

### 8.13.3 REPORTABLE CONDITIONS

**Policy:** Title X clinics must comply with all federal and state laws and requirements for reportable medical conditions. The diagnosis and treatment of the medical condition and its report, is the responsibility of the health care provider providing care. For most Title X clinics, the most common of these reportable conditions/infections are the following sexually transmitted infections (STIs): gonorrhea, chlamydia and syphilis.

#### **Procedure:**

##### **Client STI Management**

###### *Notification*

1. The Administrative Rules of Montana (*ARM 37.114.203*) require individuals diagnosed with certain conditions, such as communicable diseases, be notified of their positive test results and treated for these diseases.

###### *Reporting of Disease*

1. The diagnosis and treatment of the disease(s) must be reported to the local public health department (PHD) immediately, who will then report this to DPHHS.
2. Reporters include any person, including but not limited to, a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, or laboratory professional who knows or has reason to believe that a case exists of a reportable disease or condition (*ARM 37.114.201*).

###### *Examinations*

1. Individuals diagnosed with gonorrhea and syphilis must be examined and receive the medical treatment indicated by clinical or laboratory findings (*ARM 37.114.530*).

##### **Client Sexual or Partner Contact Management**

###### *Client Interview*

1. Individuals with reportable STIs must be interviewed for sexual contacts to the infection and these contacts must be provided with appropriate medical treatment as indicated by clinical or laboratory findings (*ARM 37.114.515, ARM 37.114.530*).
2. The local PHD is responsible for the client interview and treatment of contacts. However, the health care provider, working with the local PHD, may also conduct the interview for possible contacts to the infection and provide treatment to these contacts (*ARM 37.114.515, ARM 37.114.530*).

##### **Instructions for Reporting a STI Case to the DPHHS**

To report a STI case to DPPHS:

1. Client Information
  - a. Use the complete address (including city) for the client. Morbidity is assigned to the county in which the client currently resides. Please be sure to contact the provider before contacting client to see what follow-up has already been completed.
  - b. If out of state, please indicate state.
  - c. Complete the demographics: age, sex, and race.
2. Specimen Collection/Diagnosis
  - a. Record the following:
    - i. Date specimen collected: the date the specimen was collected by provider.
    - ii. Date of positive lab report and laboratory used: This is the date the laboratory report was received or called to your facility by laboratory used.

- iii. Diagnosing Agency: Public - any public health facility, including county health departments, family planning clinics, STI clinics.
  - iv. Test type: Record what testing type was used (NAAT, Probe, DNA).
  - v. Client diagnosis: List infecting agent(s) from below and specify site: pharyngeal, rectal, urethral, cervical, etc.
    - 1. Gonorrhea
    - 2. Gonococcal Pelvic inflammatory disease (PID)
    - 3. Chlamydia
    - 4. Chlamydial Pelvic inflammatory disease (PID)
  - vi. Fill out completely the provider's name, address, and phone number.
3. Treatment Information
- a. List date treated, medication given, dose, and duration of therapy.
  - b. Interviewer Information:
    - i. List name of the person who interviewed the client and the date of the interview.
    - ii. List the name of the interviewing agency.
  - c. Contact information:
    - i. List name of each contact and the date of last exposure. Provide the date the contact was examined and/or treated. Provide location information in the "comments" section.
    - ii. List the disposition of the contact from the Disposition Codes.
4. Disposition Codes
- a. Preventive Treatment
  - b. Refused Preventive Treatment
  - c. Infected, Brought to Treatment
  - d. Infected, Not Treated
  - e. Previously Treated for this Infection
  - f. Not Infected
  - g. Insufficient Information to Begin Investigation
  - h. Unable to Locate
  - i. Located, Refused Examination
  - j. Out of Jurisdiction-indicate jurisdiction or out of state
  - k. Note: Refer J disposition codes to the DPHHS STD/HIV Prevention Program
5. Send copy of case record to:
- a. By mail: DPHHS STD/HIV Prevention Program, 1400 Broadway, Room C-211, Helena, MT 59620
  - b. By confidential fax: (800) 616-7460

### Resources

For more information please refer to the following:

1. *Reporting Communicable Diseases in Montana* (Montana Title X Family Planning Administrative Manual Policy 8.13.3.1)
2. *Montana Communicable Disease Reporting Reference for Local Public Health Jurisdictions* (Montana Title X Family Planning Administrative Manual Policy 8.13.3.2)
3. *Instructions for STD Case Reporting* (Montana Title X Family Planning Administrative Manual Policy 8.13.3.3)
4. *Communicable Disease Case Report* (Montana Title X Family Planning Administrative Manual Policy 8.13.3.4)
5. *Confidential Sexually Transmitted Disease Case Record* (Montana Title X Family Planning Administrative Manual Policy 8.13.3.5)

**For more information contact:** DPHHS STD/HIV Prevention Program, (406) 444-3565