ARIZONA SEXUALLY TRANSMITTED DISEASE OUTBREAK RESPONSE PLAN

Arizona Department of Health Services
Division of Public Health Services
Office of HIV, STD, and Hepatitis C Services
Sexually Transmitted Disease Control Program

PREFACE

The purpose of the Arizona Sexually Transmitted Disease (STD) Outbreak Response Plan is to guide coordinated efforts between the Arizona STD Control Program (ASTDP), county and local health jurisdictions, tribal health jurisdictions, community-based organizations, and other government and non-government agencies in response to an outbreak of STDs in Arizona. The following outbreak response plan is based on the Arizona Department of Health Services' (ADHS) *Guide to Conducting Outbreak Investigations for Arizona*, relevant sections of the Arizona Administrative Code, Arizona STD Program protocols, and the Centers for Disease Control and Prevention's (CDC) *Program Operations Guidelines for STD Prevention*.

In general, responsibility for declaring and responding to an outbreak of STD lies with the county or tribal public health authority. The ASTDP Manager in consultation with county or tribal disease epidemiologists and STD managers will determine the status and or the extent of outbreaks declared based on available surveillance data, anecdotal information or reports of sentinel events. In certain tribal areas where tribal jurisdiction extends beyond state lines (e.g., the Navajo Nation), the ASTDP will work closely with Indian Health Services (IHS) staff and STD control staff of neighboring states. State disease epidemiologists, communicable disease investigators, and other state resources stand ready to assist or lead county outbreak investigation and response efforts.

DISEASE SURVEILLANCE

Disease surveillance is the fundamental tool to identify disease trends, provide data on risk factors, direct outreach efforts and other prevention efforts, and detect outbreaks, including those of sexually transmitted diseases. The ASTDP performs routine surveillance of STDs, enabling the detection of any unusual morbidity trends or outbreaks in a relatively timely manner. Additionally, county and tribal health jurisdictions, including IHS service units, also routinely monitor disease morbidity and work with local partners to assist in prevention efforts.

Under Arizona Administrative Code (AAC) R9-6-202, 203, 204, and 205, a health care provider, an administrator of a health care facility or correctional facility, an administrator of a school, child care establishment, or shelter, or their authorized representatives shall submit a communicable disease report to the local health agency. The local health agency is usually the county health department or tribal health agency. Clinical laboratory directors or their representatives shall submit laboratory reports to the state health department. Pharmacists and administrators of pharmacies shall submit reports to the state health department. Violation of reporting rules is a class III misdemeanor and is subject to referral to the facility's licensing

agency or provider's state licensing board. With respect to sexually transmitted diseases, entities are required to report positive cases of syphilis, gonorrhea, chlamydia, chancroid, and herpes within five working days of diagnosis, treatment, or detection.

Medical and laboratory providers collect information on a Communicable Disease Report (CDR) form and on a laboratory slip, respectively. The State maintains disease data received from laboratories, medical providers, and other agencies in a centralized database system. The information captured includes name, date of birth, address, race or ethnicity, gender, pregnancy status, sexual preferences, date of specimen collection, type of test and test results (and dilution in case of RPR or VDRL), diagnosis, and treatment.

The Maricopa, Pima, Yuma, and Coconino County STD programs follow each early syphilis or congenital syphilis case and conduct detailed interviews using the CDC Enhanced Interview Record form to gather information on sex partners (for partner identification and notification, referral etc.) and high-risk behavior. Tribal or IHS investigators follow and interview early syphilis and congenital syphilis cases identified in tribal jurisdictions. Communicable Disease Investigators (CDI) and epidemiologists from the ASTDP follow and interview each early syphilis or congenital syphilis case identified in other Arizona counties. The extent to which county health departments conduct investigations and partner notification efforts for STDs other than syphilis depends on the number of local cases and resources available.

The Maricopa County STD Program maintains syphilis interview information in an ACCESS database as well as entering disease information directly into the State STD database. The Pima County Health Department maintains syphilis cases interviewed in that county and enters data directly into the State STD database. Yuma County, Coconino County, and tribal STD programs forward syphilis interview records and other disease information to the ASTDP where data is entered into the database.

In addition to passive surveillance for STDs, Maricopa and Pima County STD Programs conduct active surveillance through community outreach programs targeting high risk populations. To supplement local resources used in these outreach programs, the ASTDP funds two community-based organizations (CBOs) in Maricopa County and one community-based organization in Pima County to assist respective local health jurisdictions with outreach and education activities.

Morbidity reports are generated on a regular basis. Monthly, quarterly and biannual reports are generated to examine disease trends and identify potential outbreaks. Information is shared with stakeholders including the Centers for Disease Control and Prevention (CDC), county health departments, Indian Health Service, Native American tribes, Arizona Family Planning Council, correctional health services and contracted community-based organizations. Through these organizations, information is shared with their constituencies during community outreach activities in various forms. Disease trends are examined and conclusions are drawn in collaboration with community experts, such as those from local health departments and CBOs. Plans of action are based on specific morbidity trends.

Routine communication is maintained with STD Program managers in counties experiencing sustained early syphilis morbidity. The ASTDP participates in a monthly meeting of the

Maricopa County Syphilis Task Force to discuss disease trends, risk factors, and outreach and screening activities in the community and county correctional facilities.

PRE-EVENT PLANNING

1. ASTDP will distribute a copy of the Arizona Sexually Transmitted Disease Outbreak Response Plan to all Arizona counties, tribal jurisdictions, selected community stakeholders, and neighboring state STD Programs. ASTDP will discuss the plan with county and tribal health jurisdictions and recommends that all Arizona health jurisdictions prepare an STD outbreak response plan for their area.

2. Because a high endemic level of STDs, particularly early syphilis, exists in Maricopa and Pima Counties, the ASTDP will work with Maricopa County and Pima County to develop, implement and maintain county-specific early syphilis outbreak response plans.

3. For all other Arizona counties, and tribal health jurisdictions, the ASTDP will identify an investigation team of individuals within each county who could provide expertise and leadership in an outbreak. At least annually, the ASTDP will update this roster of individuals and their contact numbers (see Appendix 5).

4. County and tribal health jurisdictions will be asked to identify additional individuals within each county who would be willing to work as case investigators in the event of an outbreak. The size and expertise of this group will vary according to the scope of the outbreak. Prior to an outbreak, it is useful to know where resources within the county can be pulled without hindering essential tasks. A list of case investigator requirements and responsibilities is listed in Appendix 3.

5. County and tribal health jurisdictions should identify individuals within each county who can dedicate their time to answering phones, scheduling meetings, entering data, making copies, etc.

6. County and tribal health jurisdictions should create and maintain a communication network with stakeholders. Contact information for all hospitals, clinics, healthcare workers, nursing homes, schools, day cares, etc., should be obtained. Communication will be achieved through email, list-serves, blast faxes, meetings, telephone calls, etc.

7. ASTDP will work with county and tribal health jurisdictions to identify clinic sites in each county where reactors, contacts, and suspects identified during an outbreak investigation should be referred. ASTDP will work with each county to identify a site where clinic hours could be expanded to accommodate clients after normal working hours.

8. ASTDP will maintain a supply of the current versions of the CDC STD/HIV case management forms (Interview Records and Field Records (CDC form 2936) and Communicable Disease Report forms so that they are immediately available when needed.

9. County and tribal health jurisdictions should review the STD outbreak investigation process and the outbreak team members' expected roles and responsibilities (see Appendix 3). ASTDP will work with county and tribal health jurisdictions to ensure methods to maintain communication of information, decision-making, media messages, outbreak updates, etc., are available.

CONFIDENTIALITY AND SAFETY

Confidentiality

Confidentiality policies of public health agencies are designed to prevent unauthorized persons from learning information shared in confidence. Confidential information includes any material, whether oral or recorded in any form or medium, that identifies or can be readily associated with the identity of a person and is directly related to their health care. Confidentiality practices are especially critical to maintain in such high profile health activities as disease outbreak response activities. Minimum professional standards for any agency handling confidential information as part of the outbreak response should include providing employees with appropriate information regarding confidential guidelines and legal regulations.

Efforts to contact and communicate with infected patients, partners, spouses, suspects and associates must be carried out in a manner that preserves the confidentiality and privacy of all involved. This includes interviewing and counseling infected individuals, their partners/contacts and others in a private setting; trying to notify infected individuals and exposed partners/ contacts face-to-face; never revealing the name of the original patient to the partner; not leaving verbal messages that include STD/HIV on answering machines; not leaving messages that include any mention of STD/HIV; and not giving confidential information to third parties (roommates, neighbors, parents, spouses, or children).

Safety

Many field activities during an outbreak response may pose potential unsafe situations for public health workers. All county and tribal health jurisdictions should develop and maintain detailed guidelines for ensuring the safety of outbreak investigators in the performance of their responsibilities.

OUTBREAK DETECTION

Arizona Administrative Code R9-6-101.36 defines an "outbreak" as an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness. The ASTDP has set an incidence level for syphilis, chancroid, chlamydia and gonorrhea cases at which the outbreak response plan should be initiated. Due to the wide range of disease morbidity across counties, the thresholds vary by location of the suspected outbreak. Generally, the threshold level of cases is higher in Maricopa and Pima counties, compared to the rest of Arizona counties and tribal jurisdictions, because the majority of cases are found in Maricopa and Pima counties. Outbreak thresholds are shown in Appendix 1. These thresholds will be reviewed and revised annually or more often if the need arises.

Arizona Administrative Code R9-6-206.F requires that a local health agency shall immediately notify ADHS when the local health agency receives a report or reports indicating an outbreak or suspected outbreak. The notification shall include:

1. The location of the outbreak or suspect outbreak;
2. If known, the number of cases and suspect cases;
3. The date that the outbreak was reported or dates that suggest that cases suggestive of an outbreak were reported;
4. The setting of the outbreak or suspect outbreak;
5. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and
6. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.

OUTBREAK INVESTIGATION

When an increase in reported cases of STDs approaching or exceeding the outbreak threshold has been observed or reported, the ASTDP Manager will immediately notify senior managers at ADHS. Within 48 hours, the ASTDP Manager will convene a meeting with appropriate ADHS staff and representatives of the local health agency including the local STD Manager and individuals who have been identified as Outbreak Investigation Team Members, clinicians, and community leaders. The purpose of the meeting will be to develop plans to investigate the increase in cases, determine the level of initial response, and prepare initial rapid control and prevention measures.

1. Brief Investigation Team Members
At this time, it is important to bring everyone up to date on the suspected outbreak. The following items should be included as part of the briefing:

a) Review available information.
b) Review the definition of an outbreak
c) Discuss the purpose and scope of the initial outbreak investigation.
d) Determine what resources are available and what is needed.
e) Consult with all team members to determine what role each will play in the investigation, and who the on-scene contacts will be.
f) Set timetable for communication via e-mail, conference calls, etc. with key persons.
g) Discuss the effect of the outbreak on the targeted area or community
h) Discuss any political sensitivities pertaining to the outbreak or investigation.
i) Develop an initial media and awareness strategy.

2. Designate an Outbreak Team Leader
From the investigation team members, an outbreak team leader should be designated. This individual should have knowledge of syphilis and experience in investigating an outbreak. The team leader will serve as the point of contact for ADHS and ASTDP. A list of responsibilities that should be completed by the outbreak team leader can be found in Appendix 3.

3. Prepare for Fieldwork
The following is a list of activities that will help prepare the team member(s) in such an event.

a) Pull any reference materials that may be useful.
b) Gather supplies and equipment. A list of useful supplies and equipment is listed in Appendix 4.
c) Make necessary administrative and personnel arrangements for things such as travel and accommodations.
d) Consult with all team members to determine what role each will play in the investigation, and who the on-scene contacts will be.
e) Set timetable for communication via e-mail, conference calls, etc.

4. Establish the existence of an outbreak
When an increased number of cases are reported, it is important to verify that a suspected outbreak is a real outbreak. This can be accomplished in a number of ways.

a) Compare current numbers with numbers from the previous weeks or months, or from a comparable period during the previous years.
b) Make sure a rise in numbers is not due to changes in reporting procedures, case definition, diagnostic procedures, or increased awareness at the local level.
c) Make sure that communities such as resorts, college towns or migrant farming areas that see regular fluctuations in population are not the cause of an increase in the number of cases.
d) Review historical data trends for the local area and review data to see if surrounding jurisdictions are noting the same increase.
e) Review cases for the past three months to gather additional information and establish patterns of disease activity that may have led to an outbreak.
f) Consider sending an alert via SIREN to other counties.

5. Verify the diagnosis
Ensure that known or suspect STD cases have been properly diagnosed and staged according to relevant case definitions. In addition, it is important to make sure that the increase in diagnosed cases is not the result of a mistake in the laboratory. Review clinical findings and review symptom history of cases. Review laboratory results for the cases. Determine co-infection rates and risk factors.

6. Develop Hypotheses
Although the information may be limited early on, the nature of STD epidemiology may shed some light. The initial hypothesis is a starting point for the investigation. It should address the at-risk population, transmission source, the mode of transmission, the exposures and the risk factors that caused the outbreak.

7. Implement Control and Prevention Measures

Control and prevention measures directed at interrupting transmission or limiting exposure should be implemented as soon as possible to prevent the spread of disease. Control measures

should be aimed at specific links in the chain of infection including assuring testing and treatment of the original patient and identified contacts. Suspects, associates, and social networks should also be thoroughly investigated and offered testing. A decision should be made whether to offer prophylactic treatment to suspects, associates, and members of social networks identified from infected individuals. Consider training that may need to be provided to health care providers and CBOs as appropriate. Multiple approaches may be implemented simultaneously.

OUTBREAK RESPONSE

DECLARING AN OUTBREAK

Once it has been determined that an increase in cases is real, and the diagnosis has been verified, an outbreak should be declared. Some or all of the following activities will be performed depending upon the disease, the specific setting of the outbreak and the opportunities for intervention and prevention.

1. Communication with the Arizona Department of Health Services (ADHS)
It is important to notify ADHS of an outbreak as soon as possible in order to ensure proper resources at the state level are available.

- Upon contacting ADHS, the team leader will be given the name and contact information of the designated ASTDP Outbreak Response Coordinator named by the ASTDP Manager. The ASTDP Outbreak Response Coordinator will serve as the communication liaison between the local and state health departments, the state epidemiologist, and the state laboratory. He/she will also serve as consultant to the local outbreak team leader.
- Review with the ASTDP Outbreak Response Coordinator any specimen collection and transport issues such as time, temperature, transport media, sampling methods, quantity, and what specimens are needed to identify and type the agent.
- Request for ADHS assistance, either on-site or from Phoenix, as needed.

2. Notify Federal Partners
It is critical for the ASTDP Manager or Outbreak Response Coordinator to immediately notify the Centers for Disease Control and Prevention, Division of STD Prevention (CDC), regarding the decision to declare an outbreak. It is equally important to keep CDC partners informed of the progress of the outbreak response and to immediately notify CDC if any federal assistance such as deployment of a CDC Syphilis Rapid Response Team or request for an Epi-Aid will be requested for the outbreak response.

3. Outbreak Response Team Briefing
Members of the outbreak response team should meet for a briefing of the outbreak. The team leader should lead a review of the epidemiology of the disease, measures for control, all applicable investigation forms, specimen collection procedures and protocols for prioritizing investigations. The team leader should also prioritize the local health department's response and delegate duties and activities

4. Define and Identify Cases

It's important to review the case definition for the outbreak related disease. It is also important to record the case definition and to provide a copy of the case definition to all of the investigation team members. Case definitions for STDs are taken from ADHS Case Definitions for Public Health Surveillance (see Appendix 2).

5. Communication with Stakeholders

Ongoing dialogue with stakeholders via the pre-established communication network is important because it will keep information consistent and minimize rumors. It is especially vital if you are asking stakeholders, such as physicians or schools, to assist in controlling the spread of the outbreak. Finally, it provides a good working relationship with stakeholders beyond the outbreak.

- Notify surrounding county, tribal and state health jurisdictions of the potential outbreak situation and alert them to be vigilant for disease increases in their jurisdictions.
- Discuss feasibility of hypothesis with key person from the public health, clinical, and affected communities in the local area.
- Inform public health officials, health care providers, clinical and laboratory managers, affected communities, and the media of the outbreak investigation and outline the response plan.
- Discuss with CBOs ways they could assist with disease control and prevention efforts.

6. Communicate with Media

It is important to be ready to respond to media inquiries about both a potential or declared outbreak. The media can be also be instrumental in helping circulate information about the outbreak as well as being an integral part of delivering health information and assisting control efforts during and after the outbreak. Contacts with the media should be made in accordance with state or county protocols for such contacts. The involvement of the state or county health department Public Information Officer (PIO) should be made early in the response process, preferably before an outbreak is declared, and regular updates on the course of the outbreak investigation and implementation of control efforts should be provided to the PIO.

INVESTIGATING THE OUTBREAK

The purpose of case investigations is to identify possible sources of exposure and spread and intervene in the disease transmission process. Case investigations will be conducted using CDC case management standards and forms for investigating and managing STD cases as described in the CDC's *Program Operations Guidelines for STD Prevention*. CDC investigation forms to be used are included in Appendix 6.

1. Create an Outbreak Database (optional)

If there is concern that the numbers affected will be large and if information technology support is available, the use of an outbreak database is valuable. An outbreak database provides both opportunities for quick and easy access to data collected from cases, as well as case management. It is important to remember databases are only as useful as you make them. It is vital to know what information is needed prior to creating a database. Too many additions or

changes to a database once an outbreak is ongoing can lead to delays in data entry and may pose more of a hindrance rather than assistance to the management of an outbreak. Designing a database that mimics the order of information collected in the investigation form is also helpful. If a database is used, a commitment to accurate daily data entry, updates of case information, and continuous data editing and cleaning is essential.

Additionally, is would be advantageous to create a centrally managed file of all open cases, recently closed cases related to them, and currently open and recently unlocated partners, suspects, associates, and priority reactors.

2. Line Lists
Once cases have been interviewed, it is helpful to view information in a line list. If an outbreak database is being used, this can be easily accomplished once the data has been entered. Creating a line list is simple and should include information such as name, contact information, demographics, clinical and laboratory information and a few risk factors. This will aid in describing the data, as mentioned in the next section.

3. Describe the Data in Terms of Time, Place, and Person (Descriptive Epidemiology)
Describing the epidemiology of the outbreak should begin early and should be updated regularly as additional data is collected. This step is critical for several reasons. Descriptive epidemiology helps clarify what information is reliable and informative and what is not. It provides a description of an outbreak by showing its trend over time, its geographic extent, and the populations affected by the disease. This description lets you begin to assess the outbreak in light of what is known about the disease and to develop causal hypotheses.

4. Interview Cases
Each identified case will be interviewed and a CDC Interview Record will be completed for each case. These forms record information such as name, contact information, demographic information (e.g., DOB, gender, race, ethnicity, and occupation), limited clinical information (symptom history, onset date, laboratory test, laboratory test dates, specimen type, laboratory test finalized date, and results), disease name and stage as appropriate, reporting source, partner data, risk factors, hangouts, and social network information. Information obtained on these forms is important because it allows you to contact patients for additional questions and notification of laboratory results, map the outbreak, create graphs of the outbreak, and characterize the spectrum of illness. Examples of this form with instructions for its completion are shown in Appendix 6.

4. Conduct Partner Notification Activities
Partner services will be offered to individuals who are infected with STD, to their partners, and to other persons (social networks) who are at increased risk for infection in an effort to prevent continued transmission of these diseases. Partner data will be documented on the CDC Field Record (form 2936). Partner services include:

- ensuring confidential notification, appropriate medical attention including treatment, and appropriate social referrals for partners and other high-risk individuals;
- using client-centered counseling to develop risk reduction plans to reduce the likelihood of acquiring future STDs;

- providing needed referrals to additional medical or social services; and
- defining and better targeting the at-risk community while assuring complete confidentiality for the patient.

For some situations regarding partner/contact investigations, specimen collection in the field may be necessary. Specimen submission forms should be completed according to county protocol and county specimen submission forms for STD laboratory specimens. Specimen submission forms for the State Laboratory are located in Appendix 6. Additional forms may be obtained from the Receiving Section in the State Laboratory by calling (602) 542-1190. Always use the appropriate **Standard Precautions** when collecting specimens in the field.

5. Conduct Targeted Screening and Alternative Case-finding Activities

- Outbreak teams should target screening based upon outbreak morbidity data, including information on core transmission groups.
- Outbreak teams should use information from social network analysis performed as part of case investigation activities to assist in targeting both field and clinic screening efforts.

6. Complete a Communicable Disease Report (CDR)

A Communicable Disease Report (CDR) form should be completed for each case. This form records information such as name, contact information (address and phone number), demographic information (DOB, gender, race, ethnicity), limited clinical information (onset date, laboratory test, laboratory test dates, specimen type, laboratory test finalized date, and results) and the reporting source. CDRs also provide details to characterize the population at risk and verify that the case definition has been met. The CDR form for STD reporting can be found in Appendix 6.

7. Mobilize the Community

Community support and commitment are essential to the success of an STD outbreak response. Community involvement can increase trust and reduce fear in the community regarding outbreak investigation efforts, partner notification activities and the provision of medical care and treatment. Depending on the needs and disease trends of the local community, local STD control staff and community partners should cooperatively work in a targeted area for a specified time. This involves planning and coordination of community events, directing disease intervention activities, assessing future needs, and developing a long-range plan to continue disease intervention and prevention efforts that will continue after cessation of the outbreak response.

8. Evaluate Hypotheses

There are two approaches you can use, depending on the nature of the data: 1) comparison of the hypotheses with the established facts or 2) analytic epidemiology, which allows you to test your hypotheses.

9. Refine Hypotheses

After interviewing cases and characterizing the outbreak by time, place, and person, the hypothesis will be sharpened and more accurately focused. Like the initial hypotheses, the new

one should address the source of the agent, the mode of transmission, and the exposures that caused the outbreak

10. Implementing Additional Control and Prevention Measures
Although control and prevention measures should be implemented as soon as possible, it may not be possible to implement some measures until the investigation has revealed additional information regarding the outbreak. Once again, measures should be aimed at specific links in the chain of infection in order to interrupt transmission or exposure.

CONTINUED COMMUNICATION

Local Outbreak Team Leader

- Depending upon the disease and situation, continue daily to weekly contact with Outbreak Team members, the ASTDP Outbreak Response Coordinator, and other stakeholders regarding the status of the outbreak and intervention(s).
- Notify the ASTDP Outbreak Response Coordinator of the need for additional laboratory specimen testing, test media, specimen kits, etc.
- Assess the need for ADHS assistance, either on-site or from Phoenix.

The ASTDP Outbreak Response Coordinator will:

- Notify the local Team Leader of laboratory results.
- Contact the local Team Leader periodically as needed.
- Arrange conference calls between local and state staff as needed.
- Arrange for local assistance as requested.

OUTBREAK RESPONSE CESSATION

1. Declaring an Outbreak Over
To some extent, the cessation of the outbreak response will be dictated by existing resources and program need. Ideally, the maintenance of the outbreak response will continue until the number of cases identified has reverted to the previously expected level before the outbreak.

2. Evaluate the Outbreak Response
The evaluation of the outbreak response will occur both during the response and after activities are completed and will primarily focus on the following three aspects: 1) effectiveness in responding to outbreak, 2) efficient use of resources, including public and private agencies, and 3) productivity of epidemiologic interventions.

A. Effectiveness in responding to outbreak
Criteria to be used to evaluate our effectiveness in responding to the outbreak will include, but are not limited to the following:

1. Time taken to alert key players about outbreak. Percent located within 24 hours of outbreak.
2. Percentage of key players notified within 48 hours of outbreak.
3. Percent of contacts and clusters examined within 72 hours of initiation.

4. Percent of investigations initiated to the field within 24 hours of notification of lab result.
5. Number of days taken to establish evening and week-end clinic sessions within the target area, if necessary.

B. Efficient use of resources

An evaluation of our ability to utilize appropriate resources will be primarily based in a retrospective analysis identifying and analyzing the roles various organizations played in support of the outbreak response. These organizations would include:

1. Community based organizations
2. Laboratories
3. Community leaders
4. Managed Care Organizations
5. Public-Private Partnership organizations
6. Churches
7. Schools
8. Other health care providers.

C. Productivity of interventions

Criteria to be used to evaluate the productivity of our interventions will include, but are not limited to the following:

1. Number of contacts and clusters initiated and the percent examined as a result of the outbreak response.
2. Number of new cases identified as a result of the outbreak response.
3. Ratio of cases that were identified through active versus passive surveillance during the outbreak.
4. Number of sex partners and clusters receiving preventive treatment during the outbreak.
5. Increase in clinic attendance during the outbreak in PHC STD clinics within the target area.

3. Communicate Findings

This communication usually takes two forms: 1) an oral briefing for local health authorities and 2) a written report.

1. The oral briefing is an opportunity for you to describe what you did, what you found, and what you think should be done about it. Present your findings in a scientifically objective fashion and be able to defend your conclusions and recommendations.
2. The written report should follow the usual scientific format of introduction, background, methods, results, discussion, and recommendations. It serves as a record of performance, a document for potential legal issues, and a reference for the health department for any future outbreaks. Finally, a report that finds its way into the public health literature contributes to the scientific knowledge base of epidemiology and public health.

4. After Action Review

The outbreak team and others involved should reconvene to review the lessons learned:

1. What methods worked well?
2. What mistakes were made and how to prevent these in the future?
3. What changes to the process of outbreak investigation should be made?
4. Who will be responsible for seeing these changes implemented?
5. Was communication flow maintained?
6. How did the media affect the outbreak?

ARIZONA SEXUALLY TRANSMITTED DISEASE OUTBREAK RESPONSE PLAN
OUTBREAK CRITERIA

OUTBREAK CRITERIA	All Early Syphilis	Chancroid or LGV	Chlamydia	Gonorrhea
All of Arizona				
Number of epidemiologically linked cases identified within a 30-day period	5 Cases	2 Cases		
Maricopa and Pima Counties				
Monthly increase in the number of reported cases, when compared to the average of the last 3 months	100% current month increase and at least: 30 cases in Maricopa County or 10 cases in Pima County	3 Cases	100% current month increase	100% current month increase
Monthly increase in the number of reported cases in a high risk group, when compared to the average of the last 3 months	200% current month increase and at least 10 cases			
All Other Arizona Counties and Tribal Jurisdictions				
Monthly increase in the number of reported cases, when compared to the average of the last 3 months	200%current month increase and at least 5 cases	3 cases	100% current month increase	200% current month increase and at least 5 cases
Expected number of cases to be reported in a month:				
Apache County	1	0	40	5
Cochise County	0	0	25	5

OUTBREAK CRITERIA	All Early Syphilis	Chancroid or LGV	Chlamydia	Gonorrhea
Coconino County	1	0	45	5
Gila County	0	0	15	5
Graham County	0	0	10	5
Greenlee County	0	0	5	1
La Paz County	0	0	5	1
Maricopa County	20	0	990	265
Mohave County	0	0	25	5
Navajo County	0	0	45	10
Pima County	5	0	235	50
Pinal County	1	0	50	20
Santa Cruz County	0	0	10	1
Yavapai County	0	0	25	5
Yuma County	0	0	40	10

APPENDIX 2

SEXUALLY TRANSMITTED DISEASE CASE DEFINITIONS

CHANCROID

- For more information on control measures, see Arizona Administrative Code R9-6-311 (pg 17)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy. The disease is caused by infection with *Haemophilus ducreyi.*

Case Classification

Confirmed: A case that is laboratory confirmed.

Probable: A clinically compatible case with one or more painful genital ulcers in which:

a) There is no evidence of *Treponema pallidum* infection by darkfield examination of ulcer exudate or by a serologic test for syphilis performed at least 7 days after onset of ulcers,

and

b) The clinical presentation of the ulcer(s) is not typical disease caused by HSV (herpes simplex virus) or HSV culture is negative.

CHLAMYDIA TRACHOMATIS INFECTION

- For more information on control measures, see Arizona Administrative Code R9-6-312 (pg 17)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

Infection with *Chlamydia trachomatis* may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted. Perinatal infections may result in inclusion conjunctivitis and pneumonia among newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum and trachoma.

Laboratory Criteria for Diagnosis

- Isolation of *C. trachomatis* by culture, or
- Demonstration of *C. trachomatis* in a clinical specimen by antigen detection methods

Case Classification

Confirmed: A case that is laboratory confirmed.

GONORRHEA

- For more information on control measures, see Arizona Administrative Code R9-6-330 (pg 20)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Clinical Description

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

Laboratory Criteria for Diagnosis

- Isolation of *Neisseria gonorrhoeae* from a clinical specimen, or
- Observation of gram-negative intracellular diplococci in a urethral smear obtained from a man

Case Classification

Confirmed: A case that is laboratory confirmed.

Probable: **Demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a woman or a written (morbidity) report of gonorrhea submitted by a physician.**

SYPHILIS

(Primary, Secondary, Latent, Early Latent, Late Latent, Unknown Latent, & Neurosyphilis)

- For more information on control measures, see Arizona Administrative Code R9-6-368 (pg 30)
- Complete *Field Record (CDC 73.2936S) Form* (Forms Section)

Case Definition

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

PRIMARY SYPHILIS

Clinical Description

The characteristic lesion of primary syphilis is the chancre, but atypical primary lesions may occur.

Laboratory Criteria for Diagnosis

- Demonstration of *Treponema pallidum* in clinical specimens by darkfield, fluorescent antibody, or equivalent microscopic methods

Case Classification

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test.

SECONDARY SYPHILIS

Clinical Description

A stage of infection due to *T. pallidum*, characterized by localized or diffuse mucocutaneous lesions and generalized lymphadenopathy. Constitutional symptoms are common and clinical manifestations are protean. The primary chancre may still be present.

Laboratory Criteria for Diagnosis

- Demonstration of *T. pallidum* in clinical specimens by darkfield, fluorescent antibody, or equivalent microscopic methods

Case Classification

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case with a reactive nontreponemal (VDRL, RPR) test titer $\geq$4.

LATENT SYPHILIS

Clinical Description

A stage of infection due to *T. pallidum* in which organisms persist in the body of the infected person without causing signs or symptoms. Latent syphilis is subdivided into early, late, and unknown syphilis categories based upon the length of elapsed time from initial infection.

EARLY LATENT SYPHILIS

Case Classification

Presumptive. No clinical signs or symptoms of syphilis and the presence of one of the following:

- Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months.
- A history of symptoms consistent with primary or secondary syphilis without history of subsequent treatment in the past 12 months
- A history of sexual exposure to a partner with confirmed or presumptive primary or secondary syphilis, or presumptive early latent syphilis, and no history of treatment in the past 12 months
- Reactive nontreponemal and treponemal tests from a person whose only possible exposure occurred within the preceding 12 months.

LATE LATENT SYPHILIS

Clinical Description

A subcategory of latent syphilis. When initial infection has occurred >1 year previously, latent syphilis is classified as late.

Case Classification

Presumptive: Latent syphilis of a patient who shows no evidence of having acquired the disease within the past 12 months and whose age and titer do not meet the criteria specified for **Unknown Latent Syphilis.**

LATENT SYPHILIS OF UNKNOWN DURATION

Clinical Description

A subcategory of latent syphilis. When the date of initial infection cannot be established as occurring within the previous year, and the patient's age and titer meet the criteria described below, latent syphilis is classified as unknown latent.

Case Classification

Presumptive: Latent syphilis that does not meet the criteria for early latent syphilis, where the patient is 13-35 years of age with a nontreponemal test serologic titer ≥32.

NEUROSYPHILIS

Clinical Description

Evidence of CNS infection with *T. pallidum.*

Laboratory Criteria for Diagnosis

- A reactive serologic test for syphilis and reactive VDRL in CSF (cerebrospinal fluid)

Case Classification

Presumptive: Syphilis of any stage, a negative VDRL in CSF, and both of the following:

- Elevated CSF protein or leukocyte count in the absence of other known causes of these abnormalities
- Clinical symptoms or signs consistent with neurosyphilis without other known causes for these clinical abnormalities

Confirmed: **Syphilis of any stage that meets the laboratory criteria for neurosyphilis**

APPENDIX 3

STD OUTBREAK INVESTIGATION TEAM RESPONSIBILITIES

BUILDING THE INVESTIGATION TEAM

Before an outbreak, identify key individuals who will fulfill the various tasks of the Investigation Team. Choosing team members who are familiar with the day-to-day activities of the local health department will facilitate a rapid, efficient response. Depending on the disease, some or all of these individuals will be crucial in executing the local health department's response. All investigation team members should be informed of the epidemiology of the causative agent or suspected agents, and should be instructed on how to complete investigation forms and collect and submit specimens for laboratory testing.

COMPOSITION OF THE INVESTIGATION TEAM

Suggested investigation team members include persons who can provide clinical and diagnostic advice, epidemiological support, nursing services, public information, environmental health consultation and inspections, administrator, information technology support, and case investigations. One of the team members should be designated as the TEAM LEADER, who will coordinate all the response activities of the team, and who will be the primary point-of-contact (POC) for the Arizona Department of Health Services.

ROLES AND RESPONSIBILITIES OF THE INVESTIGATION TEAM MEMBERS

Listed below are some the responsibilities of the team members. Additional roles for the designated TEAM LEADER are outlined last. This list is intended to serve as a guide, and may be adjusted to meet the needs and available resources of the health department.

Clinician

- Provide education to local providers about the disease under investigation.
- Assist the attending physician in specimen collection, diagnosis, and treatment.
- Train local health department staff on proper protocols for treatment and prophylaxis.
- Attend daily meetings with outbreak team and provide updates.

Epidemiologist

- Maintain a current line listing of cases, an epidemic curve and number of suspect cases pending investigation.
- Provide daily status reports of the number of suspect, probable and confirmed cases reported, investigations completed and pending and number of follow-ups for contacts.
- Maintain a timeline of events. Include dates and names on initial report, initial and subsequent contact with different agencies, meeting/conference calls, and decisions pertaining to the outbreak.

- Instruct others if conducting case finding or active/enhanced surveillance, prospectively and/or retrospectively for missed cases.
- Train case investigators on how to complete an interview and compile the information daily. Review case report/investigation forms to ensure completeness of data collection.
- Provide daily updates, including case count and epi-curves, to the investigation team.
- "Clean and edit" the database of redundant files and errors daily.
- Submit completed investigation forms and Communicable Disease Reports to the ADHS outbreak epidemiologist weekly.
- Ensure a final written report of the outbreak is submitted to ADHS within 30 days of the end of the outbreak.

Administrator

- Ensure that sufficient resources (within or from an outside source) are available to respond to the outbreak and control its spread.
- If a home visit is needed, ensure availability of transportation for case investigator.
- Ensure all individuals requiring computers, phones, copiers, etc. have access to equipment.
- Ensure overtime, after hours building access, travel reimbursement, cellular phone access, etc. are handled.

Public Information Officer

- Prepare/Review press releases. *Assistance is available from ADHS. Please call the ADHS Public Information Officer at (602) 364-1201.*
- Respond to individual media inquiries.

Information Technology Specialist

- Assist in the creation of an outbreak database or modifying existing database.
- Provide support for any problems that may arise from the database.
- Request data entry personnel and train personnel on how to enter data correctly into the database.

Public Health Nurse

- Attend daily meetings with outbreak team and provide updates.
- Follow up with patients to ensure treatment or with contacts for prophylaxis or surveillance.
- Collect and send clinical samples as needed.
- Conduct home visits as needed.

Case Investigators

Case investigators for sexually transmitted disease outbreak response should have received appropriate CDC *Employee Development Guide* training and have successfully completed the 2-week CDC *Introduction to STD Intervention* (ISTDI) course. Case investigators should also be proficient in collecting specimens in the field, including venipuncture for serologic samples. The assortment of tasks to be accomplished by case investigators varies with the type of disease

outbreak. The comprehensive list below includes most activities for various types of outbreaks; not all tasks will be completed for every outbreak.

- Carryout case investigation activities as delegated by the Team Leader.
- Provide daily status report of outstanding and completed investigations to the Team Leader.
- Provide feedback from or about patients and providers.
- Complete investigation and report forms daily and give to the epidemiologist.
- Complete investigation and reporting forms.
- If trained, collect specimens and ensure availability of specimen collection supplies.
- Arrange for delivery of specimens to the State Laboratory.
- Arrange medical home visits and/or treatment for nursing services.
- Identify exposed contacts and source cases.
- Arrange for prophylaxis, and implement procedures for handling persons without medical insurance.
    - Proper referral
    - AHCCCS eligibility
    - Community Health Centers
    - Other community resources
- Educate cases and contacts regarding compliance and prevention.
- If necessary, follow-up on completion of prophylaxis.
- Contact and/or visit providers to reinforce reporting and outbreak control recommendations.
- Assist in conducting targeted screening at community outreach events.

Team Leader

- Serves as point-of-contact to the Arizona Department of Health Services.

  Initial Notification

    - Upon contacting ADHS, the team leader will be given the name and contact information of the ASTDP Outbreak Response Coordinator named by the ASTDP Manager. The ASTDP Outbreak Response Coordinator will serve as the communication liaison between the local and state health departments, the state epidemiologist, and the state laboratory, and CDC. He/she will also serve as consultant to the local outbreak team leader.
    - Depending upon the disease and situation, review with ASTDP Outbreak Response Coordinator the methods and specimens needed to identify the STD agent(s) suspected; specimen collection and transport issues such as time, temperature, transport media, quantity, etc.
    - Request for ADHS assistance, either on-site or from Phoenix, as needed.

  Continued Communication

  The outbreak team leader and the ASTDP Outbreak Response Coordinator should maintain communication after the initial notification.

    - Apprise the ASTDP Outbreak Response Coordinator on the status of the outbreak and intervention daily to weekly, depending upon the disease and circumstances.
    - Notify ASTDP Outbreak Response Coordinator of the need for additional laboratory specimen testing, test media, specimen kits, etc.

    - Request for ADHS assistance, either on-site or from Phoenix, as needed.
- Review the epidemiology of the disease, measures for completing investigation forms, specimen collection procedures, priority of investigations, and state and county regulations pertinent to the disease and situation with all investigation team members.
- Assess resources available. Begin steps to pull case investigators and other resources. Stagger hours if needed.
    - Arrange staff assignments for the following 24-48 hours (or more).
- Prioritize and delegate the following activities to investigation team members:
    - Coordination of specimen collection and testing of suspected cases (or obtaining laboratory reports from medical facilities or labs).
    - Inspection of facilities such as day cares, restaurants, etc.
    - Interviewing cases.
    - Conducting partner notification.
    - Arrangement of community screening events in coordination with local community-based organizations (CBOs)
    - Implementation of control and prevention measures.
    - Check surveillance database to determine the number of cases during the previous weeks, months, and similar time periods.
- Lead daily meetings with investigation team members.
    - Discuss findings of inspections, case investigations, and laboratory results.
    - Discuss hypotheses for possible increases in the disease.
    - Update core group on day's activities and prioritize next day's activities.
    - Discuss the need for improved control measures.
- Facilitate communication with schools, childcare centers, and other involved institutions:
    - Notification of the outbreak and control recommendations (e.g., school exclusions).
    - Facilitate review of immunization records and indicated follow up.
    - Education of school, childcare or institution staff.
    - Arrange for intervention clinics (immunization, prophylaxis, etc.)
- Facilitate communication with health care providers, hospitals, ERs.
    - Notification of the outbreak through the listserv for ICPnet, IDnet, County Health Officers or SIREN as needed [*ADHS has all Infection Control Practitioners, Emergency Rooms, County Health Departments and Indian Health Service Units on FAX broadcast and can assist in notification,* SIREN has blast fax capability].
    - Develop provider alerts, information or fact sheets and reporting reminders.
- Ensure proper dissemination of public information.
    - Assign and train staff to handle public calls and respond to questions.
    - Develop/provide educational materials for the public and media.
- Once an outbreak has been confirmed, an official declaration of an outbreak can be made.

APPENDIX 4

OUTBREAK INVESTIGATION SUPPLIES CHECKLIST

The following is a list of <u>suggested</u> items that may be of assistance when conducting field investigations during an STD outbreak. It would be advantageous to gather these items during the pre-event planning stages.

Outbreak Bag

- ☐ Notebook
- ☐ Pad of Paper
- ☐ Multicolored:
- ☐ Pens
- ☐ Pencils
- ☐ Sharpies
- ☐ Highlighters
- ☐ Post It Notes
- ☐ File Folders
- ☐ Calling Card
- ☐ Scissors
- ☐ Stapler
- ☐ Paper Clips
- ☐ Rubber Bands
- ☐ Clipboard
- ☐ Palm Pilot
- ☐ Small Flashlight
- ☐ Expanding File Folders
- ☐ Manila Envelopes
- ☐ Symptom Photographs

Specimen Collection

- ☐ State Lab Submission Forms
- ☐ Cooler/Cold Pack
- ☐ Gloves (latex and non-latex)
- ☐ Syringes/Needles
- ☐ Vaccutainer Tubes (red top)
- ☐ Vaccutainer Sleeves
- ☐ Tourniquet
- ☐ Sharps Container
- ☐ Rubbing Alcohol
- ☐ Cotton Balls
- ☐ Band-Aids
- ☐ Specimen Labels
- ☐ Biohazard Bags
- ☐ Address Labels
- ☐ Waterless Hand Sanitizer
- ☐ Ziploc Bags
- ☐ Urine Collection Cups
- ☐ Aptima Combo2 kit

Resources

- ☐ Laptop Computer
- ☐ Computer Disks
- ☐ Cellular Phone
- ☐ Digital Camera
- ☐ Portable Printer
- ☐ Health Department ID Badge
- ☐ State and City Maps
- ☐ Business Cards
- ☐ Driver's License

Contact Information

- ☐ Emergency Numbers
- ☐ FedEx
- ☐ State Lab Numbers
- ☐ GroupWise Addresses
- ☐ County Numbers
- ☐ Hospital/Clinic Numbers

Personal Items

- ☐ Hat
- ☐ Medications
- ☐ Sunscreen
- ☐ Bug Repellent
- ☐ Tissue
- ☐ Lotion
- ☐ Handkerchief
- ☐ Aspirin
- ☐ Batteries
- ☐ Hand Sanitizer
- ☐ Sunglasses
- ☐ Snacks and Drinks

APPENDIX 5

STD OUTBREAK RESPONSE CONTACT LISTS

ARIZONA DEPARTMENT OF HEALTH SERVICES				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
PHPS Bureau Chief				
OHSHS Office Chief				
STD Program Manager				
Public Info Officer				
Public Health Advisor				
Medical Epidemiologist				
Epidemiologist				
Epidemiologist				
Case Investigator				
Case Investigator				
Case Investigator				
Case Investigator				

APACHE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

COCHISE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

COCONINO COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GILA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GRAHAM COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

GREENLEE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

LA PAZ COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

MARICOPA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

MOHAVE COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

NAVAJO COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

PIMA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

PINAL COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

SANTA CRUZ COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

YAVAPAI COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

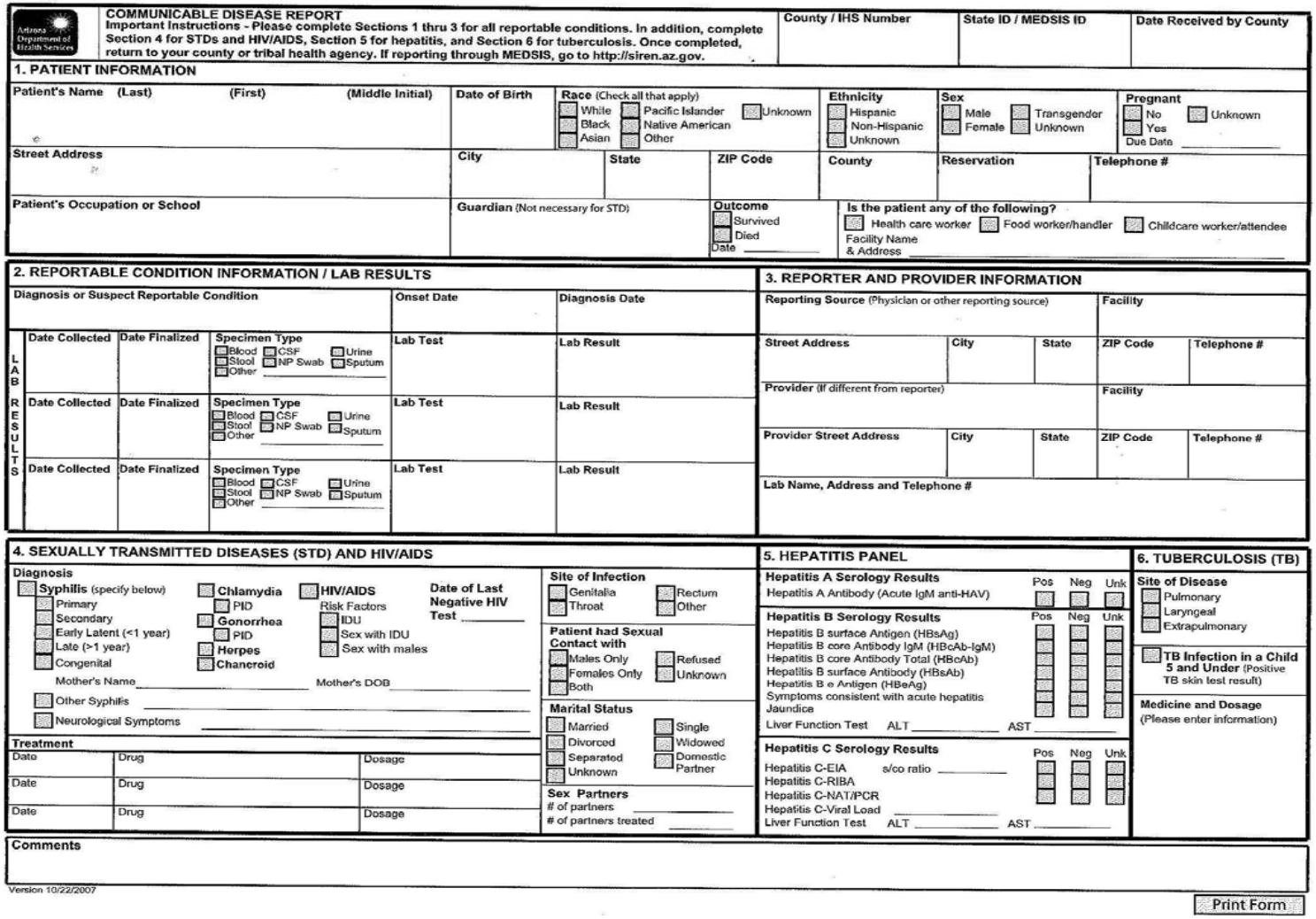
YUMA COUNTY				
	Name	**Work Phone Number**	**Emergency Number**	**E-Mail Address**
Public Health Director		( ) ext.	( )	
STD Program Manager		( ) ext.	( )	
Administrator		( ) ext.	( )	
Epidemiologist		( ) ext.	( )	
Public Info Officer		( ) ext.	( )	
IT Specialist		( ) ext.	( )	
Clinician		( ) ext.	( )	
Public Health Nurse		( ) ext.	( )	
Case Investigator		( ) ext.	( )	
Case Investigator		( ) ext.	( )	

APPENDIX 6

STD OUTBREAK RESPONSE FORMS

FORM	Page No.
1. Communicable Disease Report. ……..…….….	2
.	
2. Laboratory Request Form for STD …….....	3
3. Field Record (CDC 73.2936S) and Instructions …….	4
4. Interview Record and Instructions ……..….	11
5. Visual Case Analysis Form ……...	32

COMMUNICABLE DISEASE REPORT



COMMUNICABLE DISEASE REPORT
Important Instructions - Please complete Sections 1 thru 3 for all reportable conditions. In addition, complete Section 4 for STDs and HIV/AIDS, Section 5 for hepatitis, and Section 6 for tuberculosis. Once completed, return to your county or tribal health agency. If reporting through MEDSIS, go to http://siren.az.gov.

County / IHS Number | State ID / MEDSIS ID | Date Received by County

1. PATIENT INFORMATION

Patient's Name (Last) (First) (Middle Initial) | Date of Birth | Race (Check all that apply) White, Black, Asian, Pacific Islander, Native American, Other, Unknown | Ethnicity Hispanic, Non-Hispanic, Unknown | Sex Male, Female, Transgender, Unknown | Pregnant No, Yes, Unknown, Due Date

Street Address | City | State | ZIP Code | County | Reservation | Telephone #

Patient's Occupation or School | Guardian (Not necessary for STD) | Outcome Survived, Died, Date | Is the patient any of the following? Health care worker, Food worker/handler, Childcare worker/attendee, Facility Name & Address

2. REPORTABLE CONDITION INFORMATION / LAB RESULTS

Diagnosis or Suspect Reportable Condition | Onset Date | Diagnosis Date

LAB RESULTS

Date Collected	Date Finalized	Specimen Type	Lab Test	Lab Result
		Blood, CSF, Urine, Stool, NP Swab, Sputum, Other		
		Blood, CSF, Urine, Stool, NP Swab, Sputum, Other		
		Blood, CSF, Urine, Stool, NP Swab, Sputum, Other		

3. REPORTER AND PROVIDER INFORMATION

Reporting Source (Physician or other reporting source) | Facility

Street Address | City | State | ZIP Code | Telephone #

Provider (If different from reporter) | Facility

Provider Street Address | City | State | ZIP Code | Telephone #

Lab Name, Address and Telephone #

4. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV/AIDS

Diagnosis
Syphilis (specify below): Primary, Secondary, Early Latent (<1 year), Late (>1 year), Congenital
Chlamydia: PID
Gonorrhea: PID
Herpes
Chancroid
HIV/AIDS: Risk Factors: IDU, Sex with IDU, Sex with males
Date of Last Negative HIV Test
Mother's Name | Mother's DOB
Other Syphilis
Neurological Symptoms

Treatment

Date	Drug	Dosage

Site of Infection: Genitalia, Rectum, Throat, Other

Patient had Sexual Contact with: Males Only, Females Only, Both, Refused, Unknown

Marital Status: Married, Single, Divorced, Widowed, Separated, Domestic Partner, Unknown

Sex Partners
# of partners
# of partners treated

5. HEPATITIS PANEL

Hepatitis A Serology Results	Pos	Neg	Unk
Hepatitis A Antibody (Acute IgM anti-HAV)			

Hepatitis B Serology Results	Pos	Neg	Unk
Hepatitis B surface Antigen (HBsAg)			
Hepatitis B core Antibody IgM (HBcAb-IgM)			
Hepatitis B core Antibody Total (HBcAb)			
Hepatitis B surface Antibody (HBsAb)			
Hepatitis B e Antigen (HBeAg)			
Symptoms consistent with acute hepatitis			
Jaundice			

Liver Function Test ALT _____ AST _____

Hepatitis C Serology Results	Pos	Neg	Unk
Hepatitis C-EIA s/co ratio _____			
Hepatitis C-RIBA			
Hepatitis C-NAT/PCR			
Hepatitis C-Viral Load _____			

Liver Function Test ALT _____ AST _____

6. TUBERCULOSIS (TB)

Site of Disease: Pulmonary, Laryngeal, Extrapulmonary

TB Infection in a Child 5 and Under (Positive TB skin test result)

Medicine and Dosage (Please enter information)

Comments

Version 10/22/2007

Print Form

STATE LABORATORY SPECIMEN SUBMISSION FORM

Arizona Department of Health Services

Bureau of State Laboratory Services
250 N 17th Ave
Phoenix, Arizona 85007 - 3231
602 - 542 - 1188
Victor Waddell, Ph.D. Bureau Chief

For Department Use Only

Patient Information

Last Name: First Name: MI:

DOB (MM/DD/YYYY): Age: Sex:

Patient ID:

Race: Ethnicity:

☐ African American ☐ Asian ☐ Other Hispanic ☐ Yes
☐ American Indian ☐ White ☐ No

Submitting Agency Information

Agency Name: Agency ID Code:

Street Address:

City: State: Zip: County:

Contact Name: Phone:

Specimen Information and Type

Collection Date: _____

☐ Reference
☐ Clinical

☐ Acute Serum
☐ Convalescent Serum
☐ Random Serum
☐ Plasma
☐ Whole Blood
☐ CSF
☐ Urine

☐ Sputum
☐ Stool
☐ Swab
Site: _____
☐ Tissue
Specify: _____

☐ Wound
Site: _____
☐ Body Fluid
Specify: _____
☐ Other
Specify: _____

Virology

☐ CMV Culture
☐ Enterovirus Culture
☐ Herpes Culture
☐ Influenza Culture
☐ *Norovirus PCR
☐ Reference Virus Culture
☐ Respiratory Virus Culture
☐ Other _____
_____

Parasitology

☐ Arthropod ID
☐ Blood/Tissue
☐ Intestinal
☐ Pinworm
☐ Worm ID

Mycobacteriology

☐ Culture
☐ ID (Referred Culture)
☐ Smear
☐ Susceptibility
☐ *Nucleic Acid Amplification

Mycology

☐ Culture
☐ ID (Referred Culture)
☐ Smear

Microbiology

☐ Anthrax
☐ Botulism
☐ *Brucella
☐ *C. diphtheriae
☐ Enteric Culture
☐ E. coli
☐ Gonorrhoea
☐ Haemophilus
☐ Legionella
☐ Leptospira
☐ Listeria
☐ Meningococcus
☐ Pertussis
☐ Pneumococcus
☐ Salmonella
☐ Shigella
☐ *Tularemia
☐ Yersinia
☐ *pestis
☐ Other
☐ Vibrio
☐ cholera
☐ Other
☐ Other _____
_____
_____
_____

Serology

☐ Adenovirus CF
☐ *Brucella CF
☐ *Brucella Tube Agglutination
☐ Coccidioides CSF CF
☐ Coccidioides Serology Panel
IDTP
IDCF
☐ Western Equine Encephalitis
☐ St. Louis Encephalitis
☐ *Colorado Tick Fever CF
☐ *Dengue IgM EIA
☐ *Hantavirus IgG EIA
☐ *Hantavirus IgM EIA
☐ Hepatitis Anti-HAV IgM
☐ Hepatitis Anti-Core Ab
☐ Hepatitis Anti-Core IgM
☐ Hepatitis Anti-HBs
☐ Hepatitis Anti-HCV
☐ Hepatitis HBsAG
☐ HIV (Separate Form)
☐ Prenatal Hepatitis HBsAG
☐ Diagnostic Hepatitis Panel
HBs Ag
HBc IgM
HAV IgM
☐ Histoplasma CF
☐ Histoplasma Immunodiffusion
☐ LCM CF
☐ *Lyme EIA
☐ *Measles CF
☐ *Measles IgM EIA
☐ *Measles Immune Screen-IgG IFA
☐ *Mumps IgM IFA
☐ *Plague PHA
☐ *Rickettsial Panel
Rickettsial Spotted Fever Group
Rickettsial Typhus Fever Group
Rickettsial Q Fever
☐ Rubella Immune Screen IgG EIA
☐ *Rubella IgM EIA
☐ Syphilis CSF VDRL
☐ Syphilis FTA-ABS
☐ Syphilis Serum RPR
☐ Toxoplasma EIA
☐ *Tularemia TA
☐ Varicella-Zoster CF
☐ Varicella-Zoster Immune Screen-IgG IFA
☐ West Nile Virus EIA
☐ Other _____
_____
_____

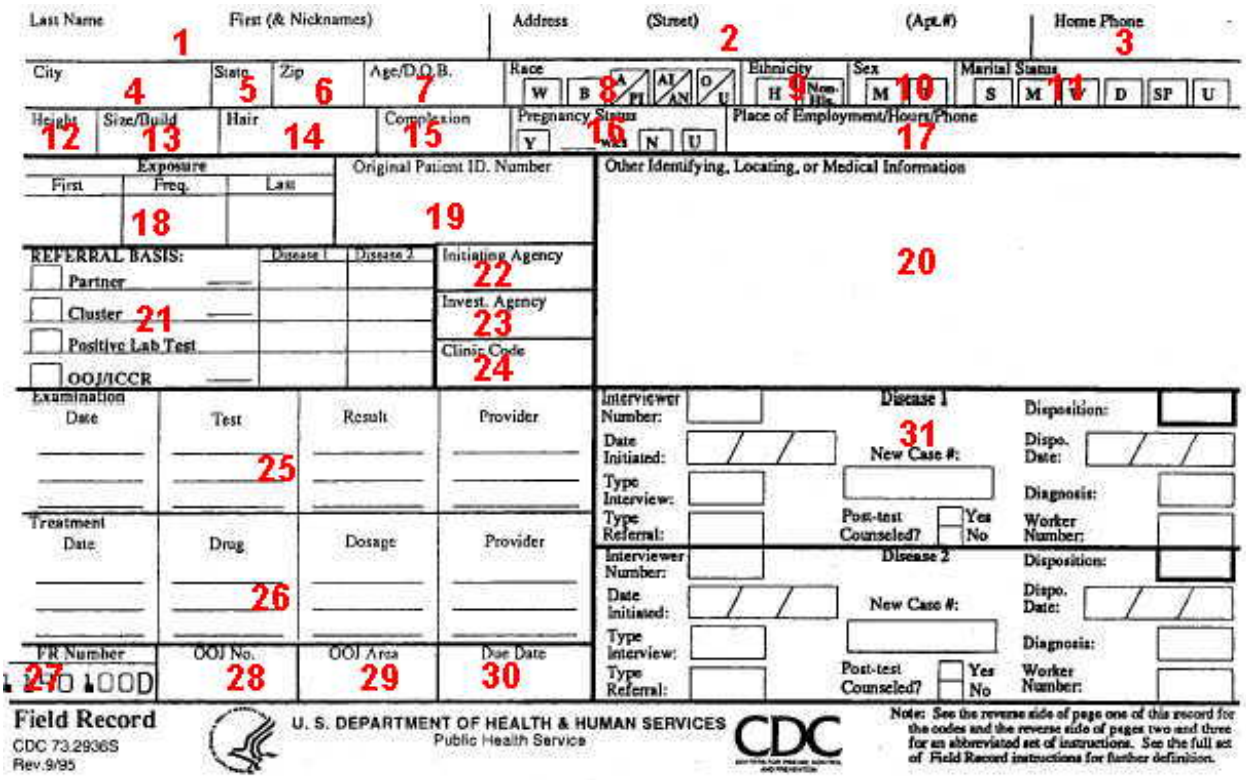
***Prior notification required for:**
Brucella, Dengue, C. diphtheriae, Colorado Tick Fever, Hantavirus, Lyme, Measles, Mumps, Mycobacteria NAA, Norovirus PCR, Plague, Rickettsia, Rubella, or Tularemia testing.

Comments: _____
_____
_____

All fields highlighted with yellow are required for specimen processing. In addition, at least one test must be requested.

ORIGINAL TO STATE LABORATORY AND BACK COPY TO SUBMITTER

FIELD RECORD (CDC 73.2936S) AND INSTRUCTIONS



FIELD RECORD INSTRUCTIONS

Instructions and Code Descriptions for the Field Record (CDC 73.2936S)

The Field Record is used to assist the Disease Intervention Specialist (DIS) in STD case management and provides space to record observations and results. Certain information from the Field Record can be transferred to another form provided by CDC called the Interview Record (CDC 73.54). **These instructions describe how to complete the Field Record (CDC 73.2936S).** Each numbered item in the instructions directly corresponds to the number on the sample record. The Field Record is to be completed at the time of the reactor/patient, partner, or cluster (suspects and associates). **This form is used when attempting to locate sex and/or needle-sharing partners of original cases after interviews,** or HIV seropositive patients who need post-test counseling, or STS reactive persons who need assessment of their syphilis status.

Note: An abbreviated version of the Field Record instructions can be found on the reverse side of the second and third pages of the Field Record. Additionally, the "Month/Day/Year" (MM/DD/YYYY) format should be utilized for all date fields on this record.

1. **– Name:** Enter the full name—Last name first, then first name and middle initial, if known. Aliases/nicknames used by the individual should also be entered here. If only first name known, then ""Unk"" for unknown should be used for the last name. If only nickname known, then "Unk, Unk" can be used for first and last name. The nickname should be written in quotes on this line.

2. **– Address:** Enter the complete address of the patient, partner, or cluster you are trying to locate, with apartment number if applicable.

3. **– Home Phone:** Enter the phone number of the patient, partner, or cluster you are trying to locate.

4. **– City:** Enter city of residence of the patient, partner, or cluster you are trying to locate.

5. **– State:** Enter the state of residence using the two-letter post office abbreviation of the patient, partner, or cluster you are trying to locate.

6. **– Zip:** Enter the zip code of the residence of the patient, partner, or cluster you are trying to locate.

7. **– D.O.B./Age:** Enter the date of birth (D.O.B.), age or the estimated age of the patient, partner, or cluster you are trying to locate. If known, give date of birth in six-digit format (MM/DD/YYYY). All six digits of D.O.B. may not be known at time of filling out FR. Put in any number that is known or suggested by the original patient (such as 12/--/67 or 68); and complete the information after the patient, partner, or cluster is located and referred for examination and treatment.

8. **– Race:** Enter an "X" in the appropriate box:

   W (White) – A person having origins in any of the original peoples of Europe, North Africa, or the Meddle East.

   B (Black) - A person having origins in any of the original black racial groups of Africa.

   A/PI (Asian or Pacific Islander) - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. (Examples: China, India, Japan, Korea, and Samoa.)

   AI/AN (American Indian or Alaskan Native) - A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

O/U (Other or Unknown) – Other, not specified, or unknown.

9. **– Ethnicity:** Enter an "X" in the appropriate box to identify Hispanic origin.

10. **– Sex:** Enter an "X" in the appropriate box to identify sex.

11. **– Marital Status:** Enter an "X" in the appropriate box to identify marital status of the partner/cluster.

S – Single	D – Divorced
M –Married/Common Law	SP – Separated
W – Widowed	U – Unknown

12. **– Height*:** Enter an estimate of the height of the partner/cluster according to information from the original patient.

13. **– Size/Build*:** Enter an estimate of the weight and body build of the partner/cluster according to information from the original patient.

14. **– Hair*:** Enter an estimate of the hair color and style of the partner/cluster according to information from the original patient.

15. **– Complexion (Skin)*:** Enter the color and appearance of the complexion of the partner/cluster according to information from the original patient.

[*Note: Items 12-15 are specifically designed to be used when field investigation will be performed to locate partners and clusters. It is optional when used "in-house" by LHDs who never do field investigations. The information comes from the original patient that was elicited during the original interview of the original patient by the interviewer.]

16. **– Pregnancy Status:** Check the appropriate box for the current pregnancy status. Indicate the duration of pregnancy in weeks. If the duration of pregnancy is not known, enter the best estimate.

17. **– Place of Employment:** Enter as much information as possible such as the name of the company, complete address, phone number, and the hours worked of the partner/cluster. If unemployed, then enter "unemployed." If unknown, enter "Unk." If a student, enter "student" and name, address and phone number of school.

18. **– Exposure:** Enter the dates of exposure (sex and/or needle-sharing) provided by the original patient during the interview for the partners.

    First – Enter the date of first (sexual) exposure in six digit format.* (MM/DD/YYYY)

    Frequency (Freq.) – Enter the frequency of exposure to the original patient; avoid using terms such as "marital" or "steady."
    For example, frequency should be described as:

    1X -Single exposure, "one time only"
    15X -Fifteen times only
    3/wk -Three times per week
    99 – Unknown

    Last – Enter the date of last exposure. (MM/DD/YYYY)

19. **– Original Patient I.D. Number:** Enter the control number, medical record number, **case number, or other locally assigned identifiers**, if a computerized case management system is utilized (such as STD*MIS), it is essential that the related control number from the Interview Record of the original patient be recorded here.

20. **– Other Identifying, Locating, or Medical Information:** This area is for local use. It may be used for maps, landmarks, car driven, physical trait, hangouts, emergency contract phone numbers, etc. (Pertinent past positive test and treatment information may be duplicated/documented here also or in the Examination" and "Treatment" sections of this record depending on available space. If additional space is needed for any documentation, use the back of the green (cardstock) coy of this Field Record.

21. – Referral Basis: Enter an "X" in the appropriate box:

A. **Partner:** This individual was named by the original patient as having a sex, needle-sharing, or both types of relationship with the original patient during the interview period. In the space provided, enter the type of relationship:

Partner Codes:

P1 – Sex Partner
P2 – Needle-Sharing Partner
P3 – Both Sex and Needle-Sharing Partner

Disease 1, Disease 2: Enter the Disease 1 or Disease 2 codes of the original patient.

100 – Chancroid
200 – Chlamydia
300 – Gonorrhea
350 – Resistant Gonorrhea
400 – Non-Gonococcal Urethritis
450 – Mucopurulent Cervicitis
490 – Pelvic Inflammatory Disease
500 – Granuloma Inguinale (Syndrome)
600 – Lymphogranuloma Venereum
700 – Syphilis Reactor
710 - Primary Syphilis
720 - Secondary Syphilis
790 – Congenital Syphilis
800 – Warts
850 – Herpes
900 – HIV
950 – AIDS (Syndrome)

Example: A sex partner of a patient with secondary syphilis would have the partner box checked, and "P1" (sex partner) entered on the line, and "720" (secondary syphilis) in the "Disease 1" box.

B. **Cluster**: This individual has been identified as a suspect or associate. Suspects are named by an infected person and associates are named by an uninfected person. In the space provided, enter the relationship.

Suspects:

S1 – Suspect who has or had symptoms suggestive of the identified disease.
S2 – Suspect who is described as partner of another infected individual.
S3 – Suspect who could benefit from an exam and/or appropriate testing.

Associate:

A1 – Associate who has or had symptoms suggestive of the identified disease.

A2 – Associate who is described as a partner of another infected person.
A3 – Associate who could benefit from an exam or appropriate testing.

C. **Positive Lab Test**: This record is initiated for follow-up on a positive laboratory test result obtained through screening, private physicians, or other sources. If this is a syphilis reactor, enter Disease Code "700" in the applicable space. If this is HIV, enter code "900".

D. **OOJ/ICCR**: This record is initiated due to information obtained from another jurisdiction.

OOJ/ICCR Codes
1 – Partner
2 – Cluster
3 – Positive Lab Test

Example: For a person with reactive syphilis serology from another jurisdiction, check this box, enter "3" on the line (lab test), and enter "700" in the Disease 1" box (reactor).

22. – Init. Agency: Enter the appropriate name of the initiating agency. (Such as "Clark County")

23. – Inv. Agency: If different from above, (when sending to another LHD or to the state for out-of-state follow-up) enter the name or code number of the health department or other agency actually conducting the investigation.

24. – Clinic Code: (Not applicable to Wisconsin LHDs.)

25. – Examination: Enter the Date, Test, Result, and Provider for each test performed on this partner/cluster/HIV-positive or syphilis test.

26. – Treatment: Enter the Date, Drug, Dosage, and Provider for each medication for this partner /cluster/HIV-positive or syphilis test.

27. – FR Number (Field Record Number): This is a pre-printed number that may be noted on the LHD copy of the DPH 4243 from.

28. – OOJ (Out of Jurisdiction) **NO.:** (Not applicable to Wisconsin LHDs.)

29. – OOJ Area: (Not applicable to Wisconsin LHDs.)

30. – Due Date: (Not applicable to Wisconsin LHDs.)

31. – Disease 1, Disease 2: Summary information.

A. **Interviewer Number:** Enter the initials of the LHD staff member who initiated the Field Record for follow-up (e.g. LSW).

B. **Date Initiated:** Enter the date this partner, cluster, HIV-positive, or syphilis-positive person is initiated for DIS follow-up.

C. **Type Interview:** Enter the code for the type of interview that provided sufficient information in order to initiate this Field Record. *If this Field Record is not for a partner/cluster investigation, leave blank.*

0 – Original interview (with the original patient)
R – Re-interview (with the original patient)
C – Cluster Interview (original patient, partner, cluster)
P – Posttest Counseling Session (original patient)
U – Unable to Interview*****

* **Partners/clusters were initiated although the original partner was not interviewed (includes those records initiated from a record search of previous cases).**

D. **Type Referral:** (For partners/clusters only)

Patient: Enter a "1" if the original patient was responsible for the referral of this individual for examination/treatment.

Provider: Enter a "2" if a DIS investigation was responsible for the referral of this individual for examination/treatment.

E. **Disposition:** Includes STD and HIV disposition.

STD DISPOSITIONS

A. Preventive Treatment – The partner/cluster was examined and treated but the infection was not found by lab tests/clinical evidence.

B. Refused Preventive Treatment – The partner/cluster was examined and infection was not found. However the partner/cluster refused preventive therapy.

C. Infected, Brought to Treatment – The partner/cluster/sero-reactor was examined and treated (for the suspected infection) as a direct result of this field investigation. If the individual was treated prior to the initiation of this Field Record, the disposition will be "E".

D. Infected, not Treated – The partner/cluster was examined/tested but not adequately treated (refused treatment or treatment status unknown). For this, there must be information from a health care provider, which indicates the presence of the infection.

E. Previously Treated for This Infection – The partner/cluster/sero-reactor was adequately treated for the disease suspected prior to the initiation of a Field Record.

F. Not Infected – The tests/exam for the suspected disease are negative and preventive therapy was not required for this individual.

G. Insufficient Info to Begin Investigation – There is not sufficient information to warrant an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances, a disposition "H – Unable to Locate" is the correct one. When appropriate for FR's that were received from an out-of-jurisdiction location, this disposition should be accompanied by an explanation.

H. Unable to Locate – The partner/cluster or seropositive was not found after a **thorough** DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following minimum number of resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospitals, probation authorities, major community health centers, community-based organizations, etc. If the infection status or a seropositive is known, use disposition "D".

J. Located, Refused Examination – The partner/cluster was found but refused examination. This disposition should always be reviewed and initiated by a supervisor before being given as final.

K. Out of Jurisdiction – The partner/cluster or STS positive has moved from the jurisdiction and locating information is available to forward it for continued investigation.

Note: Appropriate action should be taken to forward the necessary information to the new jurisdiction.

L. Other – This disposition is to be used when none of the above dispositions apply. Document the reason why this disposition was selected.

HIV DISPOSITIONS

1. **Previous Positive –** The partner/cluster tested positive for the disease prior to the initiation of this Field Record.

2. **Previous Negative, New Positive –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was re-examined/tested and tested positive for the disease.

3. **Previous Negative, Still Negative –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was re-examined/tested and again tested negative for the disease.

4. **Previous Negative, Not Re-tested –** The partner/cluster tested negative for the disease prior to the initiation of this Field Record but was not able to be re-examined/tested for this current Field Record.

5. **Not Previously Tested, New Positive –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was examined/tested and tested positive for the disease.

6. **Not Previously Tested, New Negative –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record. As a result of the initiation of this Field Record, the partner/cluster was examined/tested and tested negative for the disease.

7. **Not Previously Tested, Not Tested Now –** The partner/cluster had never been examined/tested for this disease prior to the initiation of this Field Record and was not able to be examined/tested for this current Field Record.

G. Insufficient Information to Begin Investigation – There is not sufficient information to warrant an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances, a disposition "H – Unable to Locate" is the correct one. When appropriate for FR's that were received from an out-of-jurisdiction location, this disposition should be accompanied by an explanation.

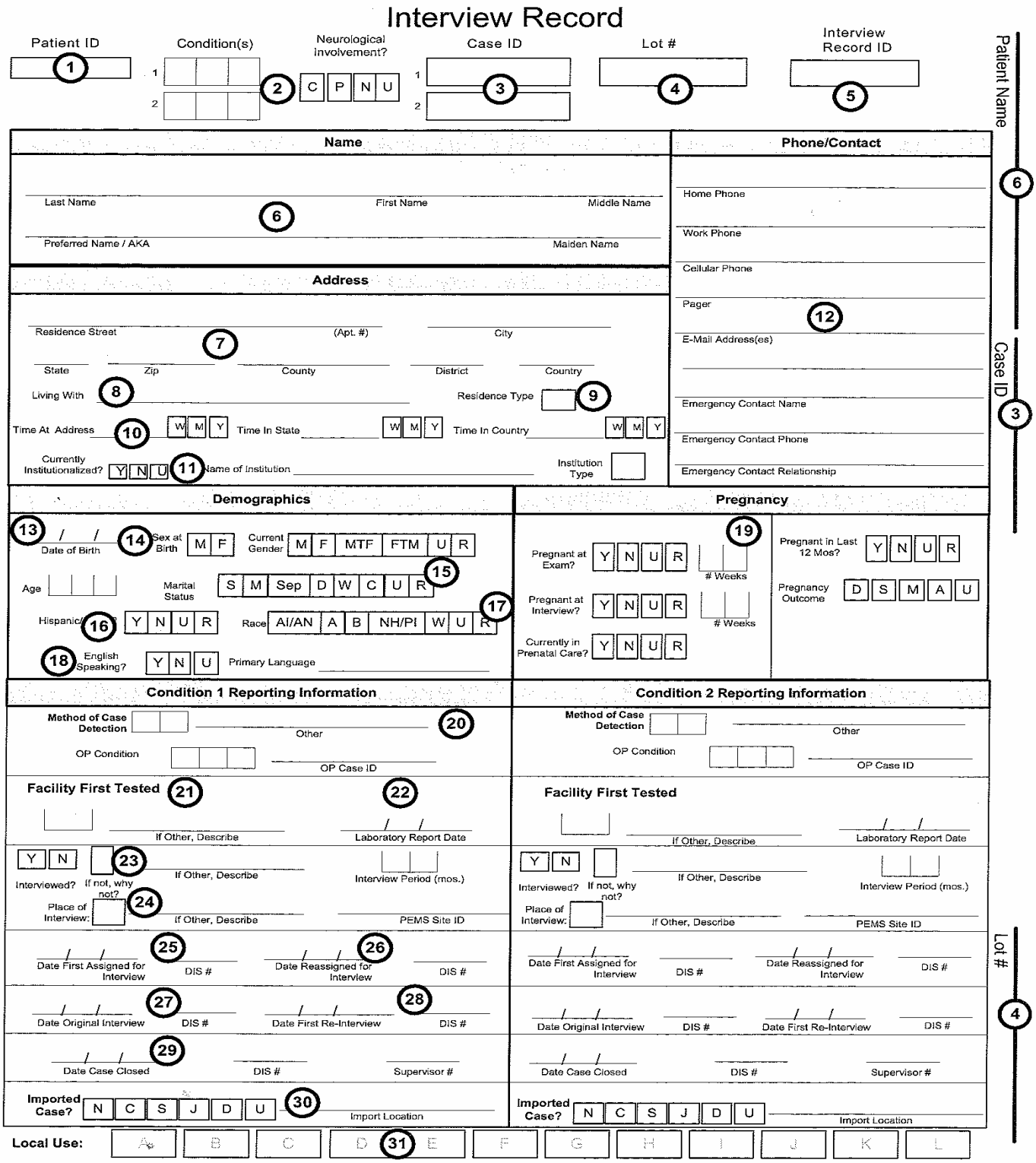
H. Unable to Locate – The partner/cluster or seropositive was not found after a **thorough** DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following minimum number of resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospitals, probation authorities, major community health centers, community-based organizations, etc. If the infection status or a seropositive is known, use disposition "D".

J. Located, Refused Counseling and Testing – The partner/cluster was found but refused examination. This disposition should always be reviewed and initiated by a supervisor before being given as final.

K. Out Of Jurisdiction – The partner/cluster or STS/HIV positive has moved from the jurisdiction and locating information is available to forward it for continued investigation. **Note: Appropriate action should be taken to forward the necessary information to the new jurisdiction.**

L. Other – This disposition is to be used when none of the above dispositions apply. Document the reason why this disposition was selected.

INTERVIEW RECORD



Case ID (3)

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:	Y/N/R/D	Y/N/R/D
1. Had sex with a male? (32)	☐	☐
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	
8. Engaged in injection drug use? (33)	Y/N/R/D ☐	Y/N/R/D ☐
9. During the past 12 months, which of the following injection or non-injection drugs have been used?		☐ Crack ☐ Cocaine ☐ Heroin ☐ None ☐ Methamphetamines ☐ Nitrates/Poppers ☐ Erectile dysfunction medications (e.g., Viagra) ☐ 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	
10. Been incarcerated? (34)	Y/N/R/D ☐	Y/N/R/D ☐

Case ID (3)

STD Testing

Date Collected	Provider (35)	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 (36) Y N U R Not Asked

Previously Tested for HIV (37) Y N U R Not Asked

Date Collected	Provider (38)	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 (39)	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1.		/ /				
2.		/ /				
3.		/ /				

If Other, Please Describe: _____

STD History

Previous STD History? Y N U R (40)

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

STD/HIV Treatment/Counseling

Treatment Date	Provider (41)	Drug and Dosage
/ /		
/ /		
/ /		

Treatment Comments: _____

Incidental Antibiotic Treatment in Last 12 Months? Y N U (42)

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

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? Y N U R (43) Ever? Y N U R

HIV Pre-Test Counseled at this event? Y N U R (44) HIV Post-Test Counseled at this event? Y N U R

Case ID (3)

Social History

Places Met Partners

Type (45) Name

- ☐ Did not ask
- ☐ Refused to answer

Places Had Sex

Type (46) Name

- ☐ Did not ask
- ☐ Refused to answer

Partners in Last 12 Months (47)

Female	Male	Transgender
Unknown [U] Refused [R]	Unknown [U] Refused [R]	Unknown [U] Refused [R]

Interview Period Partners (48)

	Condition 1		Condition 2	
	Unknown [U]	Refused [R]	Unknown [U]	Refused [R]
Female				
Male				
Transgender				

Partner/Cluster Information

1

Last Name (49) | First Name | AKA | Jurisdiction (50)

P/CL (51) | First Exposure (52) | Freq. | Last Exposure | Sex M F T U (53) | Pregnant Y N U (54) | Spouse Y N (55)

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral 1 2 3	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1											
Condition 2	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)

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

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

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

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

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

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

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

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

Case ID 3

Marginal Partners 67

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

Interview / Investigation Comments 68

Travel History and Internet Use 69

Case ID

Investigation Plans & Supervisory Review

Date Submitted: _____ Initial Review Date: _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments

Interview Record Instructions

The Centers for Disease Control and Prevention (CDC) Interview Record is primarily designed for use by state and local Disease Intervention Specialists (DIS) who interview individuals with sexually transmitted diseases (STDs), including HIV/AIDS and other related conditions, and conduct sex and needle sharing partner notifications and referrals. This instrument is meant to assist DIS and their managers in documenting and evaluating case management activities according to local program priorities and/or regulations. State and local program priorities and regulations will also determine what types of information should be documented and retained on this form. A small portion of the information recorded within this document will be transmitted to CDC. These items are indicated with an *.

Though some data elements (excluding personal identifiers, i.e. names, addresses, telephone numbers, etc.) will be forwarded to CDC, this form does not represent a document that is to be used for federal data collection purposes in its entirety. Also, this form and accompanying documentation is an example of an Interview Record that can be used by local and state programs and is made available for local and state program use and adaptation.

These instructions describe how to complete the interview record form. Each numbered item in the instructions corresponds to a number on the sample interview record form.

NOTE: The "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record, unless otherwise specified.

(1) **Patient ID Number:** Document the patient ID number for this person, if known or applicable.
NOTE: If using a computerized system, this number may be assigned by the software system.

(2) **Condition*:** Document the specific disease code for the diagnosed and/or interviewed condition. Conditions will be interviewed for and/or documented on an interview form depending on local programmatic procedures and policies in place.

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

Second Condition: Document a 2nd Condition, if one exists, using same list as above for disease(s) interviewed.

(2) **Neurological Involvement?:** Document the appropriate response of Yes, **C**onfirmed; Yes, **P**robable; **N**o; or **U**nknown.

NOTE: This field is only needed if the patient's condition is Syphilis. A reactive CSF-VDRL is needed for confirmation of neurological involvement.

(3) **Case ID(s) Number:** Document the case ID number(s) for the corresponding condition(s).
NOTE: If using a computerized system, this number may be assigned by the software system.

(4) **Lot #:** Document the locally assigned lot number, if applicable.

(5) **Interview Record ID Number:** Document the interview record number for this case, if known. This number is used for data processing/control purposes to link related cases.
NOTE: If using a computerized system, this number may be assigned by the software system.

Name

(6) **Name:** Document the patient's last, first and middle names, any aliases or nicknames (AKAs), and maiden name (as applicable).

Address

(7) **Address:** Document the complete address where the patient currently resides. *If the patient is currently institutionalized (e.g., in jail, in a group home, in a mental health facility, etc.), do not document the address of the institution unless it is determined that the condition was acquired in the institution (see item 11).* Include apartment number, city, county*, 2-letter abbreviation for the state*, 5-digit zip code, district or region (if applicable), and country for the address where the patient resides.

NOTE: If this is a temporary address, record the patient's permanent address and any other interview period addresses in the Comments section on page 5. For an institutionalized person, list the last known address where the person resided.

(8) **Living With**: Document the RELATIONSHIP (such as spouse, parents, sibling, partner, roommate, etc., *not the name*) of those living with the patient.

(9) **Residence Type:** Document the appropriate code in the box for the type of residence for the above address.

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

(10) **Time At Address:** Document the length of time the patient has lived at the current address, in this state/territory, and in the country. Also, place an "X" in the appropriate box to indicate whether the time at the corresponding location is in (**W**) weeks, (**M**) months, or (**Y**) years. If length of time is unknown, please document "UNK".

(11) **Currently Institutionalized?:** Place an "X" in the appropriate box to indicate if the patient *is* institutionalized (i.e., in jail, in a group home, in a mental health facility, etc.). If institutionalized, document the *name* of the facility.

Institution Type: Document the appropriate code in the box for the type of facility where the patient is currently institutionalized.

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

Phone/Contact

(12) **Phone/Contact:** Document the phone number(s) where the patient can be reached and the patient's e-mail address(es) if applicable. Include an emergency contact name, phone number, and relationship to patient, if available.

Demographics

(13) **Date of Birth:** Document the patient's date of birth. Leave blank if unknown.

Age*: Document the patient's age at the time of initial exam for the earliest condition reported on this interview record. Document '0' if age is less than one year or '999' if unknown.

(14) **Sex at Birth:** Place an "X" in the appropriate box for the patient's biologic sex *at birth*: male or female. Leave blank if unknown.

Current Gender*: Place an "X" in the appropriate box to indicate patient's self identified gender.

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

(15) **Marital Status:** Place an "X" in the appropriate box indicating marital status at the time of the interview or morbidity report.

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

(16) **Hispanic or Latino*:** Place an "X" in the appropriate box to identify the ethnic group with which the *patient* self identifies. Hispanic origin means a person of Spanish, Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

(17) **Race*:** Place an "X" in as many boxes as applicable. Base on the racial group(s) with which the *patient* self identifies.

AI/AN (American Indian or Alaska Native): A person having origins in any of the original peoples of North and South America (including Central America).

A (Asian): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

B (Black or African American): A person having origins in any of the black racial groups of Africa.

NH/PI (Native Hawaiian or Other Pacific Islander): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

W (White): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

U (Unknown): The patient could not answer this question for any reason.

R (Refused): The patient refused to answer this question.

(18) **English Speaking?:** Place an "X" in the appropriate box to indicate whether the patient can speak/understand English. Y - Yes, N - No, and U - Unknown.

Primary Language: Document the patient's primary language if it is NOT English.

Pregnancy

(19) **Pregnant at Exam?*:** Place an "X" in the appropriate box to indicate the patient's pregnancy status at initial exam for the condition(s) documented on this interview record. If the patient was pregnant at the time of the initial exam, document the duration of the pregnancy in weeks at exam. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

Pregnant at Interview?: Place an "X" in the appropriate box to indicate the patient's pregnancy status at the time of interview for the condition(s) documented on this interview record. If the patient was pregnant at the time of the interview, document the duration of the pregnancy in weeks at interview. If the duration of the pregnancy is not known, document the patient's best estimate. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

If the patient's condition is syphilis and answers 'Yes' to either of the above questions, complete the Congenital Syphilis Form according to local practices/procedures.

Currently in Prenatal Care?: Place an "X" in the appropriate box to indicate whether the patient is receiving/received prenatal care for this pregnancy. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

Pregnant in Last 12 Months?: Determine if the patient has been pregnant during the last 12 months and place an "X" in the appropriate box. If currently pregnant, a "Yes" answer indicates that the patient had *another* pregnancy within the past 12 months, not including her current pregnancy. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

Pregnancy Outcome: If pregnant in the last 12 months, place an "X" in the appropriate box to indicate the outcome of that pregnancy.

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

Condition(s) Reporting Information

(20) **Method of Case Detection*:** Document the specific method of case detection code, i.e., how the patient first came to the attention of the health department, for each condition(s).

20 - Screening: An asymptomatic patient was identified through screening (routine testing of populations who are asymptomatic in order to identify those with disease). Examples of screening programs include health department outreach to high-risk populations (e.g., commercial sex-workers), HIV care clinics, family planning, blood donation, corrections-based, and prenatal. This includes STD and other health department clinic visits by a client who tests positive for a condition with which they were unaware (e.g., asymptomatic walk-ins) of before being seen at the clinic.

21 - Self-Referred: Refers to patient who sought health services because of signs of an STD and were subsequently tested for the disease being reported. This includes symptomatic STD clinic testing.

22 - Patient Referred Partner: Patient referred by another infected person. This may be a named or unnamed partner. No health department involvement was necessary for this referral.

23 - Health Department Referred Partner: This patient is a named partner of a known case. Patient identified through DIS, or other health department personnel, activity following an interview of another known case. The health department was involved in the referral of this individual (e.g., the DIS contacted, called, visited, sent letter, etc., the patient to inform them of their need to be tested).

24 - Cluster Related: Patient was originally identified as a Social Contact (Suspect) or Associate. Cluster brought to the attention of the program as a result of a DIS interview.

88 - Other: In the event of NONE of the above being applicable, accurately describe how the patient came to the attention of the health department.

OP Condition: If Patient Referred Partner, Health Department Referred Partner, or Cluster Related is selected as Method of Case Detection, indicate the Index patient's Condition Code (i.e., 710, 720, 200, 300, etc.) and Case ID Number in the space provided if known.

(21) **Type Facility First Tested*:** Document the specific *type of facility* code where the patient was first tested for each condition. If '88' (Other) please describe as specifically as possible in the space provided.

01 - HIV Counseling/Testing Site
02 - STD Clinic
03 - Drug Treatment
04 - Family Planning
05 - RETIRED
06 - TB Clinic
07 - Other HD Clinic
08 - Private MD/HMO
09 - RETIRED
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

(22) **Date of Laboratory Report:** Document the date the first **laboratory** report related to the interviewed condition documented on this interview record was initially received at the health department (or any authorized public health agency, e.g., the STD clinic) for each condition(s).

Case Information

(23) **Interviewed?:** Place an "X" in the appropriate box to indicate whether patient was interviewed.

Y - Yes, patient was interviewed
N - No, patient was not interviewed

If not, why not?: Document the specific Reason Not Interviewed Code for each condition(s). If "Other" is chosen, accurately describe why the patient was not interviewed in space provided.

U (Unable to locate) - The patient was not located to be interviewed.
P (Physician Refusal) - The patient's physician refused permission to allow the patient to be contacted and/or interviewed.
R (Refused) - The patient was located but refused to be interviewed.
D (Deceased) -The patient expired before an interview could be conducted.
L (Language Barrier) -The patient could not be interviewed due to a difference in spoken language.
O (Other) - Use if none of the other reasons listed apply.

Interview Period: Document the interview period in months for each condition.

(24) **Place of Interview:** Document the specific Location of Interview Code indicating where the interview took place for each condition. If "Other" is chosen, accurately describe where the patient was interviewed.

C (Clinic) - The patient was interviewed in the clinic/facility where diagnosed or treated.
F (Field) - The patient was interviewed in the field, i.e., anywhere outside of a clinic/facility setting.
T (Telephone) - The patient was interviewed over the telephone.
I (Internet) - The patient was interviewed over the internet.
O (Other) - Use if none of the other places listed is applicable.

PEMS Site ID: For HIV/AIDS cases only. Document the PEMS Site ID of the location of the original interview.

(25) **Date First Assigned for Interview:** Document the date this case was initially assigned for interview and the worker number of the DIS to whom it was assigned for each condition.

(26) **Date Reassigned for Interview:** If applicable, document the date the case was reassigned for interview and the worker number of the DIS to whom it was reassigned for each condition.

(27) **Date Original Interview:** Document the date of the initial interview and the worker number of the DIS that performed the interview for each condition.

(28) **Date First Re-interview:** Document the date of the first re-interview and the worker number of the DIS that performed the re-interview for each condition.

(29) **Date Case Closed:** Document the date of case closure as well as the worker numbers of the investigating DIS and supervisor, if applicable, responsible for the management of this case for each condition(s). The determination of closure should be made by the DIS and supervisor, if applicable, after all reasonable efforts have been expended on the case.

(30) **Imported Case?:** Place an 'X" in the appropriate box, selecting from the following categories. Note that an imported case refers to a case that was acquired OUTSIDE the jurisdiction *where the patient resides*. In other words, it should be 'N - Not imported' unless during the course of the interview or case management it is found that the person acquired the disease outside of *where the patient resides'* jurisdiction, or it is a morbidity sent in by another jurisdiction.

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

Import Location: If the case was imported, document the *name* of the city, county, state, and/or country where the case

was acquired.

(31) **Local Use:** This area is provided for special data collection needs of individual program areas.

Risk Factors*

NOTE: Each risk factor should be addressed for the last 3 months and last 12 months prior to the date of the original interview. Also, for the purposes of risk assessment, sex is defined as having engaged in oral, anal and/or vaginal contact with another individual.

(32) **Sexual Behaviors*:** Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask in relation to the patient's answer to the individual risk factor questions for applicable time frames.

Anonymous Risk item 3 - a sex partner whose name is unknown (e.g., met at a sex party, website, bathhouse, etc.).

IDU Risk item 4 - Injection Drug User, a person who has injected recreational drugs (e.g., heroin, steroids, etc.).

Exchanged sex for drugs/money* Risk item 6 - A person who has either given or received oral, anal and/or vaginal sex for drugs, money or other services/payment (e.g., food, housing, protection, etc.).

MSM Risk item 7 - Man who has ever had sex with other males (includes oral and anal contact).

(33) **Drug Use Behaviors*:** Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask. Please place an "X" in the appropriate box(es) for **all** recreational drug types used within the last 12 months.

(34) **Other Risk Factors*:** Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask.

STD Testing

(35) **Test Results:** Summarize all STD lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable. **NOTE:** HIV testing is not to be documented here but in HIV Testing Section, item numbers 36 - 38.

Date Collected - Document the date the specimen was obtained from the patient.

Provider - Document the specific name or code of the provider (physician, clinic, hospital, etc.) who ordered the testing.

Test - Document the name (or type) of the test performed (e.g., RPR, TP-PA, darkfield, etc.). Ensure that the test type and condition (disease) being asked for is clear.

Source - Document the code from the list below for the source of specimen collection.

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

Qualitative Results – Place an "X" in the appropriate box to indicate the test result(s).

P - Positive
N - Negative
I - Indeterminate/Equivocal
U - Unknown/No Result
Q - Quantity not sufficient
C - Contaminated specimen

Quantitative Result* - If the test performed is quantifiable, document the quantitative result (e.g., if the RPR is positive, document the titer - example: 1:64).

HIV Testing

(36) **Tested for HIV at this event?:** Place an "X" in the appropriate box to indicate whether the patient was tested for HIV at the time of the initial screening that led to the reported condition(s). Y - Yes, N - No, U – Unknown, R - Refused to Answer, or Not Asked.

NOTE: Relevant HIV testing and interview may occur on the same day. Also, the answer "No" for Tested for HIV at this event includes opt-out/routine HIV testing in settings where HIV pretest counseling is not conducted.

(37) **Previously Tested for HIV?:** Place an "X" in the appropriate box to indicate whether the patient has tested for HIV prior to the event that led to the Original Interview. Y - Yes, N - No, U – Unknown, R - Refused to Answer, or Not Asked.

(38) **HIV Test Results*:** Summarize all HIV lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable. Document the date collected, the provider name or code who ordered the test, the name of the test, the source, and the qualitative* result (see item #35 for codes). Current and previous HIV testing information is to be documented here.

Provider Confirmed – Place a 'Y' for 'Yes' if HIV test result(s) has been provider confirmed by record search or direct contact with a provider. Place an 'N' for 'No' if based on interviewee responses only.

Signs and Symptoms

(39) **Signs and Symptoms:** Determine if there are signs or symptoms related to the condition(s) documented on this interview record. This includes all symptoms experienced by the patient and signs observed by a clinician. If observed by both patient and clinician, which can mean differing observation dates, document each observation separately on 2 or more lines. Additional signs and symptoms can be documented within the Interview/Investigation Comments (item 68).

Signs/Symptoms - Document the code for each sign/symptom observed on exam or described:

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

Earliest Observation Date - Document the earliest date the symptom was first experienced by the patient and/or the date the sign was first observed by a clinician.

Anatomic Site* - Document the code indicating the anatomic site of the sign/symptom.

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

Clinician Observed - Place an "X" in this box if the clinician observed this sign.

Patient Described - Place an "X" in this box if the patient described this symptom.

Signs and Symptoms

Duration (Days) - Document the number of days signs/symptoms were present. Document "99" if unknown.

If Other, Please Describe - if sign/symptom code "O" is used, please describe in the space provided.

STD History

(40) **STD History*:** Place an "X" in the appropriate box indicating if the patient has a history of STDs (prior to the condition(s) documented on this interview record). HIV testing history should be documented in the HIV Testing section (item #38).

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

If 'Yes', document the condition code(s), diagnosis date(s) (MM/YYYY), and treatment date(s) (MM/YYYY) in the space provided.

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

Confirmed: Place a 'Y' for 'Yes' if both diagnosis and treatment of previous STD has been confirmed by record search or contact with a provider. Place an 'N' for 'No' if based on interviewee responses only.

STD/HIV Treatment/Counseling

(41) **Treatment**: Document all relevant treatment regimen(s). For the recommendations of adequate treatment, see the current CDC Treatment Guidelines.

Treatment Date - Document the date treatment was first started.

Provider - Document the name or code of the provider (physician, clinic, hospital, etc.) that provided the treatment.

Drug and Dosage - Document the name of the drug given, as well as the dosage and duration (e.g., 2.4 Bicillin x 3 weeks or Doxycycline 100mg bid x 28 days).

Treatment Comments - Place treatment related comments, if any, here.

(42) **Incidental Antibiotic Treatment in Last 12 Months?:** Place an "X" in the appropriate box, Y - Yes, N - No, U - Unknown. If incidental **antibiotic** treatment occurred (that being an antibiotic that the patient did not receive to specifically treat this condition), document the date (MM/YYYY) the treatment began and the drug, dosage and duration used, and for what condition the treatment was prescribed, if known. If the date the treatment began is unknown, document "99/9999".

(43) **Anti-Retroviral Therapy for Diagnosed HIV Infection?:** Place an "X" in the appropriate box corresponding to the patient taking anti-retrovirals within the last 12 months. Next place an "X" to indicate if the patient has **ever** (including past year) taken anti-retrovirals. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

(44)

HIV Counseling at this event?: Complete the following items about the patient being HIV counseled. Place an "X" in the appropriate boxes.

HIV Pre-Test Counseled - Patient was pre-test counseled for HIV during the most recent clinical examination or during the interview. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

NOTE: The answer "No" for Pre-Test Counseled includes opt-out/routine HIV testing in settings where HIV pretest counseling is not conducted.

HIV Post-Test Counseled - The patient was HIV post-test counseled in the clinic or field, regardless whether the results were positive or negative. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

Social History

(45) **Places Met Partners*:** Document the codes for the types of places where the patient *met* sex partners within the last 12 months (document as many as apply):

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

Document the names (or descriptions) of places the patient goes to *meet* sex partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Interview/Investigation Comments (item 68).

(46) **Places had Sex*:** Document the codes (from above list in item #45) for the types of places where the patient *had* sex with partners within the last 12 months (document as many as apply); document the names (or descriptions) of the places the patient *had* sex with partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Interview/Investigation Comments (item 68).

(47) **Partners in the Last 12 Months*:** Document the number of female sex partners claimed by the patient in the last 12 months, the number of male sex partners claimed by the patient in the last 12 months, and the number of transgender partners claimed by the patient in the last 12 months. **Note:** This includes initiated partners, marginal partners, and anonymous partners. Select 'unknown' if patient is unsure or 'refused' if the patient would not answer the question. Document "0" if there are no partners for corresponding gender field.

(48) **Interview Period Partners:** Document the total number of female, male, and transgender sex partners claimed by this patient during the interview period (item # 23) for each Condition(s). Note that this includes initiated partners, marginal partners, and anonymous partners. For example, the patient may claim 10 sex partners during the 3-month interview period (Primary Syphilis), while there is only enough information to initiate 3; the total of 10 (rather than 3) should be documented for interview period partners. Select 'unknown' if patient is unsure or 'refused' if the patient would not answer the question. Document "0" if there are no partners for corresponding gender field.

Partner/Cluster Information

This section of the form is used to record all interview activity and the results of investigations regarding partners and clusters. Guidelines for completing the partner/cluster initiation section are:

NOTE: If a patient is interviewed, complete at least one partner/cluster section. If no partners/clusters are added, document the date of interview (Item 56), the number of the DIS/worker who conducted the interview (Item 58), and the type of interview conducted (Item 59).

NOTE: Document only the names of sex/needle-sharing partners, social contacts and associates **for whom sufficient information has been obtained to initiate a Field Record.** Information on marginal contacts and clusters should be

Partner/Cluster Information

documented in the space provided (item #67) and/or on a buff.

NOTE: Separate sections must be used to document results of each partner and cluster initiated. If there are more than 5 partners/clusters and/or interviews conducted, use a blank copy of this page (Interview Record page 4) to document additional partners and clusters. If using a copy of page 4 to document additional partners/clusters and interviews be sure to document the index patient's case number(s) at the top of the page (Item 3).

NOTE: All re-interview or cluster activity must be listed in separate sections. Use of Re-Interview and Cluster Interview Forms are encouraged for complete documentation.

NOTE: Clusters must be *named by the index patient, named contacts or named clusters* to be documented on the interview record. General field screening not specifically associated with this interviewed patient should not be included in this section. Other mechanisms must be used to collect this type of screening information.

(49) **Name:** Document the Last and First name and, if applicable, known aliases of the partner/cluster.

(50) **Jurisdiction:** Document the county, state or country code or name for where the partner/cluster resides. Use of code or name depends on local programmatic discretion.

(51) **P/Cl (Partner/Cluster):** Document the appropriate identifier for the specific type of partner or cluster (Suspect and/or Associate).

PARTNER - Persons having sexual activities (of any type) or sharing needles with the Index 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 Index 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).

(52) **Exposure to Original Patient:** Document the Index Patient's contact with the partner.

First Exposure - Document the date of the first sexual/needle-sharing exposure to the Index patient.

Freq. (Frequency) - Document the frequency (number) of sexual/needle-sharing exposure(s) to the Index patient between the first and last (most recent) exposure(s). This should be described as specifically as possible: 1x = one time, 2x/wk = two times a week, etc. If the frequency is unknown, document "99".

Last Exposure - Document the date of the last (most recent) sexual/needle-sharing exposure.

NOTE: Exposure information should only be documented for <u>partners</u> of the Index patient; only what the Index patient claimed as exposure should be documented, NOT what the partners claimed as exposure.

(53) **Sex:** Place an "X" in the appropriate box to indicate the gender of the partner or cluster, as identified by the person being interviewed: **M** - Male, **F** - Female, **T** - Transgender, **U** - Unknown, **R** - Refused.

NOTE: *If transgender is marked, MTF or FTM should be documented on the corresponding Cluster Interview Record.*

Partner/Cluster Information

(54) **Pregnant:** Document if this partner/cluster is pregnant: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

(55) **Spouse:** Document if this partner/cluster is the Index patient's spouse: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

(56) **IX Date (Interview Date):** Document the date the original interview, re-interview or cluster interview was performed. Document interview dates where no partners or clusters are initiated as well using.

(57) **Init. Date (Initiation Date):** Document the date this partner/cluster was initiated for field investigation.

(58) **IX DIS # (Interview DIS):** Document the worker number of the DIS who conducted the interview for each condition (if multiple conditions). Also, document the worker number if no contacts or clusters are initiated.

(59) **Ix Type (Interview Type):** Document the type of interview that was the source of the partner/cluster information.

- **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 Index patient was not interviewed, but sex partners and/or clusters were initiated from other activities.

(60) **Referral:** This describes how initiated partners and clusters are brought to examination, brought to treatment, and/or notified of exposure. This documentation will take place at the time of the disposition (closure) of the field record. Document the type of referral for each condition.

- **1** - Provider: DIS or other health department staff were involved in the referral of this partner/cluster.
- (55) **2** - Patient (Client): No health department involvement in the referral of this partner/cluster.
- **3** - Dual (Contract): A combination of provider and patient effort to bring contact/cluster to services.

(61) **FR # (Field Record Number):** Document the entire field record number(s) for the partner/cluster initiated. This number is located in the lower left corner of the CDC form 73.2936S, or may be generated by the software system.

(62) **Dispo (Disposition):** Document the STD or HIV disposition code from the field record for each Condition(s):

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

(63) **Dispo Date (Disposition Date):** Document the appropriate date as it relates to the following examination or treatment situation for each Condition(s).

- *Newly Examined and Treated* - Use the date of treatment.
- *Newly Examined, not Treated* - Use the date of examination.
- *Previously Examined and/or Treated* - Use the date the partner/cluster investigation is closed (i.e., the date the investigator became aware of the previous examination and/or treatment).
- *Not Examined* - Use the date the investigation is closed.

NOTE: A partner/cluster ***CAN NOT*** be dispositioned *before* it is initiated. Therefore, if examination and/or treatment occurred prior to the partner/cluster being initiated (e.g., disposition 'E' or 'A'), the disposition date can be no earlier than

Partner/Cluster Information

the initiation date.

(64) **Cond. (Condition):** If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis code for the condition.

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

(65) **DIS #:** Document the worker number of the DIS who brought this partner or cluster to ***disposition*** for each Condition(s).

(66) **SO/SP: (Source/Spread):** For infected partners only. Document "**SO**" in the box if the partner is determined to be the source of condition for the Index patient, document "**SP**" in the box if the partner's condition is determined to be a spread from the Index patient. (Use for STD conditions only, not HIV/AIDS.)

If partner condition is not related to the Index patient, document "**U**" (Unrelated) in the box. If it is unknown whether a partner condition is related to the Index patient, document "**UN**" (Unknown) in the box. Do not mark a box if a determination has not been made. Case management analysis would guide this determination.

Marginal Partners

(67) Marginal Partners: Document the name, sex, age, race, height, weight, hair (description), exposure history, and locating information for those partners named by the Index patient for which not enough information is available to initiate a field record.

Interview/Investigation Comments

(68) **Interview/Investigation Comments:** This section is provided to record, in a narrative fashion, any additional information not included in the interview record, any relevant information discovered in the course of the investigation (such as attitude of the patient, if he or she was high/intoxicated, etc.), or to note any inconsistencies during the interview or DIS analysis of interview information.

(69) **Travel History and Internet Use:** Document travel (by the Index patient) that occurred within the interview period, document the place, reason, dates, companions, and with whom the patient stayed. This information may assist the DIS to identify exposure gaps, elicit out of jurisdiction partners/clusters, determine if case is imported, etc. Also use this space to document any related internet use information, including alternate email addresses, instant messenger usernames, chat sites, etc.

Investigation Plans and Supervisory Review

(70) **Date Submitted:** Document the appropriate date when the DIS submitted the Interview Record for initial review to supervisor.

71 **Initial Review Date:** Document the appropriate date when the DIS Supervisor initially reviewed the Interview Record. Each subsequent supervisory review should be documented in Supervisory Comments.

72 **DIS Investigation Plans:** Upon completion of documentation of the original interview, the DIS should date this section, record his or her worker number, and document future planned actions. Each subsequent plan of action by the DIS and/or response to supervisory comment(s) should be dated and documented in this section.

73 **Supervisory Comments:** Upon first review of the case by the supervisor, the supervisor should date this section, record his or her worker number, and place supervisory review comments of the initial write-up and investigative efforts of the case to date. Each subsequent review by the supervisor and/or response to DIS comment(s) should be dated and documented in this section.

Interview Record Codes

Disease/Diagnosis Codes

030 - HepB acute w/o delta (2)
031 - HepB acute w/ delta
033 - HepB chronic w/o delta (40)
034 - HepB chronic w/ delta
042 - Hepatitis delta (64)
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 (2)
N - No
U - Unknown

Residence Type

(9)
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 (14)
R - Refused to Answer (53)

Institution Types

G - Group Home
J - Jail (11)
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 (15)
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 (16)
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 (17)
R - Refused to Answer

Pregnancy Outcome

D - Live Birth
S - Stillborn (19)
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 (21)
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 (10)
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 (20)
24 - Cluster Related (Social Contact (Suspect) or Associate)
88 - Other

Reasons Not Interviewed:

U - Unable to locate (23)
P - Physician Refusal
R - Refused to Answer
D - Deceased
L - Language Barrier
O - Other

Place of Interview

C - Clinic (24)
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 (30)
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 (35)
10 - Urethra (38)
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 (39)
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 (35)
I - Indeterminate/Equivocal
UN - Unknown/ No Result (38)
Q - Quantity Not Sufficient
C - Contaminated specimen

Places met or had sex with partners

A - Adult Book Store/Cinema (45)
B - Bars
C - Cruising in Automobile (46)
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

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

(39)

STD History

Y - Yes, patient has a history of STD
N - No, patient has never had a prior STD
U - Unknown if patient has had a prior STD
R - Patient refused to answer any questions regarding prior STD History

(40)

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).

(59)

Referral

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

(60)

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.

(65)

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

(51)

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

(62)

STD 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

HIV Dispositions

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
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VISUAL CASE ANALYSIS FORM