STD Program Management Web-Based Course

Week 3

Additional handouts will be provided during Live Meeting Sessions

Table of Contents

STD Program Management

Surveillance & Epidemiology
Prerecorded Module

National Network of STD HIV Prevention Training Centers

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

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

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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.

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Surveillance and Epidemiology

Outline

- STI Surveillance
  - Core public health functions
  - Legal authority for STD reporting
  - Case definitions
  - Surveillance methods
  - Components of STD surveillance systems
  - Attributes of surveillance systems
  - Evaluating surveillance activities
- STI Epidemiology
  - Definitions
  - Goals of STD epidemiology
  - Principles of STD epidemiology
    - Incidence & prevalence
    - Persons, places & time
    - Health inequalities
    - Behavioral characteristics
    - Geographic Information Systems
    - Statistical Significance
  - Epi Capacity for STD Programs

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What is Public Health Surveillance?

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)

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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

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Surveillance and Epidemiology

Core Public Health Functions

- **Assurance**
  - Link people to needed health services
  - Assure competent health care workforce
  - Inform, educate, and mobilize partnerships
- **Policy Development**
  - Polices 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

Public Health Surveillance Systems

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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

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Surveillance and Epidemiology

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?

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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

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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   12

Surveillance and Epidemiology

Reporting Requirements & Health Care Setting

Health Care Facilities

Diagnostic & Clinical Laboratories

Health Care Providers

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

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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

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Surveillance and Epidemiology

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

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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])

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Confirmed: a clinically compatible case that is laboratory confirmed

Syphilis

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
(DFA-TP), or equivalent methods.
Demonstration of *T. pallidum* in clinical specimens 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 4

Confirmed: a clinically compatible case that is laboratory confirmed

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Surveillance and Epidemiology

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

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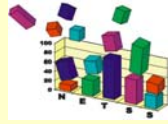
Surveillance Methods

- 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

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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

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Surveillance and Epidemiology

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)
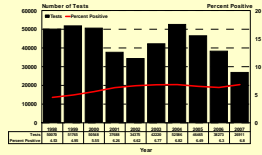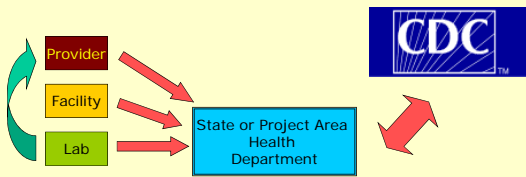

- Usefulness of these data may be limited by changes in the population being screened; caution should be exercised in interpreting test positivity (proportion of all tests that are positive) through the IPP.
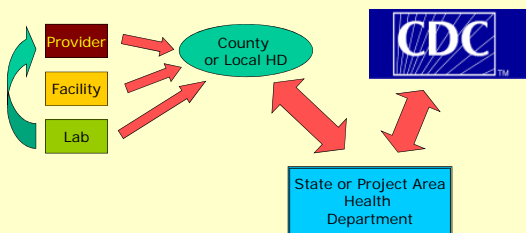
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Flow of Information

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

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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.

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Surveillance and Epidemiology

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.

State or Local STI Surveillance Unit ← Provider-based Case Reporting

Laboratory Reporting
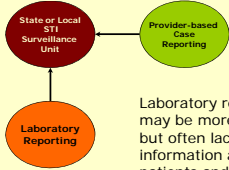
Laboratory reporting may be more complete but often lacks important information about patients and their characteristics

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Prevalence Monitoring

Prevalence monitoring collects data on tests performed in a defined population and monitors the proportion of positive tests over time.

Prevalence Monitoring

State STI Surveillance Unit
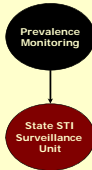
Infertility Prevention Project (IPP) is an example of prevalence monitoring.

"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.

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Enhanced STD Surveillance

Enhanced surveillance projects collect additional lab, behavioral, clinical or patient outcome data.

Enhanced Surveillance Projects → State or Local STI Surveillance Unit
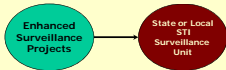
Enhanced surveillance data may help address information gaps in existing surveillance systems.

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Surveillance and Epidemiology

Components of STD Surveillance

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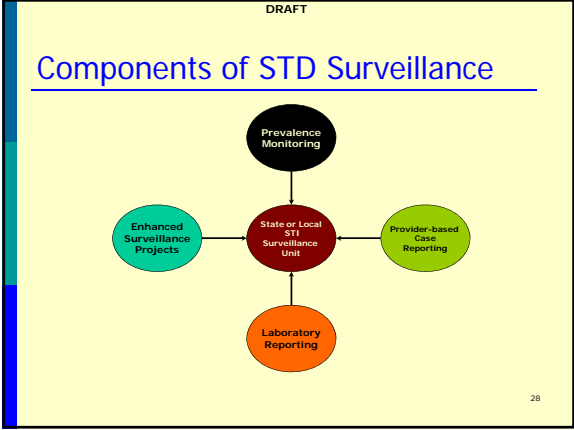
Key Attributes of Surveillance Systems

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

Costs must be balanced against utility of information.

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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

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Surveillance and Epidemiology

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 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

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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

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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

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Surveillance and Epidemiology

Timeliness

- Cases of disease should be detected early enough to for 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

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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)?

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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?

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Surveillance and Epidemiology

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

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Limitations of surveillance systems

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

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STI Epidemiology

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A working definition

- Epidemiology:
  - The study of the <u>distribution</u> and <u>determinants</u> of disease

    - <u>Distribution</u>:
      - Time, place and populations
    - <u>Determinants</u>:
      - Physical, biological, social, cultural, geographic and behavioral factors

From ancient Greek:
Epi – upon, among; *demos* – people, districts;   *logos* – study, discourse

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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

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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

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Surveillance and Epidemiology

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.

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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

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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:

$$R_o = \beta \times C \times D$$

β = 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

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Surveillance and Epidemiology

Incidence and Prevalence Rates

'Rate per 100,000' is calculated by:

(Number of Cases ÷ Population) x 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
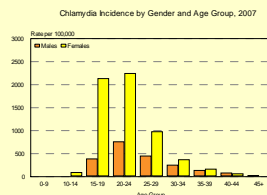were positive for CT in 2008

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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?

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Who?

- Attributes of persons being infected:
  - Gender
  - Age
  - Race
  - Hispanic Ethnicity
  - Socioeconomic position
  - Behavioral factors
    - Gender of sex partners
    - Drug use
    - Number of partners

Chlamydia Incidence by Gender and Age Group, 2007

Rate per 100,000

Males Females

3000
2500
2000
1500
1000
500
0

0-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45+

Age Group

- *What are the differences in disease incidence between categories?*

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Surveillance and Epidemiology

Race & Ethnicity

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

Race

Hispanic Ethnicity

* Cases diagnosed in 2007

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

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

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

Race

Hispanic Ethnicity

* Race and Ethnicity (missing for 27.7 and 35.6% respectively), redistributed by proportion of known cases

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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

Gonorrhea Incidence Rate by Hispanic Ethnicity,
Washington State, 2007*

	Hispanic	Non-Hispanic
Rate per 100,000	92.84	51.7

Ethnicity

*Gonorrhea cases diagnosed in 2007. Ethnicity redistributed for unknown cases.

Gonorrhea Incidence Rate by Race,
Washington State, 2007*

	All	White	Black	AI/AN	Asian/OPI	Multi/Other
Rate per 100,000	55.6	36.8	484.6	99.3	26.8	111.4

Race

*Gonorrhea cases diagnosed in 2007. Race redistributed for unknown cases.

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

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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

Male Gonorrhea Cases Diagnosed by Age Group and
MSM Status, Washington State, 2007

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

Age Group

*Self-reported MSM status; cases missing sex partner gender presumed to be NON-MSM

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Surveillance and Epidemiology

Where?

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

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

Primary and secondary syphilis Rates by county: United States, 2006

Calculating and displaying rates by county or other geographic units allows for visual comparison of disease rates between places.

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

Chlamydia Rate among 10 – 19 Year Old Females by School District, Washington State 2006

Other locations of interest may be useful in planning interventions:

➢Clinics
➢Pharmacies
➢Labs
➢Hospitals
➢Commercial sex venues

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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

2008 Chlamydia Rate per 100,000 by Census Tract

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

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

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When?

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

Gonorrhea Rates, 1941–2005

Gonorrhea Incidence Rate in the United States, 1941 - 2005
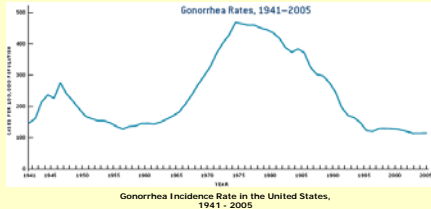
55

Time Trends

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

Chlamydia Cases Diagnosed and Incidence Rate per 100,000, Washington State 1992 - 2007

Annual Trend

GC Cases by Quarter and Reason for Exam* 2003 - 2005 Washington State

Quarterly Trend
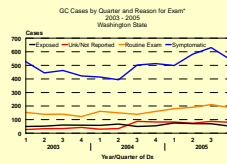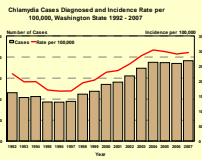
Cases can also be analyzed by date of report, but date of diagnosis is more meaningful for understanding disease trends.

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Is It Real?

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

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
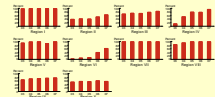
Number of Females 15 - 24 Years, Screened For CT Infection, Washington State, 2002 - 2006

Chlamydia — Rates: Total and by sex: United States, 1988–2007

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Surveillance and Epidemiology
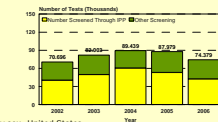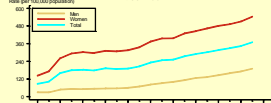
Is It Real II - Significance

- 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 or Chi Square for bivariate analyses

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

Primary & Secondary Syphilis Cases and Incidence Rate*, Washington State 1992 - 2007

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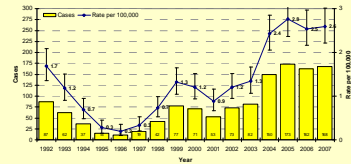
Epi Capacity for STD Programs

- 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)

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Surveillance and Epidemiology

DRAFT
Chlamydia Tests and Percent Positivity by Year, Infertility Prevention Project, Washington State, 1998 - 2007
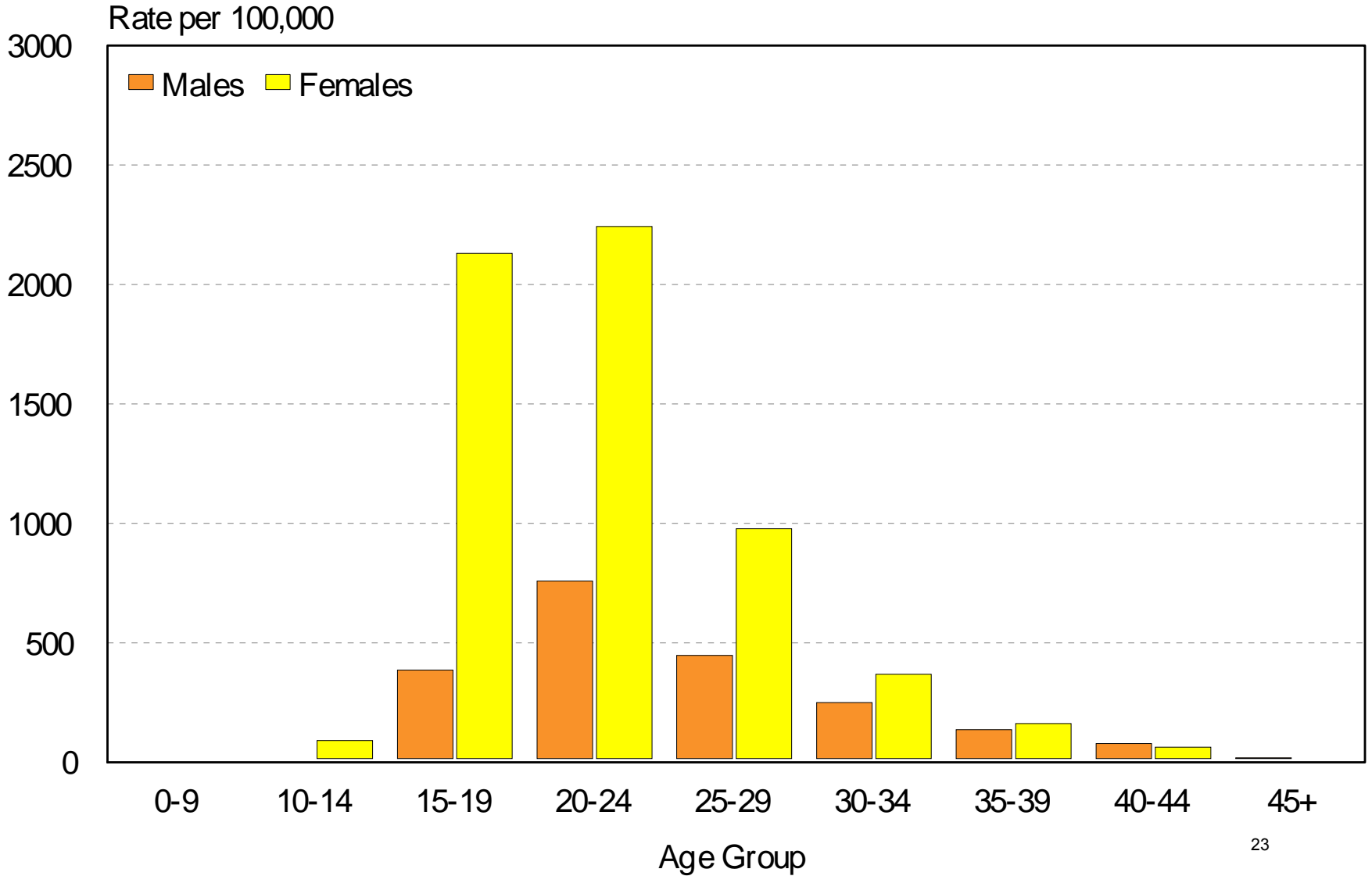
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Tests	50070	51765	50548	37688	34375	42220	52586	46465	38273	26911
Percent Positive	4.53	4.95	5.55	6.26	6.62	6.77	6.82	6.49	6.3	6.8

Year

Chlamydia Incidence by Gender and Age Group, 2007

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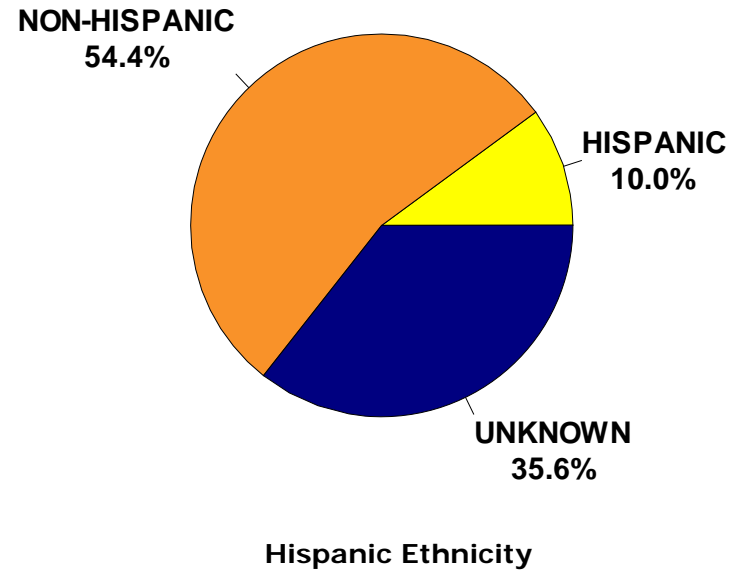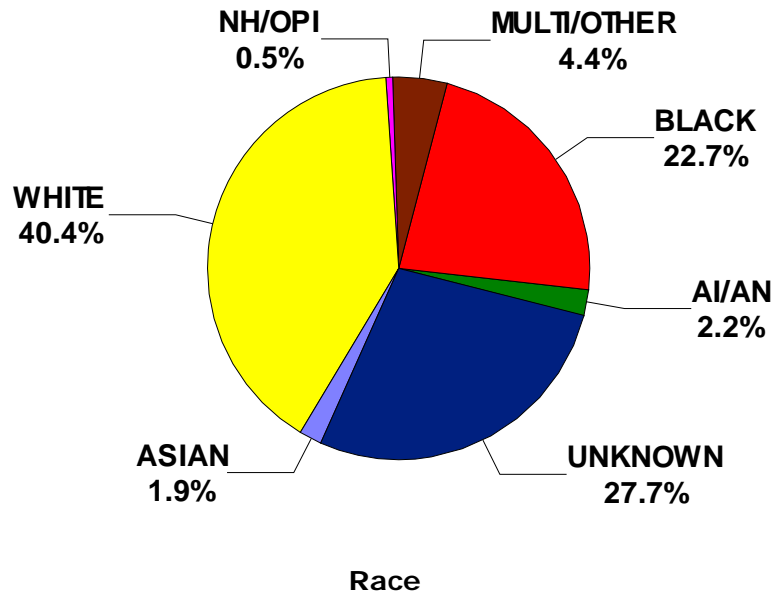
Race

NH/OPI 0.5%
MULTI/OTHER 4.4%
BLACK 22.7%
WHITE 40.4%
AI/AN 2.2%
ASIAN 1.9%
UNKNOWN 27.7%

Hispanic Ethnicity

NON-HISPANIC 54.4%
HISPANIC 10.0%
UNKNOWN 35.6%

* Cases diagnosed in 2007

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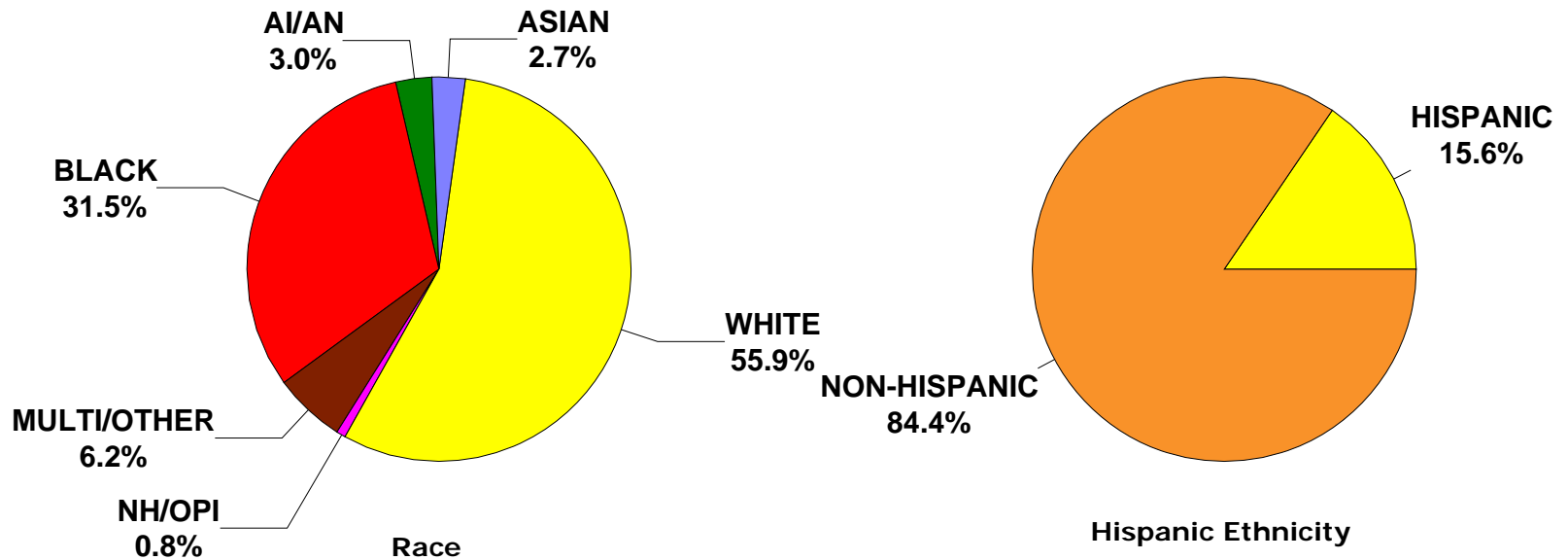
* Races and Ethnicity (missing for 27.7 and 35.6% respectively), redistributed by proportion of known cases

**Gonorrhea Incidence Rate by Hispanic Ethnicity,
Washington State, 2007***
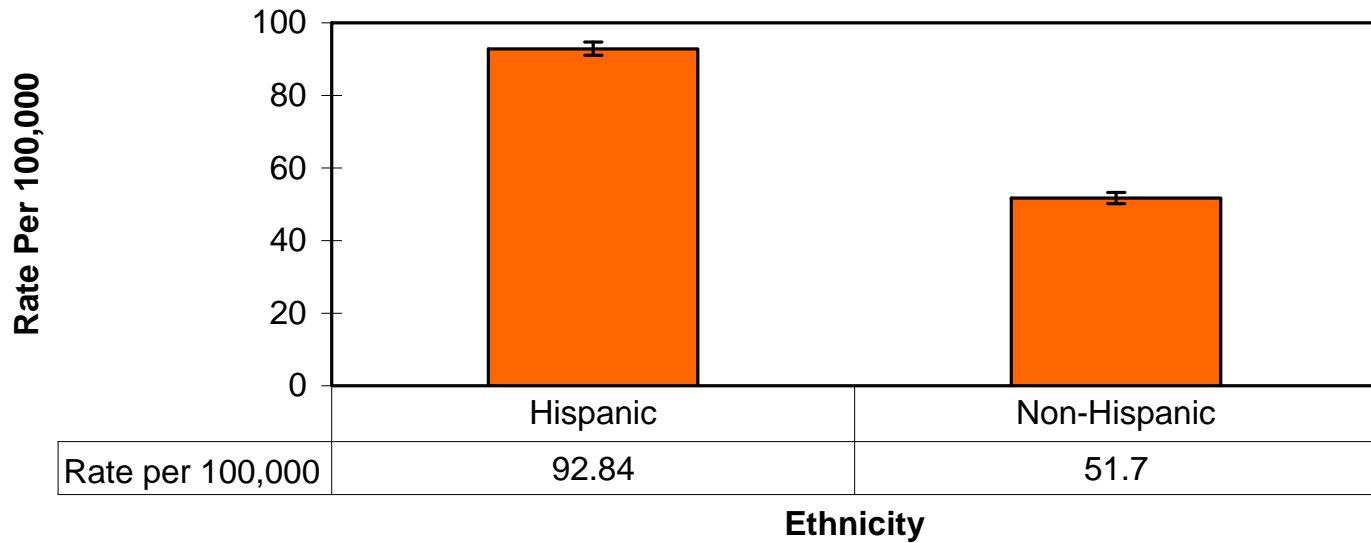
Rate per 100,000	Hispanic	Non-Hispanic
	92.84	51.7

Ethnicity

*Gonorrhea cases diagnosed in 2007. Ethnicity redistributed for unknown cases.

**Gonorrhea Incidence Rate by Race,
Washington State, 2007***

	All	White	Black	AI/AN	Asian/OPI	Multi/Other
Rate per 100,000	55.6	36.8	484.6	99.3	26.8	111.4
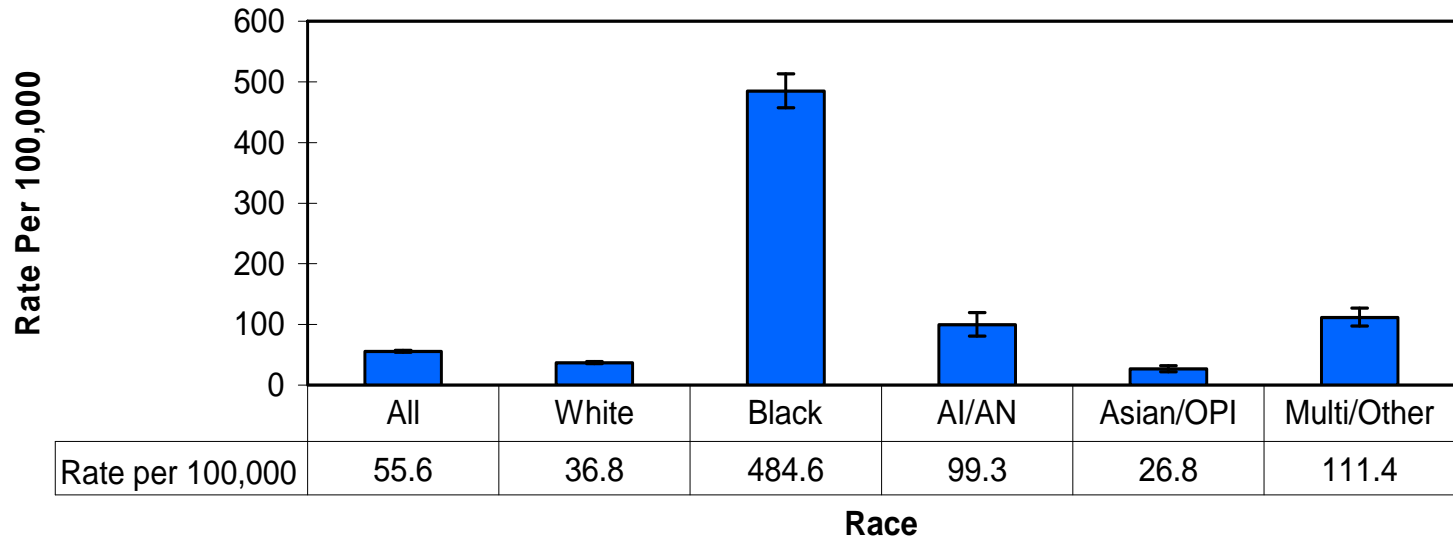
Race

*Gonorrhea cases diagnosed in 2007. Race redistributed for unknown cases.

DRAFT

Male Gonorrhea Cases Diagnosed by Age Group and MSM Status, Washington State, 2007
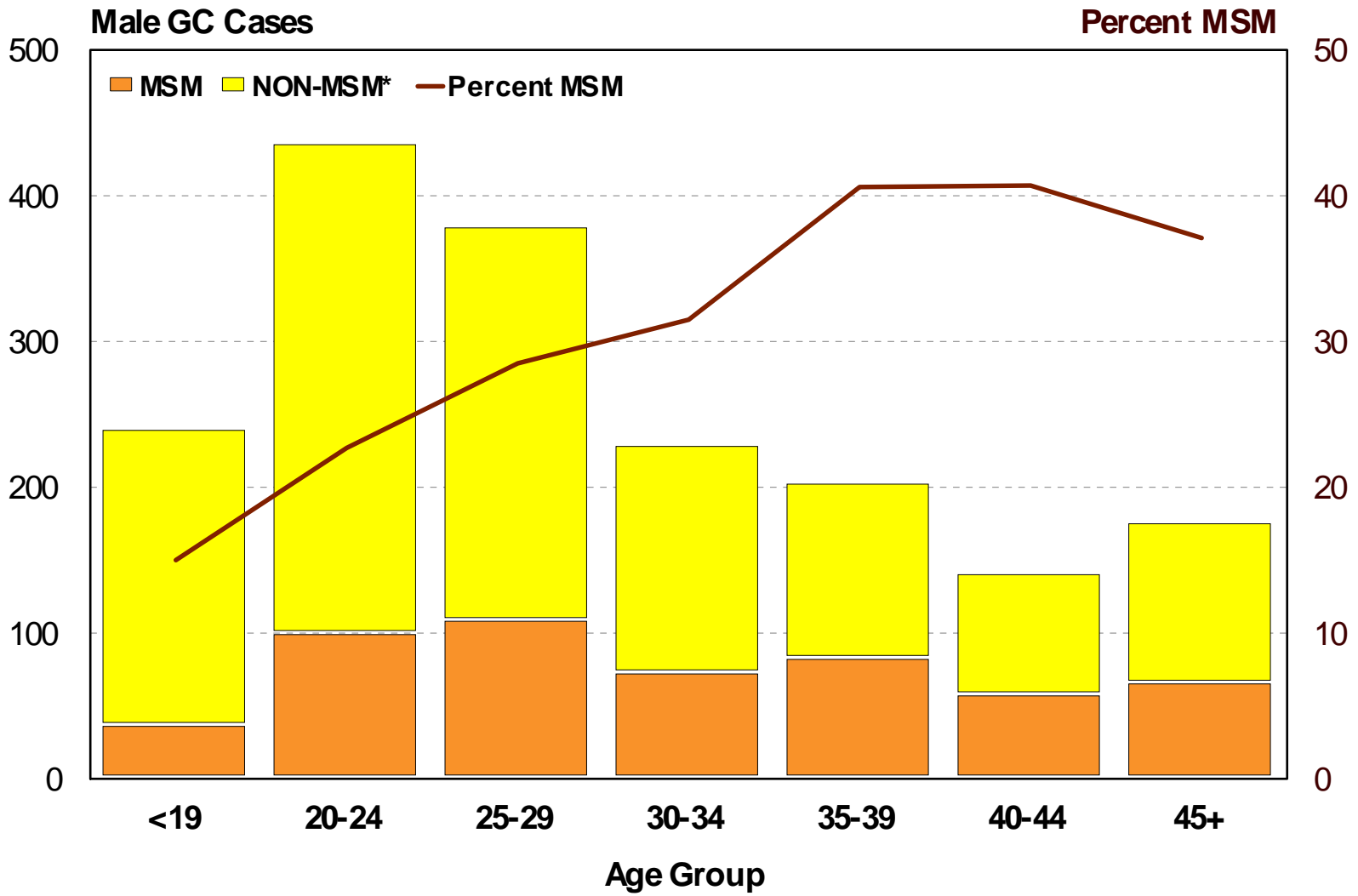
*Self-reported MSM status; cases missing sex partner gender presumed to be NON-MSM

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

DRAFT

Chart: Gonorrhea Incidence Rate Per 100,000 by County, Washington State 2007. X-axis: Rate Per 100,000 (0 to 200). Y-axis: County. Counties from top to bottom: COWLITZ, PIERCE, KING, YAKIMA, SNOHOMISH, SPOKANE, KITSAP, CLARK, LEWIS, ISLAND, WHATCOM, MASON, WHITMAN, FRANKLIN, PACIFIC, OKANOGAN, GRAYS HARBOR, THURSTON, LINCOLN, CLALLAM, BENTON, JEFFERSON, SKAGIT, FERRY, KITTITAS, GRANT, DOUGLAS, ASOTIN, PEND OREILLE, CHELAN, STEVENS, ADAMS, WALLA WALLA, COLUMBIA, GARFIELD, KLICKITAT, SAN JUAN, SKAMANIA, WAHKIAKUM, STATE.

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Primary and secondary syphilis
Rates by county: United States, 2006

Rate per 100,000 population

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

**Chlamydia Rate among 10 – 19 Year Old Females
by School District, Washington State 2006**

CT Rate per 1000, Females 10-19
0
1 to 20
21 to 50
51 to 70
71 to 100
101 to 500

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

Henrico County

Richmond City

23294
23233
23228
23227
23229
23230
23226
23173
23221
23222
23220
23219 23298
23223
23235
23225
23250
23224
23236
23234
23231
23237

Chesterfield County

Incorrect Health District
(In correct geographical location)

▲ CHESTERFIELD COUNTY

⚡ HENRICO COUNTY

★ RICHMOND CITY

2008 Chlamydia Rate per 100,000 by Census Tract

2008 Chlamydia Rate per 100,000

Rate Per 100,000

<167   397   >638

Gonorrhea Rate by Census Tract, 1994

Minneapolis

St. Paul
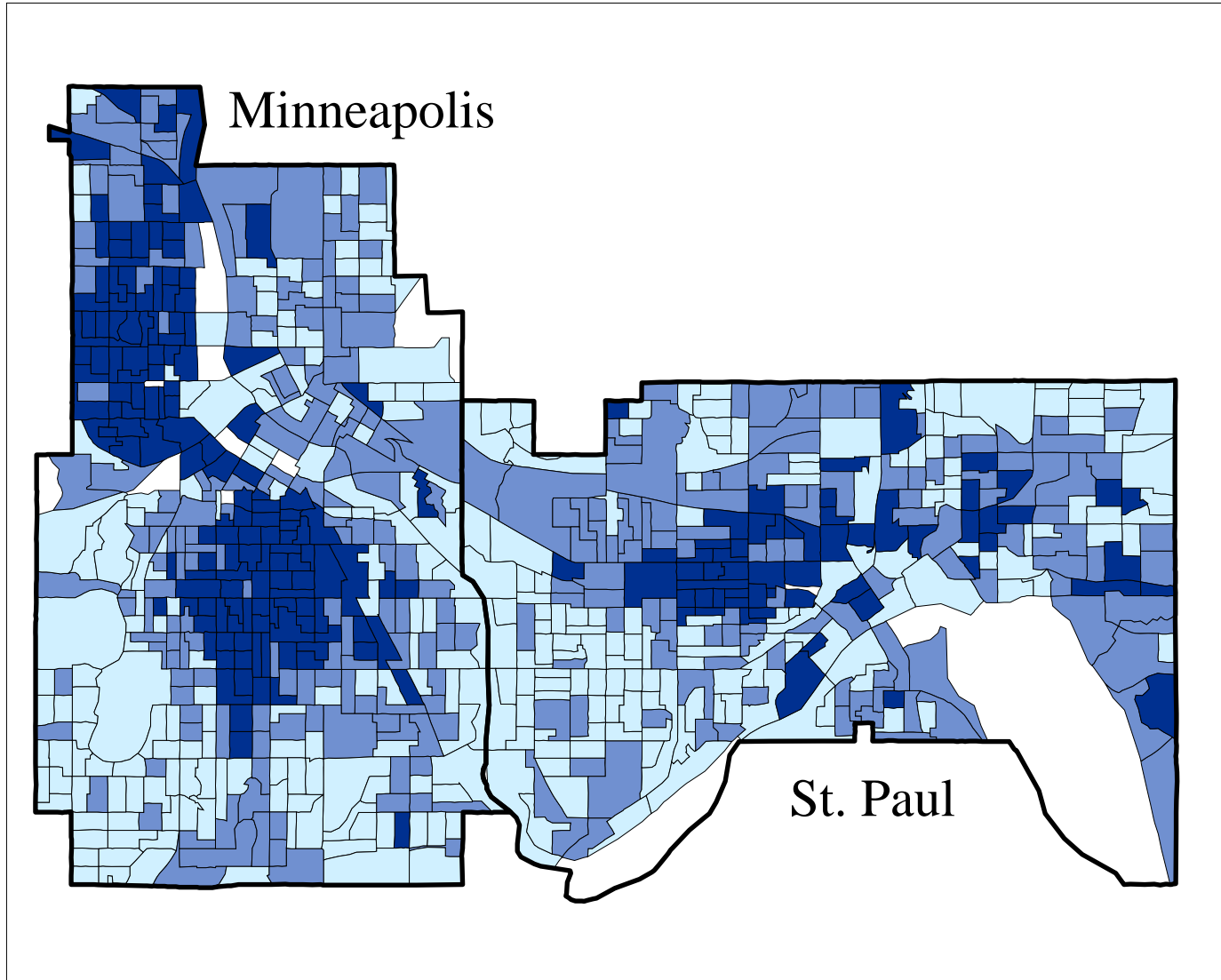
DRAFT
Poverty Rate by Census Tract, 1994

Minneapolis

St. Paul
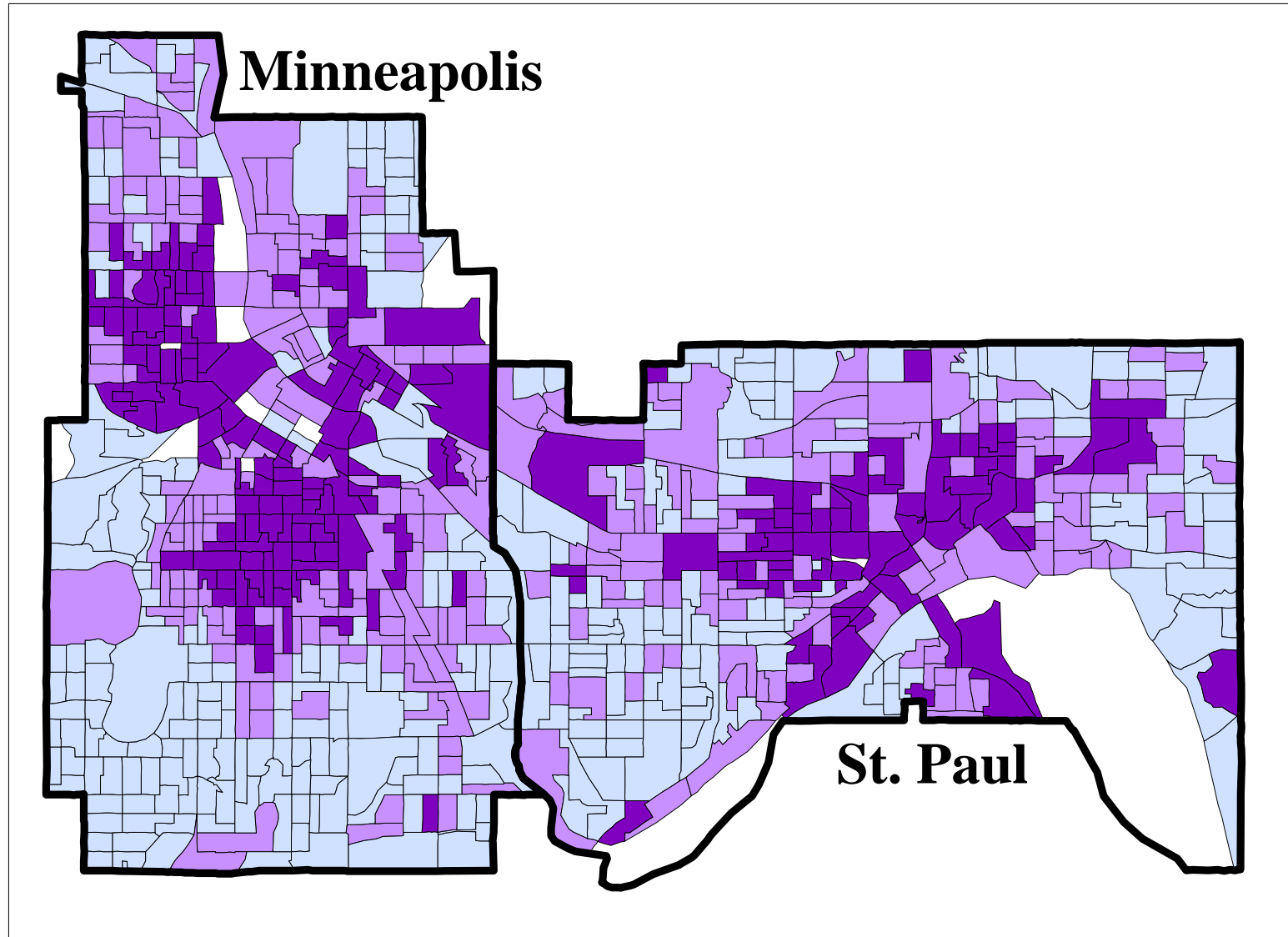
Chlamydia Rate by Census Tract, 1994

Minneapolis

St. Paul
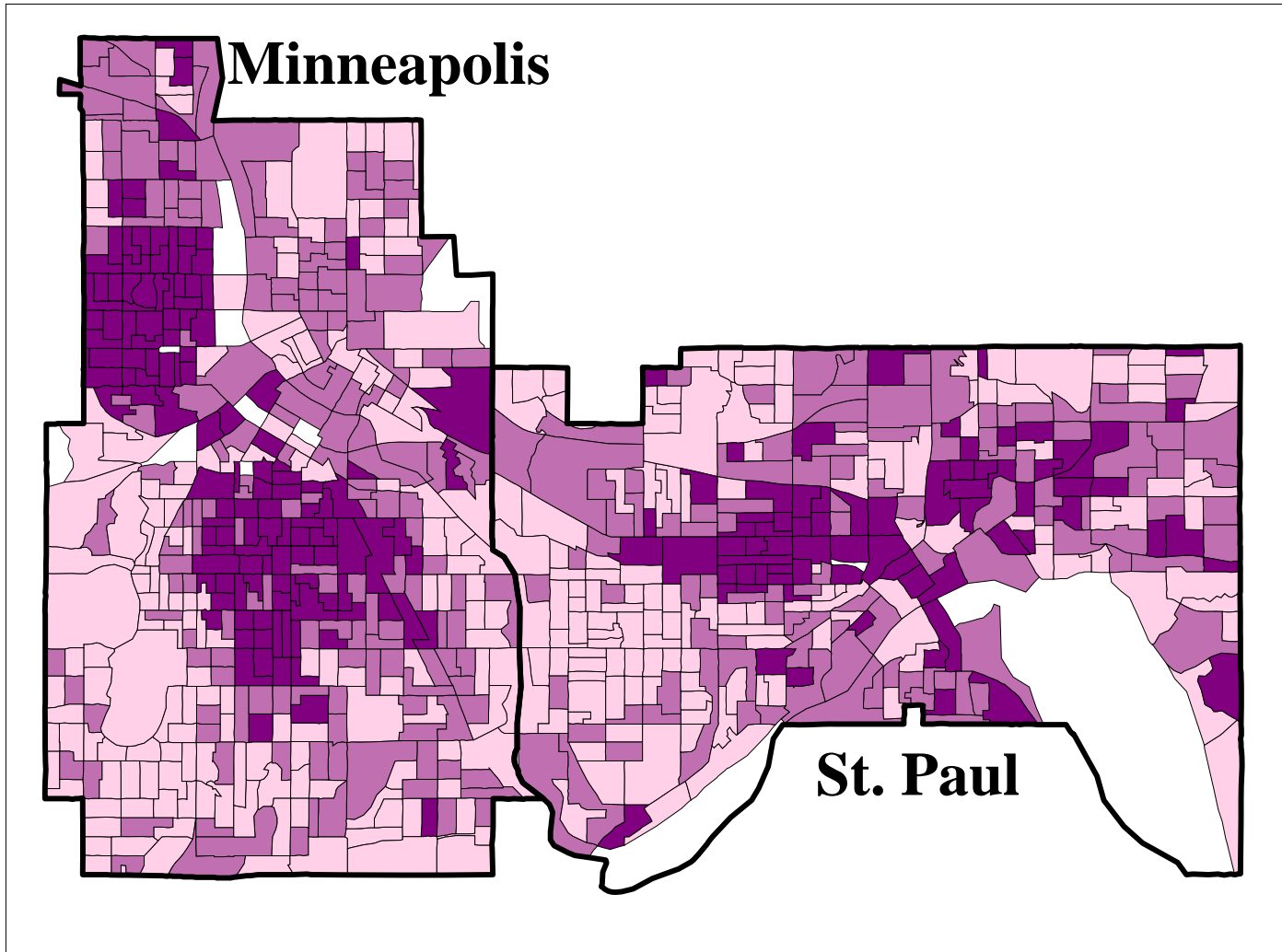
Median HH Income by Census Tract, 1994

Gonorrhea Incidence Rate in the United States, 1941 - 2005
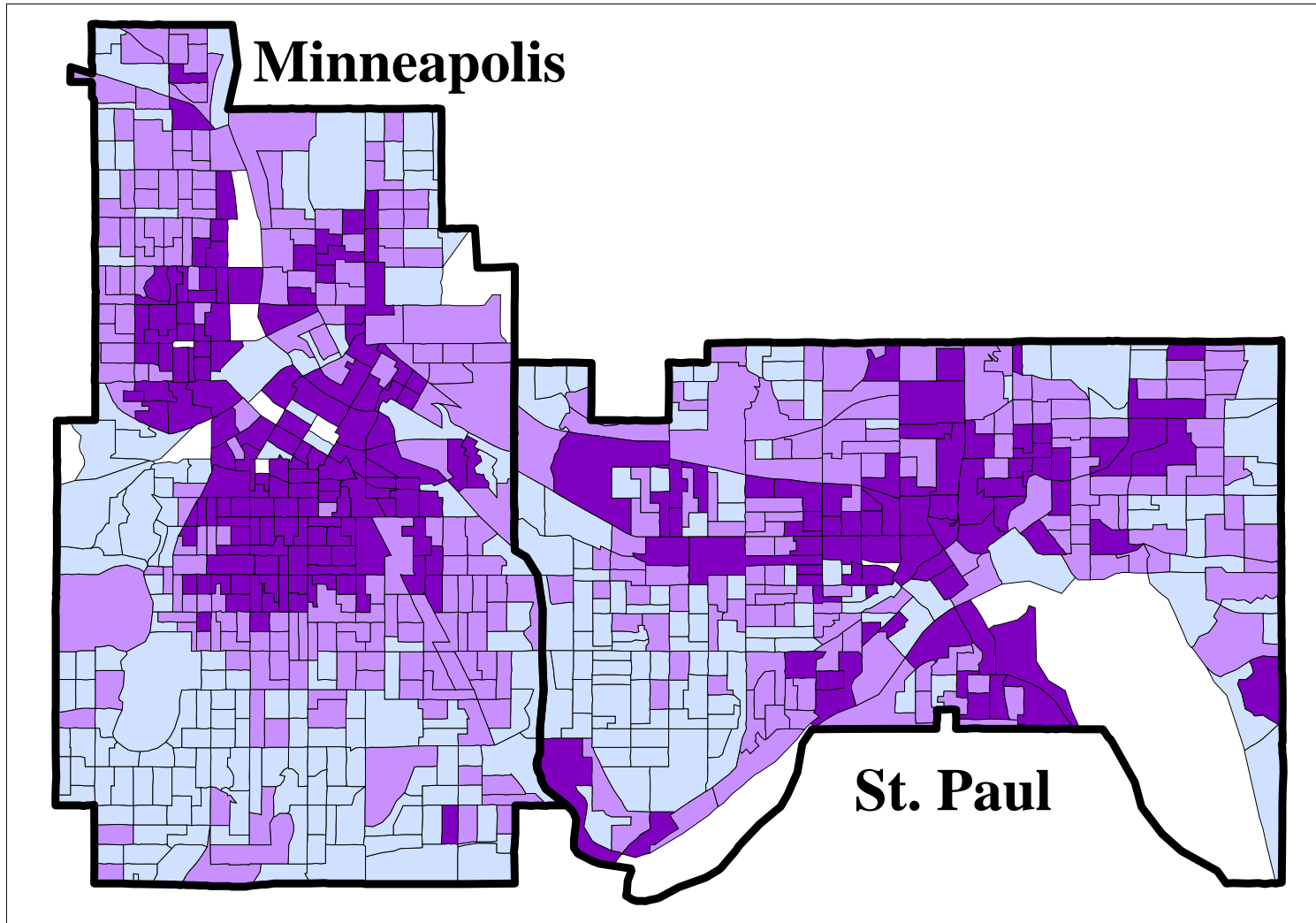
Gonorrhea Rates, 1941–2005
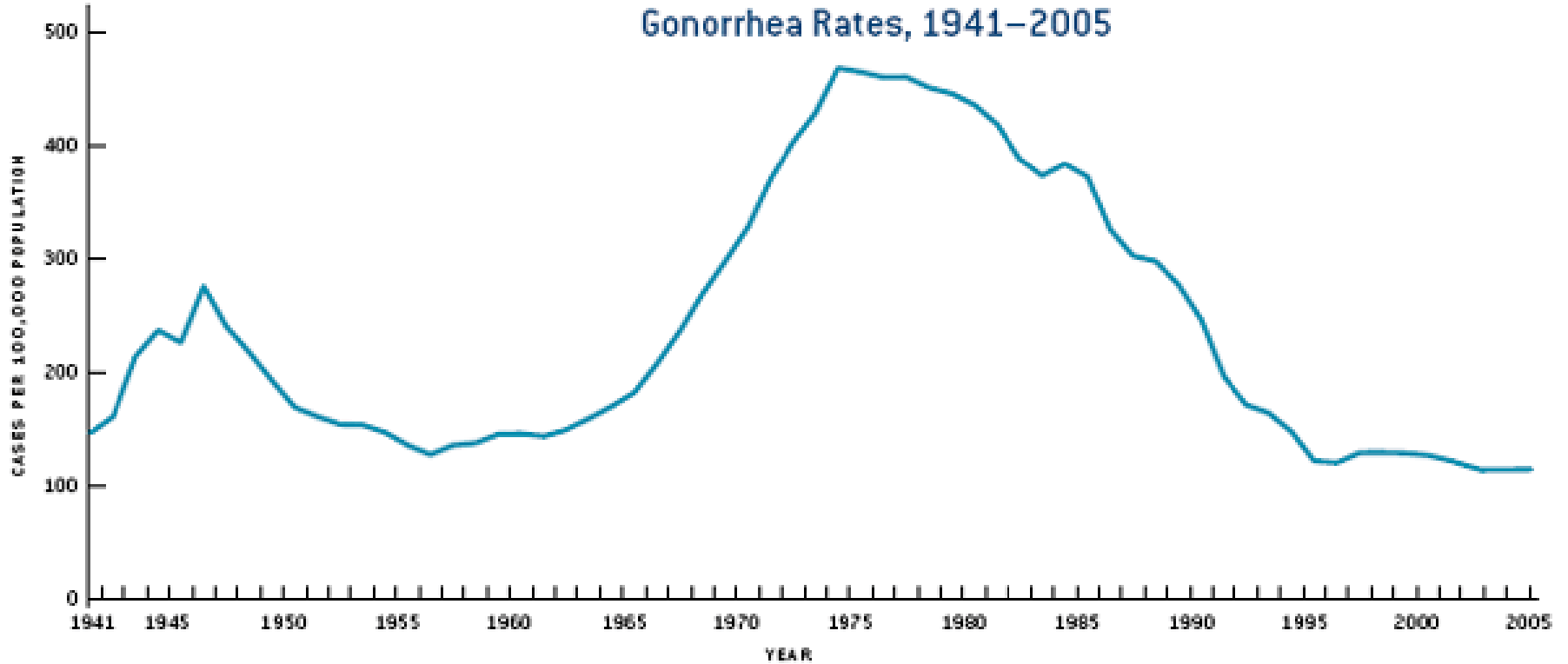
# Chlamydia Cases Diagnosed and Incidence Rate per 100,000, Washington State 1992 - 2007
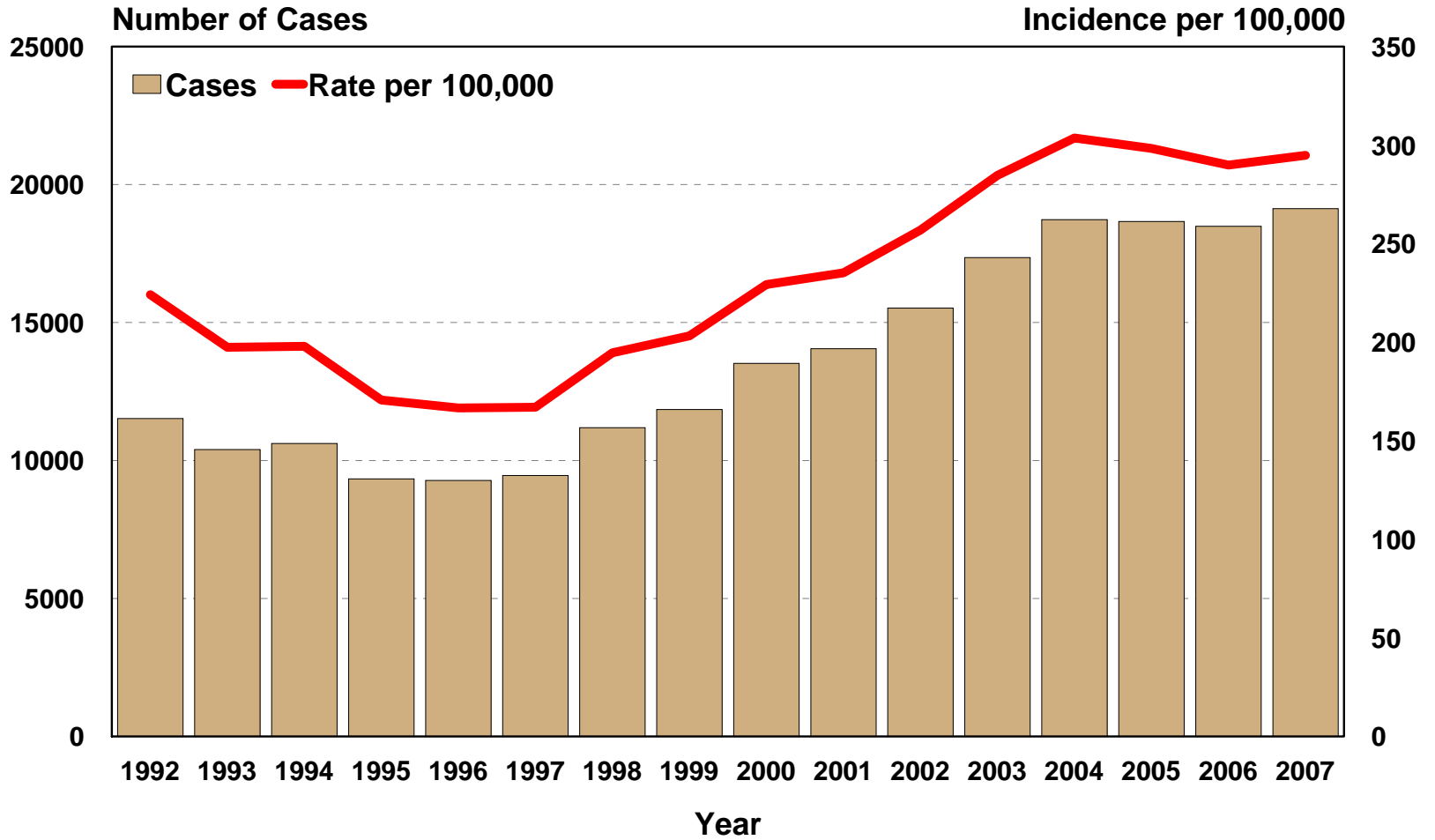
GC Cases by Quarter and Reason for Exam*
### 2003 - 2005
Washington State
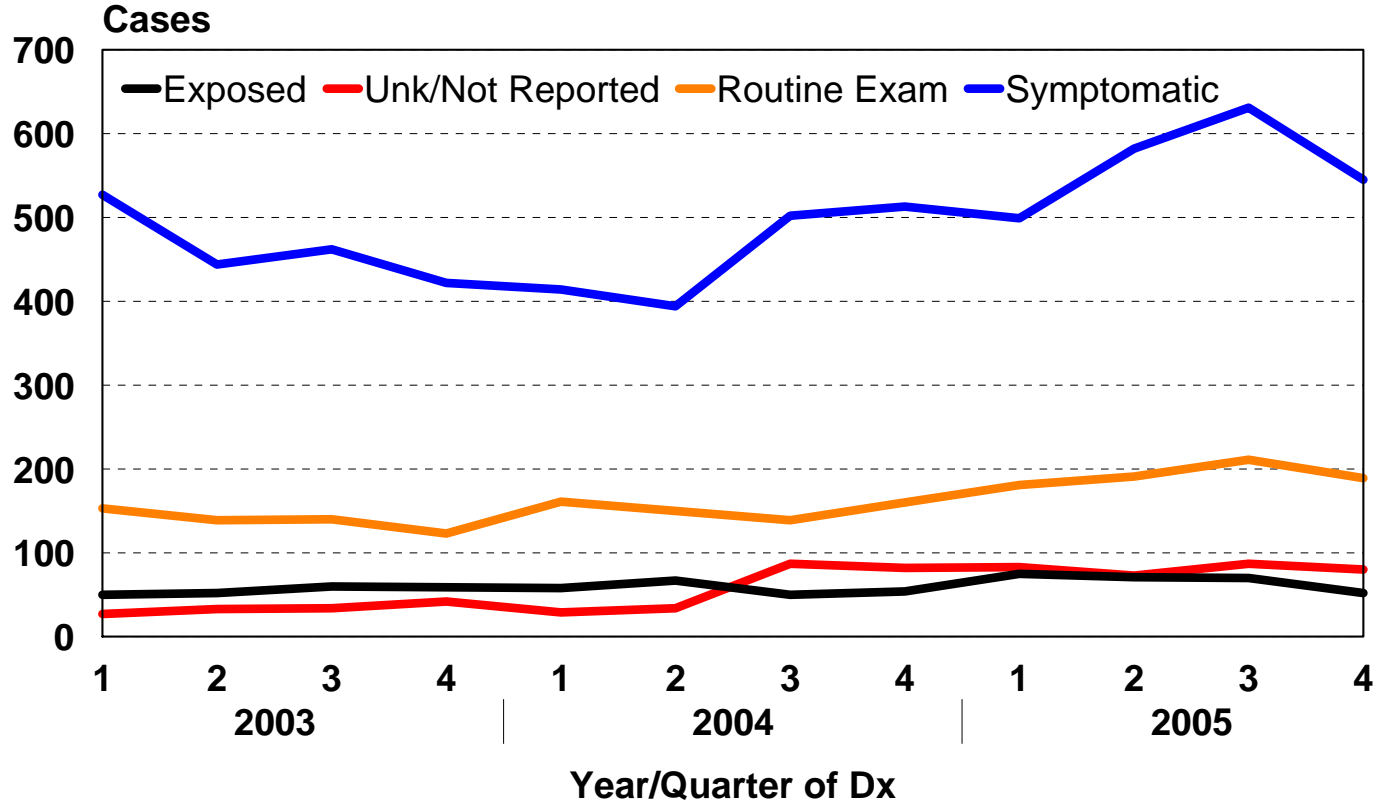
* By year and quarter of diagnosis, Cases reported through 1/30/2006 (4th quarter
2005 not complete). Self reported reason for examination.

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
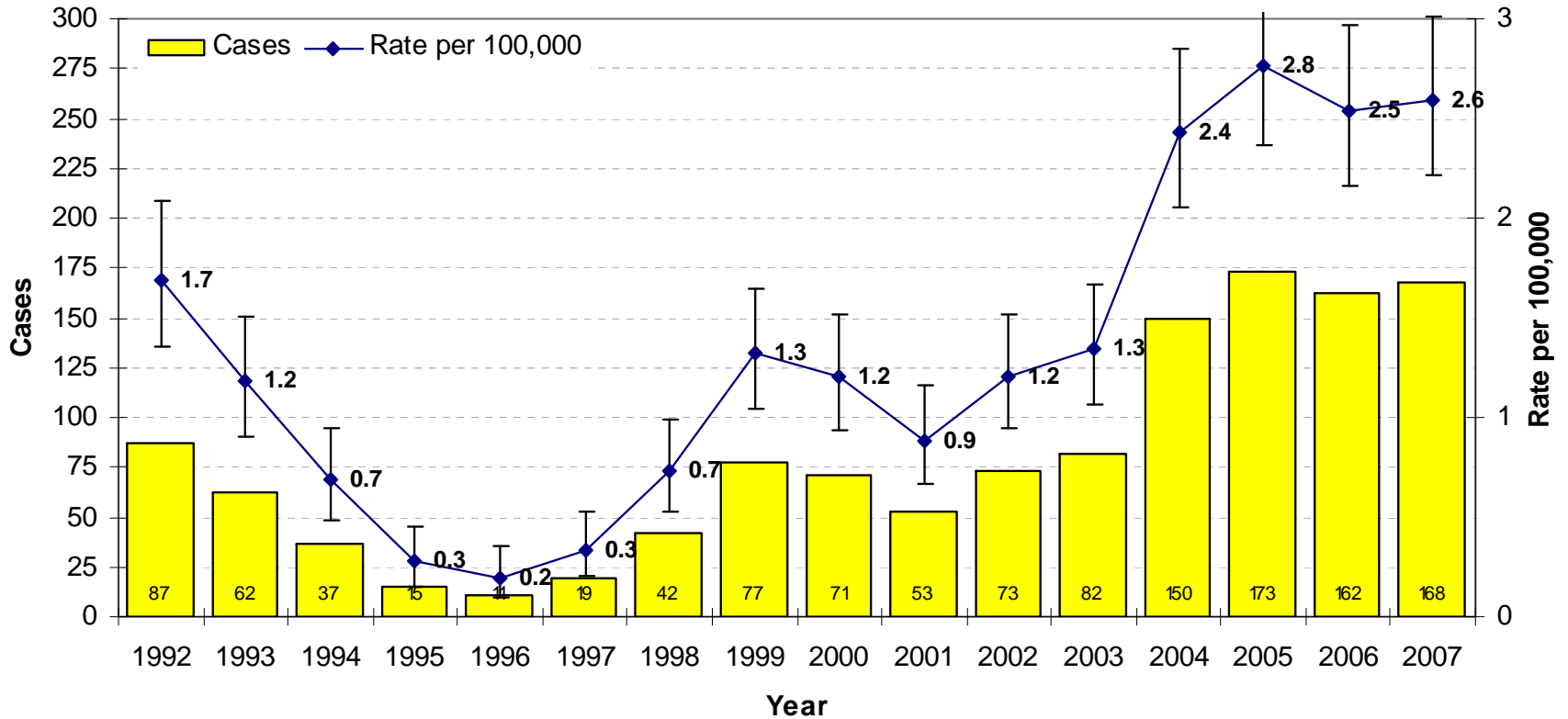
DRAFT
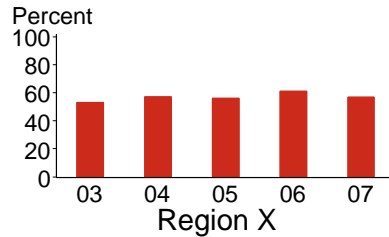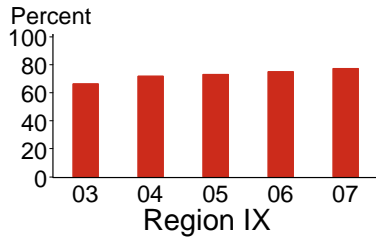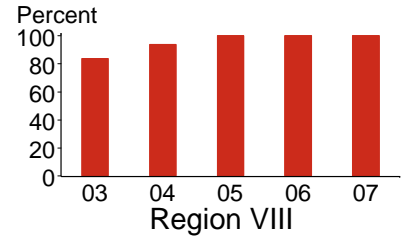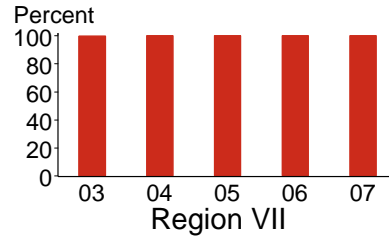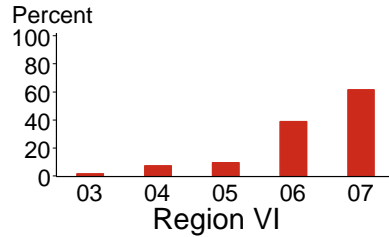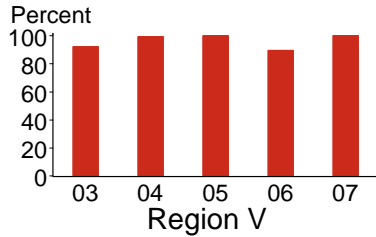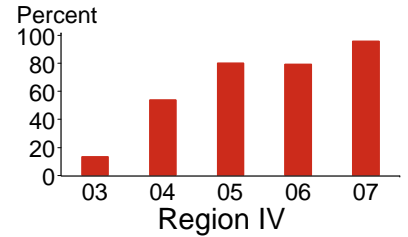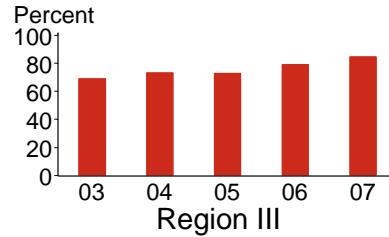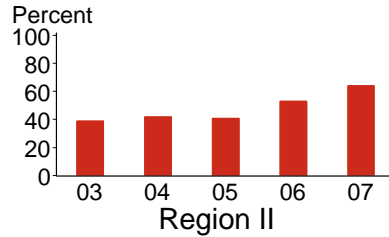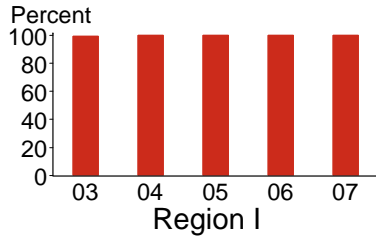
**Number of Females 15 - 24 Years,
Screened for Chlamydia,
IPP and Other Payers, Washington State 2002-2006**
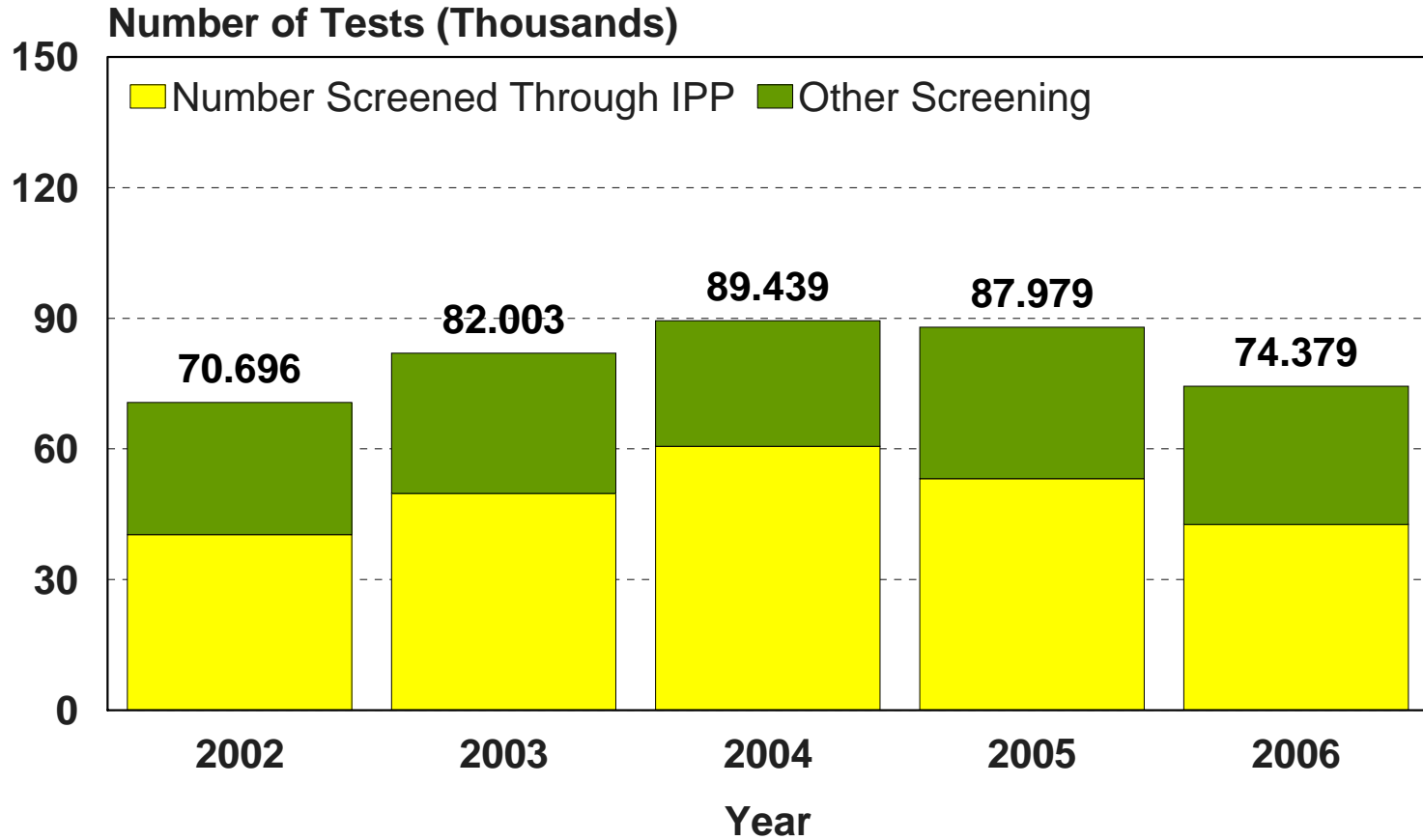
Chlamydia — Rates: Total and by Sex: United States, 1988–2007
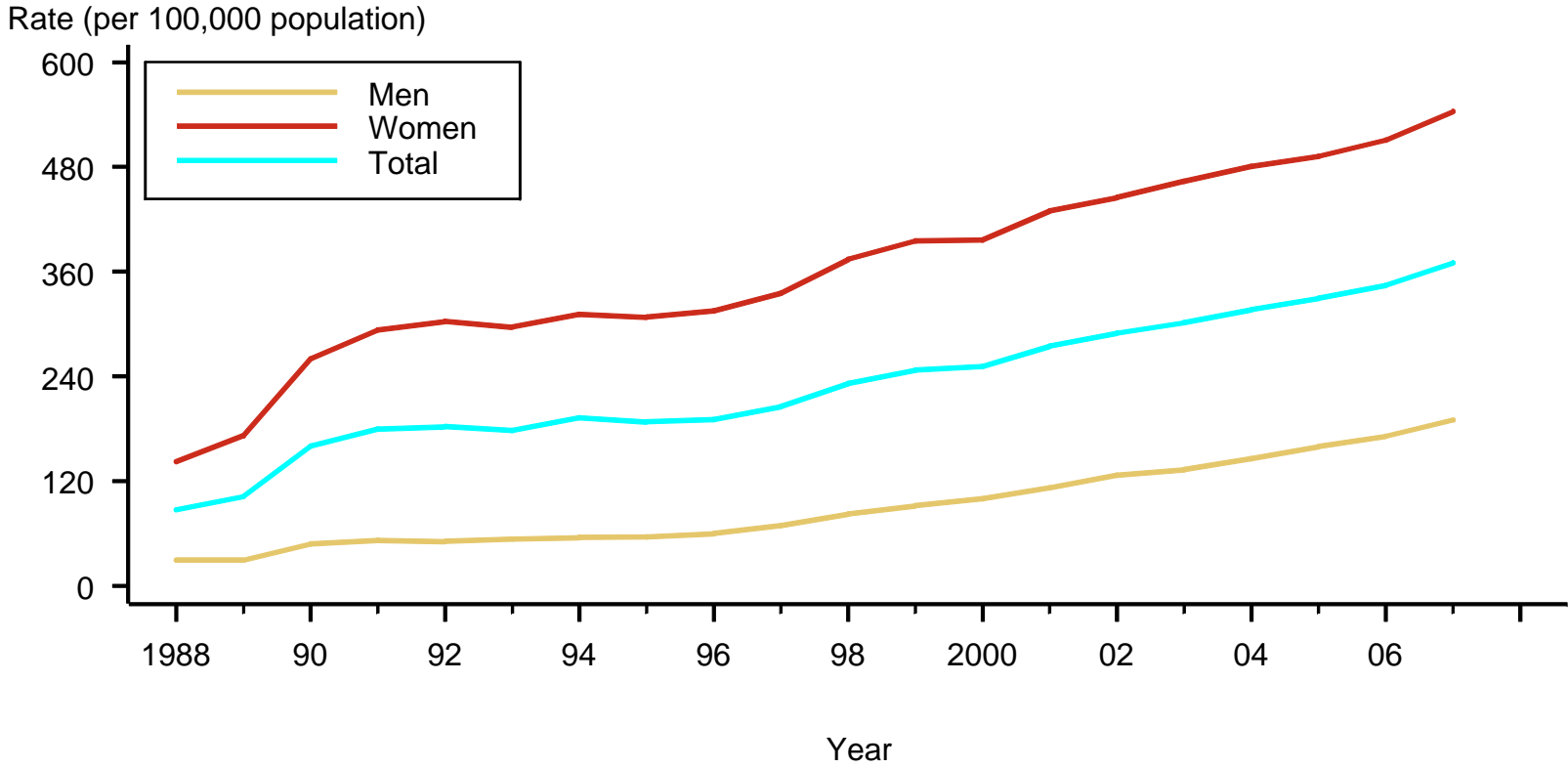
Primary & Secondary Syphilis Cases and Incidence Rate*, Washington State 1992 - 2007

STD Program Management

Forms, Reporting, & Data Management
Prerecorded Module

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

2

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 need to maintain reporting and data management systems

3

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

4

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

5

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

6

Forms, Reporting, Data Management

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 HIPPA requirements
  - Freedom of Information Act requests do not apply to personally identifiable records

7

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

8

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.)

9

Forms, Reporting, Data Management

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

10

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

11

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

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Forms, Reporting, Data Management

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

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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

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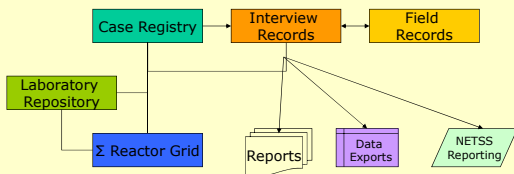
- STD programs need to manage data associated with diverse program activities for quality assurance and performance measurement:
  - Case reporting/surveillance   Case/partner management
  - Prevalence monitoring   Reporting and NETSS transmission

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Forms, Reporting, Data Management

Two Models for Organizing Data

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

16
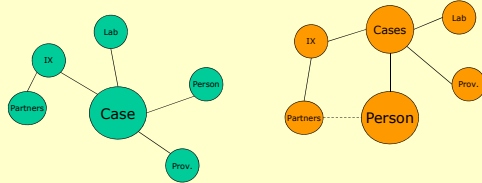
STD Data Management Systems

◻ 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

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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.

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Forms, Reporting, Data Management

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

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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

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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

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Forms, Reporting, Data Management

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

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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

23

Specialized & local use forms

- Congenital syphilis
- Neonatal HSV
- Infertility prevention project forms
- Special conditions surveillance tools (DGI, etc.)
- Enhanced surveillance activities (SSuN)

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Forms, Reporting, Data Management

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

25

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://ftppub.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

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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

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Forms, Reporting, Data Management

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

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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)

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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

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Forms, Reporting, Data Management

Program Staff Capacity

- 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

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Forms, Reporting, Data Management

EXAMPLES OF STD-RELATED DATA COLLECTION FORMS

REPORT ONLY LAB CONFIRMED CASES

9898588195

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 "√". Do not use labels on this form. Do not submit photocopies of this form.

12012003

PATIENT INFORMATION

PATIENT'S LAST NAME: S A M P L E

COUNTRY OF BIRTH
- O United States
- O Other (specify) _____
- O Unknown

FIRST NAME: O N L Y   **M.I.**

O HOMELESS   O ADDRESS UNKNOWN

ADDRESS   **APT/UNIT NO.**

CITY/TOWN   **STATE**   **ZIP CODE**

DATE OF BIRTH (MM DD YYYY)   **MEDICAL RECORD NO.**   **AREA CODE**   **PHONE NUMBER**

GENDER (Mark one only)
- O Male
- O Female ⇒ **Pregnant?** O Yes
- O Transgender (M to F)   O No
- O Transgender (F to M)

ETHNICITY (Mark one only)
- O Hispanic or Latino
- O Non-Hispanic or Non-Latino
- O Unknown

RACE (Mark all that apply)
- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White
- O Other (specify): _____
- O Unknown

GENDER OF SEX PARTNER(S) (Mark all that apply)
- O Male
- O Female
- O Transgender (M to F)
- O Transgender (F to M)
- O Unknown

CHLAMYDIA

CT DIAGNOSIS (Mark one only)
- O Symptomatic - uncomplicated
- O Asymptomatic - contact to STD
- O Asymptomatic - screening
- O Pelvic Inflammatory Disease (PID)
- O Conjunctivitis
- O Other (specify): _____

SPECIMEN SOURCE (Mark all that apply)
- O Cervix
- O Urethra
- O Rectum
- O Pharynx
- O Urine
- O Other (specify): _____

CT TREATMENT (Mark one only)
- O Azithromycin (Zithromax), 1 gm po x 1
- O Doxycycline, 100 mg po BID x 7 days
- O Erythromycin base, 500 mg po QID x 7 days
- O Erythromycin ethylsuccinate, 800 mg po QID x 7 days
- O Ofloxacin, 300 mg po BID x 7 days
- O Levofloxacin, 500 mg po qd x 7 days
- O Other (specify): _____

SPECIMEN COLLECTION DATE (MM DD YYYY)

TREATMENT DATE (MM DD YYYY)

O NOT TREATED

GONORRHEA

GC DIAGNOSIS (Mark one only)
- O Symptomatic - uncomplicated
- O Asymptomatic - contact to STD
- O Asymptomatic - screening
- O Pelvic Inflammatory Disease (PID)
- O Conjunctivitis
- O Disseminated
- O Other (specify): _____

SPECIMEN SOURCE (Mark all that apply)
- O Cervix
- O Urethra
- O Rectum
- O Pharynx
- O Urine
- O Other (specify): _____

GC TREATMENT (Mark one only)
- O Cefixime (Suprax), 400 mg po x 1
- O Ceftriaxone (Rocephin), 125 mg IM x 1
- O Ciprofloxacin, 500 mg po x 1
- O Ofloxacin, 400 mg po x 1
- O Levofloxacin, 250 mg po x 1
- O Other (specify): _____

CO-TREATMENT for Presumptive Chlamydial infection:
- O Azithromycin (Zithromax), 1 gm po x 1 (CT presumptive treatment)
- O Doxycycline, 100 mg po BID x 7 days (CT presumptive treatment)

SPECIMEN COLLECTION DATE (MM DD YYYY)

TREATMENT DATE (MM DD YYYY)

O NOT TREATED

SYPHILIS

SYPHILIS DIAGNOSIS (Mark one only)
- O Primary
- O Secondary
- O Early Latent (≤1 yr)
- O Late Latent (> 1 yr)
- O Neurosyphilis (CSF/VDRL ⊕)
- O Congenital
- O Other (specify): _____

SYPHILIS TREATMENT (Mark one only)
- O Benzathine penicillin G, 2.4 m.u. IM x 1 (early syphilis)
- O Benzathine penicillin G, 2.4 m.u. IM weekly x 3 (late latent syphilis)
- O Aqueous crystalline penicillin G, 18-24 m.u. IV x 10-14 days (neurosyphilis)
- O Other (specify): _____

TEST TYPE/RESULTS
- O USR _____   O RPR _____   O VDRL/CSF _____
- O FTA _____   O TPPA _____   O Other (specify): _____   LAB _____

SPECIMEN COLLECTION DATE (MM DD YYYY)

TREATMENT DATE (MM DD YYYY)

O NOT TREATED

CHANCROID

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

DIAGNOSED BY:

Physician Last Name _____   First Name _____

Clinic or Facility _____

Address _____

City _____   State _____   Zip _____

HE-00760-09 (09/22/05)   Phone Number (___) _____

FORM COMPLETED BY:

Last Name _____   First Name _____

Clinic or Facility _____

Phone Number (___) _____

MDH USE ONLY:
- O LabMatch
- O Reserve   O Call
- O Partner

PSU #: _____

673786

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MINNESOTA CONFIDENTIAL
STD CASE REPORT

12012003

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 (§13.38). 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

MDH

SAMPLE: 1 2 3 4 **AND** ● X √

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/idepc/dtopics/stds/index.html

*** Available at: www.health.state.mn.us/divs/idepc/dtopics/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 preventively 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 FOR UNTREATED 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				PARTNER'S NAME			
ADDRESS				ADDRESS			
CITY/STATE/ZIP				CITY/STATE/ZIP			
PHONE NUMBER				PHONE NUMBER			
RACE/ETHNICITY	AGE	DATE OF BIRTH	SEX	RACE/ETHNICITY	AGE	DATE OF BIRTH	SEX
APPROX DATE OF LAST EXPOSURE				APPROX DATE OF LAST EXPOSURE			
PHYSICAL DESCRIPTION	ADDITIONAL INFORMATION			PHYSICAL DESCRIPTION	ADDITIONAL INFORMATION		

IC 140-0078
(09/22/05)

IM22354-PFI-5

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

PATIENT DATA

LAST NAME

FIRST NAME

INIT

ADDRESS

CITY / TOWN   STATE   TELEPHONE ( )   ZIP CODE

DATE OF DIAGNOSIS
MO | DAY | YR

SEX   M   F

DATE OF BIRTH

REASON FOR EXAM: (CHECK ONE)   D
- ☐ Symptomatic
- ☐ Routine Exam—No Symptoms
- ☐ Exposed to Infection

GENDER OF SEX PARTNERS
M | F | Both | U

ETHNICITY   H | Non-His. | U

RACE: W—White; B—Black; AI—American Indian / AN—Alaskan Native; A—Asian; NHOPI—Native Hawaiian/Other Pacific Islander; O—Other; U—Unknown

RACE - Check all that apply
W | B | AI/AN | A | NH/OPI | A | O | U

DIAGNOSIS-DISEASE

Instructions

PARTNER MANAGEMENT PLAN
✓ Select method of ensuring partner treatment

1. ☐ Health Department to assume responsibility for partner treatment.

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

2. ☐ Provider will ensure all partners treated **(FREE medications available)**. Indicate number to be treated(____).

3. ☐ All partners have been treated. Indicate number treated (____).

DOH 347-102 (Rev. 8/2006)

GONORRHEA (lab confirmed)

DIAGNOSIS - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic - Uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Ophthalmia
- ☐ Disseminated
- ☐ Other Complications: ____

DATE TESTED ____

SITE(S) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Urine
- ☐ Rectum
- ☐ Pharynx
- ☐ Ocular
- ☐ Other: ____

TREATMENT - ✓ all given/presc.
- ☐ Cefpodoxime
- ☐ Doxycycline
- ☐ Levofloxacin*
- ☐ Cefixime
- ☐ Ceftriaxone
- ☐ Azithromycin
- ☐ Ciprofloxacin*
- ☐ Other

☐ Other, specify ____
*Quinolones not recommended as first choice for GC treatment; see treatment guidelines.

DATE RX ____

CHLAMYDIA TRACHOMATIS (lab confirmed)

DIAGNOSIS - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic - Uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Ophthalmia
- ☐ Other Complications: ____

DATE TESTED ____

SITE(S) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Urine
- ☐ Rectum
- ☐ Pharynx
- ☐ Ocular
- ☐ Other

TREATMENT - ✓ all given/presc.
- ☐ Azithromycin
- ☐ Doxycycline
- ☐ Erythromycin
- ☐ Ofloxacin
- ☐ Levofloxacin
- ☐ Other

DATE RX ____

DIAGNOSING CLINICIAN

FACILITY NAME

CITY   STATE   TELEPHONE ( )

PERSON COMPLETING REPORT

ADDRESS

SYPHILIS
- ☐ Primary (Chance, etc)
- ☐ Secondary (Rash, etc)
- ☐ Early Latent (<1 yr)
- ☐ Late Latent (>1 yr)
- ☐ Congenital
- ☐ Neurosyphilis
- ☐ Late

RX GIVEN ____

DATE RX ____

HERPES SIMPLEX
- ☐ Genital (initial infection only)
- ☐ Neonatal

Laboratory Confirmation
- ☐ Yes
- ☐ No

OTHER
- ☐ Chancroid
- ☐ Granuloma Inguinale
- ☐ Lymphogranuloma Venereum

☐ Need Additional Case Report Forms

STATE OF WASHINGTON SEXUALLY TRANSMITTED DISEASE SERVICES
P.O. BOX 47842, OLYMPIA, WA 98504-7842

59

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.)

DH2136,10/06

Patient Information:

Last Name

Area Code + Phone Number

☐ **Please check here if you would like more copies of the form**

First Name | MI | Date of Birth (MMDDYYYY) | Social Security Number (no dashes)

Address

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

City | State | Zip Code

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/AlaskaNative ☐ Native Hawaiian/Pacific Islander ☐ Unknown

☐ Other: _____ _____

Disease Specific Information:

Date of Onset: ☐☐☐☐☐☐

Disease Fatal? ☐ Yes ☐ No

Patient Hospitalized? ☐ Yes ☐ No   Discharge Date: ☐☐☐☐☐☐

Hospital Name: _____

Medicaid Number or Insurance: _____

Pregnancy Status:
☐ Not Pregnant
☐ Pregnant
   Number of Months___

Disease or Condition Reporting: For HIV/AIDS and HIV exposed newborns please report per forms indicated in *F.A.C.* 64D-3.

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
☐ Hantavirus 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, cryptococcal, 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 (Trichinosis)
☐ Tuberculosis (TB)
☐ Tularemia ☎❗
☐ Typhoid fever ☎
☐ Typhus fever, endemic
☐ Typhus fever, epidemic ☎❗
☐ Vaccinia disease ☎❗
☐ Varicella (chickenpox) Date of vaccination __/__/__
☐ 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: ☎❗ _____

Provider Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: (   )   Provider Fax: (   ) _____
Email: _____

Medical Information:

Diagnosis Date: ☐☐☐☐☐☐

Test Conducted? ☐ Yes ☐ No

Please attach lab record (if available)

Lab Name: _____
Lab Test Date: ☐☐☐☐☐☐   Lab Results: _____
Treatment Provided? ☐ Yes ☐ No   Test Method: _____
Treatment: _____
Medical Record Number: _____

60

LOS ANGELES COUNTY STD PROGRAM
CHLAMYDIA & GONORRHEA LABORATORY REPORT

COUNTY OF LOS ANGELES
Public Health

DATE OF REPORT [ ][ ] - [ ][ ] - [ ][ ]   **REPORT BY** [_____]

1 PATIENT

PATIENT'S LAST NAME [_____]   **FIRST NAME** [_____]   **M.I.** [ ]

CITY/TOWN [_____]   **STATE** [___]   **ZIP CODE** [_____]

AREA CODE ([___])   **DAY TELEPHONE NUMBER** [___] - [____]

AREA CODE ([___])   **EVENING TELEPHONE NUMBER** [___] - [____]

Birth Date [ ][ ] - [ ][ ] - [ ][ ]   **AGE:** [___]

GENDER:
- ☐ Male
- ☐ Female
- ☐ Transgender (M to F)
- ☐ Transgender (F to M)
- ☐ Unknown or Refused

PREGNANT:
- ☐ Yes ☐ Unknown
- ☐ No

POSTPARTUM:
- ☐ Yes ☐ Unknown
- ☐ No

RACE (X all that apply):
- ☐ White
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Asian or Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Unknown ☐ Refused
- ☐ Other: [_____]

2 PROVIDER

DOCTOR'S LAST NAME [_____]   **DOCTOR'S FIRST NAME** [_____]   **M.I.** [ ]

FACILITY/CLINIC NAME [_____]

FACILITY STREET ADDRESS [_____]   **SUITE/UNIT NO.** [____]

CITY/TOWN [_____]   **STATE** [___]   **ZIP CODE** [_____]

AREA CODE ([___])   **TELEPHONE NUMBER** [___] - [____]   **AREA CODE** ([___])   **FAX NUMBER** [___] - [____]

For HIV REPORTING:
Call (213) 351-8516 or visit
www.lapublichealth.org/hiv

3 LABORATORY

LABORATORY'S NAME [_____]

LABORATORY'S STREET ADDRESS [_____]

CITY/TOWN [_____]   **STATE** [___]   **ZIP CODE** [_____]

AREA CODE ([___])   **TELEPHONE NUMBER** [___] - [____]   **AREA CODE** ([___])   **FAX NUMBER** [___] - [____]

4 TEST RESULT

CHLAMYDIA

TEST NAME [_____]

TEST RESULT [_____]

SPECIMEN TYPE [_____]

Spec. Coll. Date (MM-DD-YY): [___] - [___] - [___]

Test Date (MM-DD-YY): [___] - [___] - [___]

SPECIMEN SITE:
- ☐ Urine
- ☐ Cervix
- ☐ Urethra
- ☐ Vaginal
- ☐ Rectum
- ☐ Nasopharynx
- ☐ Other [_____]

Specimen ID #: [_____]

COMMENTS:

GONORRHEA

TEST NAME [_____]

TEST RESULT [_____]

SPECIMEN TYPE [_____]

Spec. Coll. Date (MM-DD-YY): [___] - [___] - [___]

Test Date (MM-DD-YY): [___] - [___] - [___]

SPECIMEN SITE:
- ☐ Urine
- ☐ Cervix
- ☐ Urethra
- ☐ Vaginal
- ☐ Rectum
- ☐ Nasopharynx
- ☐ Other [_____]

Specimen ID #: [_____]

COMMENTS:

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

Patient ID [ ]

Condition(s) 1 [ ][ ][ ] 2 [ ][ ][ ]

Neurological Involvement? [C] [P] [N] [U]

Case ID 1 [ ] 2 [ ]

Lot # [ ]

Interview Record ID [ ]

Name

_____ _____ _____
Last Name _____ First Name _____ Middle Name

_____ _____
Preferred Name / AKA _____ Maiden Name

Phone/Contact

_____
Home Phone

_____
Work Phone

_____
Cellular Phone

_____
Pager

_____
E-Mail Address(es)
_____

_____
Emergency Contact Name

_____
Emergency Contact Phone

_____
Emergency Contact Relationship

Address

_____ _____ _____
Residence Street _____ (Apt. #) _____ City

_____ _____ _____ _____ _____
State ___ Zip ___ County ___ District ___ Country

Living With _____   Residence Type [ ]

Time At Address _____ [W][M][Y] Time In State _____ [W][M][Y] Time In Country _____ [W][M][Y]

Currently Institutionalized? [Y][N][U]   Name of Institution _____   Institution Type [ ]

Demographics

___/___/___
Date of Birth

Sex at Birth [M][F]   Current Gender [M][F][MTF][FTM][U][R]

Age [ ][ ][ ]   Marital Status [S][M][Sep][D][W][C][U][R]

Hispanic/Latino? [Y][N][U][R]   Race [AI/AN][A][B][NH/PI][W][U][R]

English Speaking? [Y][N][U]   Primary Language _____

Pregnancy

Pregnant at Exam? [Y][N][U][R]   [ ][ ] # Weeks

Pregnant at Interview? [Y][N][U][R]   [ ][ ] # Weeks

Currently in Prenatal Care? [Y][N][U][R]

Pregnant in Last 12 Mos? [Y][N][U][R]

Pregnancy Outcome [D][S][M][A][U]

Condition 1 Reporting Information

Method of Case Detection [ ][ ] _____ Other

OP Condition [ ][ ][ ] _____ OP Case ID

Facility First Tested

[ ] _____ If Other, Describe   ___/___/___ Laboratory Report Date

[Y][N] [ ] _____ If Other, Describe   [ ][ ] Interview Period (mos.)

Interviewed? If not, why not?

Place of Interview: [ ] _____ If Other, Describe   _____ PEMS Site ID

___/___/___ Date First Assigned for Interview   _____ DIS #   ___/___/___ Date Reassigned for Interview   _____ DIS #

___/___/___ Date Original Interview   _____ DIS #   ___/___/___ Date First Re-Interview   _____ DIS #

___/___/___ Date Case Closed   _____ DIS #   _____ Supervisor #

Imported Case? [N][C][S][J][D][U] _____ Import Location

Condition 2 Reporting Information

Method of Case Detection [ ][ ] _____ Other

OP Condition [ ][ ][ ] _____ OP Case ID

Facility First Tested

[ ] _____ If Other, Describe   ___/___/___ Laboratory Report Date

[Y][N] [ ] _____ If Other, Describe   [ ][ ] Interview Period (mos.)

Interviewed? If not, why not?

Place of Interview: [ ] _____ If Other, Describe   _____ PEMS Site ID

___/___/___ Date First Assigned for Interview   _____ DIS #   ___/___/___ Date Reassigned for Interview   _____ DIS #

___/___/___ Date Original Interview   _____ DIS #   ___/___/___ Date First Re-Interview   _____ DIS #

___/___/___ Date Case Closed   _____ DIS #   _____ Supervisor #

Imported Case? [N][C][S][J][D][U] _____ Import Location

Local Use: [A] [B] [C] [D] [E] [F] [G] [H] [I] [J] [K] [62 L]

Case ID

RISK FACTORS		
I. Sexual Behaviors	Within past 3 months	Within past 12 months

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

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

Has the patient:

	Within past 3 months Y/N/R/D	Within past 12 months Y/N/R/D
1. Had sex with a male?	☐	☐
2. Had sex with a female?	☐	☐
3. Had sex with an anonymous partner?	☐	☐
4. Had sex with a person known to him/her to be an IDU?	☐	☐
5. Had sex while intoxicated and/or high on drugs?	☐	☐
6. Exchanged drugs/money for sex?	☐	☐
7. **[Females only]** Had sex with a person who is known to her to be an MSM?	☐	☐

II. Drug Use Behaviors	Within past 3 months	Within past 12 months

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

	Within past 3 months Y/N/R/D	Within past 12 months Y/N/R/D
8. Engaged in injection drug use?	☐	☐

9. During the past 12 months, which of the following injection or non-injection drugs have been used?

☐ Crack   ☐ Methamphetamines
☐ Cocaine   ☐ Nitrates/Poppers
☐ Heroin   ☐ Erectile dysfunction medications (e.g., Viagra)
☐ None   ☐ Other, specify:
_____
_____
_____

III. Other Risk Factors	Within past 3 months	Within past 12 months

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

	Within past 3 months Y/N/R/D	Within past 12 months Y/N/R/D
10. Been incarcerated?	☐	☐

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Case ID

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
_ _ / _ _ / _ _			☐	P N I U Q C	1: _____
_ _ / _ _ / _ _			☐	P N I U Q C	1: _____
_ _ / _ _ / _ _			☐	P N I U Q C	1: _____
_ _ / _ _ / _ _			☐	P N I U Q C	1: _____

HIV Testing

Tested for HIV at this event? ☐ Y ☐ N ☐ U ☐ R ☐ Not Asked   **Previously Tested for HIV?** ☐ Y ☐ N ☐ U ☐ R ☐ Not Asked

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed
_ _ / _ _ / _ _			☐	P N I U Q C	☐
_ _ / _ _ / _ _			☐	P N I U Q C	☐
_ _ / _ _ / _ _			☐	P N I U Q C	☐

Signs and Symptoms

	Signs/ Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1.	☐	_ _ / _ _ / _ _	☐	☐	☐	___
2.	☐	_ _ / _ _ / _ _	☐	☐	☐	___
3.	☐	_ _ / _ _ / _ _	☐	☐	☐	___

If Other, Please Describe: _____

STD History

Previous STD History? ☐ Y ☐ N ☐ U ☐ R

	Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1.	☐☐☐	_ _ / _ _	_ _ / _ _	☐
2.	☐☐☐	_ _ / _ _	_ _ / _ _	☐
3.	☐☐☐	_ _ / _ _	_ _ / _ _	☐

STD/HIV Treatment/Counseling

Treatment Date	Provider	Drug and Dosage
_ _ / _ _ / _ _		
_ _ / _ _ / _ _		
_ _ / _ _ / _ _		

Treatment Comments: _____

Incidental Antibiotic Treatment in Last 12 Months? ☐ Y ☐ N ☐ U

Rx Date (mm/yyyy)	Drug/Dosage/Duration	Condition
_ _ / _ _		
_ _ / _ _		

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? ☐ Y ☐ N ☐ U ☐ R   Ever? ☐ Y ☐ N ☐ U ☐ R

HIV Pre-Test Counseled at this event? ☐ Y ☐ N ☐ U ☐ R   **HIV Post-Test Counseled at this event?** ☐ Y ☐ N ☐ U ☐ R

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Case ID

Social History

Places Met Partners

Type	Name
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

☐ Did not ask

☐ Refused to answer

Places Had Sex

Type	Name
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

☐ Did not ask

☐ Refused to answer

Partners in Last 12 Months

Female |___|___|___| Male |___|___|___| Transgender |___|___|___|

Unknown U   Refused R   Unknown U   Refused R   Unknown U   Refused R

Interview Period Partners

	Condition 1				Condition 2		
		Unknown	Refused			Unknown	Refused
Female	|___|___|___|	U	R	Female	|___|___|___|	U	R
Male	|___|___|___|	U	R	Male	|___|___|___|	U	R
Transgender	|___|___|___|	U	R	Transgender	|___|___|___|	U	R

Partner/Cluster Information

1

Last Name	First Name	AKA	Jurisdiction

P/CL |____| First Exposure ___/___/___   Freq. ____   Last Exposure ___/___/___   Sex: M F T U R   Pregnant Y N U R   Spouse Y N U R

| Condition 1 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |
| Condition 2 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |

2

Last Name	First Name	AKA	Jurisdiction

P/CL |____| First Exposure ___/___/___   Freq. ____   Last Exposure ___/___/___   Sex: M F T U R   Pregnant Y N U R   Spouse Y N U R

| Condition 1 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |
| Condition 2 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |

3

Last Name	First Name	AKA	Jurisdiction

P/CL |____| First Exposure ___/___/___   Freq. ____   Last Exposure ___/___/___   Sex: M F T U R   Pregnant Y N U R   Spouse Y N U R

| Condition 1 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |
| Condition 2 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |

4

Last Name	First Name	AKA	Jurisdiction

P/CL |____| First Exposure ___/___/___   Freq. ____   Last Exposure ___/___/___   Sex: M F T U R   Pregnant Y N U R   Spouse Y N U R

| Condition 1 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |
| Condition 2 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |

5

Last Name	First Name	AKA	Jurisdiction

P/CL |____| First Exposure ___/___/___   Freq. ____   Last Exposure ___/___/___   Sex: M F T U R   Pregnant Y N U R   Spouse Y N U R

| Condition 1 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |
| Condition 2 | Ix Date ___/___/___ | Init. Date ___/___/___ | Ix DIS # | Ix Type | Referral 1 2 3 | FR# | Dispo | Dispo Date ___/___/___ | Cond. | DIS # | SO/SP |

Case ID

Marginal Partners

	Name	Sex	Age	Race	Height	Weight	Hair	Exposure	Locating Information
1									
2									
3									
4									
5									

Interview / Investigation Comments

Travel History and Internet Use

66

Case ID

Investigation Plans & Supervisory Review

Date Submitted: _____   **Initial Review Date:** _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments

Interview Record Codes

Disease/Diagnosis Codes

030 - HepB acute w/o delta
031 - HepB acute w/ delta
033 - HepB chronic w/o delta
034 - HepB chronic w/ delta
042 - Hepatitis delta
051 - Hepatitis C, acute
053 - Hepatitis E
054 - Hepatitis C, chronic
070 - Hepatitis, unknown
100 - Chancroid
200 - Chlamydia
300 - Gonorrhea (uncomplicated)
350 - Resistant Gonorrhea
400 - Non-Gonoccocal Urethritis (NGU)
450 - Mucopurulent Cervicitis (MPC)
490 - PID Syndrome
500 - Granuloma Inguinale
600 - Lymphogranuloma Venereum (LGV)
710 - Syphilis, primary
720 - Syphilis, secondary
730 - Syphilis, early latent
740 - Syphilis, unknown duration
745 - Syphilis, late latent
750 - Syphilis, late w/ symptoms
800 - Genital Warts
850 - Herpes
900 - HIV Infection
950 - AIDS (Syndrome)

Neurological Involvement

C - Yes, Confirmed
P - Yes, Probable
N - No
U - Unknown

Residence Type

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

Gender/Sex:

M - Male
F - Female
MTF - Male to Female Transsexual
FTM - Female to Male Transsexual
T - Transgender
U - Unknown
R - Refused to Answer

Institution Types

G - Group Home
J - Jail
O - Other
P - Prison
Q - Mental Health Center
R - Rehabilitation Center
X - Drug Treatment/Detox Center
Y - Juvenile Detention

Marital Status

S - Single, Never Married
M - Married
SEP - Separated
D - Divorced
W - Widowed
C - Cohabitation
U - Unknown
R - Refused to Answer

Hispanic/Latino

Y - Yes, Hispanic/Latino
N - No, not Hispanic/Latino
U - Unknown
R - Refused to Answer

Race

AI/AN - American Indian or Alaskan Native
A - Asian
B - Black or African American
NH/PI - Native Hawaiian or Other Pacific Islander
W - White
U - Unknown
R - Refused to Answer

Pregnancy Outcome

D - Live Birth
S - Stillborn
M - Miscarriage
A - Abortion
U - Unknown

Type of Facility

01 - HIV Counseling/Testing Site
02 - STD Clinic
03 - Drug Treatment
04 - Family Planning
05 - RETIRED (Not to be used)
06 - TB Clinic
07 - Other HD Clinic
08 - Private MD/HMO
09 - RETIRED (Not to be used)
10 - Hospital (ER)
11 - Correctional facility
12 - Lab
13 - Blood Bank
14 - Labor and Delivery
15 - Prenatal
16 - Job Corps
17 - School-based Clinic
18 - Mental Health Services
29 - Hospital (Other)
66 - Indian Health Services
77 - Military
88 - Other
99 - Unknown

Y/N/U/R

Y - Yes
N - No
U/UN - Unknown
R - Refused to Answer

Time

W - Weeks
M - Months
Y - Years

Method of Case Detection

20 - Screening
21 - Self-Referred (symptomatic patients seeking testing)
22 - Patient Referred Partner
23 - Health Department Referred Partner
24 - Cluster Related (Social Contact (Suspect) or Associate)
88 - Other

Reasons Not Interviewed:

U - Unable to locate
P - Physician Refusal
R - Refused to Answer
D - Deceased
L - Language Barrier
O - Other

Place of Interview

C - Clinic
F - Field
T - Telephone
I - Internet
O - Other

Imported Case

N - Not an imported case
C - Yes, imported from another country
S - Yes, imported from another state
J - Yes, imported from another county/jurisdiction in the state
D - Yes, imported but not able to determine source county, state, and/or country
U - Unknown

Specimen Source

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

Anatomic Site

A - Anus/Rectum
B - Penis
C - Scrotum
D - Vagina
E - Cervix
F - Naso-Pharynx
G - Mouth/Oral Cavity
H - Eye-Conjunctiva
I - Head
J - Torso
K - Extremities (Arms, Legs, Feet, Hands)
N - Not Applicable (N/A)
O - Other
U - Unknown

Qualitative Lab Result

P - Positive
N - Negative
I - Indeterminate/Equivocal
UN - Unknown/ No Result
Q - Quantity Not Sufficient
C - Contaminated specimen

Places met or had sex with partners

A - Adult Book Store/Cinema
B - Bars
C - Cruising in Automobile
D - Dance Halls
E - Escort Services
F - Baths/Spas/Resorts
G - Place of Worship
H - Home
I - Chat Rooms/Lines/Email/Internet
J - Jail/Prison
K - Clubs
L - Beach
M - Motel/Hotel
N - Shopping Mall
O - Other
P - Project/Shelter
Q - School
R - Gyms/Health Clubs
S - Partner's Home
T - Street
U - Circuit Party
V - Cruise (Boat)
W - Work
X - Park/Rest Area

Interview Record Codes	
Signs/Symptoms	**STD History**

Signs/Symptoms	STD History
A - Discharge or MPC **B** - Chancre, Sores, Lesions, or Ulcers **C** - Rash **D** - Dysuria **E** - Itching **F** - Alopecia (Hair loss) **G** - Condylomata Lata **H** - Bleeding **I -** Pharyngitis (Sore Throat) **J** - Painful Sex **K** - Abdominal Pain **L** - Swelling/Inflammation **M** - Mucous Patch **N** - Lymphadenopathy **O** - Other **P** - Balanitis **Q** - Fever **R -** Cervical Friability **S** - Ectopy **T** - Epididymitis **V -** Proctitis **W -** Adnexal tenderness/Cervical motion tenderness	**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 **R** - Patient refused to answer any questions regarding prior STD History

Interview Type

O - *Original Interview* the initial interview with an infected patient.
R - *Re-Interview* any interview after the Original Interview of an infected patient.
C - *Cluster Interview* any interview of a partner or cluster regarding the index case.
U - *Unable to interview* (may include situations where the original patient was not interviewed, but sex partners and/or clusters were initiated from other activities).

Referral

1 - Patient (Client): No health department involvement in the referral of this partner/cluster.
2 - Provider: DIS or other health department staff were involved in the referral of this partner/cluster .
3 - Dual (contract): A combination of provider and patient effort to bring contact/cluster to services.

Source/Spread

SO - The source of infection for the original patient
SP - A spread from the original patient.
U - Partner infection is not related to the original patient.
UN (Unknown) - It is unknown whether a partner infection is related to the original patient.

Partner/Cluster

PARTNER - Persons having sexual activities (of any type) or sharing needles with the original patient.
  P1 - Sex Partner
  P2 - Needle sharing Partner
  P3 - Both Sex and Needle sharing Partner
SOCIAL CONTACT (Suspect) - Persons named by an infected person (e.g., the original patient or an infected partner or cluster).
  S1 - Person who has or had symptoms suggestive of the Condition(s) documented.
  S2 - Person who is named as a sex partner of a known infected person.
  S3 - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).
ASSOCIATE - Persons named by an uninfected partner or cluster.
  A1 - Person who has or had symptoms suggestive of the Condition(s) documented.
  A2 - Person who is named as a sex partner of a known infected person.
  A3 - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

Dispositions

STD Dispositions	HIV Dispositions
A - Preventative Treatment **B** - Refused Preventative Treatment **C** - Infected, Brought to Treatment **D** - Infected, Not Treated **E** - Previously Treated for This Infection **F -** Not Infected **G** - Insufficient Information to Begin Investigation **H** - Unable to Locate **J** - Located, Refused Examination and/or Treatment **K** - Out Of Jurisdiction **L** - Other	**1** - Previous Positive **2** - Previous Negative, New Positive **3** - Previous Negative, Still Negative **4** - Previous Negative, Not Re-tested **5** - Not Previously Tested, New Positive **6** - Not Previously Tested, New Negative **7** - Not Previously Tested, Not Tested Now **G** - Insufficient Information to Begin Investigation **H** - Unable to Locate **J** - Located, Refused Counseling and/or Testing **K** - Out Of Jurisdiction **L** - Other

Interview Record for Gonorrhea/Chlamydia

Patient ID

Condition(s)

1 ☐☐☐   2 ☐☐☐

ReInfection? If yes, #

1 [Y] [N] [U] ☐☐
2 [Y] [N] [U] ☐☐

Case ID

1
2

Interview Record ID

Name

Last Name _____ First Name _____ Middle Name _____

Preferred Name / AKA _____ Maiden Name _____

Demographics

___ / ___ / ___   Date of Birth   ___ Age   [Y] [N] [U] [R] Hispanic/Latino

[AI/AN] [A] [B] [NH/PI] [W] [U] [R] Race

[M] [F] Sex at Birth

[S] [M] [Sep] [D] [W] [C] [U] [R] Marital Status

Address

Residence Street _____ (Apt. #) ___ City _____

State ___ Zip ___ County _____ District _____ Country _____

Living With _____   Residence Type ☐

Time At Address ___ [W][M][Y]   Time In State ___ [W][M][Y]   Time In Country ___ [W][M][Y]

Currently Institutionalized? [Y][N][U]   Name of Institution _____   Institution Type ☐

Phone/Contact

Home Phone _____

Work Phone _____

Cellular Phone _____

Emergency Contact _____

E-Mail Address(es) _____

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result
___ / ___ / ___			☐	[P] [N] [I] [U]
___ / ___ / ___			☐	[P] [N] [I] [U]
___ / ___ / ___			☐	[P] [N] [I] [U]

Pregnancy

Pregnant at Exam? [Y] [N] [U] [R]

___ # Weeks

Pregnant in Last 12 Mos? [Y] [N] [U] [R]

STD Treatment

Treatment Date	Provider	Drug and Dosage
___ / ___ / ___		
___ / ___ / ___		

Treatment Comments: _____   Provider Choice: _____

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

In the last 12 months has the patient:

1. Had sex with a male? [Y] [N] [R] [D]
2. Had sex with a female? [Y] [N] [R] [D]
3. Had sex with an anonymous partner? [Y] [N] [R] [D]
4. Been incarcerated? [Y] [N] [R] [D]
5. During the past 12 months, which of the following injection or non-injection drugs have been used? [Y] [N] [R] [D] None

Please place an "X" for all that apply:

☐ Crack   ☐ Methamphetamines
☐ Cocaine   ☐ Nitrates/Poppers
☐ Heroin   ☐ Erectile dysfunction medications (e.g., Viagra)
☐ None   ☐ Other

Other, specify: _____

Reporting Information Condition 1

Method of Case Detection ☐☐ _____ Other

Facility First Tested ☐ _____ If Other, Describe

Interview Period (mos.) ☐☐

___ / ___ / ___ Laboratory Report Date

Date First Assigned for Interview ___ / ___ / ___
Worker _____
Date Original Interview ___ / ___ / ___
Worker _____

Worker _____
Supervisor # _____
___ / ___ / ___ Date Case Closed

Reporting Information Condition 2

Method of Case Detection ☐☐ _____ Other

Facility First Tested ☐ _____ If Other, Describe

Interview Period (mos.) ☐☐

___ / ___ / ___ Laboratory Report Date

Date First Assigned for Interview ___ / ___ / ___
Worker _____
Date Original Interview ___ / ___ / ___
Worker _____

Worker _____
Supervisor # _____
___ / ___ / ___ Date Case Closed

Local Use: [A] [B] [C] [D] [E] [F] [G] [H] [I] [J] [K] [70 L]

Case ID

HIV Testing

Tested for HIV at this event? Y | N | U | R | Not Asked   **Previously Tested for HIV?** Y | N | U | R | Not Asked

Date Collected | Provider | Test | Specimen Source | Qualitative Result | Provider Confirmed

___/___/___ | _____ | _____ | [ ] | P | N | I | U | Q | C | [ ]

Signs and Symptoms	STD History	Interview Period Partners

Signs and Symptoms

	Signs/Symptoms	Earliest Observation Date	Anatomic Site	Duration (Days)
1.	[ ]	___/___/___	[ ]	___
2.	[ ]	___/___/___	[ ]	___
3.	[ ]	___/___/___	[ ]	___

If Other, Please Describe: _____

STD History

Previous STD History?   Y | N | U | R

	Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)
1.	[ ][ ]	___/___	___/___
2.	[ ][ ]	___/___	___/___
3.	[ ][ ]	___/___	___/___

Interview Period Partners

	Unknown	Refused	
Female	[ ][ ][ ]	U	R	**1**
Male	[ ][ ][ ]	U	R	
Female	[ ][ ][ ]	U	R	**2**
Male	[ ][ ][ ]	U	R	

Partner/Cluster Information

1
Last Name | First Name | AKA | Jurisdiction
P/CL [ ] | First Exposure ___/___/___ | Freq. | Last Exposure ___/___/___ | Sex: M | F | T | U | R | Pregnant Y | N | U | R | Spouse Y | N | U | R

| Condition 1 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |
| Condition 2 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |

2
Last Name | First Name | AKA | Jurisdiction
P/CL [ ] | First Exposure ___/___/___ | Freq. | Last Exposure ___/___/___ | Sex: M | F | T | U | R | Pregnant Y | N | U | R | Spouse Y | N | U | R

| Condition 1 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |
| Condition 2 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |

3
Last Name | First Name | AKA | Jurisdiction
P/CL [ ] | First Exposure ___/___/___ | Freq. | Last Exposure ___/___/___ | Sex: M | F | T | U | R | Pregnant Y | N | U | R | Spouse Y | N | U | R

| Condition 1 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |
| Condition 2 | ___/___ Ix Date | ___/___ Init. Date | Ix DIS # | Ix Type | Referral 1 | 2 | 3 | FR# | Dispo | ___/___ Dispo Date | Cond. | DIS # |

Social History	Interview, Internet, and Investigation Comments

Social History

Places Met Partners		Places Had Sex	
Type	Name	Type	Name
[ ]	_____	[ ]	_____
[ ]	_____	[ ]	_____
[ ]	_____	[ ]	_____
[ ] Did not ask		[ ] Did not ask	
[ ] Refused to answer		[ ] Refused to answer	

Interview, Internet, and Investigation Comments

_____
_____
_____
_____
_____
_____
_____

Incidental Antibiotic Treatment in Last 12 Months?   Y | N | U

Rx Date (mm/yyyy) | **Drug/Dosage/Duration** | **Condition**
___/___ | _____ | _____
___/___ | _____ | _____

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Patient Name:

Case Number:

Integrated Partner Services Interview Record

Chart #   **Case #** | | | | | | | **Date Assigned___/___/___**   **G**   0003195

Employee ID: **County:**   **GC ☐ CT ☐**   **Σ ☐** Stage____ Neuro?___

Patient Locating Information

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

---

Date initial lab report:___/___/_____   **Lab Name_____**

Provider_____ Phone_____

Notes:

Lot #_____   Conf. Lab ___/___/___

RPR/VDRL_____ ___/___/___

TPPA_____ ___/___/___

Most Recent Negative Test___/___/___

Previous Dx? ☐ Y ☐ N ☐ U   When?___/___/___
         1   0   99

Previous Titer_____ Date___/___/___

Referral Basis:

☐ 1 + Lab test   ☐ 2 Ptx referred partner   ☐ 3 Provider Case Report

☐ 4 Health Dept. referral   ☐ 5 Cluster   ☐ 6 OOJ

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: month_____ day_____ Year_____   **to**   month_____ day_____ Year_____

Interview Date   ___/___/___   **Eng. Speaking:** ☐ Y ☐ N   **Lang?_____**
                                                           1   0

Sex: ☐ M ☐ F ☐ TGMF ☐ TGFM   **Interview Method:** ☐ 1 In person ☐ 2 Phone   **Location:** ☐ 1 Field ☐ 2 Clinic ☐ 3 LHJ
    1   2   3   4

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

2) Are you of Hispanic or Latino/a origin?   ☐ Y ☐ N ☐ U ☐ R
                                               1   0   99   88

3) What is your racial Background? (check all that apply)   ☐ W ☐ B ☐ AI/AN ☐ A ☐ NH/OPI ☐ Oth_____ ☐ U ☐ R

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

☐ 1 Pap smear/pelvic exam   ☐ 5 Annual physical exam   ☐ 10 Rescreening

☐ 2 Pregnancy Test/Prenatal Care   ☐ 6 Wanted a routine STD exam   ☐ 11 Partner was Dx with STD

☐ 3 Family Planning/Birth Control   ☐ 7 Wanted symptoms checked out   ☐ 99 Unknown

☐ 4 Abortion   ☐ 8 Not examined/contact to STD   ☐ 13 Other_____

                           ☐ 9 Outreach screening/referral   ☐ 88 Refused

5) Have you had any of the following symptoms in the past 60 days? (read all, check all that apply)
   1   0   99   1   0   99

☐ Y ☐ N ☐ U Pain when you urinate/pee _____(days)   ☐ Y ☐ N ☐ U Pain in pelvis/abdomen _____(days)

☐ Y ☐ N ☐ U Anal/rectal pain, bleeding _____(days)   ☐ Y ☐ N ☐ U Abnormal, non-menstrual bleeding _____(days)

☐ Y ☐ N ☐ U Abnormal disch. penis/vagina ____(days)   ☐ Y ☐ N ☐ U Other_____ _____(days)

6) Have you been to an STD clinic in the last year, not including this visit?   ☐ Y ☐ N ☐ U ☐ R
                                                                       1   0   99   88

7) Were you diagnosed with Pelvic Inflamatory Disease at your visit on ___/___/___?   ☐ Y ☐ N ☐ U ☐ R
                                                                                1   0   99   88

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
                                             1   0   99   88   1   0   99   88

9) What is your current employment/job status?
1 [FT] 2 [PT] 3 [ ] Unemployed < 1 Year 4 [ ] Unemployed > 1 Year 5 [ ] Retired 6 [ ] Disabled 88 [R]

10) Are you a student? Full or part-time?
1 [N] 2 [FT] 3 [PT] 88 [R]

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+ 88 [R]

12) Have you been in jail or prison for more than 24 hours in the last 3 months?
1 [Y] 0 [N] 99 [U] 88 [R]

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] 88 [R]

14) What was your housing situation in last 3 months?
1 [ ] Permanent/stable 2 [ ] Non-permanent/Unstable 3 [ ] Institutionalized 4 [ ] Other_____ 88 [R]

15) Have you already taken medicine for chlamydia, gonorrhea or syphilis? (If NO go to 17)
1 [Y] 0 [N] 99 [U] 88 [R]

16) Did you take all of your medicine for gonorrhea, chlamydia or syphilis?
1 [ ] Y 0 [ ] N 99 [ ] U 88 [ ] R 3 [ ] Still taking meds.

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):

	1	0	99	88			1	0	99	88	
Gonorrhea?	Y	N	U	R	When last?____/____(mo/yr)	**Chlamydia?**	Y	N	U	R	When last?____/____(mo/yr)
Syphilis?	Y	N	U	R	When last?____/____(mo/yr)	**Herpes?**	Y	N	U	R	When last?____/____(mo/yr)
	1	0	99	88			1	0	99	88	

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   [88] Refused

19) How many MEN have you had sex with in the LAST YEAR? Sex includes vaginal, anal or oral sex. (For both MSM & WSM)
_____ 999 [ ] Don't know/not sure 888 [ ] Refused

20) How many MEN have you had ANAL sex with in the LAST YEAR? (For MSM only)
_____ 999 [ ] Don't know/not sure 888 [ ] Refused

21) How many MEN have you had vaginal, anal or oral sex with since_____ (start of exposure period) but before being treated?
_____ 999 [ ] Don't know/not sure 888 [ ] Refused

22) How many WOMEN have you had vaginal, anal or oral sex with in the LAST YEAR?
_____ 999 [ ] Don't know/not sure 888 [ ] Refused

23) How many WOMEN have you had vaginal, anal or oral sex with since_____ (start of exposure period) but before being treated?
_____ 999 [ ] Don't know/not sure 888 [ ] Refused

24) Syphilis Interview period partners:

		# of Males			# of Females		
			99	88		99	88
Known Sex Partners	Interview Period_____		[U]	[R]	Interview Period_____	[U]	[R]
Anon. Sex Partners	Interview Period_____		[U]	[R]	Interview Period_____	[U]	[R]
			99	88		99	88

25) Have you ever given anyone money or drugs for sex?
[Y] [N] [R] 1 0 88 **Last Time?** ____/____(mo/yr)

26) Have you ever gotten money or drugs from anyone for sex?
[Y] [N] [R] 1 0 88 **Last Time?** ____/____(mo/yr)

27) In the past year, where have you met your sex partners?
(Mark all and then ask "Anywhere else?")

[ ] Bars/Clubs   [ ] Rave/Commercial Party   [ ] Work/Place of Employment   [ ] With Part. >1 Yr.
[ ] Church   [ ] School/College Campus   [ ] Friend/Relative's/Private Party   [ ] Refuses All
[ ] Public Park/Rest Stop [ ] Adult Movie Theater   [ ] Adult Bookstore
[ ] Bath House/Sex Club   [ ] Internet/On-line Chat   [ ] Mall/Shopping Cntr/Store/Public Area
                                                          [ ] Other/Unk_____

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28) Have you EVER met a sex partners through the Internet?

1   0   88
[Y] [N] [R]   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**

1   0   88
[Y] [N] [R] Bath House/ Sex Club   (describe)_____Last Time _____(mo/yr)

[Y] [N] [R] Circuit Party   (describe)_____Last Time _____(mo/yr)
1   0   88

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

1   0   88   1   0   88

[Y] [N] [R] Crack   Last Time _____(mo/yr)   [Y] [N] [R] Nitrates/Poppers   Last Time _____(mo/yr)

[Y] [N] [R] Meth   Last Time _____(mo/yr)   [Y] [N] [R] Viagra/Cialis/Lavitra   Last Time _____(mo/yr)

[Y] [N] [R] Heroin   Last Time _____(mo/yr)   [Y] [N] [R] Cocaine   Last Time _____(mo/yr)

[Y] [N] [R] Any IDU Last Time _____(mo/yr)   [Y] [N] [R] Any Needle Share   Last Time _____(mo/yr)

[Y] [N] [R] Other_____ Last Time _____(mo/yr)   [88] **Refused all drug information**

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.

[Y] [N] [U] [R]
1   0   99   88

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

_____

_____
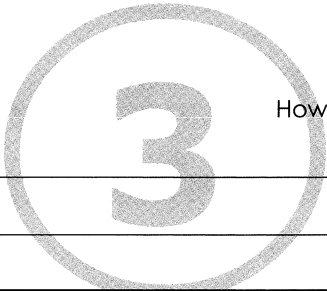
32) Have you ever had an HIV test? [Y] [N] [U] [R]   **Are you HIV positive?**   [Y] [N] [U] [R]
           1   0   99   88   1   0   99   88

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

     If HIV Positive: 1   0   99   88

Do you have an HIV Primary Care Provider? [Y] [N] [U] [R]   Who is your provider?_____

Ever taken antiretrovirals?   [Y] [N] [U] [R]   Referred to EIP/HIV Services_____

Taken antiretrovirals in last 30 days?   [Y] [N] [U] [R]

33) Did you get an HIV test when you got tested for this STD? [Y] [N] [U] [R]
                                                1   0   99   88

(For STD Clinic Patients)
Reason if refused HIV testing_____   Collection Date ____/____/____

Results: 1   0   99   88
     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]   74

35) Contact Attempts (please document attempts, methods and outcomes)

A) Date_____/_____/_____ ☐¹Phone ☐²Field ☐³Letter ☐⁴E-mail Outcome:_____

B) Date_____/_____/_____ ☐¹Phone ☐²Field ☐³Letter ☐⁴E-mail Outcome:_____

C) Date_____/_____/_____ ☐¹Phone ☐²Field ☐³Letter ☐⁴E-mail Outcome:_____

D) Date_____/_____/_____ ☐¹Phone ☐²Field ☐³Letter ☐⁴E-mail Outcome:_____

36) Date Case Closed: Date_____/_____/_____

_____

_____

_____
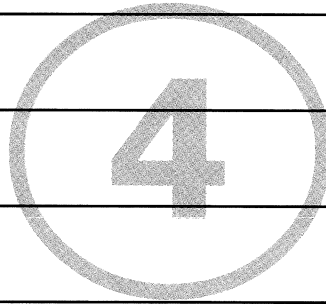
Field Record# 0 6 0 4 8 0 4 **G**   **Index Patient Case ID** (Original Patient Case#)

Partner Type: [1] Sex [2] Cluster [99] Unk/Ind.   **Source or Spread?** [1] So [2] Sp [3] Indeterminate (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 [99] U [88] R

2) What is this person's date of birth?   /   /   [99] U [88] R **Age?**   (if date of birth unknown)

3) Is this person of Hispanic or Latino/a origin? [1] Y [0] N [99] U [88] R

4) What is this person's racial background? (check all that apply) [W] [B] [AI/AN] [A] [NH/OPI] [Oth] [99] U [88] R

5) Does this person speak English? [1] Y [0] N [99] 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 have sex with this person since____ (interview period start)? [0] 0 [1] 1 [2] 2-5 [3] 6-10 [4] >10 [88] Ref

9) Do you live with this person? [1] Y [0] N [99] U [88] R

10) Where did you first meet this person? [1] Work/Place of Employment   [88] **Refused all venue info**
[2] Bars/Clubs   [3] Rave/Commercial Party   [4] Friend's House/Private Party   [5] Church
[6] School/College Campus   [7] Adult Bookstore   [8] Public Park/Rest Stop   [9] Adult Movie Theater
[10] Mall/Shopping Center   [11] Bath House/Sex Club   [12] Internet/On-line Chat   [13] Other/Unk_____

11) Since (interview period start)_____, have you (had) _____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)   [88] **Refused all risk info**
[Y] [N] [U] [R] Given money/drugs for sex   [Y] [N] [U] [R] Been pregnant (Female Partners)
[Y] [N] [U] [R] 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
[4] Saw provider/ no STD but Tx   [5] Saw provider with OP and got Tx   [6] 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)   [88] 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:

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Partner Referral Type: ☐ Patient ☐ DIS   Date Completed: /   /

Has this partner already been notified? ☐Y ☐N ☐U | Has this partner already been evaluated by a clinician? ☐Y ☐N ☐U

Has this partner already been tested for any of the following STDs and what was the result?

Gonorrhea: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Chlamydia: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Syphilis: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Has this partner been treated for all STDs?   Yes, ALL ☐   Yes, SOME ☐   ☐N ☐U

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?

☐ PDPT from Diagnosing Physician ☐ PDPT from DIS or health dept. staff ☐ PDPT given by different index patient   ☐ No PDPT

Did index patient already give this partner PDPT? ☐ Yes ☐ No   ☐ No PDPT/EPT provided to index patient   ☐ Unknown

Did the health department verify that this partner was treated?

☐ Yes, talked to partner   ☐ Yes, talked to provider or saw medical record   ☐ No   ☐ Unknown

HIV Disposition Codes: Date completed   /   /

What type of partner referral was used to notify this partner?

☐ Patient referral (index patient notified and reffered for testing) ☐ DIS Referral   ☐ No Referral ☐ Unknown

Has this partner already been notified that they may have been exposed to HIV? ☐Y ☐N ☐U ☐ OP not known to be HIV Pos. | Has this partner already been seen by a medical provider for an HIV test? ☐Y ☐N ☐U

What was this partner's HIV status prior to being tested for this exposure? ☐ Pos ☐ Neg ☐ Unknown (includes never tested)

Has this partner been tested since being notified of exposure to this index case?   ☐ Yes ☐ No ☐ Unknown

What was the result of that test? ☐ Pos ☐ Neg ☐ Unknown ☐ Not tested ☐ Previously known positive

Was test result verified by the health department through direct communication with the partner, provider or medical record?
☐ Yes, talked to partner   ☐ Yes, talked to provider or saw medical record   ☐ No   ☐ Unknown

Partner Referral Type: ☐ Patient ☐ DIS   Date Completed: /   /

Has this partner already been notified? ☐Y ☐N ☐U | Has this partner already been evaluated by a clinician? ☐Y ☐N ☐U

Has this partner already been tested for any of the following STDs and what was the result?

Gonorrhea: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Chlamydia: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Syphilis: ☐ Tested Positive ☐ Tested Negative ☐ Tested, Unknown Result ☐ Not Tested ☐ Unknown if Tested

Has this partner been treated for all STDs?   Yes, ALL ☐   Yes, SOME ☐   ☐N ☐U

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?

☐ PDPT from Diagnosing Physician ☐ PDPT from DIS or health dept. staff ☐ PDPT given by different index patient   ☐ No PDPT

Did index patient already give this partner PDPT? ☐ Yes ☐ No   ☐ No PDPT/EPT provided to index patient   ☐ Unknown

Did the health department verify that this partner was treated?

☐ Yes, talked to partner   ☐ Yes, talked to provider or saw medical record   ☐ No   ☐ Unknown

HIV Disposition Codes: Date completed   /   /

What type of partner referral was used to notify this partner?

☐ Patient referral (index patient notified and reffered for testing) ☐ DIS Referral   ☐ No Referral ☐ Unknown

Has this partner already been notified that they may have been exposed to HIV? ☐Y ☐N ☐U ☐ OP not known to be HIV Pos. | Has this partner already been seen by a medical provider for an HIV test? ☐Y ☐N ☐U

What was this partner's HIV status prior to being tested for this exposure? ☐ Pos ☐ Neg ☐ Unknown (includes never tested)

Has this partner been tested since being notified of exposure to this index case?   ☐ Yes ☐ No ☐ Unknown

What was the result of that test? ☐ Pos ☐ Neg ☐ Unknown ☐ Not tested ☐ Previously known positive

Was test result verified by the health department through direct communication with the partner, provider or medical record?
☐ Yes, talked to partner   ☐ Yes, talked to provider or saw medical record   ☐ No   ☑ Unknown

Chlamydia/Gonorrhea Test
Region X Infertility Prevention Project

Client Name   GREY AREAS: LAB USE ONLY

Client Number

Clinician

Date of Birth

| | | | 1 | 9 | | |

Client Zip Code

Date Specimen Collected

| | | | 2 | 0 | |

Service Site

Client Sex
1 ☐ F
2 ☐ M

Specimen Site
1 ☐ Cervix   2 ☐ Urethra
3 ☐ Urine   7 ☐ Rectal
5 ☐ Vaginal-patient
6 ☐ Vaginal-clinician
4 ☐ Other _____

PROVIDER/CLINIC ADDRESS:

Lab Number   Date Received

CT/GC Test
1 ☐ Probe   4 ☐ Cell Cult.   7 ☐ PCR
8 ☐ SDA   10 ☐ SA   11 ☐ TC-TMA

Test Results
1 ☐ Unsatisfactory Specimen
2 ☐ Negative CT   5 ☐ Negative GC
3 ☐ Positive CT   6 ☐ Positive GC
4 ☐ Equivocal CT   7 ☐ Equivocal GC

Comments _____
_____
_____

Date Reported   By

Medicaid No.

ICD Code

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

ETHNICITY:	RACE: (check all that apply)
1 ☐ Hispanic	1 ☐ White
2 ☐ Non-Hisp.	2 ☐ Black
	3 ☐ Amer. Ind./AK Native
	4 ☐ Asian
	6 ☐ Hawaiian/Pac. Islander
	5 ☐ Other

REASONS FOR VISIT: (patient-reported, check all that apply)
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: (patient reported)
1 ☐ Abnormal Vaginal/Urethral Discharge

SEX WITH: 1 ☐ Men   2 ☐ Women   3 ☐ Both

HPV vaccine doses received to date:
0 ☐   1 ☐   2 ☐   3 ☐

EXAMINATION: Client examined   0 ☐ Yes   1 ☐ No

FINDINGS: FEMALE	FINDINGS: MALE
(check all that apply)	(check all that apply)
Cervical Findings	Signs
1 ☐ Normal Appearance	8 ☐ Normal Appearance
3 ☐ **Mucopurulence**	9 ☐ Urethral Discharge
4 ☐ **Friability**	11 ☐ GC on Gram stain
5 ☐ **Ectopy with inflam/edema**	12 ☐ Epididymitis
6 ☐ **PID**	

OTHER:	1-Yes	2-No	3-Unk
Is this client pregnant?	☐	☐	☐
IUD insert	☐	☐	☐
Presumptive Tx for CT	☐	☐	☐

RISK HISTORY:	1-Yes	2-No	3-Unk
Positive CT last 12 months	☐	☐	☐
2 or More Sex Partners (60 days)	☐	☐	☐
New Sex Partner (60 days)	☐	☐	☐
Symptomatic Partner (60 days)	☐	☐	☐
Condom used during last sex	☐	☐	☐

	Yes, definitely	Not sure, possibly	No, unlikely
Sex partner w/ concurrent sex partner last 12 months:	1 ☐	2 ☐	3 ☐

Note: Items in **bold** below the centerline are selective screening criteria for women   (REV. 10/2008) DOH 308-011

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Reporting, Forms, Data Management & Presentation Resources

Surveillance systems:

STD*MIS – CDC/DSTDP
    Client-server Surveillance, Case Management, standard STD functions.
    http://www.cdc.gov/std/std-mis/

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@consiliencesoftware.com

Statistical Packages and Graphics Applications:

The R Project for Statistical Computing
    http://www.r-project.org/

Statistical Analysis Software (SAS)
    http://www.sas.com/

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/DataModels/index.html

http://www.cdc.gov/nedss/DataModels/phcdm.pdf

http://www.cdc.gov/nedss/index.htm

Data Encryption Software and Guides to Data Security:

http://www.pgp.com/

SEAL Encryption Software

http://www.cisco.com/en/US/docs/ios/12_3t/12_3t7/feature/guide/gt_se.html

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

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National Electronic Disease Surveillance System Working Group. National Electronic Disease Surveillance System (NEDSS): a standards-based approach to connect public health and clinical medicine. J Public Health Manag Pract 2001;7:43--50.

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