Yes, imported but not able to determine source county, state, and/or country</td>
<td></td>
</tr>
<tr>
<td>U - Unknown</td>
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</tr>
</tbody>
</table>

### Specimen Source

<table>
<thead>
<tr>
<th>Specimen Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Cervix/Endocervix</td>
<td></td>
</tr>
<tr>
<td>02 - Lesion - Genital</td>
<td></td>
</tr>
<tr>
<td>03 - Lesion - Extra Genital</td>
<td></td>
</tr>
<tr>
<td>04 - Lymph Node Aspirate</td>
<td></td>
</tr>
<tr>
<td>05 - Oropharynx</td>
<td></td>
</tr>
<tr>
<td>06 - Ophthalmia/Conjuctiva</td>
<td></td>
</tr>
<tr>
<td>07 - Other</td>
<td></td>
</tr>
<tr>
<td>08 - Other Aspirate</td>
<td></td>
</tr>
<tr>
<td>09 - Rectum</td>
<td></td>
</tr>
<tr>
<td>10 - Urethra</td>
<td></td>
</tr>
<tr>
<td>11 - Urine</td>
<td></td>
</tr>
<tr>
<td>12 - Vagina</td>
<td></td>
</tr>
<tr>
<td>13 - Blood/Serum</td>
<td></td>
</tr>
<tr>
<td>14 - Cerebrospinal Fluid (CSF)</td>
<td></td>
</tr>
<tr>
<td>88 - Not Applicable</td>
<td></td>
</tr>
<tr>
<td>99 - Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Anatomic Site

<table>
<thead>
<tr>
<th>Anatomic Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Anus/Rectum</td>
<td></td>
</tr>
<tr>
<td>B - Penis</td>
<td></td>
</tr>
<tr>
<td>C - Scrotum</td>
<td></td>
</tr>
<tr>
<td>D - Vagina</td>
<td></td>
</tr>
<tr>
<td>E - Cervix</td>
<td></td>
</tr>
<tr>
<td>F - Naso-Pharynx</td>
<td></td>
</tr>
<tr>
<td>G - Mouth/Oral Cavity</td>
<td></td>
</tr>
<tr>
<td>H - Eye-Conjuctiva</td>
<td></td>
</tr>
<tr>
<td>I - Head</td>
<td></td>
</tr>
<tr>
<td>J - Torso</td>
<td></td>
</tr>
<tr>
<td>K - Extremities (Arms, Legs, Feet, Hands)</td>
<td></td>
</tr>
<tr>
<td>N - Not Applicable (N/A)</td>
<td></td>
</tr>
<tr>
<td>O - Other</td>
<td></td>
</tr>
<tr>
<td>U - Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Qualitative Lab Result

<table>
<thead>
<tr>
<th>Qualitative Lab Result</th>
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</tr>
</thead>
<tbody>
<tr>
<td>P - Positive</td>
<td></td>
</tr>
<tr>
<td>N - Negative</td>
<td></td>
</tr>
<tr>
<td>I - Indeterminate/Equivocal</td>
<td></td>
</tr>
<tr>
<td>UN - Unknown/ No Result</td>
<td></td>
</tr>
<tr>
<td>Q - Quantity Not Sufficient</td>
<td></td>
</tr>
<tr>
<td>C - Contaminated specimen</td>
<td></td>
</tr>
</tbody>
</table>

### Places met or had sex with partners

<table>
<thead>
<tr>
<th>Places met or had sex with partners</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Adult Book Store/Cinema</td>
<td></td>
</tr>
<tr>
<td>B - Bars</td>
<td></td>
</tr>
<tr>
<td>C - Cruising in Automobile</td>
<td></td>
</tr>
<tr>
<td>D - Dance Halls</td>
<td></td>
</tr>
<tr>
<td>E - Escort Services</td>
<td></td>
</tr>
<tr>
<td>F - Baths/Spas/Resorts</td>
<td></td>
</tr>
<tr>
<td>G - Place of Worship</td>
<td></td>
</tr>
<tr>
<td>H - Home</td>
<td></td>
</tr>
<tr>
<td>I - Chat Rooms/Lines/Email/Internet</td>
<td></td>
</tr>
<tr>
<td>J - Jail/Prison</td>
<td></td>
</tr>
<tr>
<td>K - Clubs</td>
<td></td>
</tr>
<tr>
<td>L - Beach</td>
<td></td>
</tr>
<tr>
<td>M - Motel/Hotel</td>
<td></td>
</tr>
<tr>
<td>N - Shopping Mall</td>
<td></td>
</tr>
<tr>
<td>O - Other</td>
<td></td>
</tr>
<tr>
<td>P - Project/Shelter</td>
<td></td>
</tr>
<tr>
<td>Q - School</td>
<td></td>
</tr>
<tr>
<td>R - Gyms/Health Clubs</td>
<td></td>
</tr>
<tr>
<td>S - Partner's Home</td>
<td></td>
</tr>
<tr>
<td>T - Street</td>
<td></td>
</tr>
<tr>
<td>U - Circuit Party</td>
<td></td>
</tr>
<tr>
<td>V - Cruise (Boat)</td>
<td></td>
</tr>
<tr>
<td>W - Work</td>
<td></td>
</tr>
<tr>
<td>X - Park/Rest Area</td>
<td></td>
</tr>
<tr>
<td>88 - Not Applicable</td>
<td></td>
</tr>
<tr>
<td>99 - Unknown</td>
<td></td>
</tr>
</tbody>
</table>
## Interview Record Codes

### Signs/Symptoms

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Discharge or MPC</td>
</tr>
<tr>
<td>B</td>
<td>Chancre, Sores, Lesions, or Ulcers</td>
</tr>
<tr>
<td>C</td>
<td>Rash</td>
</tr>
<tr>
<td>D</td>
<td>Dysuria</td>
</tr>
<tr>
<td>E</td>
<td>Itching</td>
</tr>
<tr>
<td>F</td>
<td>Alopecia (Hair loss)</td>
</tr>
<tr>
<td>G</td>
<td>Condylomata Lata</td>
</tr>
<tr>
<td>H</td>
<td>Bleeding</td>
</tr>
<tr>
<td>I</td>
<td>Pharyngitis (Sore Throat)</td>
</tr>
<tr>
<td>J</td>
<td>Painful Sex</td>
</tr>
<tr>
<td>K</td>
<td>Abdominal Pain</td>
</tr>
<tr>
<td>L</td>
<td>Swelling/Inflammiation</td>
</tr>
<tr>
<td>M</td>
<td>Mucous Patch</td>
</tr>
<tr>
<td>N</td>
<td>Lymphadenopathy</td>
</tr>
<tr>
<td>O</td>
<td>Other</td>
</tr>
<tr>
<td>P</td>
<td>Balanitis</td>
</tr>
<tr>
<td>Q</td>
<td>Fever</td>
</tr>
<tr>
<td>R</td>
<td>Cervical Friability</td>
</tr>
<tr>
<td>S</td>
<td>Ectopy</td>
</tr>
<tr>
<td>T</td>
<td>Epididymitis</td>
</tr>
<tr>
<td>V</td>
<td>Proctitis</td>
</tr>
<tr>
<td>W</td>
<td>Adnexal tenderness/Cervical motion tenderness</td>
</tr>
</tbody>
</table>

### STD History

- **Y** - Yes, patient has a history of STD
- **N** - No, patient has never had a prior STD
- **U** - Unknown if patient has had a prior STD
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### Dispositions

#### STD Dispositions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Preventative Treatment</td>
</tr>
<tr>
<td>B</td>
<td>Refused Preventative Treatment</td>
</tr>
<tr>
<td>C</td>
<td>Infected, Brought to Treatment</td>
</tr>
<tr>
<td>D</td>
<td>Infected, Not Treated</td>
</tr>
<tr>
<td>E</td>
<td>Previously Treated for This Infection</td>
</tr>
<tr>
<td>F</td>
<td>Not Infected</td>
</tr>
<tr>
<td>G</td>
<td>Insufficient Information to Begin Investigation</td>
</tr>
<tr>
<td>H</td>
<td>Unable to Locate</td>
</tr>
<tr>
<td>J</td>
<td>Located, Refused Examination and/or Treatment</td>
</tr>
<tr>
<td>K</td>
<td>Out Of Jurisdiction</td>
</tr>
<tr>
<td>L</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### HIV Dispositions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Previous Positive</td>
</tr>
<tr>
<td>2</td>
<td>Previous Negative, New Positive</td>
</tr>
<tr>
<td>3</td>
<td>Previous Negative, Still Negative</td>
</tr>
<tr>
<td>4</td>
<td>Previous Negative, Not Re-tested</td>
</tr>
<tr>
<td>5</td>
<td>Not Previously Testd, New Positive</td>
</tr>
<tr>
<td>6</td>
<td>Not Previously Tested, New Negative</td>
</tr>
<tr>
<td>7</td>
<td>Not Previously Tested, Not Tested Now</td>
</tr>
<tr>
<td>G</td>
<td>Insufficient Information to Begin Investigation</td>
</tr>
<tr>
<td>H</td>
<td>Unable to Locate</td>
</tr>
<tr>
<td>J</td>
<td>Located, Refused Counseling and/or Testing</td>
</tr>
<tr>
<td>K</td>
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<tr>
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</tr>
<tr>
<td>H</td>
<td>Unable to Locate</td>
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<td>J</td>
<td>Located, Refused Examination and/or Treatment</td>
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<tr>
<td>K</td>
<td>Out Of Jurisdiction</td>
</tr>
<tr>
<td>L</td>
<td>Other</td>
</tr>
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</table>

#### HIV Dispositions

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<tr>
<td>H</td>
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</tr>
<tr>
<td>J</td>
<td>Located, Refused Counseling and/or Testing</td>
</tr>
<tr>
<td>K</td>
<td>Out Of Jurisdiction</td>
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<tr>
<td>L</td>
<td>Other</td>
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### Interview Record for Gonorrhea/Chlamydia

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Condition(s)</th>
<th>ReInfection? If yes, #</th>
<th>Case ID</th>
<th>Interview Record ID</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

#### Name

- **Last Name**
- **First Name**
- **Middle Name**
- **Preferred Name / AKA**
- **Maiden Name**

#### Address

- **Residence Street**
- **City**
- **State**
- **Zip**
- **County**
- **District**
- **Country**
- **Residence Type**
- **Currently Institutionalized?**
- **Name of Institution**
- **Time At Address**
- **Time In State**
- **Time In Country**

#### STD Testing

- **Date Collected**
- **Provider**
- **Test**
- **Specimen Source**
- **Qualitative Result**
- **Laboratory Report Date**
- **Facility First Tested**
- **If Other, Describe**

#### STD Treatment

- **Treatment Date**
- **Provider**
- **Drug and Dosage**
- **Treatment Comments:**
- **Provider Choice:**

#### Pregnancy

- **Pregnant at Exam?**
- **Pregnant in Last 12 Mos?**

#### Risk Factors

- **Y - Yes**
- **N - No**
- **R - Refused to Answer**
- **D - Did not Ask**

#### Reporting Information

- **Condition 1**
  - **Method of Case Detection**
  - **Facility First Tested**
  - **Other**
  - **Interview Period (mos.)**
  - **Date Original Interview**
  - **Date First Assigned for Interview**
  - **Date Original Interview**
  - **Date First Assigned for Interview**
  - **Date Case Closed**

- **Condition 2**
  - **Method of Case Detection**
  - **Facility First Tested**
  - **Other**
  - **Interview Period (mos.)**
  - **Date Original Interview**
  - **Date First Assigned for Interview**
  - **Date Original Interview**
  - **Date First Assigned for Interview**
  - **Date Case Closed**

**Local Use:**

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
### HIV Testing

<table>
<thead>
<tr>
<th>Tested for HIV at this event?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
<th>R</th>
<th>Not Asked</th>
<th>Previously Tested for HIV?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
<th>R</th>
<th>Not Asked</th>
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</thead>
<tbody>
<tr>
<td>Date Collected</td>
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<td>Test</td>
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<tr>
<td>Provider</td>
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<td>Provider Confirmed</td>
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### Signs and Symptoms

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<tr>
<th>Signs/ Symptoms</th>
<th>Earliest Observation Date</th>
<th>Anatomic Site</th>
<th>Duration (Days)</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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If Other, Please Describe:

### STD History

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<th>Y</th>
<th>N</th>
<th>U</th>
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<tbody>
<tr>
<td>Condition</td>
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<tr>
<td>Dx Date (mm/yyyy)</td>
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<td></td>
</tr>
<tr>
<td>Rx Date (mm/yyyy)</td>
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</table>

### Interview Period Partners

1. Female [ ] | [ ] | Unknown | Refused | [ ] | [ ] |
   Male [ ] | [ ] | Unknown | Refused | [ ] | [ ] |

2. Female [ ] | [ ] | Unknown | Refused | [ ] | [ ] |
   Male [ ] | [ ] | Unknown | Refused | [ ] | [ ] |

### Partner/Cluster Information

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date</th>
<th>Sex</th>
<th>Pregnant</th>
<th>Jurisdiction</th>
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### Social History

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<th>Type</th>
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<td>Did not ask</td>
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<tr>
<td>Refused to answer</td>
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<tr>
<td>Did not ask</td>
<td></td>
<td></td>
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<tr>
<td>Refused to answer</td>
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### Incidental Antibiotic Treatment in Last 12 Months?

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<th>Incidental Antibiotic Treatment in Last 12 Months?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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### Incidence Year

<table>
<thead>
<tr>
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<th>Rx Date (mm/yyyy)</th>
<th>Drug/Dosage/Duration</th>
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<tbody>
<tr>
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</table>
**Integrated Partner Services Interview Record**

**Chart #** 
**Case #** 
**Date Assigned:** / / 
**G 0003195**

**Employee ID:**

**County:**

**Patient Locating Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>AKA</th>
<th>E-mail</th>
<th>Chart ID</th>
<th>Home Phone</th>
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<thead>
<tr>
<th>Residence Street</th>
<th>Apt. Number</th>
<th>Cell Phone#</th>
<th>WorkPlace</th>
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</table>

**Date initial lab report:** / / 
**Lab Name**

**Provider** 
**Phone**

**Notes:**

**Referral Basis:**

1. Lab test  
2. Ptx referred partner  
3. Provider Case Report  
4. Health Dept. referral  
5. Cluster  
6. OJ

**Lot #**

**Conf. Lab** / / 
**RPR/VDRL** / / 
**TPPA** / / 
**Most Recent Negative Test** / / 
**Previous Dx:** Y N U When? / / 
**Previous Titer:** 1 0 99 Date / / 

**Exposure Period Instructions:** Chlamydia or gonorrhea: = 60 Days (prior to testing)  
Syphilis: *Primary Syphilis = 4 months + 1 week (127 days); Secondary Syphilis = 8 months (237 days); Other/late Syphilis = 1 year  

**Exposure/Interview Period:**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>Year</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>Year</th>
</tr>
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<tbody>
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</table>

**Eng. Speaking:** Y N Lang?

**Sex:** M F TCMF TCMF

<table>
<thead>
<tr>
<th>TCMF</th>
<th>TCMF</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>3</td>
<td>4</td>
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</table>

**Interview Method:**

1. In person  
2. Phone  

**Location:**

1. Field  
2. Clinic  
3. LHJ

1) **What is your date of birth?** / / 
**Age?**

2) **Are you of Hispanic or Latino/a origin?**

Y N U R

3) **What is your racial Background?**

W B A/N A/NH/Other U R

4) **What is the main reason you went for an exam when you were diagnosed with an STD? (Check one)**

- 5. Annual physical exam  
- 6. Wanted a routine STD exam  
- 7. Wanted symptoms checked out  
- 8. Not examined/contact to STD  
- 9. Outreach screening/referral  
- 10. Rescreening  
- 11. Partner was Dx with STD  
- 12. Other

5) **Have you had any of the following symptoms in the past 60 days? (read all, check all that apply)**

- 1. Pain when you urinate/pee (days)
- 2. Anal/rectal pain, bleeding (days)
- 3. Abnormal discharge, penis/vagina (days)
- 4. Pain in pelvis/abdomen (days)
- 5. Abnormal, non-menstrual bleeding (days)
- 6. Other (days)

6) **Have you been to an STD clinic in the last year, not including this visit?**

Y N U R

7) **Were you diagnosed with Pelvic Inflammatory Disease at your visit on** / / ?

Y N U R

8) **At the time of this STD diagnosis, were you pregnant? (If No, skip to #9)**

Y N U R

(If pregnant) **Are you getting prenatal care?**

Y N U R

*DOH Form 347-104 8/2006*
9) What is your current employment/job status?  
   1 FT  2 PT  3 Unemployed <1 Year  4 Unemployed >1 Year  5 Retired  6 Disabled  

10) Are you a student? Full or part-time?  
   1 N  2 FT  3 PT  

11) What is the highest level of school that you have completed?  
   1 < HS grad  2 HS/GED  3 Some College Tech/AA Degree  4 Coll Grad+  

12) Have you been in jail or prison for more than 24 hours in the last 3 months?  
   1 Y  0 N  99 U  

13) Have you had sex with someone in the last 3 months who had been in jail or prison in the last 3 months?  
   1 Y  0 N  99 U  

14) What was your housing situation in last 3 months?  
   1 Permanent/stable  2 Non-permanent/Unstable  3 Institutionalized  4 Other  

15) Have you already taken medicine for chlamydia, gonorrhea or syphilis? (IF NO go to 17)  
   1 Y  0 N  99 U  

16) Did you take all of your medicine for gonorrhea, chlamydia or syphilis?  
   1 Y  0 N  99 U  

17) Before being told you had an STD this time, has a doctor or other medical provider ever told you that you had (read all):  
   Gonorrhea?  
   1 Y  0 N  99 U  
   When last? /____(mo/yr)  
   Chlamydia?  
   1 Y  0 N  99 U  
   When last? /____(mo/yr)  
   Syphilis?  
   1 Y  0 N  99 U  
   When last? /____(mo/yr)  
   Herpes?  
   1 Y  0 N  99 U  
   When last? /____(mo/yr)  

18) In the LAST YEAR have you had sex with men, women or both? Sex includes vaginal, anal or oral sex.  
   1 Men (go to # 19)  2 Women (go to #22)  3 Both men & women  

19) How many MEN have you had sex with in the LAST YEAR? Sex includes vaginal, anal or oral sex. (For both MSM & WSM)  
   @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
28) Have you EVER met a sex partners through the Internet?  

YNR  Last Time _____(mo/yr)  Site, Chat Board, Etc:  

29) In the past year have you met any of your sex partners at (read and check all that apply):  88 Refused all venue info  

YNR Bath House/ Sex Club  (describe)  Last Time _____(mo/yr)  

YNR Circuit Party  (describe)  Last Time _____(mo/yr)  

30) In the past year, have you used (read and check all that apply, probe for other):  88 Refused all drug information  

YNR Crack  Last Time _____(mo/yr)  YNR Nitrates/Poppers  Last Time _____(mo/yr)  

YNR Meth  Last Time _____(mo/yr)  YNR Viagra/Cialis/Lavitra  Last Time _____(mo/yr)  

YNR Heroin  Last Time _____(mo/yr)  YNR Cocaine  Last Time _____(mo/yr)  

YNR Any IDU  Last Time _____(mo/yr)  YNR Any Needle Share  Last Time _____(mo/yr)  

YNR Other  Last Time _____(mo/yr)  

31) Have you traveled out of town since _______ (interview period start until being treated) and had sex with anyone there?  
This excludes persons who traveled there with you, such as your current partner, but may include people you already knew who lived there.  

YNUR  Place?  When?  How many people did you have sex with there?  

32) Have you ever had an HIV test?  YNUR  Are you HIV positive?  YNUR  

Date of 1st Positive? ___/___/___  Date of 1st positive unknown  
Date of Last Negative? ___/___/___  Date of last negative unknown  

If HIV Positive:  
Do you have an HIV Primary Care Provider?  YNUR  
Who is your provider?  
Ever taken antiretrovirals?  YNUR  
Referred to EIP/HIV Services  
Taken antiretrovirals in last 30 days?  YNUR  

33) Did you get an HIV test when you got tested for this STD?  YNUR  
(For STD Clinic Patients)  
Reason if refused HIV testing:  
Collection Date ___/___/___  

Results:  

EIA  P  N  Ind.  Unk.  
HIV Rapid  P  N  Ind.  Unk.  
HIV WB  P  N  Ind.  Unk.  
HIV RNA  P  N  Ind.  Unk.  

34) Final OP Interview Status:  1 Complete  2 Refused  3 Partial  4 Not Located  
5 Re-interview  6 Language Barrier  7 >30 days  8 O.O.J.  9 Prov. Refused  

Local Use:  A B C D E F G H I J K L  

DOH Form 347-104 8/2006  

74
### Contact Attempts

(please document attempts, methods and outcomes)

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<th>2 Field</th>
<th>3 Letter</th>
<th>4 E-mail</th>
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36) Date Case Closed: Date___/___/____

DOH Form 347-104 8/2006
Partner Management Record

Field Record# 0604804 G

Index Patient Case ID (Original Patient Case#)

Partner Type: 1 Sex 2 Cluster 3 Unk/Ind. 4 Source or Spread? 1 So 2 Sp 3 Indeterminate 4 (for syph, contacts)

Partner locating Information: 1 OP Doesn’t Know 2 Anon. 3 OP Refuses

Last Name
First Name
AKA
E-mail
Chat ID
Home Phone#

Residence Street
Apt. Number
Cell Phone#
Workplace
Work Phone#

City
County
State
ZIP
School
Hours at home
Hours at Work

1) What is this person’s sex? 1 M 2 F 3 TGMF 4 TGFM

1a) If female, is this person pregnant? 1 Y 0 N

1b) Age? 99 U 88 R (If date of birth unknown)

3) Is this person of Hispanic or Latino/a origin? 1 Y 0 N

U 88 R

4) What is this person’s racial background? (check all that apply)

W B NA AN A NH CPI Oth 99 U 88 R

5) Does this person speak English? 1 Y 0 N

U 88 R If not, what language does he/she speak?

6) When was the FIRST time you had oral, anal or vaginal sex with this person? / / 

7) When was the LAST time you had oral, anal or vaginal sex with this person? / / 

8) How many times have you had sex with this person since (interview period start)? 0 1 2-5 3 6-10 4 >10 Ref

9) Do you live with this person? 1 Y 0 N

U 88 R

10) Where did you first meet this person? 1 Work/Place of Employment 2 Refused all venue info

2 Bars/Clubs 3 Rave/Commercial Party 4 Friend’s House/Private Party 5 Church

3 School/College Campus 4 Adult Bookstore 5 Public Park/Rest Stop 6 Adult Movie Theater

4 Mall/Shopping Center 5 Bath House/Sex Club 6 Internet/On-line Chat 7 Other/Unk

11) Since (interview period start) have you had sex with this person? (read and check all that apply)

Given oral sex Gotten oral sex Refused all sex risks

Vaginal sex with a condom Vaginal without a condom No sex with this partner in int. period

Anal insertive with a condom Anal insertive without a condom (If no sex in interview period, skip to 13)

Anal receptive with a condom Anal receptive without a condom

12) Since (interview period start), has this person...? (read and check all that apply) Refused all risk info

Given money/drugs for sex Y N U R Been pregnant (Female Partners)

Gotten money/drugs for sex Y N U R Did either of you use viagra/cialis or levitra?

13) What is this person’s HIV status? 1 Pos 0 Negative 99 Unknown 88 Refused

14) Does partner already know they might have CT, GC or syphilis? 1 Y 0 N

99 U 88 R If YES, go to 15 if NO skip to 16

15) If yes, how did they find out? 1 I notified this partner 2 Other SP notified partner 3 Provider Dx

99 U 88 R

16) Did this person tell you that they had already been treated? 1 Y 0 N

99 U 88 R

17) Do you think this person has already been treated? 1 Y 0 N

99 U 88 R If YES, go to 18 if NO skip to 19

18) How did - or how do you think - that this person got treated(check all - ask if the meds were a public health partner pack)?

1 Saw provider for Dx & Tx 2 OP gave meds to this partner 3 OP gave prescription to partner

2 Saw provider/ no STD but Tx 4 Saw provider with OP and got Tx 5 OP doesn’t know how partner got treated

7 Got PH ‘partner pack’ 8 Other (note: Tx=treatment)

19) Did you have sex without a condom with them after finishing your meds but before they got or finished theirs? 1 Y 0 N

99 U 88 R

20) Are you able to contact this person again? 1 Y 0 N

99 U 88 R if no, skip to 22

21) Will you have sex with this partner again? 1 Y 0 N

99 U 88 R

22) Partner management plan (select only one):

1 Previously tx’d 2 Patient initiated contact 3 DIS initiated contact (go to #24) 4 Insufficient info (go to dispo) 5 Refuses

23) Patient initiated management method (select only one):

1 Delivered meds via pharmacy PU 2 Refuses meds but will notify partner 3 Delivered meds via onsite stock

4 Refused meds & patient refuses to notify 5 Delivered meds via mail 6 Refuses meds no other information

24) DIS initiated management method (select only one):

1 Contacted, meds called in for PU at pharmacy 2 Contacted, examined (not confirmed, includes those contacted and referred)

3 Contacted, meds delivered from onsite stock 4 Contacted, treated in Jail/Other Facility

5 Contacted, meds mailed 6 Contacted refuses all exam/treatment methods

7 Contacted, examined (confirmed) 8 Not Contacted - Give reason:

DRAFT DRAFT DRAFT
<table>
<thead>
<tr>
<th>Partner Referral Type:</th>
<th>Patient</th>
<th>DIS</th>
<th>Date Completed:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this partner already been notified?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>Has this partner already been evaluated by a clinician?</td>
<td>Y</td>
</tr>
<tr>
<td>Has this partner already been tested for any of the following STDs and what was the result?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gonorrhea:</td>
<td>□ Tested Positive</td>
<td>□ Tested Negative</td>
<td>□ Tested, Unknown Result</td>
<td>□ Not Tested</td>
<td>□ Unknown if Tested</td>
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<tr>
<td>Chlamydia:</td>
<td>□ Tested Positive</td>
<td>□ Tested Negative</td>
<td>□ Tested, Unknown Result</td>
<td>□ Not Tested</td>
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<td>□ Tested Positive</td>
<td>□ Tested Negative</td>
<td>□ Tested, Unknown Result</td>
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<tr>
<td>Has this partner been treated for all STDs?</td>
<td>Yes, ALL</td>
<td>□ Yes, SOME</td>
<td>□ N</td>
<td>U</td>
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<td>Did this patient get medications or a prescription for this partner or did this partner receive medications without seeing a clinician? If so, from whom did the patient or partner receive the medication?</td>
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<td>□ No PDPT</td>
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<td>□ Yes</td>
<td>□ No</td>
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<td>□ Yes, talked to partner</td>
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<td>HIV Disposition Codes:</td>
<td>Date completed</td>
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<tr>
<td>What type of partner referral was used to notify this partner?</td>
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<td>□ Unknown</td>
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<td>Has this partner been tested since being notified of exposure to this index case?</td>
<td>□ Yes</td>
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<td>What was the result of that test?</td>
<td>□ Pos</td>
<td>□ Neg</td>
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<td>□ Previously known positive</td>
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<td>Was test result verified by the health department through direct communication with the partner, provider or medical record?</td>
<td>□ Yes, talked to partner</td>
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<td>Final Disposition - These responses reflect whether this partner has been notified, evaluated and treated at the time that public health closes the case.</td>
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</table>
## Chlamydia/Gonorrhea Test
### Region X Infertility Prevention Project

### Lab Number: Date Received

<table>
<thead>
<tr>
<th>CT/GC Test</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Probe</td>
<td>4. Cell Cult.</td>
</tr>
<tr>
<td>8. SDA</td>
<td>10. SA</td>
</tr>
</tbody>
</table>

### Test Results

- 1. Unsatisfactory Specimen
- 2. Negative CT
- 3. Positive CT
- 4. Equivocal CT
- 5. Negative GC
- 6. Positive GC
- 7. Equivocal GC

### Comments

-  

### Date Reported

By

### Medicaid No.

<table>
<thead>
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### ICD Code

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Spokane Regional Health District Laboratory
1101 W College Ave., Room 210, Spokane, WA 99201

---

### PROVIDER/CLINIC ADDRESS:

---

### ETHNICITY:

<table>
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<tr>
<th>Hispanic</th>
<th>Non-Hisp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### RACE:

<table>
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<tr>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Amer. Ind./AK Native</th>
<th>Asian</th>
<th>Hawaiian/Pac. Islander</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

### REASONS FOR VISIT:

- 2. Routine Visit
- 1. Symptoms
- 13. STD Screening
- 4. Exposed to CT
- 19. Exposed to GC
- 7. Exposed to Other STD
- 12. Pregnancy Test Only
- 11. Rescreening: CT+
- 20. Rescreening: GC+

### SYMPTOMS:

- 1. Abnormal Vaginal/Urethral Discharge

### SEX WITH:

- 1. Men
- 2. Women
- 3. Both

### HPV vaccine doses received to date:

- 0
- 1
- 2
- 3

Note: Items in **bold** below the centerline are selective screening criteria for women

### FINDINGS: FEMALE

- Normal Appearance
- Mucopurulence
- Friability
- Ectopy with Inflamm/Edema
- PID

### EXAMINATION: Client examined

- Yes
- No

### RISK HISTORY:

- 1. Yes
- 2. No
- 3. Unk

- Positive CT last 12 months
- Variable Sex Partners (60 days)
- New Sex Partner (60 days)
- Symptomatic Partner (60 days)
- Condom used during last sex

- Yes
- Not sure
- No

- Sex partner w/ concurrent sex partner last 12 months:
  - 1
  - 2
  - 3

AHLERS COPY
**Reporting, Forms, Data Management & Presentation Resources**

**Surveillance systems:**

STD*MIS – CDC/DSTDP  
Client-server Surveillance, Case Management, standard STD functions.  

PRISM – Florida DOH  
Web-based Surveillance, Case Management, standard STD functions,  
HARS record search, GISP  
Stacey Shiver Stacy_Shiver@doh.state.fl.us

MDSS, Michigan Disease Surveillance System – Michigan DOH  
Web-based Surveillance, STD Module in development  
Katie Macomber, Epidemiologist  
macomberk@michigan.gov

PHIMS-STD – Washington State Department of Health  
Web-based Surveillance, Case Management, Monitoring & Evaluation  
Mark Stenger  
mark.stenger@doh.wa.gov

PA-NEDSS – PA DOH  
Web-based Surveillance, Case Management, ELR, Online disease reporting, Outbreak management  
Steve Kowalewski (STD Program Lead)  
c-skowalew@state.pa.us

Maven Consilience Software  
Web-based disease surveillance, outbreak management across all communicable diseases (including TB, STDs, HIV, GCDs, VPDs, Cancer, Lead Poisoning, Chronic Diseases) Joy Alamgir  
jalamgir@consilencesoftware.com

**Statistical Packages and Graphics Applications:**

The R Project for Statistical Computing  
[http://www.r-project.org/](http://www.r-project.org/)

Statistical Analysis Software (SAS)  
Harvard Graphics Pro Presentations 3
http://www.harvardgraphics.com/

ArcGIS – Geographic Information Systems
http://www.esri.com/software/arcgis/

Origin8 – Data Analysis and Graphing Software
http://www.originlab.com/

NEDSS and Public Health data models:
http://www.cdc.gov/nedss/index.htm

Data Encryption Software and Guides to Data Security:
http://www.pgp.com/

SEAL Encryption Software
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a5.htm

General References:

Program Operations Guidelines for STD Prevention, Division of STD Prevention, CDC, http://www.cdc.gov/ std/program/default.htm#guidelines


An Integrated Approach to Communicable Disease Surveillance  *Weekly Epidemiological Record* 75: 1 1 - 7, 2000


