Reproductive and Sexual Health

Webinar:
Prevention Services for the STI Patient

15 May 2019

WWW.MED.NAVY.MIL/SITES/NMCPHC/HEALTH-PROMOTION/PAGES/DEFAULT.ASPX

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.
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
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
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

Idealized STI Patient Flow
(NMCPHC-SHARP, June 2015)

Diagnose
Treat
Prevention counseling
If GC, CT, or Trichomonas, schedule retest for 3 months post-treatment
Refer to Lab, Immunizations and Preventive Medicine

Lab (as appropriate)
HIV test
Syphilis test

Immunizations (as appropriate)
HBV vaccine
HAV vaccine (for MSM)
HPV vaccine

Preventive Medicine
- Prevention counseling
- Sexual Partner Referral
- DRSI report:
  -- case data
  -- risk behavior data
  -- sexual partner data
- Local Public Health Dept report
- Verify lab tests for HIV and syphilis were conducted or refer for tests
- Verify immunizations were conducted or refer for immunizations
- Schedule patient to return for follow-up of prevention counseling action plan

Test for GC/CT/Trichomonas re-infection
Follow-up Prevention Counseling
(discuss efficacy of patient’s risk reduction action plan)
DoD Requirements

- Navy SECNAVINST 5300.30 – HIV, HBV and HCV

- Navy BUMEDINST 6222.10 – Management and Prevention of STIs

- Army Pamphlet 40-11 – Preventive Medicine

- Army Regulation 600-110 - HIV

- Air Force Instruction 48-105 – Surv., prevention, and control of diseases and conditions of PH or Mil significance

- Air Force Instruction 44-178 – HIV

- Coast Guard COMDTINST M6000.1

- Coast Guard COMDTINST 6230.9 – HIV
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
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
HIV-STD Prevention Counseling

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.

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/things 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/plan?
   - 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

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 omitted by 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]?"
|   | Question                                                                 | Score Selection                                                                 |
|---|-------------------------------------------------------------------------|---------------------------------------------------------------------------------
| 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    | If 1 or more times, score 10  
If 0 times, score 0 |
|   | (you were the bottom) with a man without a condom?                      |                                                                                |
| 4 | In the last 6 months, how many of your male sex partners were HIV-     | If >1 positive partner, score 8  
If 1 positive partner, score 4  
If <1 positive partner, score 0 |
|   | positive?                                                               |                                                                                |
| 5 | In the last 6 months, how many times did you have insertive anal sex    | If 5 or more times, score 6  
If 0 times, score 0 |
|   | (you were the top) without a condom with a man who was HIV-positive?    |                                                                                |
| 6 | In the last 6 months, have you used methamphetamines such as crystal    | If yes, score 6  
If no, score 0 |
|   | or speed?                                                               |                                                                                |

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
<table>
<thead>
<tr>
<th>Condition</th>
<th>Duration or Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancroid</td>
<td>10 days preceding onset</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if &gt;60 days</td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>current sex partners can benefit from evaluation and counseling</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if &gt;60 days</td>
</tr>
<tr>
<td>Granuloma Inguinale</td>
<td>60 days</td>
</tr>
<tr>
<td>Hepatitis B, acute</td>
<td>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.</td>
</tr>
<tr>
<td>Hepatitis B, chronic</td>
<td>No contact time period specified. Minimally, current sexual partners, needle-sharing partners and non-sexual household contacts should be offered hepatitis B vaccine.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Patient should discuss the low but present risk of sexual transmission with their partners and discuss the need for counseling and testing.</td>
</tr>
<tr>
<td>HIV</td>
<td>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.</td>
</tr>
<tr>
<td>Human Papillomavirus (genital warts)</td>
<td>Patients with genital warts should inform current sex partners because the warts can be transmitted to other partners.</td>
</tr>
<tr>
<td>PID</td>
<td>60 days or most recent partner if &gt;60 days</td>
</tr>
<tr>
<td>Pubic lice</td>
<td>one month</td>
</tr>
<tr>
<td>Lymphogranuloma Venereum</td>
<td>60 days</td>
</tr>
<tr>
<td>Nongonococcal Urethritis</td>
<td>60 days</td>
</tr>
<tr>
<td>Scabies</td>
<td>one month</td>
</tr>
<tr>
<td>Syphilis, primary</td>
<td>3 months plus duration of symptoms</td>
</tr>
<tr>
<td>Syphilis, secondary</td>
<td>6 months plus duration of symptoms</td>
</tr>
<tr>
<td>Syphilis, early latent</td>
<td>1 year before start of treatment</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>“sex partners should be treated”</td>
</tr>
</tbody>
</table>
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**
  - 1. TRANSITION
  - 2. PARTNER REFERRAL OPTIONS
  - 3. ELICITATION
  - 4. PARTNER REFERRAL PLAN + COACHING
  - 5. SUMMARY

**Locating Partners**

- 6. INVESTIGATIVE ACTIVITIES

**Working with Partners**

- 7. NOTIFICATION
  - 8. HIV PREVENTION COUNSELING
  - 9. HIV TEST DECISION
  - 10. LINKS TO OTHER SERVICES
  - 11. FOLLOW UP
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: __________

<table>
<thead>
<tr>
<th>Partner Info</th>
<th>Date of last contact and place</th>
<th>Within tracing period?</th>
<th>Exposure type</th>
<th>DoD healthcare eligible?</th>
<th>Notification option selected</th>
<th>Identifying, locating, and “contract” info</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(check one)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ other main</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ casual or periodic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ anonymous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ CSW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name:        |                               |                        |               |                         |                            |                                               |             |
| Relationship:|                               |                        |               |                         |                            |                                               |             |
| (check one)  |                               |                        |               |                         |                            |                                               |             |
| ☐ spouse     |                               |                        |               |                         |                            |                                               |             |
| ☐ other main |                               |                        |               |                         |                            |                                               |             |
| ☐ casual or periodic |             |                        |               |                         |                            |                                               |             |
| ☐ anonymous |                               |                        |               |                         |                            |                                               |             |
| ☐ CSW        |                               |                        |               |                         |                            |                                               |             |
| ☐ unknown    |                               |                        |               |                         |                            |                                               |             |
| ☐ refused    |                               |                        |               |                         |                            |                                               |             |
| Gender:      |                               |                        |               |                         |                            |                                               |             |

Disinvestment 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
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.”
### Interview Record

**Name**
- Last Name: [Field]
- First Name: [Field]
- Middle Name: [Field]

**Phone/Contact**
- Home Phone: [Field]
- Work Phone: [Field]
- Cellular Phone: [Field]
- Other: [Field]

**Address**
- Street: [Field]
- City: [Field]
- State: [Field]
- Zip Code: [Field]

**Emergency Contact**
- Name: [Field]
- Relationship: [Field]
- Phone: [Field]

**Demographics**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>[Field]</td>
</tr>
<tr>
<td>Sex</td>
<td>[Field]</td>
</tr>
<tr>
<td>Additional Gender Specified</td>
<td>[Field]</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>[Field]</td>
</tr>
<tr>
<td>Race</td>
<td>[Field]</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>[Field]</td>
</tr>
<tr>
<td>English Speaking</td>
<td>[Field]</td>
</tr>
<tr>
<td>Primary Language</td>
<td>[Field]</td>
</tr>
<tr>
<td>Pregnant</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

**Condition Reporting Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Case Detection</td>
<td>[Field]</td>
</tr>
<tr>
<td>Method of Case Detection</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

**Facility First Tested**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab</td>
<td>[Field]</td>
</tr>
<tr>
<td>Other</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

**Date First Tested**

- Lab: [Field]
- Other: [Field]

### Risk Factors

**Within the past 12 months has the patient:**
- [Field]
- [Field]
- [Field]
- [Field]
- [Field]
- [Field]

**Within the past 12 months has the patient:**
- [Field]
- [Field]
- [Field]
- [Field]
- [Field]

**Other Risk, Specify:**
- [Field]

### Social History

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places Met Partners</td>
<td>[Field]</td>
</tr>
<tr>
<td>Places Had Sex</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

**Partners in Last 12 Months**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>[Field]</td>
</tr>
<tr>
<td>Male</td>
<td>[Field]</td>
</tr>
<tr>
<td>Transgender</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

**Interview Period Partners**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>[Field]</td>
</tr>
<tr>
<td>Male</td>
<td>[Field]</td>
</tr>
<tr>
<td>Transgender</td>
<td>[Field]</td>
</tr>
</tbody>
</table>

### Additional Social History Comments

- [Field]
Sample STI Case tracking log.

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Occupation</th>
<th>Contact</th>
<th>Date of Exposure</th>
<th>Date of Diagnosis</th>
<th>Date of Positive Test</th>
<th>Date of Initial Contact</th>
<th>Date of Notification</th>
<th>Date of Treatment</th>
<th>Date of Follow-up</th>
<th>Date of Follow-up Notes</th>
<th>Date of Follow-up Test</th>
<th>Date of Follow-up Test Results</th>
<th>Date of Follow-up Test Notes</th>
<th>Date of Follow-up Test Notes</th>
</tr>
</thead>
</table>

Notes: Test A: Negative | Test B: Positive | Test C: Pending
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 2015)

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

Case# Date this form initiated:

<table>
<thead>
<tr>
<th>SSAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMP</td>
</tr>
<tr>
<td>First name</td>
</tr>
<tr>
<td>MI</td>
</tr>
<tr>
<td>Lastname</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Duty status</td>
</tr>
<tr>
<td>Rank</td>
</tr>
<tr>
<td>Permanent duty station</td>
</tr>
<tr>
<td>Diagnosis</td>
</tr>
<tr>
<td>Date of Onset</td>
</tr>
<tr>
<td>Diagnosis</td>
</tr>
</tbody>
</table>

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 abs:

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 chancres)?

localized or diffuse mucocutaneous lesions (with or without generalized lymphadenopathy or primary chancres)?

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

### Criteria

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

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


e-mail:
michael.r.macdonald2.civ@mail.mil
voice: (757) 953-0974 [DSN 377]