

Reproductive and Sexual Health



Webinar:

Prevention Services for the STI Patient

15 May 2019

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

ANNOUNCEMENTS

- All participants must register for the Monthly Disease Surveillance Trainings in order for us to provide CMEs/CNEs:
 1. Log-on or Request log-on ID/password: <https://tiny.army.mil/r/zB8A/CME>
 2. Register at: <https://tiny.army.mil/r/dVrGO/EpiTechFY14>
- Communicate with your Service surveillance hub to ensure you get information on future trainings and past recordings: POC info in chat box
- Confirm attendance for today's training:
 - Enter your name/service into chat box or email your Service hub
 - You will receive a confirmation email within the next 48 hours
 - If you do not receive this email, please contact us
- Please put your phones on mute when not speaking. Press *6 to mute/unmute your phone if you don't have a mute button.



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Learning Objectives

- State the standard of care for the treatment, testing, vaccination, counseling and partner services for the STI patient
- List the sources of training and support documents for conducting STI patient prevention services
- Identify the concepts and steps in conducting sexual risk reduction counseling and sexual partner referral services.

STI = Sexually Transmitted Infection



Standards of Care – STI Case Management

- Prevention Counseling
- Partner Referral
- HPV Vaccination
- HAV Vaccination
- HBV Vaccination
- HIV Pre and Post Exposure Prophylaxis
- HIV test: all STIs plus annual (at least) for MSM
- Follow-up testing for GC, Ct, Trichomoniasis
- Case Reporting: DRSi; Local

[CDC 2015 Sexually Transmitted Diseases Treatment Guidelines; http://www.cdc.gov/std/tg2015/default.htm](http://www.cdc.gov/std/tg2015/default.htm)

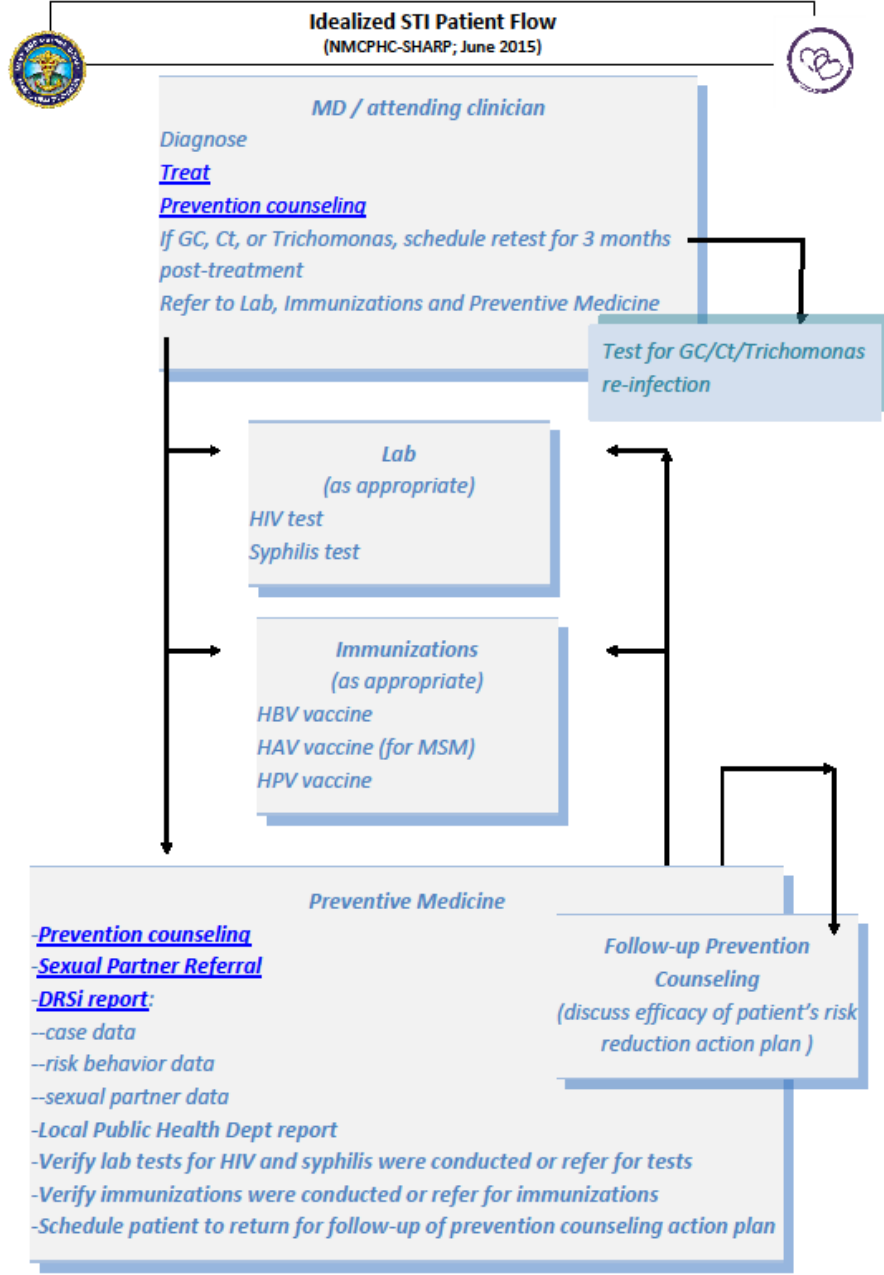


Note about HIV case management...

HIV cases are generally managed differently than other STIs in military medicine. Sailors and Marines that test positive for HIV are contacted directly by a central office (Navy Bloodborne Infection Management Center) and they are referred to one of 3 military medical centers (Balboa-San Diego; Portsmouth; WRNMMC) which provides the services covered in this briefing. Similarly, Airmen are referred to San Antonio Military Medical Center for these services. Soldiers may be managed at their local Army hospital.



STI Patient Management



DoD Requirements

- **Navy SECNAVINST 5300.30 – HIV, HBV and HCV**
 - <http://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05300%20Manpower%20Personnel%20Support/5300.30E.pdf>
- **Navy BUMEDINST 6222.10 – Management and Prevention of STIs**
 - <http://www.med.navy.mil/directives/ExternalDirectives/6222.10C.pdf>
- **Army Pamphlet 40-11 – Preventive Medicine**
 - http://armypubs.army.mil/epubs/pdf/p40_11.pdf
- **Army Regulation 600-110 - HIV**
 - http://www.apd.army.mil/pdffiles/r600_110.pdf
- **Air Force Instruction 48-105 – Surv., prevention, and control of diseases and conditions of PH or Mil significance**
 - http://static.e-publishing.af.mil/production/1/af_ja/publication/afi48-105/afi48-105.pdf
- **Air Force Instruction 44-178 – HIV**
 - https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-178/afi44-178.pdf
- **Coast Guard COMDTINST M6000.1**
 - <http://www.uscg.mil/health/cg1121/docs/pdf/cim6000.1e.pdf>
- **Coast Guard COMDTINST 6230.9 – HIV**
 - http://www.uscg.mil/directives/cim/6000-6999/CIM_6230_9.PDF



Prevention Counseling



Project RESPECT

- USPSTF recommends “intensive behavioral counseling” for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
- “RESPECT” recommended by CDC STD Treatment Guideline for “intensive behavioral counseling”
- Efficacy of Risk-Reduction Counseling to Prevent Human Immunodeficiency Virus and Sexually Transmitted Diseases: A Randomized Controlled Trial (JAMA 1998;280:1161-1167)
 - Compared 2 interactive HIV/STD counseling interventions with didactic prevention messages typical of current practice
 - Multicenter randomized controlled trial with participants assigned to 1 of 3 individual face-to-face interventions
 - Five public STD clinics (Baltimore, Denver, Long Beach, Newark, San Francisco,) Jul 93 – Sep 96
 - 5758 heterosexual, HIV-negative STD patients aged 14 years or older
 - Arm 1 = 4 interactive theory-based sessions. Arm 2 = 2 sessions. Arms 3 and 4 each = 2 brief didactic messages typical of current care. Follow-up at 3, 6, 9, and 12 months and STD tests at 6 and 12 months
 - Through 12-months, 20% fewer participants in each counseling intervention had new STDs compared with those in the didactic arm (P =.008). STD incidence was lower in the counseling intervention arms than in the didactic arm.
 - Conclusions: Short counseling interventions using personalized risk reduction plans can increase condom use and prevent new STDs. Effective counseling can be conducted even in busy public clinics



Definition

HIV-STD Prevention Counseling is:

a client-centered exchange designed to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV and other STDs.



Counseling Concepts

Focus on Feelings

Manage Your Own Discomfort

Set Boundaries



Basic Counseling Skills

Open-ended questions

Attending

Offer options, not directives

Giving information simply



The Six Steps

- 1. Introduce and orient a client to session**
- 2. Identify risk behaviors and circumstances**
- 3. Identify safer goal behaviors**
- 4. Develop client action plan**
- 5. Make referrals and provide support**
- 6. Summarize and close**



**Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program
(SHARP)**
www.nehc.med.navy.mil/hp/sharp
(757) 953-0974 [DSN 377]

HIV-STD Prevention Counseling Desktop Assistant

HIV-STD Prevention Counseling

Client-centered exchange designed to support people in making behavior changes that will reduce their risk of acquiring or transmitting HIV/STD

6 Steps of HIV-STD Prevention Counseling and some suggested open-ended questions

1. Introduce and Orient

- names
- duration of session
- purpose:
"We are here to talk about your risk of acquiring HIV or other STDs and ways you might be able to reduce that risk"

Risk Behavior

sex or drug-use behaviors that in of themselves can result in the transmission of HIV or other STD

2. Identify Risk Behaviors

"What are you doing in your life that might put you at risk of getting HIV and other STDs?"
"Tell me more about that"
"What were the circumstances?"

"Do you give/receive oral, anal, vaginal sex?"

"What are your experiences with drugs / alcohol?"

"How has your use of drugs / alcohol influenced your sexual behavior and your use of condoms and other safer behaviors?"

In the past 12 months...Sex with:

- male?
- female?
- anonymous partner?
- injection drug user?
- while intoxicated or high?
- exchanged money/drugs for sex
- sex without a condom?
- (female only) sex with MSM?

3. Identify Safer Goal Behaviors

How do you feel about getting this infection / getting an infection in the future?

How do you think this infection might affect your life / career / plans?

What have you done to protect yourself from infection in the past?

What do you think you could do to protect yourself in the future?

- ⇒ Support positive statements
- ⇒ Clear-up misconceptions
- ⇒ Offer other options / safer behaviors

MSM Risk Index²⁵

- 1 How old are you today? If <18 years, score 0
If 18-28 years, score 8
If 29-40 years, score 5

Safer Goal Behaviors

- A - Abstain from sex or delay sex or Outer-course vs. Intercourse
- B - Be Faithful / Monogamy
- C - Condoms / Contraception
- D - Decrease # of partners
- E - Evade "high-risk" people / positions
- P - PrEP and PEP
- V - Vaccination

Do not share needles or "works"

Note: Use of drugs or alcohol can affect sexual behavior because of reduced inhibitions and clouded judgment.

4. Action Plan

What do you see as the advantages of doing [each safer goal behavior]?
⇒ Support positive statements

What do you see as the disadvantages of doing [each safer goal behavior]?
⇒ Offer ways to make this a positive

How will you do [the safer goal behavior]?

How will things be better?
⇒ Support positive statements

What about [the safer goal behavior] will be difficult for you?

5. Make Effective Referrals

"Would you like me to help you see someone about [the referral issue]?"

"How would you feel about coming back in a month to discuss your progress?"

6. Summary and Close

"Will you do [the safer goal behavior]?"
"Do you feel better able now to [do the safer goal behavior]?"

score 2	_____
score 0	_____
score 7	_____
score 4	_____
score 0	_____
score 10	_____
score 8	_____
score 4	_____
score 0	_____
score 6	_____
TOTAL SCORE*	

in right column
score



MSM Risk Index²⁵

1	How old are you today?	If <18 years, score 0 If 18-28 years, score 8 If 29-40 years, score 5 If 41-48 years, score 2 If 49 years or more, score 0	_____
2	In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7 If 6-10 male partners, score 4 If 0-5 male partners, score 0	_____
3	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	If 1 or more times, score 10 If 0 times, score 0	_____
4	In the last 6 months, how many of your male sex partners were HIV-positive?	If >1 positive partner, score 8 If 1 positive partner, score 4 If <1 positive partner, score 0	_____
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV-positive?	If 5 or more times, score 6 If 0 times, score 0	_____
6	In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, score 6 If no, score 0	_____
Add down entries in right column to calculate total score			TOTAL SCORE*

* If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP.
If score is below 10, provide indicated standard HIV prevention services.



Sexual Partner Services



Evidence of Effectiveness

- **Partner Notification** - In 2010, IOM Committee on HIV Screening and Access to Care, in HIV Screening and Access to Care: *Exploring Barriers and Facilitators to Expanded HIV Testing* found:
 - “Partner notification has been found to be effective for identification of persons with previously undiagnosed HIV infection. Partner notification is a key component of partner services that involves confidential notification of the sexual and needle sharing partners of HIV infected individuals of possible exposure. A systematic review of studies conducted among a variety of populations for **the Task Force on Community Preventive Services** showed that between 14 and 26 percent of tested partners of individuals with HIV were found to have undiagnosed HIV . Based on these findings, the Task Force currently classifies the evidence as sufficient to recommend provider referral partner notification. Partner services, including partner notification, also have the benefit of providing an opportunity to reach persons who are HIV-negative but who are at very high risk for HIV to make them aware of their risk and offer prevention services.”
- **Expedited Partner Therapy** – “Both clinical and behavioral outcomes of the available studies indicate that EPT is a useful option to facilitate partner management among heterosexual men and women with chlamydial infection or gonorrhea. The evidence indicates that EPT should be available to clinicians as an option for partner management, although ongoing evaluation will be needed to define when and how EPT can be best utilized. EPT represents an additional strategy for partner management that does not replace other strategies, such as standard patient referral or provider-assisted referral, when available.” Source: <http://www.cdc.gov/std/treatment/eptfinalreport2006.pdf>



Purpose of Partner Services

prevention activity to help partners:

- avoid infection if not infected
- prevent transmission to others (including reinfection of the index client) if infected
- gain access to counseling, testing, treatment and other services



Process of Partner Services

- work with infected patients to:
 - identify sex and/or needle-sharing partners
 - locate partners
 - notify partners that they have been exposed
 - offer counseling, testing, treatment and referrals.



Concepts

- Always conducted in conjunction with risk-reduction counseling
- Voluntary
- Must Protect Confidentiality
- On-Going



Which Partners to Notify?

- Within Contract Tracing Window
- “Named” partners. Plus:
 - Cluster contacts (1 Syphilis only)
 - HIV spouse
 - “Duty to warn” partner
- Partners of patients - not partners of partners
- Reliable/high quality data
- Policy of target jurisdiction

Diagram from The American Journal of Medicine Volume 76, Issue 3, March 1984, Pages 487-492; Cluster of cases of the acquired immune deficiency syndrome: Patients linked by sexual contact
<https://www.nlm.nih.gov/exhibition/survivingandthriving/education/documents/OB3300-Darrow-Article.pdf>

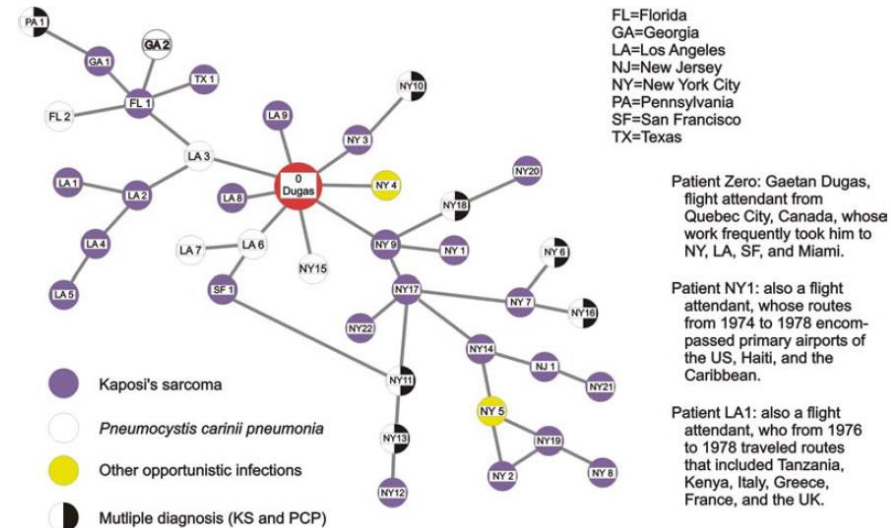


Table 1 - Interview Periods

based on
 CDC STD Treatment Guidelines 2010; MMWR 59; RR-12
 CDC Partner Services Guide 2008; MMWR 57; 30 Oct 2008
 CDC Partner Counseling and Referral Services Trainers Manual, 2002, page T4-17,18
 SECNAVINST 5300.30E, *Management of HIV in the Navy and Marine Corps*, Aug 2012

Chancroid	10 days preceding onset
Chlamydia	60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if >60 days
Genital Herpes	current sex partners can benefit from evaluation and counseling
Gonorrhea	60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if >60 days
Granuloma Inguinale	60 days
Hepatitis B, acute	Vaccinate partners if within 14 days after the sexual exposure. The interval during which post-sexual-exposure prophylactic vaccination is effective is unlikely to exceed 14 days.
Hepatitis B, chronic	No contact time period specified. Minimally, current sexual partners, needle-sharing partners and non-sexual household contacts should be offered hepatitis B vaccine.
Hepatitis C	Patient should discuss the low but present risk of sexual transmission with their partners and discuss the need for counseling and testing.
HIV	1 or 2 years before date of first positive HIV test through date of interview; might be mitigated by evidence of recent infection or availability of verified previous negative test results. Spouses: SECNAVINST 5300.30E requires that spouses of HIV positive reserve component members be provided notification, counseling, and testing.
Human Papillomavirus (genital warts)	Patients with genital warts should inform current sex partners because the warts can be transmitted to other partners.
PID	60 days or most recent partner if >60 days
Pubic lice	one month
Lymphogranuloma Venereum	60 days
Nongonococcal Urethritis	60 days
Scabies	one month
Syphilis, primary	3 months plus duration of symptoms
Syphilis, secondary	6 months plus duration of symptoms
Syphilis, early latent	1 year before start of treatment
Trichomoniasis	"sex partners should be treated"



High Priority Partners

CDC recommends these partners be placed at the **highest priority for notification** of exposure to HIV:

- Partners who have been exposed within the past 72 hours and might be candidates for non-occupational post-exposure prophylaxis (PEP).
- Partners who are more likely to have become infected with HIV:
 - Partners of index patients who are known to have a high HIV viral load.
 - Partners of index patients who are known to have acute HIV infection.
 - Partners of index patients who had another STI at the time of exposure or partners who might have had another STI themselves at that time.
- Partners who, if infected, are more likely to transmit HIV to others include partners whose earliest known exposure has been within the past 3 months. Studies suggest that the incubation period for HIV infection (time from infection to acute retroviral syndrome) ranges from 5 to 75 days, that serum viral load is likely to be highest in the month after infection, and that viral load in seminal and cervico-vaginal fluid is likely to be highest in the first 2 months after infection. Therefore, partners who are likely to have been infected within the previous 3 months might be more likely to spread HIV to others.



Partner Services: Options

- Client Referral
- Provider Referral (Preventive Med or Public Health)
 - Third Party Referral (clinician)
- Contract Referral
- Dual Referral
- Other Options:
 - Internet PS : grindr, adam-4-adam, manhunt
 - INSPOT (<http://www.inspot.org>)
 - Expedited Partner Therapy

WHEN EPT IS NOT APPROPRIATE

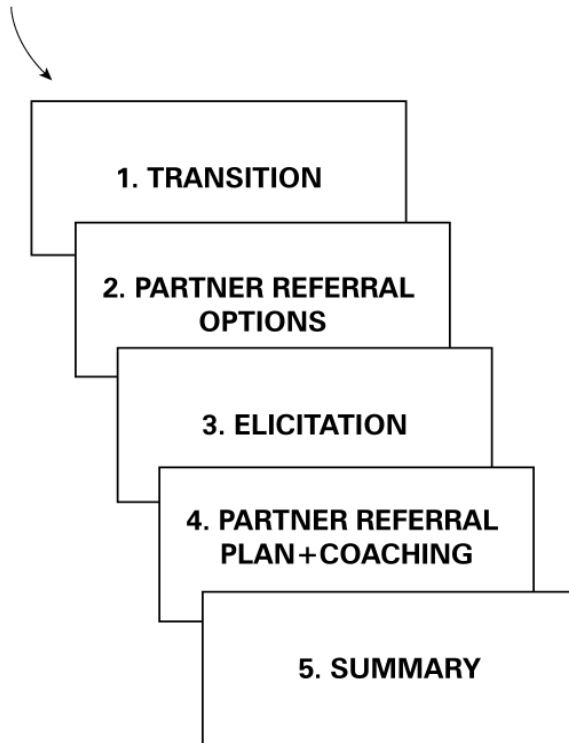
- In cases of suspected sexual assault or abuse; or a situation in which the patient's safety is in doubt.
- For patients co-infected with STIs not covered by EPT medication.
- Providers should assess the partner's symptom status, particularly symptoms indicative of a complicated infection. Partners who have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men, or fever in women or men) are not appropriate candidates for EPT.
- For partners with known severe allergies to antibiotics.
- For men that have sex with men.



CDC's (old) 11-STEP MODEL

Working with the HIV-infected Client

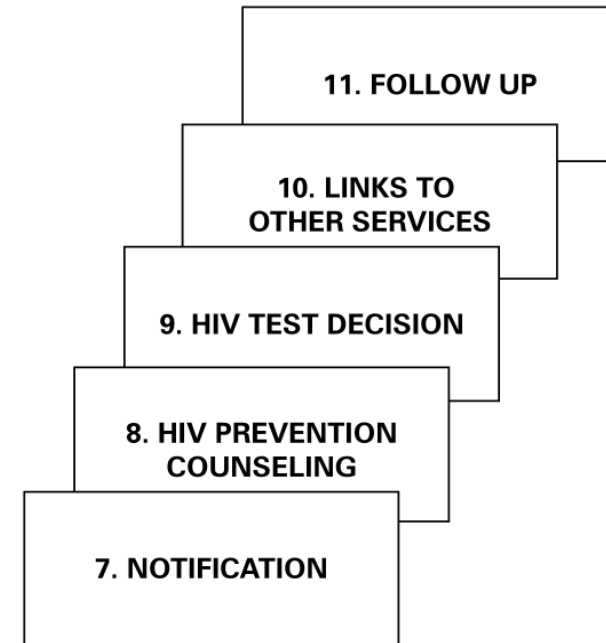
CLIENT TESTS POSITIVE



Locating Partners



Working with Partners





Navy and Marine Corps Public Health Center; Sexual Health and Responsibility Program (SHARP); www-nehc.med.navy.mil/hp/sharp
Sexual Partner Services – Desktop Assistant



NOTE: THIS IS NOT AN OFFICIAL NAVY FORM. IT IS FOR INSTRUCTIONAL PURPOSES ONLY

Partners of case# _____ Case diagnosis _____ Date of Diagnosis _____ Date this form initiated: _____

Partner Info	Date of last contact and place	Within tracing period?	Exposure type	DoD healthcare eligible?	Notification option selected	Identifying, locating, and "contract" info	Disposition
<u>Name:</u> <u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused <u>Gender:</u>	<u>Date:</u> <u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____	Yes No	Sex Needle-sharing both	Yes No	Provider Client Dual Contract Other:		Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____
<u>Name:</u> <u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused <u>Gender:</u>	<u>Date:</u> <u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____	Yes No	Sex Needle-sharing both	Yes No	Provider Client Dual Contract		Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____

Disposition Codes:

A-preventive treatment B-refused preventive treatment C-infected and brought to treatment D-Infected-not treated E-previously treated for this infection
 F-not infected G-insufficient info to begin investigation H-unable to locate J-located and refused exam and treatment K-out of jurisdiction L-other



CDC Partner Referral Form

Last Name				First (& Nickname)				Ix Only FR: Yes <input type="checkbox"/> No <input type="checkbox"/>			Disease 1		
Address (Street)				City, State, & Zip Code				Telephone Number		Referral Basis:		Disease 2	
Age/D.O.B. / /				Race AI/AN A B NH/PI W U R				Hispanic Y N U R		Partner <input type="checkbox"/>		Disease 1	
Gender M F MTF FTM U R				Marital Status S M Sep D W C U R				Pregnant? W K N U		900 Case Status: <input type="checkbox"/>		Disease 2	
Internet Alias/E-mail Address				Internet Site/System				Original Patient ID Number:		Exposure: First Freq Last		Disease 2	
Height		Size/Build		Hair		Complexion		Date Test Result Provider		Disease 2			
Place of Employment/Hours/Phone								Date Drugs Dosage Provider		Disease 2			
Other Identifying, Locating, or Medical Information								Date Drugs Dosage Provider		Disease 2			
FR Number		OOI No.		OOI Area		Due Date / /		Initiating Agency		Invest. Agency		Clinic Code	
												Internet Outcome: <input type="checkbox"/>	
												Post-test Counselled: <input type="checkbox"/>	
												Yes/No <input type="checkbox"/>	



USAF STI Case Template

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION
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SEXUALLY TRANSMITTED INFECTION (STI) CASE MANAGEMENT

Reliability Program: PRP; PSD; AUOF Flying Status: Yes; No

S Date: _____; _____ year old patient presents for STI contact interview & counseling upon PCM referral.
Confirmed test for: Chlamydia; Gonorrhea; Syphilis (RPR); HBsAg; Other: _____
Date tested: _____; date positive test: _____; ordering PCM: _____

O 1. Patient status: Service Member (AD / Guard / Reserve); Retiree; Dependent
Pregnant: Yes; No; N/A

2. Initial lab work ordered: (check all that apply)
 Chlamydia: Pos; Neg; Pending; Gonorrhea: Pos; Neg; Pending;
 RPR: Pos; Neg; Pending; Hep Panel; HIV; Other: _____

3. Signs / symptoms: Date of onset: _____
 Asymptomatic; Symptomatic; if yes, symptoms: _____

4. Vaccination status:
HPV: Vaccinated; Not vaccinated
HBV: Vaccinated; Positive titer; Not vaccinated Non-responder

A 5. CDC STD Treatment Guidelines used:
Medication: _____; dosage / duration: _____ / _____; date treated: _____
Medication: _____; dosage / duration: _____ / _____; date treated: _____
Alternative used (if applicable): _____

6. Assess Risk of Acquiring HIV: Review risk behaviors with patient, then assess/annotate risk below by checking all applicable statements.
(Patient is considered at high risk of acquiring HIV if at least one of the following are marked)

<input type="checkbox"/> Heterosexual:	<input type="checkbox"/> MSM:
Is a man who has sex with both women and men?	Any anal sex without condoms (receptive or insertive) in the past 6 months
Has had sex with an HIV-positive partner	Has had sex with an HIV-positive partner
Is in a long term sexual relationship with an HIV-positive partner	Is in a long term sexual relationship with an HIV-positive male partner

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NUMBER	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID NUMBER or SSN; Gender; Date of Birth; Rank/Grade) REGISTER NUMBER _____ WARD _____

USAFSAM/PHD - ver 08/16

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION
	Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection. (injection drug user or bisexual male partner) Any STI diagnosed or reported in past 6 months.
HIV Risk Factors:	
Low Risk: No risk factors.	
High Risk: One or more risk factors. Discuss annual HIV screening IAW CDC recommendation.	

P/P 7. Patient educated on: (check all that apply)

<input type="checkbox"/> Disease transmission	<input type="checkbox"/> Signs and symptoms
<input type="checkbox"/> Importance of completing medication	<input type="checkbox"/> Prevention measures
<input type="checkbox"/> Return to PCM if medication is not tolerated	<input type="checkbox"/> Breaking the chain of infection
<input type="checkbox"/> Abstinence from sexual contact for 7 days after treatment	<input type="checkbox"/> Hazards to a fetus (if applicable)
<input type="checkbox"/> Contacting sexual partners: <input type="checkbox"/> Patient; <input type="checkbox"/> PH; <input type="checkbox"/> Local Health Department	

8. Follow-up testing recommended? (IAW CDC Treatment Guidelines) Yes; No
(If pregnant: Test-of-cure: 3-4 weeks after treatment & retest: 3 months)
If yes, when: _____; and what: _____

9. Does patient have a planned PCS/TDY, separation, or retirement within 90 days? Yes; No
If yes, when: _____; and where to: _____

10. For non-service member patient with a recommended HIV follow-up:
 Received patient's consent; Patient does not consent.

11. Additional recommendations for unvaccinated patients or incomplete vaccine series: (check all that apply)

<input type="checkbox"/> HPV vaccine series (ACIP: females through 26 yrs, males through 21 yrs; MSM through 26 yrs).
<input type="checkbox"/> HBV vaccine series.
<input type="checkbox"/> HAV vaccine series (ACIP: MSM; users of injection and noninjection illicit drugs).
<input type="checkbox"/> Patient directed to Immunization Clinic.
<input type="checkbox"/> Patient declined recommendation.

12. Other comments: _____

Public Health Technician Signature _____

ADMINISTRATIVE USE ONLY: (check all that apply)
 Reported to State/Local Health Department. Date: _____ Input into AFDRSI. Date: _____
 Patient entered into ASIMS for follow-up tracking. Date: _____
 Reported info to gaining base MTF PH office. Date: _____
 Contact interview conducted. Date: _____ No, reason: _____



USAF ASIMS

- AF PH can use the ASIMS Patient Management Module for STI tracking purposes or use a log similar as the one on the previous slide.
- Some of the things ASIMS tracks are: date of positive labs, STI and HIV follow up tests ordered, STD follow-up appointments, whether or not the patient was treated and with what antibiotic, HPV/HBV vaccination offered, whether case was entered into AFDRSi, and whether case was reported to the state.
- AF PH is ***not*** responsible for follow-up tests such as 3 month GC and HIV tests or a 6 month syphilis test. Follow up testing is the responsibility of MTF Medical and Dental providers IAW AFI 48-105 1.8.9, which states that providers “screen, treat, and ***follow-up*** personnel with communicable infections IAW AF, DoD, CDC and the US Preventive Services Task Force recommendations.”

ASIMS - Patient Management
Minot AFB - User: [REDACTED]

Patient Management

Sponsor SSAN	SSAN	Last Name	First Name	MI	Suffix	Sex
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Female
Street Address	City	State	Zipcode	Phone		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
Status	Service	Unit	DOB	Age		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
PCM		PCE				
[REDACTED]		[REDACTED]				

Follow-up Provider (optional):
[REDACTED]

CASE

Add	Case	Report Date	Status	SF600
Edit	Chlamydia	03/08/2019	Open	Animal Bite
				STD
				TB Initial
				TB Monthly
				TB Close

FOLLOW-UP

	Item	Next Due	Completed	Notes
Edit	Chlamydia	06/08/2019	-	90 day f/u
Edit	HIV	06/08/2019	-	90 day f/u
Edit	PH Interview	03/08/2019	03/12/2019	



Interview Record

Patient ID: [] Condition(s): [] Case ID: [] Lot #: [] Interview Record ID: []

900 Site Type: [] 900 Site Zip Code: [] 900 Agency ID: []

Neurological Involvement? C F N U

Name			Phone/Contact		
Last Name	First Name	Middle Name	Home Phone		
Preferred Name / ASA			Work Phone		
Address			Cellular Phone		
Residence Street (Apt #) City			Pager		
State	Zip	County District Country	E-Mail Address(es)		
Living With	Residence Type	Emergency Contact Name			
Time At Address	Time In State	Time In Country	Emergency Contact Phone		
Currently Institutionalized?	Name of Institution	Institution Type	Emergency Contact Relationship		

Demographics

Date of Birth: / / Sex at Birth: M F Current Gender: M F MTF FTM U R If additional Gender, Specify: _____ English Speaking? Y N U

Age: [] Months: S M Sep D W C U R Race: A J I A S N H P I W U R Hispanic/Latino? Y N U R Primary Language: _____

Pregnancy

Pregnant at Exam? Y N U R # Weeks: [] Pregnant at Interview? Y N U R # Weeks: [] Currently in Prenatal Care? Y N U R Pregnant in Last 12 Mos? Y N U R Pregnancy Outcome: D S M A

Condition 1 Reporting Information				Condition 2 Reporting Information			
Method of Case Detection: <input type="checkbox"/> OP Condition: [] <input type="checkbox"/> Other: []		Method of Case Detection: <input type="checkbox"/> OP Condition: [] <input type="checkbox"/> Other: []		Method of Case Detection: <input type="checkbox"/> OP Condition: [] <input type="checkbox"/> Other: []		Method of Case Detection: <input type="checkbox"/> OP Condition: [] <input type="checkbox"/> Other: []	
Facility First Tested: [] If Other, Describe: _____ Laboratory Report Date: []		Facility First Tested: [] If Other, Describe: _____ Laboratory Report Date: []		Facility First Tested: [] If Other, Describe: _____ Laboratory Report Date: []		Facility First Tested: [] If Other, Describe: _____ Laboratory Report Date: []	
Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R If not, why not? _____ If Other, Describe: _____ Interview Period (mos): []		Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R If not, why not? _____ If Other, Describe: _____ Interview Period (mos): []		Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R If not, why not? _____ If Other, Describe: _____ Interview Period (mos): []		Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R If not, why not? _____ If Other, Describe: _____ Interview Period (mos): []	
Date First Assigned for Interview: [] DIS #: [] Date Reassigned for Interview: [] DIS #: []		Date First Assigned for Interview: [] DIS #: [] Date Reassigned for Interview: [] DIS #: []		Date First Assigned for Interview: [] DIS #: [] Date Reassigned for Interview: [] DIS #: []		Date First Assigned for Interview: [] DIS #: [] Date Reassigned for Interview: [] DIS #: []	
Date Original Interview: [] DIS #: [] Date First Re-interview: [] DIS #: []		Date Original Interview: [] DIS #: [] Date First Re-interview: [] DIS #: []		Date Original Interview: [] DIS #: [] Date First Re-interview: [] DIS #: []		Date Original Interview: [] DIS #: [] Date First Re-interview: [] DIS #: []	
Date Case Closed: [] DIS #: [] Supervisor #: []		Date Case Closed: [] DIS #: [] Supervisor #: []		Date Case Closed: [] DIS #: [] Supervisor #: []		Date Case Closed: [] DIS #: [] Supervisor #: []	
Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location: _____		Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location: _____		Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location: _____		Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location: _____	

F-101

Page 2

Case ID: []

RISK FACTORS

Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex) D-Yes, Oral Sex Only U-Unspecified Type of Sex
N-No R-Refused to Answer D-Did Not Ask

Within the past 12 months has the patient:

1. Had sex with a male?	<input type="checkbox"/>	6. Had sex while intoxicated and/or high on drugs?	<input type="checkbox"/>
2. Had sex with a female?	<input type="checkbox"/>	7. Exchanged drugs/money for sex?	<input type="checkbox"/>
3. Had sex with a transgender person?	<input type="checkbox"/>	8. [Females only] Had sex with a person who is known to her to be an MSM?	<input type="checkbox"/>
4. Had sex with an anonymous partner?	<input type="checkbox"/>	9. Had sex with a person known to him/her to be an IDU?	<input type="checkbox"/>
5. Had sex without using a condom?	<input type="checkbox"/>		

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

Within the past 12 months has the patient:

10. Been incarcerated?	<input type="checkbox"/>	13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)	
11. Engaged in injection drug use?	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Methamphetamines
12. Shared injection drug equipment?	<input type="checkbox"/>	<input type="checkbox"/> Crack	<input type="checkbox"/> Nitrites/Poppers
		<input type="checkbox"/> Cocaine	<input type="checkbox"/> Erectile dysfunction medications (e.g., Viagra)
		<input type="checkbox"/> Heroin	<input type="checkbox"/> Other, specify: _____

14. Other Risk, Specify: _____

Social History

Places Met Partners Type Name	Places Had Sex Type Name	Partners in Last 12 Months		
		Female: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Male: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transgender: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Interview Period Partners		
		Condition 1		Condition 2
		Female: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Female: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Female: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Male: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Male: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Male: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Transgender: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transgender: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transgender: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional Social History Comments: _____

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



Sample STI Case tracking log.

NMCPHC/SHARP - STI Tracking Worksheet - Sample (version 9 Nov 2018)

ALL positive lab results of Chlamydia, Gonorrhea or Syphilis in this AOR: Case ID: YWV-no-1st letter last name; last-4 (i.e. 2018-01-N1234)		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Date of diagnosis		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Date of positive initial lab(s)		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient notified of diagnosis by clinician or (if authorized) PMD		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient treated		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient treated IAW CDC Guideline		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient counseled regarding risk reduction by clinician or PMD		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient offered sexual partner referral services by clinician or PMD		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Sexual partners exposed to Gonorrhea, Chlamydia or Syphilis, who reside in this AOR, for whom Provider Referral was selected were notified by clinician or PMD		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
For sexual partners exposed to Gonorrhea, Chlamydia or Syphilis who reside outside this AOR, for whom Provider Referral was selected, public health authorities were notified by clinician or PMD		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
HIV test ordered		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Syphilis test ordered for patients treated for Gonorrhea or Chlamydia		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
HPV vaccine offered		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patients diagnosed with Gonorrhea, Chlamydia or Syphilis are confirmed previously vaccinated or previously confirmed immune to HBV - or HIV Vaccine series started now (note: active duty = assumed immune or vaccinated in boot camp)		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
MSM Patients diagnosed with Gonorrhea, Chlamydia or Syphilis are confirmed previously vaccinated or previously confirmed immune to HAV - or HAV Vaccine series started now (note: active duty = assumed immune or vaccinated in boot camp)		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
For patients diagnosed with Gonorrhea, Chlamydia or Syphilis, case data was entered into DRSI		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Risk and partner data was entered into DRSI and case record was "certified complete"		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:
Patient was informed of recommended retesting; and retesting was scheduled for 90 days post-treatment for Chlamydia, Gonorrhea or Trichomoniasis (3-4 weeks post-treatment for pregnant patients and again 3 months post treatment) or 6 months and 12 months post-treatment for syphilis.		active; reserve guard; family; other	date:	lab(s):	Circle: Clinician or PMD	yes; no	date:	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	Circle: Clinician or PMD	date:	date:	yes; no; N/A	date:	date:	date:	date:	date due retest:

Optional Navy DRSi-STI Case Data Worksheet



Navy and Marine Corps Public Health Center; Sexual Health and Responsibility Program (SHARP)

DRSi STI Case Data Collection Worksheet

(version: August 2016)

**NOTE: THIS IS NOT AN OFFICIAL NAVY FORM. FOR INSTRUCTIONAL PURPOSES ONLY;
OFFICIAL DATA ARE ENTERED INTO THE DEFENSE REPORTABLE SURVEILLANCE SYSYEM – INTERNET (DRSi)**

Case# _____ Date this form initiated: _____

SSAN
FMP
First name
MI
Lastname
Race
Service
Duty status
Rank
Permanent duty station
Diagnosis
Date of Onset
Diagnosis
Method of confirmation
Case status : confirmed ; probable ; suspect
Date of confirmation or probable/suspect report
Syphilis: RPR or VDRL positive; pending; negative
Syphilis: FTA-ABS or MHA-TP positive; pending; negative
Syphilis: Demonstration of T. pallidum: positive; pending; negative
Syphilis: Other labs:
Syphilis stage: primary; secondary; early latent; late latent; tertiary; congenital
Syphilis Case Comment Box – Optional Entries / helpful information regarding syphilis stage
one or more chancres (ulcers / primary chancre)?
localized or diffuse mucocutaneous lesions (with or without generalized lymphadenopathy or primary chancre)?
no syphilis signs or symptoms?
cardiac, neurologic, ophthalmic, auditory conditions or gummatous lesions:
evidence of seroconversion during the past 12 months?
evidence of 4-fold increase in RPR or VDRL titer during the past 12 Months?
symptoms of primary or secondary syphilis within the past year?
had a sexual partner with primary, secondary or early latent syphilis with past 12 months?



Draft Navy Prev Med STI Management Scoresheet

DRAFT - Navy Prev Med STI Case Management Score Sheet - Revised 20 Oct 2015
Navy and Marine Corps Public Health Center - Sexual Health and Responsibility Program (SHARP)

Criteria	value	My numbers	My positive scores	My negative scores
1. Number of positive laboratory results for chlamydia, gonorrhea or primary/secondary syphilis on specimens collected in the medical facilities you support		10		
Treatment; Testing; Vaccination				
1b. Number treated	10 points per every 10% of pos labs (e.g. 10 pos labs with 1 case treated = 10 points)	10	100	
1c. Number treated IAW the CDC treatment guidelines	1 point per every 10% of cases treated (e.g. 10 cases treated with 5 case treated IAW CDDC Guide = 5 point)	5	5	
1d. Number tested for HIV at the time of treatment	1 point per every 10% of cases treated (e.g. 10 cases treated with 5 tested for HIV = 5 point)	5	5	
1e. Number scheduled for appropriate post-treatment testing (3 months for GC and Ct; 6 and 12 months for primary/secondary syphilis)	1 point per every 10% of cases treated (e.g. 10 cases treated with 5 tested for HIV = 5 point)	5	5	
Reporting				
2a. Number reported in DRSI	1 point per every 10% of treated cases (e.g. 10 treated cases with 5 reported in DRSI = 50% reported = 5 points)	5	5	
2b. Number reported to local public health	1 point per every 10% of treated cases (e.g. 10 treated cases with 5 reported to locals = 50% reported = 5 points)	5	5	
Counseling				
3a. Number interviewed/educated by Prev Med in person on the day of diagnosis/treatment	3 points per every 10% of treated cases (e.g. 10 treated cases with 5 interviewed same day = 15 points)	5	15	
3b. Number interviewed/educated by Prev Med in person or by phone on days 2-7 following diagnosis/treatment	2 points per every 10% of treated cases (e.g. 10 treated cases with 5 interviewed same day = 10 points)	5	10	
3d. Number interviewed/educated by Prev Med in person or by phone after day 7 following diagnosis/treatment	1 points per every 10% of treated cases (e.g. 10 treated cases with 5 interviewed same day = 5 points)	5	5	
3c. Number not interviewed or educated by Prev Med	minus 10 points for each 10% of treated cases that were not interviewed	1		10.00
Partner Services				
4a. Number of STI cases interviewed who named at least 1 identifiable sexual partner for which Provider Notification was selected by the patient		10		
4b. Total number of named sexual partners for which Provider Notification was selected by the patient		10		



Guidance and Resources

- **Training Film: Prevention Counseling and Sexual Partner Services** (NMCPHC; 2013)
- **Recommendations for Partner Services Programs for HIV Infection, Syphilis, GC, and Chlamydia Infection.** CDC. MMWR, Vol 57. 30 Oct 08
- **Passport to Partner Services** – CDC’s Web Based and Classroom Training
- **HIV-STI Prevention: Sexual Partner Services - Guideline and Self-study Course** (NMCPHC)
- **Table of Interview Periods.** (NMCPHC) Specifies which partners of which patients should be considered for notification.
- **Sexual Partner Services Desk-top Assistant.** (NMCPHC) Summarizes the steps of the partner referral interview and prompts provider questions.
- **Fact sheet: “How do I tell my partner?”** (NMPHC)
- **Contact Notification Form** (CDC)
- **Idealized STI Patient Flow Diagram** (NMCPHC)
- **CDC HIV PrEP Clinical Practice Guidelines**
- **CDC HIV Prep Providers Supplement**
- **DHA-IPM HIV PreP**
- **DRSi**

The screenshot shows the website for the Navy and Marine Corps Public Health Center. The header includes the organization's name, tagline "PREVENTION AND PROTECTION START HERE", and navigation links for "About Us", "Ask Us", "Sign In", and "Privacy Policy". Below the header is a navigation bar with tabs for "Health Providers and Professionals" and "Service Members, Families and Retirees". A secondary navigation bar lists "Deployment Health", "Wounded, Ill and Injured", "Health Promotion and Wellness", "Chronic Condition Toolbox", and "Marines". The main content area is titled "REPRODUCTIVE AND SEXUAL HEALTH" and "PREVENTION SERVICES FOR THE STI PATIENT". The "REPRODUCTIVE AND SEXUAL HEALTH" section includes a "Key Products and Services" list with items like "Sexual Health and Responsibility Program (SHARP)", "DoN Sexual Health Indicators", "Sexual Health Resources", "Abortion Information", "Centers for Disease Control and Prevention (CDC) Guidelines", "Clinical Resources: Treatment, Testing and Screening", "Condoms", "Contraception", "Environmental Health Officers and Preventive Medicine Representatives", "Family Planning", "Gay and Bisexual Men's Health", "Healthy People 2020 Objectives", "HIV Evaluation and Treatment Units (HETU)", "HIV Prevention Resources", and "Human Papillomavirus (HPV) Prevention". The "PREVENTION SERVICES FOR THE STI PATIENT" section includes a note about assistance and two numbered sections: "1. Policies and Tools." with a list of resources like "CDC STD Treatment Guidelines 2015" and "SECNAVINST 5300.30, HIV, HBV and HCV", and "2. HIV-STI Prevention Counseling." with a note about risk reduction and a list of resources like "Prevention Counseling Desk-top Assistant" and "MSM HIV Risk Scoresheet".

<https://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/environmental-health-officers-and-preventive-medicine-representatives.aspx>

Questions, Concerns, Ideas?

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708



<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>

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