

Reproductive and Sexual Health



Webinar: Navy Preventive Medicine and Management of the STI Patient

27 April 2016

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

The views expressed in this briefing are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government

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Webinar Courtesy

- Thank you for joining us!
- To listen to the presentation, use the dial in:
 - 877-885-1087; Passcode: 1357291372#
- We ask that all participants please mute your phone lines either by pressing *6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.
- The slides and audio will be archived on the NMCPHC webpage at:
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



Learning Objectives

- STI Case Standards of Care
- Idealized STI Patient Flow / Tasks
- Preventive Medicine Department Challenges
- STI Case and Risk Behavior Reporting via DRSi
- Collaboration with Your Local Public Health Department
- STI Patient Management Resources

STI = Sexually Transmitted Infection

DRSi = Defense Reporting System Internet



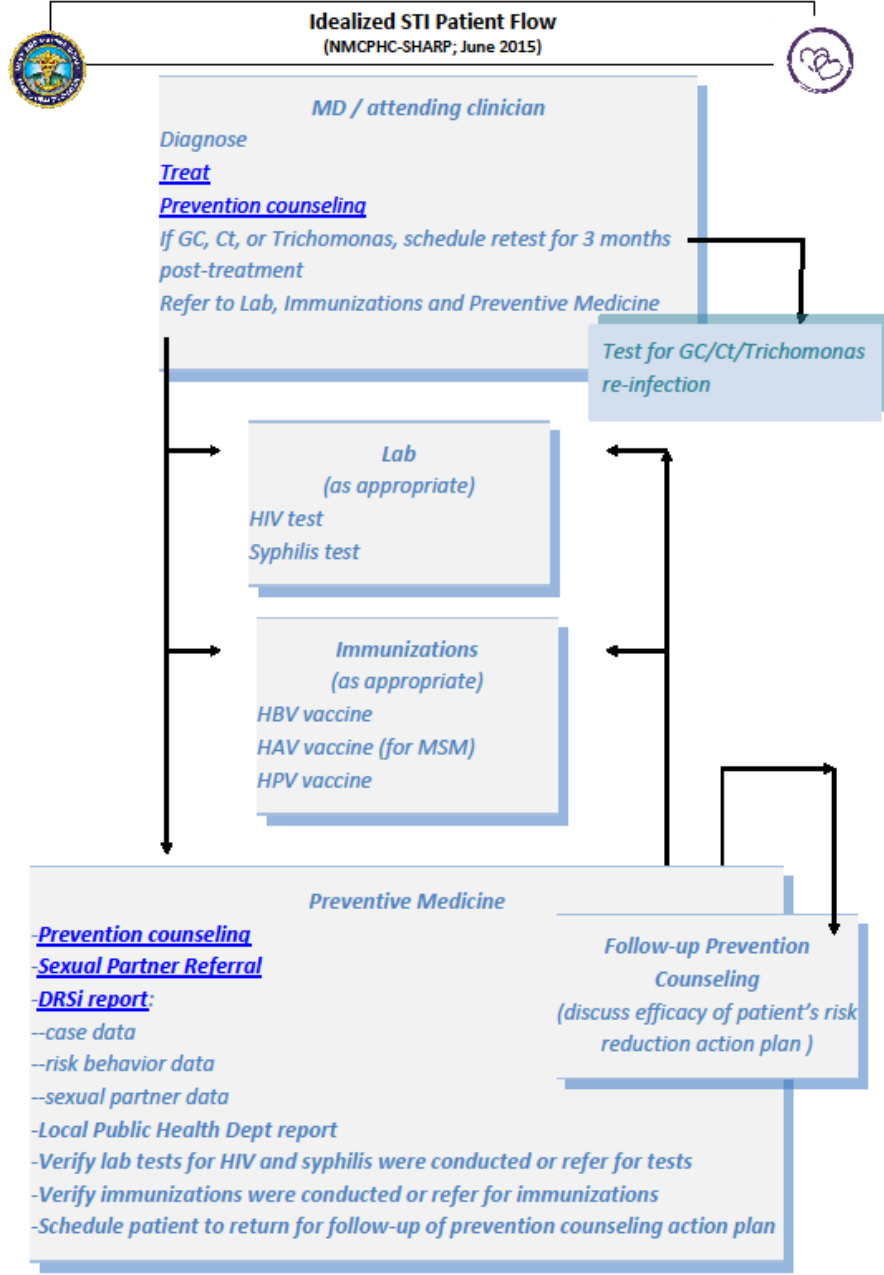
Standards of Care

- 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)



STI Patient Management





Preventive Medicine Department Challenges

- STI Case Surveillance
- STI Case Referral-to-Prev-Med Process
- STI Case Notification
- Prevention Counseling
- Partner Referral
- STI Case follow-up
- STI Case Reporting



Tracking STIs Using DRSi

  [DRSi Users Contact List](#) [Profile](#) [Help](#)

NDRSi :: Medical Events Recorder Main Page

Welcome: Asha Riegodedios

Instructions: To perform a Medical Events Recorder task, click on the appropriate task link presented below.

[Medical Event Reports](#) [Patient Management](#) [Summary Reports](#)

- [Enter/Edit Medical Event Report\(s\) by SSN](#)
Review, edit, and report new Medical Event Report(s) for a patient(sponsors and associated FMPs).
- [Enter/Edit Outbreak Report\(s\)](#)
Review, edit, and report new Outbreak Report(s).
- [Review Deleted Medical Event Report\(s\)](#)
Review Medical Event Reports that have been flagged for removal or deletion, also restore these records back into DRSi.
- [Manage STI Case\(s\)](#)
Review reported incidents of sexual transmitted infections.
- [Enter/Edit Medical Event Report\(s\) by Reporting Unit](#)
Review and edit Medical Event Report(s) based on Reporting Units.
- [Enter/Edit VAERS Case\(s\)](#)
Enter, edit, and report new Vaccine Adverse Event (VAERS).
- [Review Case-Findings by Reporting Unit](#)
Analyze available Case-Finding data and report new Event Report as necessary.
- [Manage Health Department Print](#)
Print Health Department MER Case(s)



Sponsor's Demographic

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
797552	999999999	20	Jane	Doe	V	F	4/14/1986
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station (mm/dd/yyyy)			
Caucasian	Civilian	Contractor	CIV	Select	**		
Beneficiary Category							
Auto-Assigned							

Medical Event

Diagnosis (ICD-9 code)	Date of Onset		
Syphilis	1/1/2016 <input type="button" value="Pick Date"/>		
Reporting Unit			
-			
Method of Confirmation	Case Status	MER Status	Date of Report
Serology	Confirmed	Final	1/7/2016

Case Status should be classified as suspect, probable or confirmed according to the current Triservice Guidelines [Triservice Guidelines](#).

Laboratory Tests

Non-treponemal test (RPR or VRDL)	<input checked="" type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Treponemal test (FTA-ABS or MHA-TP)	<input checked="" type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Demonstration of T. pallidum	<input type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Other labs not listed	<input type="text"/>

Event Related Questions

Please indicate the stage/classification of syphilis Primary Secondary Latent(early or late) Tertiary Congenital

NOTE: Neurosyphilis should be reported by the stage of syphilis in which it presents (usually tertiary).

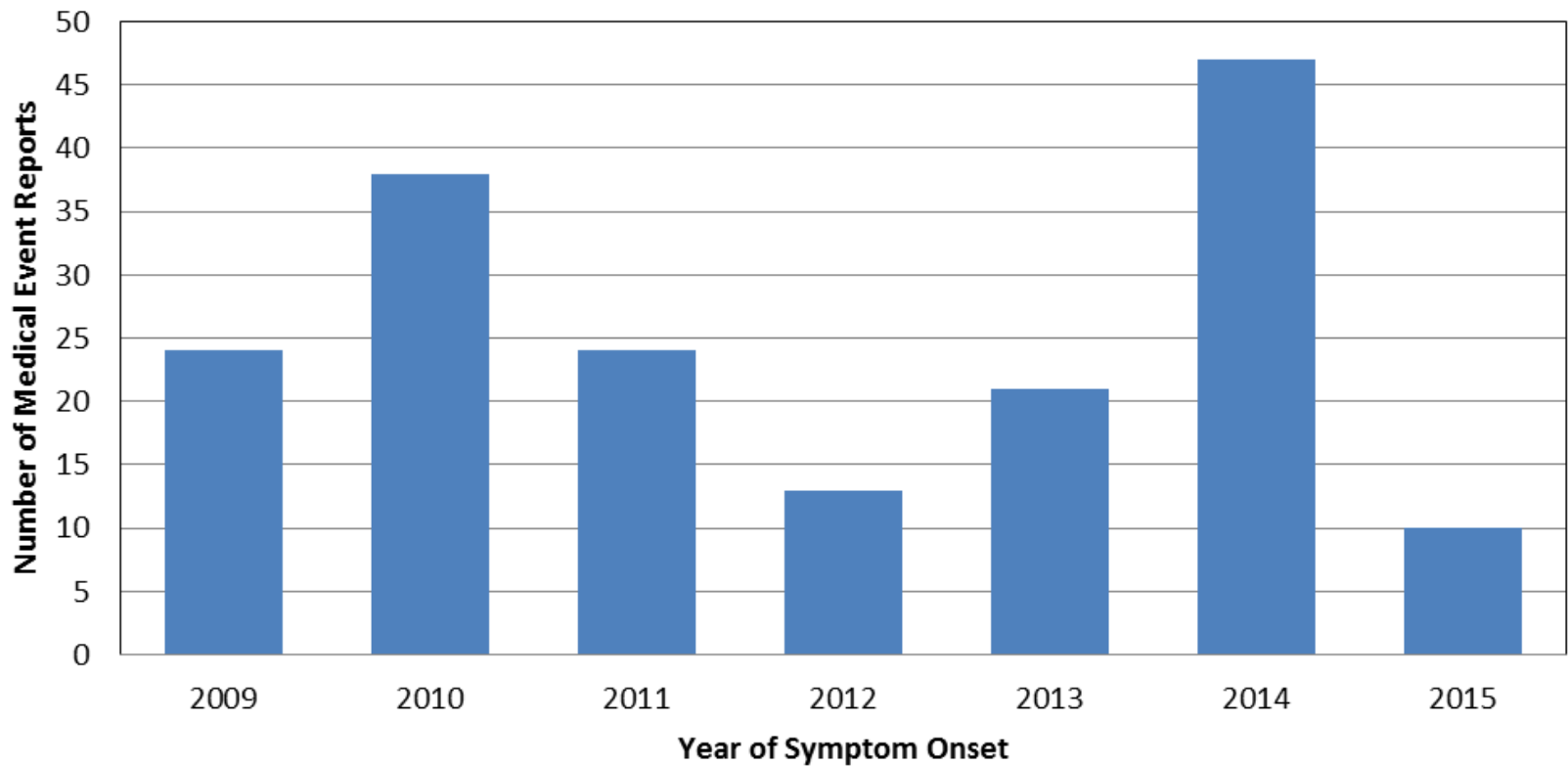
Comments

Comments (2,000 characters maximum)



Tracking Syphilis Using DRSi

**Number of Reported Syphilis Cases,
MTF A, 2009-2015**



Sponsor's Demographic

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text" value="797552"/>	<input type="text" value="999999999"/>	<input type="text" value="20"/>	<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="V"/>	<input type="text" value="F"/>	<input type="text" value="4/14/1986"/>
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station (mm/dd/yyyy)			
<input type="text" value="Caucasian"/>	<input type="text" value="Civilian"/>	<input type="text" value="Contractor"/>	<input type="text" value="CIV"/>	<input type="text" value="Select"/>	<input type="text" value="**"/>		
Beneficiary Category							
<input type="text" value="Auto-Assigned"/>							

Medical Event

Diagnosis (ICD-9 code)	Date of Onset
<input type="text" value="Syphilis"/>	<input type="text" value="1/1/2016"/>
Reporting Unit	
<input type="text" value="-"/>	
Method of Confirmation	
<input type="text" value="Serology"/>	
Case Status should be cl	

VBScript: STI Risk Information Survey?

A new STD MER was created. Do you wish to complete an STI Risk Information Survey?

Laboratory Tests

Non-treponemal test (RPR or VRDL) Positive Pending Negative

Treponemal test (FTA-ABS or MHA-TP) Positive Pending Negative

Demonstration of T. pallidum Positive Pending Negative

Other labs not listed

Event Related Questions

Please indicate the stage/classification of syphilis Primary Secondary Latent(early or late) Tertiary Congenital

NOTE: Neurosyphilis should be reported by the stage of syphilis in which it presents (usually tertiary).

Comments

Comments (2,000 characters maximum)



Close

Save Changes

Submit as Final

Patient Demographics

STI Case ID:

Sex: Male Female

FMP:

Age:

Race:

Branch:

Rank:

Duty Status:

Medical Event Information

Diagnosis:

Reporting Unit:

Date of Onset:

STI Detail

Marital Status: Single-never Married Divorced Unknown
 Married Widowed Refused to answer
 Married-seperated Cohabiting

Prevention counseling and partner referral services conducted?

Yes No Unknown

Sexual Behavior within past 3 months:

Anonymous Partner Injection Drug Use Exchanged money/drugs for sex
 Men-sex-with-men Unknown Other
 Refused to answer

Sexual Behavior within the last 12 months:

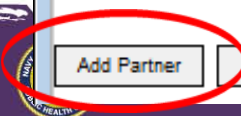
Anonymous Partner Injection Drug Use Exchanged money/drugs for sex
 Men-sex-with-men Unknown Other
 Refused to answer

Partner Information Testing and treatment are appropriate for all named partners of this patient who were exposed within 90 days prior to the Date of Onset.

Partner Information Co

Add Partner

Save Changes



Refused to answer

Partner Information Testing and treatment are appropriate for all named partners of this patient who within 90 days prior to the Date of Onset.

Partner

Partner #1:

Partner Type: Spouse Other main partner Casual or periodic partner
 Anonymous partner Commercial sex worker Unknown
 Refused to answer

Condom Used? Yes No Refused to answer

Location at time of exposure to this partner:

Home station On leave/liberty Deployed
 Underway CONUS OCONUS
 Prior to enlistment Other

Partner notification option chosen by patient:

Provider referral Third party referral Patient referral
 Contract referral Dual referral Other
 None

Partner notified of exposure within 30 days? Yes No Unknown

Partner testing and treatment confirmed within 30 days? Yes No Unknown

Partner confirmed infected with STI? Yes No Unknown

Add Partner

Save Changes



Instructions: To perform a Medical Events Recorder task, click on the appropriate task link presented below.

Medical Event Reports

Patient Management

Summary Reports

➔ MER Case Chart Analysis

Generate Medical Event Reporting frequency and by-age breakdown charts.

➔ **Summary Reports**

Generate thirteen summary reports: Monthly Facility Completion Status Report, Submission Overview Report, Excel Case Finding Status Report, Detailed Monthly

Monthly Facility Report Completion Status Report Submission Overview Report Export
Case Finding Status Report Detailed Monthly Facility Report Monthly Regional Report
Disease Grouping Report Timeliness Report STD Report **STI Risk Report** Facility Bas

Lists statistics based on the information from the available STI Cases.

- Step 1: Select one or more Reporting Unit
- Step 2: Select one or more ICD9 Code
- Step 3: Select a date-range
- Step 3: Click submit

Reporting Unit(s): Number of Reporting Units Selected: [746](#)

Select Reporting Unit(s)

Remove All

-- All Reporting Units have been selected --

ICD9 Code(s): Available ICD9 Codes:

Chlamydia
Gonorrhea
Hepatitis B
Syphilis
Syphilis; Latent (No longer reportable)

Add >

< Remove

<< Remove All

Selected

Date Range: Start Date:

End Date:

Select

Select



Tracking Syphilis Using DRSi – STI Risk Report

	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
Total	321	100.0 %	1,936	100.0 %
Diagnosis				
Chlamydia	291	90.7 %	1,758	90.8 %
Gonorrhea	26	8.1 %	138	7.1 %
Syphilis	3	0.9 %	17	0.9 %
Syphilis; Primary/Secondary (No longer reportable)	1	0.3 %	12	0.6 %
Age				
<= 17	16	5.0 %	18	0.9 %
18 ~ 24	208	64.8 %	1,256	64.9 %
25 ~ 30	70	21.8 %	454	23.5 %
31 ~ 35	17	5.3 %	106	5.5 %
36 ~ 40	6	1.9 %	52	2.7 %
>= 41	4	1.2 %	50	2.6 %
Sex				
Male	212	66.0 %	783	40.4 %
Female	109	34.0 %	1,153	59.6 %
Status				
Active Duty	193	60.1 %	1,489	76.9 %
Other Beneficiary	128	39.9 %	447	23.1 %
Marital Status				



	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
Marital Status				
Cohabiting	4	1.2 %	8	0.4 %
Divorced	4	1.2 %	41	2.1 %
Married	74	23.1 %	457	23.6 %
Married-Separated	9	2.8 %	29	1.5 %
Missing	2	0.6 %	92	4.8 %
Single-never Married	213	66.4 %	999	51.6 %
Unknown	14	4.4 %	304	15.7 %
Widowed	1	0.3 %		
Sexual Behavior (Past 3 months)				
Anonymous Partner	112	34.9 %	755	39.0 %
Exchanged money/drug for sex	1	0.3 %	8	0.4 %
Men-sex-with-men	5	1.6 %	21	1.1 %
Unknown	98	30.5 %	412	21.3 %
Other	49	15.3 %	535	27.6 %
Refused to answer	2	0.6 %	59	3.0 %
Not specified	58	18.1 %	182	9.4 %
Sexual Behavior (Past 12 months)				
Anonymous Partner	108	33.6 %	699	36.1 %
Exchanged money/drug for sex	1	0.3 %	4	0.2 %
Men-sex-with-men	5	1.6 %	21	1.1 %
Unknown	104	32.4 %	484	25.0 %
Other	43	13.4 %	444	22.9 %
Refused to answer	2	0.6 %	66	3.4 %
Not specified	61	19.0 %	249	12.9 %
Certified Complete				
Yes	110	34.3 %	1,184	61.2 %
No	211	65.7 %	752	38.8 %

Tracking STIs Using DRSi

- => DRSi helpdesk email: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil
- Contact us if you have questions on getting a DRSi account or how to use DRSi
- Or if you want one-on-one training to help you make the best use of DRSi at your MTF
- Monthly disease surveillance training webinars
 - Last Tuesday of every month
 - 30 minutes in length, held at 0900, 1500 and 1700 ET
 - Registration Information and previously recorded sessions can be found at: <http://go.usa.gov/3K5kz>



Collaboration with Your Local Public Health Department

- Overview:
 - Ensure all infected and affected partners are adequately followed-up with and treated.
 - Connect partners with services, regardless of health insurance status.
 - Provide a clear picture of disease threats across the region.
- Goals:
 - Improve health outcomes for all involved
 - Early detection and treatment of infections
 - Reduce disease transmission
 - Disease containment
 - Improve medical readiness for our fighting forces



Collaboration with Your Local Public Health Department

- Local Health Department's (LHD) resources includes:
 - Diagnosis and treatment histories for patients and partners
 - Partner services to include interview and referral for services
 - Field services that may include home visits for patients and partners that are hard to reach by phone
 - Interview and treatment services for civilians who may not be authorized to use military health care and may lack health insurance
 - Advice on case management of routine and non-routine cases of STIs and HIV
- Reporting to the LHD meets federal and state compliance requirements
- The Virginia Reportable Disease List may found at:

http://www.vdh.virginia.gov/epidemiology/documents/pdf/Reportable_Disease_List.pdf

This list is very similar to that of many states. Check your local state's listing, if outside of Virginia



Virginia Reportable Disease List

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control* - <http://www.vdh.virginia.gov/epidemiology/regulations.htm>). Report all conditions when suspected or confirmed to your local health department within three days, except those listed in **RED**, which must be reported immediately by the most rapid means available.

<ul style="list-style-type: none"> ↳ Acquired immunodeficiency syndrome (AIDS) ↳ Amebiasis I ↳ ANTHRAX ↳ Arboviral infection (e.g., dengue, EEE, LAC, SLE, WNV) ↳ BOTULISM I ↳ BRUCELLOSIS ↳ Campylobacteriosis ↳ Chancroid ↳ Chickenpox (Varicella) ↳ <i>Chlamydia trachomatis</i> infection I ↳ CHOLERA ↳ Creutzfeldt-Jakob disease if <55 years of age ↳ Cryptosporidiosis ↳ Cyclosporiasis I ↳ DIPHThERIA DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON ↳ Ehrlichiosis/Anaplasmosis A I ↳ Escherichia coli infection, Shiga toxin-producing ↳ Giardiasis ↳ Gonorrhea ↳ Granuloma inguinale I ↳ HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE ↳ Hantavirus pulmonary syndrome ↳ Hemolytic uremic syndrome (HUS) ↳ HEPATITIS A ↳ Hepatitis B (acute and chronic) ↳ Hepatitis C (acute and chronic) ↳ Hepatitis, other acute viral ↳ Human immunodeficiency virus (HIV) infection # ↳ Influenza I (report INFLUENZA A, NOVEL VIRUS immediately) INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE ↳ Lead, elevated blood levels ↳ Legionellosis ↳ Leprosy (Hansen disease) I ↳ Listeriosis ↳ Lyme disease ↳ Lymphogranuloma venereum ↳ Malaria ↳ MEASLES (RUBEOLA) I ↳ MENINGOCOCCAL DISEASE 	<ul style="list-style-type: none"> ↳ MONKEYPOX ↳ Mumps ↳ MYCOBACTERIAL DISEASES (INCLUDING AFB), (IDENTIFICATION OF ORGANISM) AND DRUG SUSCEPTIBILITY ↳ Ophthalmia neonatorum ↳ OUTBREAKS, ALL (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne) I ↳ PERTUSSIS I ↳ PLAGUE I ↳ POLIOVIRUS INFECTION, INCLUDING POLIOMYELITIS ↳ PSITTACOSIS I ↳ Q FEVER ↳ RABIES, HUMAN AND ANIMAL ↳ Rabies treatment, post-exposure ↳ RUBELLA, INCLUDING CONGENITAL RUBELLA SYNDROME I ↳ Salmonellosis ↳ SEVERE ACUTE RESPIRATORY SYNDROME (SARS) I ↳ Shigellosis ↳ SMALLPOX (VARIOLA) ↳ Spotted fever rickettsiosis ↳ <i>Staphylococcus aureus</i> infection, invasive methicillin-resistant (MRSA) and vancomycin-intermediate or vancomycin-resistant I ↳ Streptococcal disease, Group A, invasive or toxic shock ↳ <i>Streptococcus pneumoniae</i> infection, invasive, in children <5 years of age ↳ Syphilis (report PRIMARY and SECONDARY immediately) ↳ Tetanus ↳ Toxic substance-related illness ↳ Trichinosis (Trichinellosis) I ↳ TUBERCULOSIS (TB), ACTIVE DISEASE ↳ Tuberculosis infection in children <4 years of age ↳ TULAREMIA I ↳ TYPHOID/PARATYPHOID FEVER UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN ↳ VACCINIA, DISEASE OR ADVERSE EVENT ↳ VIBRIO INFECTION ↳ VIRAL HEMORRHAGIC FEVER ↳ YELLOW FEVER I ↳ Yersiniosis
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↳ These conditions are reportable by directors of laboratories. In addition, these and all other conditions except mycobacterial disease (other than TB) and invasive MRSA infection are reportable by physicians and directors of medical care facilities. Reports may be by computer-generated printout, [Epi-1 form](#), CDC surveillance form, or upon agreement with VDH, by means of secure electronic transmission.

I A laboratory identifying evidence of these conditions shall notify the local health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS) or, for TB, to DCLS or other lab designated by the Board.

A Laboratories that use a Shiga toxin EIA methodology but do not perform simultaneous culture for Shiga toxin-producing *E. coli* should forward all positive stool specimens or positive enrichment broths to DCLS for confirmation and further characterization.

Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus must be reported immediately by rapid means.

Note: 1. Some healthcare-associated infections are reportable. Contact the VDH Healthcare-Associated Infections Program at (804) 864-8141 or see 12 VAC 5-90-370 for more information.
2. Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 or see 12 VAC 5-90-150-180 for more information.

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

Effective March 28, 2011

Collaboration with Your Local Public Health Department

- How to Report Provide information to your local Health Department
 - Provide copy of NDRSi for diagnosed and suspected cases; except HIV
 - For HIV, complete and forward DHHS Form: “Adult HIV Confidential Case Report Form”
 - (May be provided by Health Department)
 - For Sailors and marines, form is typically completed and submitted by NavMedCen SD; NavMedCen Portsmouth or Walter Reed NMMC during initial case evaluation
 - For partners, complete and forward CDC Field Record. (Formerly Rainbow Form)
 - Local Health Departments may have similar forms for your convenience



REPRODUCTIVE AND SEXUAL HEALTH

Key Products and Services

- ▶ Sexual Health and Responsibility Program (SHARP)
 - DoN Sexual Health Indicators
- ▶ Sexual Health Resources
 - 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 Mens Sexual Health
 - Healthy People 2020 Objectives
 - HIV Evaluation and Treatment Units (HETU)
 - HIV Prevention Resources
 - Human Papillomavirus (HPV) Prevention
 - Lesbian and Bisexual Womens Sexual Health
 - Long Acting Reversible Contraception (LARC)
 - Policies of the Uniformed Services
 - PMT Student Resources
 - Sexually Transmitted Infections

PREVENTION SERVICES FOR THE STI PATIENT

For assistance with sexual health promotion, contact: NMCPHC-SHARP via email or call 757-953-0974 (DSN 377)

1. Policies.

- BUMEDINST 6222.10
- SECNAVINST 5300.30, HIV, HBV and HCV
- Other sexual health policies
- Idealized STI Patient Flow Diagram

2. HIV-STI Prevention Counseling.

Each patient diagnosed with, or identified to be at increased risk for, a sexually transmitted infection (including HIV), should receive intensive risk-reduction counseling following an evidence-based model.

- Prevention Counseling Desk-top Assistant . This document outlines the steps in the process, following the evidence-based RESPECT model.
- Navy Training Film "HIV-STI Prevention Counseling" (NMCPHC - 2013) - order via email. Demonstrates the 6 steps of working with the STI patient to reduce future risk behavior.
- Condom skills counseling video (NMCPHC)
- Interview Form (CDC). This document is one option for capturing important information during your counseling session. This worksheet can be shredded after the information is entered into ALHTA, DRSi and the Contact Notification Form (one per partner).

3. HIV-STI Sexual Partner Services.

Recent sexual partners of patients infected with some STIs should be informed of their potential exposure and be offered testing and treatment.

- Student Manual . This document details the sexual partner notification interview and process and can be taken as a self-study course. SHARP provides a certificate of completion.
- Table of Interview Periods . This document specifies which partners of which patients should be considered for notification.
- Sexual Partner Services Desk-top Assistant . This document summarized the steps of the partner referral interview. This interview is folded into the prevention counseling session.
- Contact Notification Form (CDC). This form is used to document Prev Med attempts to notify partners and is sent to other referral agencies when the sexual partner is out of the jurisdiction of the Prev Med Dept.
- Factsheet - "How do I tell my partner?" Patient handout to reinforce partner referral messages



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 CDC 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		



Closing Thoughts

- Optimize STI patient care flow
- Ensure patient services were delivered:
 - Prevention Counseling
 - Partner services
 - Annual syphilis and HIV test for MSM
 - HIV PrEP consideration for men with Syphilis and MSM
 - HPV, HAV and HBV Vaccination
 - Follow up testing for GC. Ct and Trich cases
- DRSi - complete the STI risk survey fields
- Local PH Collaboration



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>

e-mail:

michael.r.macdonald2.civ@mail.mil

voice: (757) 953-0974 [DSN 377]



- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>
- Thank you for joining us and if you have any questions, please email Bob MacDonald at michael.r.macdonald2.civ@mail.mil

