Disease/Diagnosis	Referral Basis		Standard Documentation	
030 - HepB acute w/o delta	T1 - Positive Test Result	P1 - Sex Partner	Bic - Bicillin	FR - Field Record
031 - HepB acute w/ delta	T2 - Case Report	P2 - Needlesharing Partner	C/B - Call back/Called back	OI - Original Interview
033 - HepB chronic w/o delta	T3 - Clinic Walk-In	<b>P3</b> - Both Sex and Needle	CLIX - Cluster Interview	<b>OP</b> - Original Patient
034 - HepB chronic w/ delta	T4 – Second Positive Test	<b>S1 -</b> Symptomatic	CX - Contact	P/C - Phone Call
042 - Hepatitis delta	F1 - Congenital Follow-Up	<b>S2</b> - Named partner of infected	CL - Cluster	Pt - Patient
051 - Hepatitis C, acute	F2 - 900 Re-Counsel	S3 - Anyone	CSW - Commercial Sex Wor	ker <b>RI</b> - Reinterview
053 - Hepatitis E	F3 - Test of Cure	A1 - Symptomatic	FB - Field Blood	RS - Record Search
054 - Hepatitis C, chronic	F4 - Treatment Restart		FR - Field Record	SX - Symptoms
070 - Hepatitis, unknown	F5 - Treatment Only	A2 - Named partner of infected	FV - Field Visit	TX - Treatment
100 - Chancroid	F6 - Vaccination	A3 - Anyone	HX - History	PTC - Post-test counsel
200 - Chlamydia	M1 - Maternal Follow-up	C1 – Unnamed person from a	IM - Intramuscular	W/ - With
<b>300 -</b> Gonorrhea (uncomplicated)	M2 - Infant Follow-up	venue screening	IP - Index Patient	
350 - Resistant Gonorrhea			IX - Interview	WBI - Will be in
400 - Non-Gonoccocal Urethritis	Type of Interview		LX – Lesion	W/O - Without
(NGU)	<b>O</b> – Original Interview (OI)			ith Mare
<b>450</b> - Mucopurulent Cervicitis (MPC)	<b>R</b> – Reinterview Interview (R	l)	MSM - Men who have Sex w	ith ivien
490 - PID Syndrome	<b>C</b> – Cluster Interview		Disposition Date	
500 - Granuloma Inguinale	P – Post-Test Counseling		Newly Examined and Treate	ed - Use the date of
600 - Lymphogranuloma Venereum	U – Unable to Interview but F	Partners, Social Contacts, and/or	treatment.	
(LGV)	Associates were initiated		Newly Examined, not Treated - Use the date of	
710 - Syphilis, primary			examination.	<u>ed</u> - Ose the date of
720 - Syphilis, secondary	Type Referral			Treated the detail
730 - Syphilis, early latent	1 – Patient (Client)		Previously Examined and/or Treated - Use the date	
740 - Syphilis, unknown duration	2 - Provider		the partner/cluster investigation is closed.	
745 - Syphilis, late latent	3 - Dual		Not Examined - Use the date the investigation is	
750 - Syphilis, late w/ symptom	4 - Contract		closed.	
790 – Syphilis, congemital	5 - Third Party		Internet Outcome	
800 - Genital Warts			<ul> <li>I1 – Informed-Urgent Matter</li> </ul>	
850 - Herpes	STD Dispositions		12 – Informed-General Exposure	
900 - HIV Infection	A - Preventative Treatment			
950 - AIDS (Syndrome)	B - Refused Preventative Treatment		<b>13</b> – Informed-Disease Specific	
951 - Recounsel for previous AIDS	C - Infected, Brought to Treatment		I4 – Demographics Found-routine Follow-up	
case	D - Infected, Not Treated		I5 – Unknown Outcome	
Race	E - Previously Treated for T	his Infection	I6 – Not enough Info to Beg	in Investigation
	<b>F</b> - Not Infected		Interviewed?	
AI/AN - American Indian or Alaskan Native	G - Insufficient Information	a Rogin Investigation	01 Accepted	
A - Asian		o Begin investigation	02 Refused	
<b>B</b> - Black or African American	H - Unable to Locate			
<b>NH/PI</b> - Native Hawaiian or Other	I - Successful Interview/Re		Notifiability	
Pacific Islander	J - Located, Not Examined,		01 No - Partner is decease	ed
	K - Sent Out Of Jurisdiction		<b>02</b> No - Partner is out of ju	
W - White U - Unknown	L - Other		03 No - Partner has a risk	
	<b>Q</b> - Administrative Closure			
<b>R</b> - Refused to Answer	V - Domestic Violence Risk			
D – Did not ask	X - Patient Deceased		06 Yes - Partner is notifiab	ble
Hispanic	<b>Z</b> - Previous Preventative T	reatment	88 Other	
Y - Yes, Hispanic/Latino		leathent	Notification Plan	Notification Method
N - No, not Hispanic/Latino	HIV Dispositions STD	Dispos G – X are applicable	01 Client notification	01 Client notification
U - Unknown	1 - Previous Positive		<b>02</b> Provider notification	<b>02</b> Provider notification
R - Refused to Answer	2 - Previous Negative, New	Positive	<b>03</b> Dual notification	<b>03</b> Dual notification
D – Did not ask	<ul> <li>3 - Previous Negative, Still</li> </ul>		04 Contract	05 Third-party notification
Gender			05 Third-party notification	
M - Male	4 - Previous Negative, Not		05 Third-party notification	<b>V6</b> Refused holification
<b>F</b> - Female	5 - Not Previously Tested,		Self-reported HIV Results	Testing Confirmed
<b>MTF</b> - Male to Female Transgender	6 - Not previously Tested, I		<b>01</b> Positive	01 Positive/Reactive
<b>FTM</b> - Female to Male Transgender	7 - Not Previously Tested,	Not Tested Now	02 Negative	02 NAAT-positive
<b>T</b> – Transgender unspecified	900 Case Status		03 Preliminary positive	
<b>U</b> - Unknown		a nationt has tested LUV remetive	04 Indeterminate	03 Negative
<b>R</b> - Refused to Answer	I VI - I II V INEUALIVE LESUL - IN			
		e patient has tested HIV negative.		
	02 - New HIV Case requiring	partner services The patient is	Refered to HIV Testing	HIV Testing Performed
D – Did not ask	02 - <u>New HIV Case requiring</u> newly diagnosed HIV positive	partner services The patient is		HIV Testing Performed 0 No
D – Did not ask Marital Status	02 - <u>New HIV Case requiring</u> newly diagnosed HIV positive 03 - <u>Prior-positive HIV case</u> :	<u>partner services</u> The patient is e. <u>New Partner services</u> - The	Refered to HIV Testing	
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D – Did not ask Marital Status S - Single, Never Married M - Married SEP - Separated D - Divorced	02 - <u>New HIV Case requiring</u> newly diagnosed HIV positive 03 - <u>Prior-positive HIV case</u> : patient is a previously known partner services due to being	partner services The patient is e. <u>New Partner services</u> - The HIV positive case requiring not previously known to health e.	Refered to HIV Testing 0 No 1 Yes Referral Test Result	0 No 1 Yes Results Provided 0 No
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D – Did not ask Marital Status S - Single, Never Married M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer Sexual Risk Factors Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex) O-Yes, Oral Sex Only U-Unspecified Type of Sex N-No	02 - New HIV Case requiring newly diagnosed HIV positive 03 - Prior-positive HIV case: patient is a previously known partner services due to being department as a named case 04 - Prior-positive HIV case: patient is a previously reporte partner services due to other 05 - Prior-positive HIV case: is a previously known or repor partner services due to being contact to an STD or HIV case 06 - Other - None of the abov but the status is known. Spe 09 - Unknown - The patient H	partner services The patient is a. <u>New Partner services</u> - The HIV positive case requiring not previously known to health a. <u>New Partner Services</u> - The ed HIV positive case requiring new STD infection or pregnancy. <u>New Partner Services</u> The patient orted HIV positive case requiring i dentified as a sexual or social se. //e 900 status apply to the patient cify details within notes. HIV status is unknown. essed?	Refered to HIV Testing         0       No         1       Yes         Referral Test Result         01       Positive/Reactive         03       Negative         04       Indeterminate         05       Invalid         06       No result         Refered to Medical Care (         0       No, client was not referre         evaluation/treatment.         1       Yes, referred to HIV metreatment.         1       Yes, referred to HIV metreatment.         1       Yes, referred to HIV metreatment.         1       Yes, did client attend fir         1 - Pending       2 - Confirmed - Accessed s	0 No 1 Yes Results Provided 0 No 1 Yes Referral 2) ed to HIV medical care/ dical care/examination/ st appointment ervice
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