



# STI GLOBAL VIEW

Danucha Danny Brikshavana, MPH

Illinois Department of Public Health



Health Care  
Provider



Chicago  
Department  
of Public  
Health



Illinois  
Department  
of Public  
Health

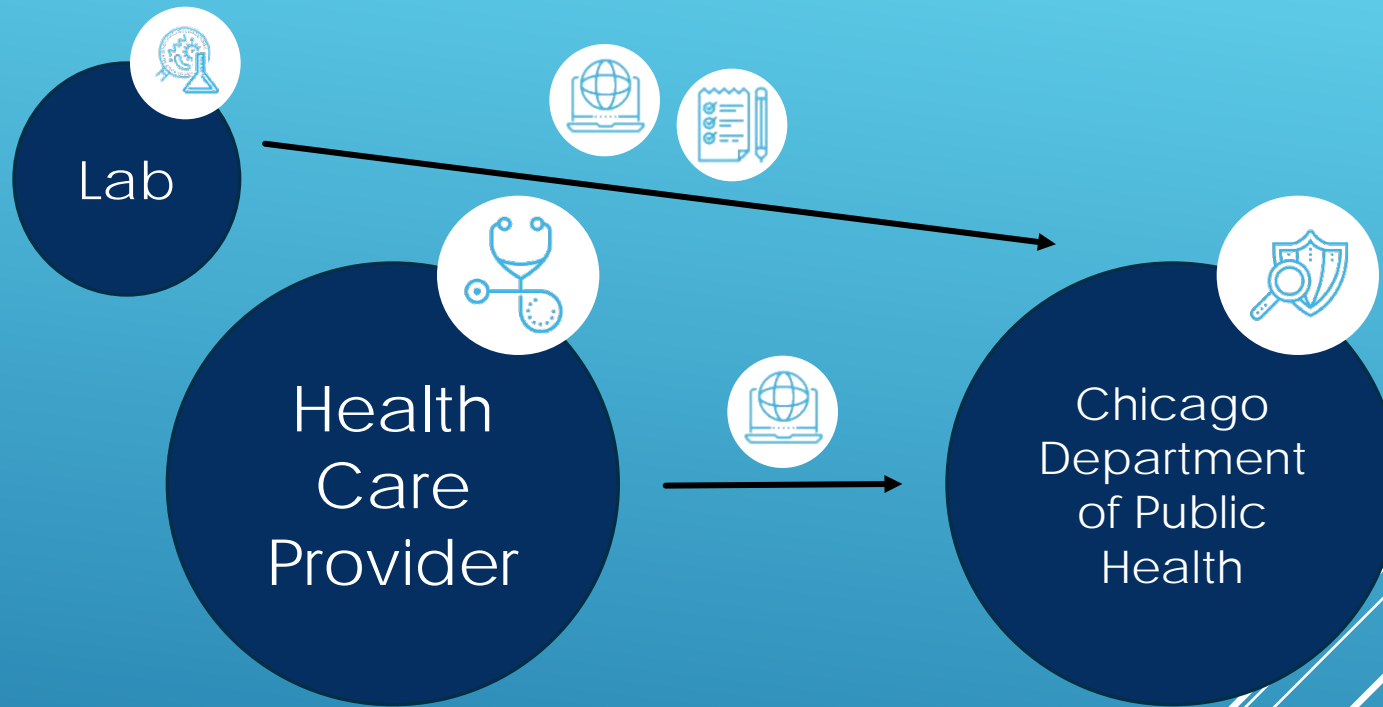


Centers for  
Disease  
Control and  
Prevention



- Health and Wellness Checks
- STI testing
- STI treatment
- Counseling/risk reduction





- Reporting
  - Laboratory results
  - Morbidity report
  - Enhanced surveillance





# STI REPORTING

Gabrielle Henley

Chicago Department Of Public Health



# CONFIDENTIAL REPORTING OF STIS

Reporting of cases to Chicago Department of Public Health has been traditionally through Confidential Morbidity Report Form. CDPH is transitioning to paperless reporting.

Paperless campaign begins October 1, 2018

Chicago Department of Public Health | STI Surveillance Unit

## CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

333 South State Street, Suite 210 | Chicago, IL 60604 | Phone: 312.747.0697 | Fax: 312.747.0699

**HEALTHY CHICAGO**  
CHICAGO DEPARTMENT OF PUBLIC HEALTH

<b>REPORT</b>	Date of Report: _____ Person Completing Form: _____ Phone: _____										
	Attending Physician: _____ <input type="checkbox"/> Testing <input type="checkbox"/> Treating Phone: _____ Email: _____										
<b>PATIENT</b> <i>Select all that apply.</i>	Facility/Provider: _____ Address: _____										
	City: _____ ZIP: _____ Phone: _____ Fax: _____										
<b>DIAGNOSIS</b> <i>Select all that apply.</i>	First Name: _____ Last Name: _____ Middle Initial: _____										
	Address: _____ Apt. No.: _____ City: _____ State: _____ ZIP: _____										
<b>LABORATORY</b> <i>Report all positive lab results.</i>	County: _____ Phone: _____ Date of Birth: ___/___/___ Age: _____ Alt. Phone: _____										
	Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unk										
<b>TREATMENT</b> <i>Select all treatments given.</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unk Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans (MTF) <input type="checkbox"/> Trans (FTM)										
	Gender of Sex Partners: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans (MTF) <input type="checkbox"/> Trans (FTM) Pregnant?: <input type="checkbox"/> Yes --> Due Date _____ <input type="checkbox"/> No <input type="checkbox"/> Unk										
<b>PARTNERS</b>	<table border="1"> <tr> <th>CHLAMYDIA</th> <th>GONORRHEA</th> <th>SYPHILIS</th> </tr> <tr> <td> <input type="checkbox"/> Genito-urinary  <input type="checkbox"/> Ophthalmia  <input type="checkbox"/> Pharyngeal  <input type="checkbox"/> Rectal  <input type="checkbox"/> PID  <input type="checkbox"/> Pneumonia  <input type="checkbox"/> Other: _____                 </td> <td> <input type="checkbox"/> Genito-urinary  <input type="checkbox"/> Ophthalmia  <input type="checkbox"/> Pharyngeal  <input type="checkbox"/> Rectal  <input type="checkbox"/> PID  <input type="checkbox"/> DGI  <input type="checkbox"/> Other: _____                 </td> <td>                     Stage:  <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early (Non-Primary/Non-Secondary)  <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Late Symptomatic                      Clinical Manifestations:  <input type="checkbox"/> Lesion/Ulcer --&gt; Site: _____ <input type="checkbox"/> Rash --&gt; Site: _____  <input type="checkbox"/> Mucous Patches <input type="checkbox"/> Condylomata Lata <input type="checkbox"/> Alopecia  <input type="checkbox"/> Neurologic: _____ <input type="checkbox"/> Ocular: _____  <input type="checkbox"/> Otic: _____                 </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> CHANCROID (see reverse for more information)                 </td> </tr> </table>		CHLAMYDIA	GONORRHEA	SYPHILIS	<input type="checkbox"/> Genito-urinary <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> PID <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other: _____	<input type="checkbox"/> Genito-urinary <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> PID <input type="checkbox"/> DGI <input type="checkbox"/> Other: _____	Stage: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early (Non-Primary/Non-Secondary) <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Late Symptomatic Clinical Manifestations: <input type="checkbox"/> Lesion/Ulcer --> Site: _____ <input type="checkbox"/> Rash --> Site: _____ <input type="checkbox"/> Mucous Patches <input type="checkbox"/> Condylomata Lata <input type="checkbox"/> Alopecia <input type="checkbox"/> Neurologic: _____ <input type="checkbox"/> Ocular: _____ <input type="checkbox"/> Otic: _____	<input type="checkbox"/> CHANCROID (see reverse for more information)		
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**CDPH USE ONLY**

Date Received: \_\_\_\_\_ Assigned To: \_\_\_\_\_

*Revised 8/2018*

## SO HOW DO I REPORT?

### Reporting of chlamydia and gonorrhea cases

- ▶ I-NEDSS (Illinois National Electronic Disease Surveillance System)

### Reporting of syphilis cases

- ▶ CHIMS (Chicago Health Information Management System)

# METHODS OF REPORTING: TIME LINE

## Morbidity Report Forms

- ▶ Used for **paper reporting** of chlamydia, gonorrhea, syphilis cases
  - ▶ Paper morbs will no longer be accepted for chlamydia/gonorrhea effective Oct 1, 2018. (See I-NEDSS)

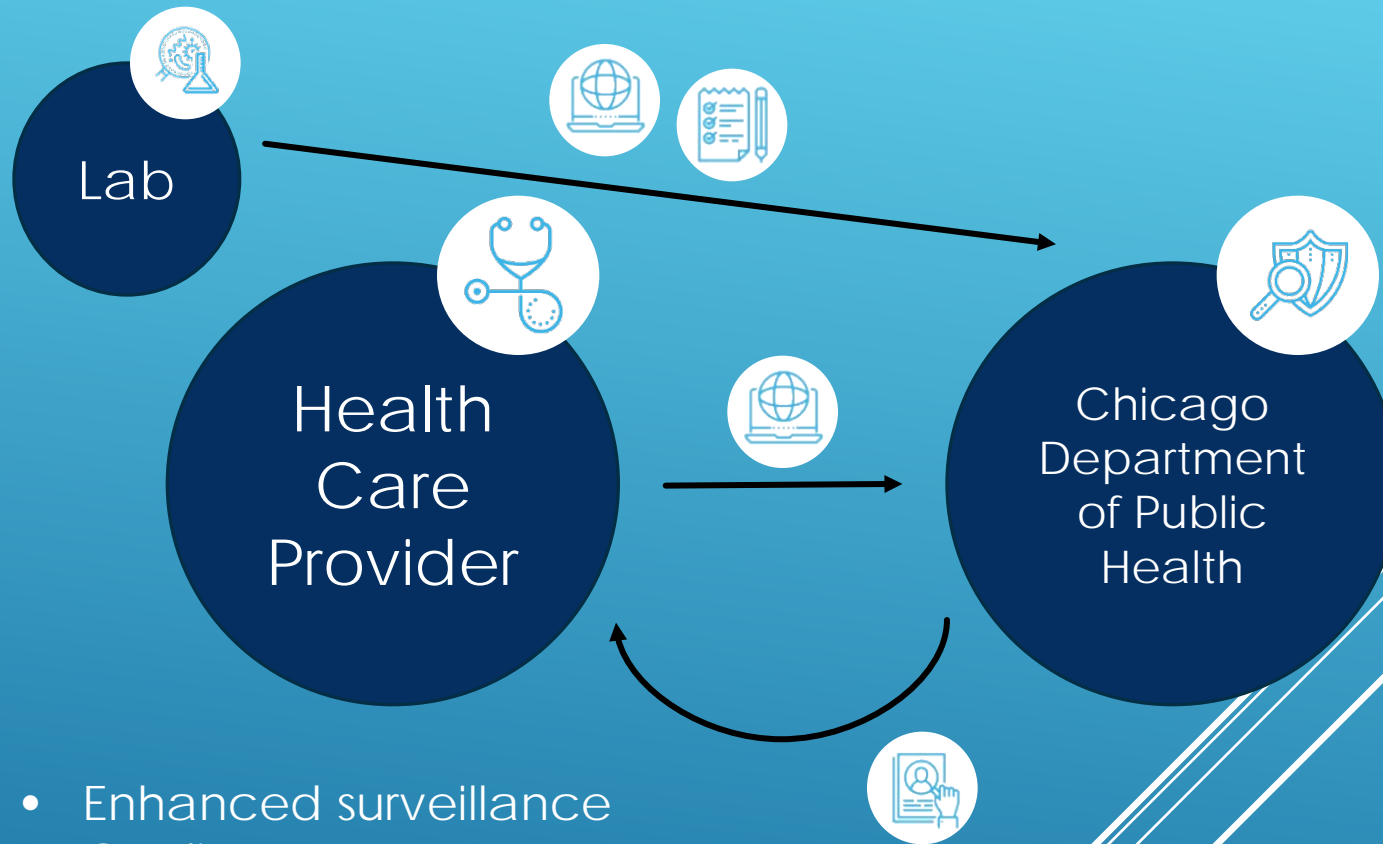
## I-NEDSS

- ▶ Used for **electronically reporting of chlamydia and gonorrhea cases**
  - ▶ Available for all providers now.

## CHIMS

- ▶ Used for **electronically reporting syphilis cases**
  - ▶ Coming in late 2018 or early 2019







Chicago  
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of Public  
Health



### Surveillance

- Monitors trends/outbreaks
- Follow-up on incomplete reporting
- QA/QI



### Partner Services

- Counseling/Partner Services
- Risk Reduction
- Linkage to care/resources



### Clinical Services

- Clinical STI/HIV service sites
- Testing/Treatment
- Partner services





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## Surveillance

- Monitors trends/outbreaks
- Follow-up on incomplete reporting
- QA/QI
- Case detailing



HOW DO WE USE THE INFORMATION  
YOU REPORT TO US?



Gonorrhea is developing resistance. What can you do to help stop this problem?



With one recommended treatment option remaining, **surveillance is more important than ever.**



Although reporting to the health department is mandatory, **critical behavioral data is often missing.**



\*Health care providers **play an integral role** in facilitating good communication between CDPH and patients.



**The public health and medical communities must work together**

Providers can assist the health department with enhanced gonorrhea surveillance by completing supplementary reports and **reminding patients that the health department might call to collect additional information.**



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Department of  
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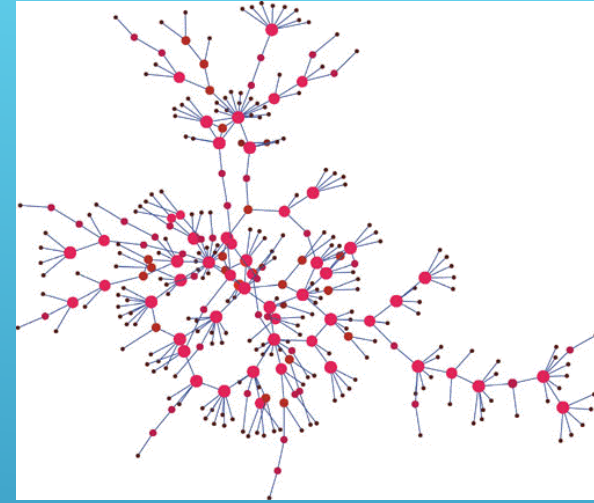


# PARTNER SERVICES

Dawn Broussard, MPH  
CDPH and CDC

# STI/HIV PARTNER SERVICES

- ▶ Contact tracing as an intervention strategy for communicable diseases dates to the 18<sup>th</sup> century
- ▶ “Partner services” (PS) focuses on sex- and injection equipment-sharing contacts
  - ▶ Encompasses prevention counseling and linkage to treatment, PEP/PrEP and other clinical and psychosocial support services
- ▶ PS has become more complex because of changes to sexual networks
- ▶ Illinois Administrative Code requires PS for individuals diagnosed with syphilis or HIV in past year
- ▶ Morbidity has increased and resources have declined, requiring prioritization of PS

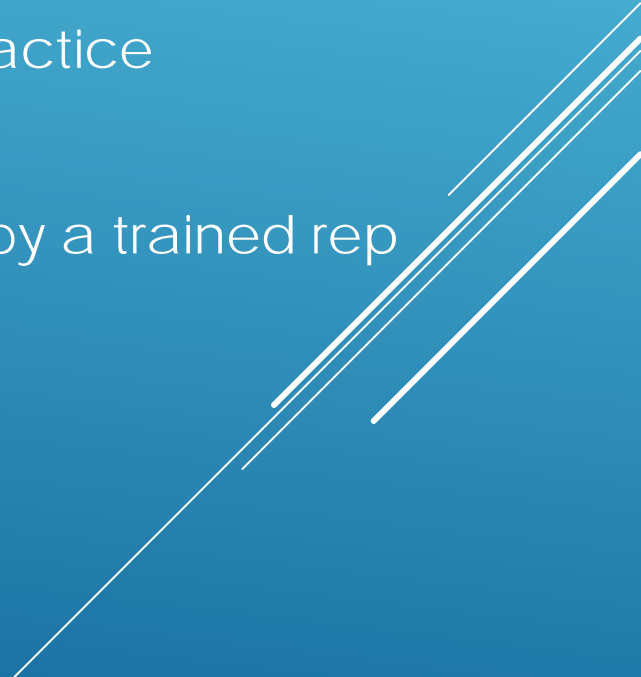


# STI/HIV PARTNER SERVICES

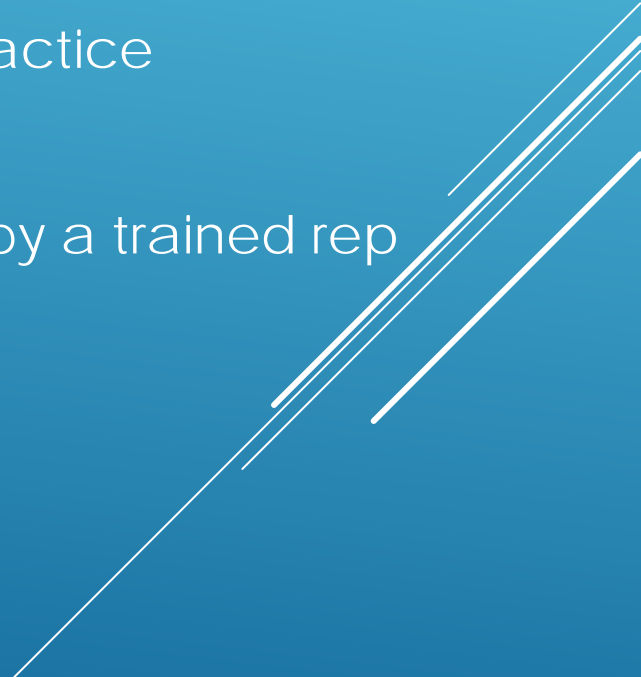
- ▶ PS is associated with:
  - ▶ Increased notification and testing of exposed partners if PS is conducted by trained provider than if left to the index patient alone
  - ▶ High positivity rates among partners tested
  - ▶ Greater likelihood that index patients will notify their own partners
  - ▶ High rates of linkage to care
  - ▶ Persons living with HIV are more likely to disclose status to future partners
- ▶ **Studies have shown that clients are most receptive to receiving partner counseling from their providers (Bell & Potterat, 2011)**



# WHAT CAN YOU DO AS A PROVIDER (IN <5 MINS)?

- ▶ Educate your patient about risk of their reinfection if partner(s) not tested
  - ▶ Encourage patients to inform their partner(s); provide simple suggestions on how best to tell them
    - ▶ Online, anonymous notification tools may be right for some
  - ▶ Let the patient know if their partner(s) are able to be seen in your practice
  - ▶ Provide EPT if appropriate
  - ▶ Alert patients with HIV and syphilis that they will likely be contacted by a trained rep from CDPH
    - ▶ Assure their confidentiality and encourage their cooperation
  - ▶ A “Healthy Chicago” is in all of our best interests!
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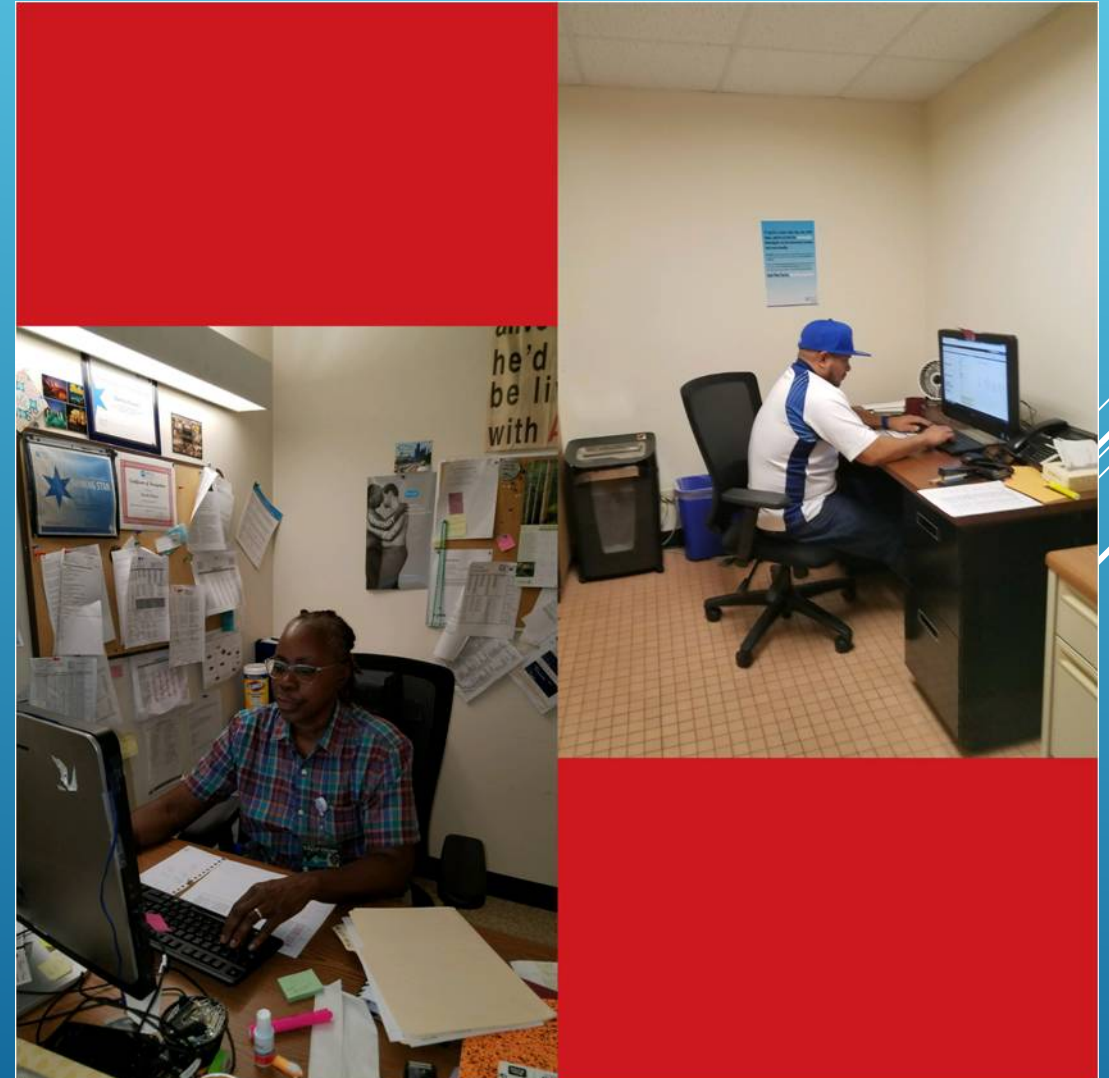
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# PARTNER SERVICES SUPPORT FROM CDPH

312.747.9661

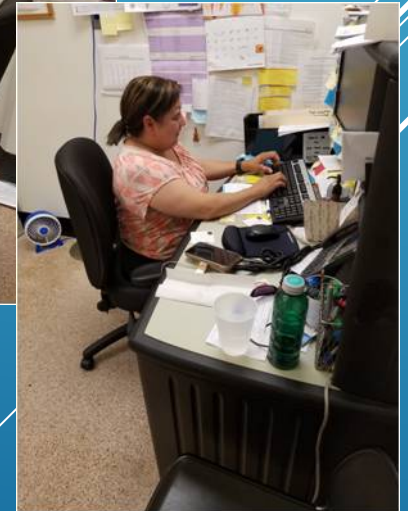
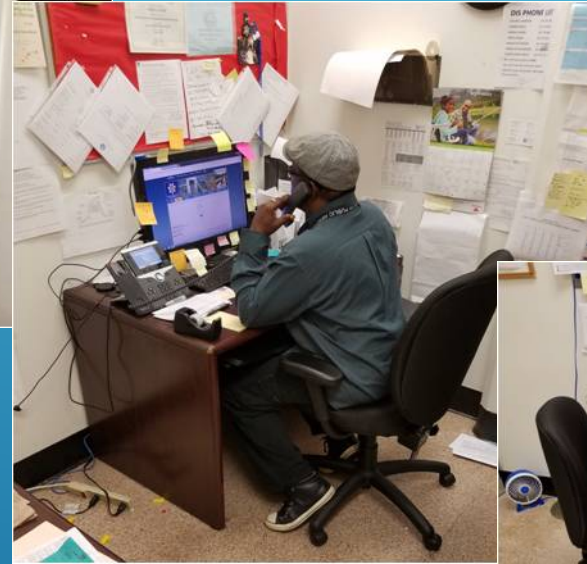
- ▶ Confidential, supportive, trained Disease Intervention Specialists (DIS)
- ▶ Counseling and assisting patients to develop a plan for notifying their partners



# PARTNER SERVICES SUPPORT FROM CDPH

## 312.747.9661

- ▶ Confidentially notifying and linking partners to testing and treatment on the patient's behalf
- ▶ Educating and referring patients and their partners for PrEP and other prevention interventions



# CLINICAL SERVICES

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# CDPH STI CLINICAL SERVICES

- ▶ **Walk-in, generally same day diagnostic and treatment services**
- ▶ “Fast Track” services for STI/HIV testing
- ▶ Expert STI care
- ▶ CDPH Specialty Clinics

Austin (west)	Lakeview (north)	Roseland (south)
4909 W Division, #411	2849 N. Clark	200 E. 115 <sup>th</sup> St
MWF: 8 am – 4 pm TT: 9 am – 5 pm	MWF: 8 am – 4 pm TT: 10 am – 6 pm	M: 8 am – 4 pm Th: 9 am – 5 pm
312.746.4872	312.744.5507	312.747.0054

