



DEPARTMENT OF THE NAVY

U.S. NAVAL HOSPITAL

PSC 482

FPO AP 96362-1600

USNAVHOSP OKINAWAINST 6222.1G  
065

17 DEC 2008

USNAVHOSP OKINAWA INSTRUCTION 6222.1G

Subj: SEXUALLY TRANSMITTED DISEASE (STD) CONTROL AND CLINICAL  
MANAGEMENT GUIDELINES

Ref: (a) BUMEDINST 6222.10, series  
(b) 2006 Guidelines for Treatment of STD, Centers for  
Disease Control and Prevention  
(c) BUMEDINST 6220.12, series

Encl: (1) Consent for the HIV Antibody Test  
(2) Disease Reporting System Questionnaire

1. Purpose. To provide current guidelines for the prevention, treatment and reporting of STDs in accordance with references (a) through (c).

2. Cancellation. USNAVHOSP OKINAWAINST 6222.1F

3. Background. To effectively reduce the transmission of STDs, standardized preventive education, treatment and counseling programs are essential. Reference (a) published by the Centers for Disease Control and Prevention (CDC) adopted the 2006 Guidelines for Treatment of STDs. These CDC guidelines are referenced in this instruction as reference (b) and can be located at [www.cdc.gov/std/treatment/2006/rr5511/pdf](http://www.cdc.gov/std/treatment/2006/rr5511/pdf). Reference (c) establishes mandatory reporting requirements for specific STDs through the Navy Disease Reporting System (NDRS) Medical Event Reports (MERs). Reference (a) establishes that all patients presenting for the evaluation of a possible STD commence the Hepatitis B Virus (HBV) vaccination series. STD evaluation SF 600 overlay is provided to streamline and standardize therapy.

4. Action. Healthcare providers at U.S. Naval Hospital, Okinawa (USNHO), Branch Medical Clinics (BMCs) and all III MEF Aid Stations providing STD evaluation and treatment shall ensure they are familiar with the guidance contained in this instruction. Reference (a) provides guidelines for recommended STD therapy. Single dose treatment regimens that ensure compliance, provide prompt cure and are cost effective are generally preferred over other regimens.

5. Evaluation Requirements

a. Medical providers shall:

(1) Properly document all initial evaluation results, treatment and follow-up of STDs in the health record on the STD Evaluation Form, USNH OKI OVPT 6222/2. The USNH OKI OVPT 6222/2 is available on the command intranet.

(2) Require serologic testing for syphilis for all patients upon evaluation of a STD.

(3) Require testing for Human Immunodeficiency Virus (HIV) for all Active Duty personnel upon evaluation of a STD. HIV screening for dependents and other beneficiaries is recommended, but is voluntary. If a family member or other civilian agrees to be tested, this must be documented with a signed and witnessed informed consent using enclosure (1).

(4) Unless previously administered, all active duty personnel are to commence the Hep A & B vaccination series when presenting for evaluation of a STD per reference (c). Beneficiaries and other civilians who seek evaluation should be recommended and encouraged to initiate the Hep A & B vaccine series.

(5) Report all STDs diagnosed at USNHO Camp Lester, BMCs and III MEF Aid Stations by contacting Preventive Medicine Department at 643-7808 or by completing enclosure (2) and forwarding it to the Preventive Medicine Department.

(6) Immediately report any diagnosis or suspected diagnosis of antibiotic resistant STD to the USNHO Preventive Medicine Department.

b. BMC Preventive Medicine Technician/ Representative shall:

(1) Review patient's health record to ensure serologic tests for syphilis and HIV tests have been initiated. If not, the PMT/PMR will ensure they are ordered. They will also ensure that the patient receives the Hep-A and Hep-B vaccination series.

(2) Conduct contact interviews to identify potentially infected sexual partners of all STD patients. Enclosure (2) will be used to report all STD patients and contact information. Forward enclosure (2) to the Preventive Medicine Department.

(a) If the patient's contact is an active duty member from the same base or camp, the PMT/PMR will contact this individual, schedule an interview and ascertain appropriate treatment.

(b) If the patient's contact is an active duty member from a different base or camp, dependent, civilian, Japanese National, or any non-beneficiary, the Preventive Medicine Department will conduct the contact interview or refer them accordingly. The PMT/PMR will promptly notify the Preventive Medicine Department concerning the above listed patients.

c. Preventive Medicine Department shall:

(1) Provide overall management of the STD control program.

(2) Provide periodic STD program reviews and act as technical advisers for any questions or concerns. BMCs and III MEF Aid Stations are encouraged to arrange for periodic reviews of their STD program through the Preventive Medicine Department.

(3) Conduct and assist in contact interviews, and prepare Medical Events Report (MERs) as necessary per reference (b).

(4) Conduct all contact interviews for minors, dependents, civilians, or non-beneficiaries. Any contact interview that may be out of the scope of a camp or clinic PMT or PMR will be referred to Preventive Medicine Department.

(5) Refer all Japanese National Contacts to the Japanese Public Health Liaison for follow-up.

(6) Provide training in program management and contact interviews.



B. S. DAWSON

Distribution:  
List I

CONSENT FOR THE HIV ANTIBODY TEST

By my signature below, I consent to have a screening test for the Human Immunodeficiency Virus (HIV). This test detects whether or not my body is making antibodies to the virus that causes Acquired Immune Deficiency Syndrome (AIDS). The results of this test may determine whether I have been infected with HIV. I understand that it can take up to six months from the time one is infected with HIV until the time the body produces the antibodies that would make an HIV test positive. I also understand that I need to undergo further testing in three and six months.

I understand that a positive HIV blood antibody test can have a negative impact on my personal relationships, my job, my health and/or my life insurance. I should arrange an appointment with my doctor for a later date in order to be counseled about the results and meaning of my HIV blood antibody test. The results will be documented in my medical record at that time. If my test is positive, I understand that it is my responsibility to tell my sex partner(s) and anybody with whom I share or have shared needles or body fluids that I am HIV infected. If I do not want to tell my sex or needle-sharing partners, I understand that the Department of Defense is obligated to tell them as indicated in applicable laws and regulations.

I understand that the results of this blood test will only be released to those health care practitioners directly responsible for my care and treatment. I further understand that no additional release of the results will be made without my written authorization. By my signature below, I acknowledge that I have been given all the information I desire concerning the blood test and have had all my questions answered to my satisfaction.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

## DISEASE REPORTING SYSTEM QUESTIONNAIRE

REGISTRATION NO: \_\_\_\_\_ PT HOME PH: \_\_\_\_\_  
 WARD / CLINIC: \_\_\_\_\_ PT WORK PH: \_\_\_\_\_  
 HCP: \_\_\_\_\_ PT HOME ADDRESS: \_\_\_\_\_  
 HCP PH # / PAGER: \_\_\_\_\_ DOB: \_\_\_\_\_  
 DATE OF INTERVIEW: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

1. **Report Status:** (Circle one) INITIAL FOLLOW-UP FINAL

2. **Patient Information:** **Sponsor Information:**  
 a. SSN: \_\_\_\_\_ SSN: \_\_\_\_\_  
 b. Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 c. Status: AD Dep Civ DoD (circle one) Status: AD Dep Civ DoD (circle one)  
 d. Age: \_\_\_\_\_  
 e. Sex: Male Female (circle one)  
 f. Race: White Black Asian/Pacific Islander Hispanic Other (Circle One)  
 g. Hispanic / Non-Hispanic (Circle One)  
 h. Duty Station: \_\_\_\_\_

3. **Clinical Information:**

a. Dx: \_\_\_\_\_ ICD-9- \_\_\_\_\_  
 Confirmed / Suspected (Circle One)

b. Date of onset: \_\_\_\_\_

c. Symptoms: \_\_\_\_\_ Discharge: Vaginal / Urethral \_\_\_\_\_ Dysuria  
 Sores \_\_\_\_\_ # of Days & Location \_\_\_\_\_ Recurrence of Herpes Simplex Virus (HSV)  
 \_\_\_\_\_ Genital Warts / Human Papilloma Virus (HPV) \_\_\_\_\_ Abdominal Pain  
 Other: \_\_\_\_\_

d. Labs: (Date / Results) HIV \_\_\_\_\_ RPR \_\_\_\_\_  
 CHLAMYDIA \_\_\_\_\_ GC \_\_\_\_\_  
 HERPES \_\_\_\_\_ HEP-A, B, C \_\_\_\_\_

e. Treatment: PCN-G \_\_\_\_\_ Azithromycin \_\_\_\_\_  
 Doxycycline \_\_\_\_\_ Ceftriaxone \_\_\_\_\_  
 Acyclovir \_\_\_\_\_ Podophyllin \_\_\_\_\_  
 Metronidazole \_\_\_\_\_ Levofloxacin \_\_\_\_\_

f. Prognosis: \_\_\_\_\_ Disposition: \_\_\_\_\_

g. Any drug or antibiotic resistance noted: (Y / N List if Yes)

h. Patient Status:

4. **Epidemiological Data:** (Incubation period)

a. **Probable area of acquisition:** \_\_\_\_\_

1. Countries visited within the past 6 months: \_\_\_\_\_

b. **Source of Infection:**

1. Blood Transfusion? \_\_\_\_\_

2. IV Drug Use? \_\_\_\_\_

3. Tattoos? \_\_\_\_\_

4. Dental work? \_\_\_\_\_

5. Unprotected sex? \_\_\_\_\_

6. Exposure to blood/blood products? \_\_\_\_\_

7. Common use razors? \_\_\_\_\_

8. Common use toothbrush? \_\_\_\_\_

9. Risk factor(s) for Hepatitis B Virus (HBV) person or person with HBV symptoms \_\_\_\_\_

10. Documented Hep A & B series given? \_\_\_\_\_

11. Other Epidemiological information: \_\_\_\_\_

12. Contact investigation completed? \_\_\_\_\_

c. **Contacts**

NAME	PHONE/ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Preventive measures:** Consult *Control of Communicable Diseases in Man*

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. **Other information:** Report by phone to DCH, Epidemiology Division within 3 calendar days of disease identification.

7. **Point of contact:** Epidemiology Division, 643-7808/7622, e-mail: [epidept@oki10.med.navy.mil](mailto:epidept@oki10.med.navy.mil)

Rank/Name of Interviewer: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone No.: \_\_\_\_\_