

Reporting Communicable  
and  
Sexually Transmitted Disease

**PURPOSE:**

To provide guidance to clinical personnel in appropriate reporting procedures to ensure that LSUHSC-Shreveport is in compliance with Louisiana State Department of Health regulations associated with Reportable Conditions.

**POLICY:**

The charge nurse and attending physician are responsible for completing the appropriate reporting form and then sending it to the Infection Control Department for all patients with communicable or sexually transmitted diseases listed in Table 1. The Infection Control Department will forward the form to Public Health or enter into the IDRIS system, in compliance with state regulations. The Louisiana Sanitary Code Regulation (State Law) states:

“It is hereby made the duty of every physician practicing medicine in the State of Louisiana to report to the State Health Officer, through the Health Unit of the parish or municipality wherein such physician practices, any case or suspected case of reportable disease which he is attending, or has examined, or for which such physician has prescribed,. The report shall be made promptly at the time the physician first visits, examines, or prescribes for the patient, and such report shall state the name, age, sex, race, usual residence, place where the patient is to be found, the nature of the disease and the date of onset.” In addition to physician reporting, it shall be the duty of every osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, medical record director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, social worker, veterinarian, and any other health care professional to report a confirmed case of reportable disease in which he or she has examined or evaluated, or for which he or she is attending or has knowledge.”

**PROCEDURE:**1) **Out-Patient Areas**

- A. Sexually transmitted diseases: Confidential Report of Sexually Transmitted Disease form (STD-43-attachment #1) must be completed by physician or charge nurse. Appropriate treatment should be initiated and recorded on the card. If no treatment, indicate “no treatment.”
- B. For all other communicable diseases: Confidential Disease Case Report Card (EPI 2430 [“Green Card”] – available at OPH or Infection Control Office) is completed.

In addition, to the reporting form, those diseases listed in Table 1 and 1A and designated with an asterisk (\*) must be immediately reported (by the physician, charge nurse, or Infection Control Practitioner) by phone to Public Health at 676-5403.

- C. The completed card/form is sent to the Infection Control Department.
- D. If the report is not received within 30 days, the Nursing Director of the Ambulatory Care Division or designee is notified for follow-up.

2) **In-Patient Areas**

- A. The Charge Nurse is responsible for immediately notifying the Infection Control Department by phone or voice mail when patients are admitted with the following communicable diseases:
- Untreated Pulmonary Tuberculosis or rule-out TB
  - Acute Meningococcal Meningitis
  - Chicken Pox (Varicella)
  - Other epidemiologically significant organisms, i.e. pandemic influenza.
- B. The physician/charge nurse is responsible for completing the appropriate reporting form for all patients with these and/or other communicable and sexually transmitted diseases. (Listed in Table 1).
- For Sexually transmitted diseases: Confidential Report of Sexually Transmitted Disease form (STD-43). Appropriate treatment should be initiated and recorded on the reporting form. All demographic information should also be completed. The Nursery physician will notify the Infection Control Department when babies are treated for sexually transmitted diseases.
  - For all other communicable diseases: Confidential Disease Case Report Card (EPI 2430 [“Green Card”]). In addition, to the reporting form, those diseases listed in Table 1 and designated with an asterisk (\*) must be immediately reported (by the physician, charge nurse, or Infection Control Practitioner) by phone to Public Health at 675-5403.
- C. The reporting form is then sent to the Infection Control Department.
- D. The Infection Control Department maintains a line listing of all inpatients with sexually transmitted diseases and assures appropriate follow-up.
- E. If the report is not received within 30 days, the Infection Control Department will do a follow-up.

3) **Additional Reporting**

A. **Mycobacterium**

- The Clinical Laboratory is responsible for notifying the ICP, Social Services, and the Tuberculosis Coordinator at the Caddo-Shreveport Health Unit of all cases of Tuberculosis reported from the Laboratory. The ICP notifies the Caddo-Shreveport Health Unit of the clinical situation during an exposure. All positive mycobacterium smears are reported to the Infection Control Department.

B. **Sexually Transmitted Diseases**

- The Clinical Lab provides the Infection Control Department a copy of all sexually transmitted disease reports. The Infection Control Department follows-up on all STDs, assuring proper reporting from patient care areas.

C. **Diseases Reported By Laboratories**

- Table 2 is a list of diseases reported by the appropriate laboratory to the Infection Control Department.

D. **Communicable Diseases Determined by Clinical Criteria By Medical Records Department**

- At the time of discharge, the Medical Records Department shall, with the use of criteria screens, review the medical record for any of the following communicable diseases and complete a confidential Disease Case Report Card, and forward it to the Infection Control Department. The Infection Control Department will then forward it to the appropriate Public Health Department Office.

**Table 1**

## **Reportable Diseases**

**Class A Diseases or Conditions** Which Shall Require Reporting Within 24 Hours. This class includes diseases of major public health concern because of the severity of disease and potential for epidemic spread. Class A diseases or conditions shall be reported to the Office of Public Health by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained death, unusual clusters of disease and all outbreaks shall also be reported. The following diseases or conditions shall be classified as Class A for reporting requirements:

**Anthrax**  
**Avian Influenza**  
**Botulism**  
**Brucellosis**  
**Cholera**  
**Diphtheria**  
**Haemophilus influenzae (invasive infection)**  
**Influenza-associated mortality**  
**Measles (rubeola)**  
**Neisseria meningitidis (invasive infection)**  
**Plague**  
**Poliomyelitis, paralytic**  
**Q fever (*Coxiella burnetii*)**  
**Rabies (animal and man)**  
**Rubella (congenital syndrome)**  
**Rubella (German measles)**  
**Severe Acute Respiratory Syndrome-associate Coronavirus (SARS-CoV)**  
**Smallpox**  
***Staphylococcus Aureus*, Vancomycin Intermediate or Resistant (VISA/VRSA)**  
**Tularemia**  
**Viral Hemorrhagic Fever**  
**Yellow Fever**

**Class B Diseases or Conditions** Which Shall Require Reporting Within One Business Day. This class includes diseases of public health concern needing timely response because of potential for epidemic spread.

The following Class B diseases shall be reported to the Office of Public Health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

**Arthropod-borne encephalitis-Neuroinvasive disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others)**

**Aseptic meningitis**  
**Chancroid 1**  
**E. Coli 0157:H7**  
**Hantavirus Pulmonary Syndrome**  
**Hemolytic -Uremic Syndrome**  
**Hepatitis A (acute illness)**  
**Hepatitis B (acute illness and carriage in pregnancy)**  
**Hepatitis B (perinatal infection)**  
**Hepatitis E**  
**Herpes (neonatal)**  
**Legionellosis**  
**Malaria**  
**Mumps**  
**Pertussis**  
**Salmonellosis**  
**Shigellosis**

**Syphilis <sup>1</sup>**  
**Tetanus**  
**Tuberculosis <sup>2</sup>**  
**Typhoid Fever**

**Class C Diseases or Conditions** Which Shall Require Reporting Within Five Business Days. This class shall include the diseases of significant public health concern. The following diseases shall be reported to the Office of Public Health by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.

**Acquired Immune Deficiency Syndrome (AIDS)**  
**Blastomycosis**  
**Campylobacteriosis**  
**Chlamydial infection <sup>1</sup>**  
**Cryptococcosis**  
**Cryptosporidiosis**  
**Cyclosporiasis**  
**Dengue**  
**Ehrlichiosis**  
**Enterococcus -Vancomycin Resistant; (VRE invasive disease)**  
**Giardia**  
**Gonorrhea <sup>1</sup>**  
**Hansen Disease (leprosy)**  
**Hepatitis B (acute, carriage other than in pregnancy)**  
**Hepatitis C (acute illness)**  
**Hepatitis C (past or present disease)**  
**Human Immunodeficiency Virus (HIV)**  
**Listeria**  
**Lyme Disease**  
**Lymphogranuloma venereum <sup>1</sup>**  
**Psittacosis**  
**Rocky Mountain Spotted Fever (RMSF)**  
**Staphylococcus aureus, Methicillin/Oxacillin or vancomycin resistant (MRSA, invasive infection)**  
**Staphylococcal Toxic Shock Syndrome**  
**Streptococcal disease, Group A (invasive dis.)**  
**Streptococcal disease, Group B (invasive dis.)**  
**Streptococcal Toxic Shock Syndrome**  
**Streptococcus pneumoniae**  
**[invasive infection; penicillin, resistant (DRSP)]**  
**Streptococcus pneumoniae (invasive infection in children <5 years of age)**  
**Transmissible Spongiform Encephalopathies**  
**Trichinosis**  
**Varicella (chickenpox)**  
**Vibrio infections (other than cholera)**

**Class D. Other Reportable Conditions-Reporting Required Within 5 Business Days**

**Cancer**  
**Complications of abortion**  
**Congenital hypothyroidism\***  
**Galactosemia\***  
**Hemophilia\***  
**Lead Poisoning**

**Phenylketonuria\***  
**Pesticide-related illness or injury (all ages)**  
**Reye's Syndrome**  
**Severe traumatic head injury\*\***  
**Severe under nutrition**  
**(severe anemia, failure to thrive)**  
**Sickle cell disease (newborns)\***  
**Spinal cord injury\*\***  
**Sudden infant death syndrome (SIDS)**

Case reports not requiring special reporting instructions can be reported by Confidential Disease Case Report forms (2430), facsimile, phone reports, or electronic transmission.

1 Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

2 Report on CDC72.5 (f.5.2431) card. \*Report to the Louisiana Genetic Diseases Program Office by telephone (504) 568-5070. \*\*Report on DDP-3 form; preliminary phone report from ER is encouraged.

Information contained in reports required under this section shall remain confidential in accordance with the law.

Case reporting cards are available through the Infection Control Department (Ext. 5-5110). If there are any questions regarding reporting communicable or sexually transmitted diseases the Infection Control Department should be consulted.

References:

Louisiana Morbidity Report, Vol. 19, No. 2, March-April, 2008.

Public Health, Title 51, Louisiana Sanitary Code, June, 2007.

Louisiana Morbidity and Mortality Week Report, Vol. 55. No. RR# September 2006.

Written: 1994

Revised: 96, 97, 99, 02, 04, 10/06, 7/08, 7/10.

**Table 2**

<b>Lab→ Disease↓</b>	<b>Chemistry</b>	<b>Special Chemistry</b>	<b>Reference</b>	<b>Microbiology</b>	<b>Hematology</b>	<b>Virology</b>
Acquired Immuno- deficiency Syndrome (AIDS)	<b>X</b>		<b>X</b>			
Amebiasis			<b>X</b>	<b>X</b>		
Anthrax				<b>X</b>		
Arthropod-borne Encephalitis (Specify type)			<b>X</b>			
Aseptic meningitis			<b>X</b>	<b>X</b>		
Blastomycosis				<b>X</b>		
Botulism			<b>X</b>			
Brucellosis				<b>X</b>		
Campylobacteriosis				<b>X</b>		
Chancroid				<b>X</b>		
Chlamydial infection						<b>X</b>
Cholera				<b>X</b>		
Cryptococcosis				<b>X</b>		
Cryptosporidiosis				<b>X</b>		
Dengue			<b>X</b>			
Diphtheria			<b>X</b>			
EHEC + shiga toxin not serogrouped				<b>X</b>		
EHEC serogroup non 0157				<b>X</b>		
Ehrlichiosis			<b>X</b>			
Enterococcus (infection; resistant to vancomycin)				<b>X</b>		
Escherichia coli 0157:H7 infection				<b>X</b>		
Giardia				<b>X</b>		

<b>Lab→ Disease↓</b>	<b>Chemistry</b>	<b>Special Chemistry</b>	<b>Serology</b>	<b>Reference</b>	<b>Microbiology</b>	<b>Hematology</b>	<b>Virology</b>
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Gonorrhea							X
Haemophilus influenzae Meningitis					X		
Hansen Disease (leprosy)					X		
Hantavirus Pulmonary Syndrome				X			
Hepatitis B carriage in pregnancy, perinatal	X						
Hepatitis, Acute (A, B, C, Other)	X						
Herpes (neonatal)							X
Human Immunodeficiency Virus (HIV) infection				X			
Legionellosis				X			
Listeria					X		
Lyme Disease				X			
Lymphogranuloma venereum				X			
Malaria						X	
Measles (rubeola)				X			
Meningitis, other bacterial or fungal				X			
Mumps				X			
Mycobacteriosis, atypical					X		
Neisseria meningitis infection					X		
Pertussis					X		
Plague					X		
Psittacosis				X			
Rabies (animal & man)				X			

Lab→ Disease↓	Chemistry	Special Chemistry	Serology	Reference	Microbiology	Hematology	Virology
Rock Mountain Spotted fever (RMSF)				X			

Rubella (Congenital syndrome)		<b>X</b>					
Rubella (German Measles)		<b>X</b>					
Salmonellosis					<b>X</b>		
Shigellosis					<b>X</b>		
Smallpox				<b>X</b>			
Staphylococcus aureus (severe infection; resistant to Methicillin/Oxacillin or vancomycin)					<b>X</b>		
Streptococcus pneumoniae (infection; resistant to penicillin)					<b>X</b>		
Streptococcus pneumoniae (invasive infection in children <5 years of age)					<b>X</b>		
Syphilis		<b>X</b>					
Tetanus				<b>X</b>			
Transmissible Spongiform Encephalitis				<b>X</b>			
Trichinosis					<b>X</b>		
Tuberculosis					<b>X</b>		
Tularemia					<b>X</b>		
Typhoid fever				<b>X</b>			
Varicella (Chickenpox)							<b>X</b>
Vibrio infections (excluding cholera)				<b>X</b>	<b>X</b>		
Viral Hemorrhagic Fever				<b>X</b>			

**LOUISIANA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES**

**Attachment 1**

[www.std.dhh.louisiana.gov](http://www.std.dhh.louisiana.gov)

**PATIENT INFORMATION:**

Chart or Computer #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Work Phone: \_\_\_\_\_ Patient Cell Phone: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Gender:  MALE  FEMALE If female, pregnancy status:  Not Pregnant  Pregnant \_\_\_\_ mos.

Race:  White  Black  Asian/Pacific Islander  American Indian/Alaskan Native  Other/Unk Ethnicity:  Hispanic  Non-Hispanic

Marital Status:  Single  Married  Divorced  Widowed

<p><b>Provider Information:</b>                  Name: LSU Health Shreveport                  Address: 1501 Kings Highway PO Box 33932                  City/State/Zip: Shreveport, Louisiana 71130-3932                  Name of Person Reporting: _____                  Department reporting if other than Infection Control: _____</p>
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CHLAMYDIA	GONORRHEA	SYPHILIS	OTHER
<input type="checkbox"/> Uncomplicated <input type="checkbox"/> Ophthalmia neonatorum <input type="checkbox"/> Oral / Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Pelvic Inflammatory Disease (PID) <input type="checkbox"/> Pneumonia	<input type="checkbox"/> Uncomplicated <input type="checkbox"/> Disseminated Gonococcal Infection (DGI) <input type="checkbox"/> Ophthalmia neonatorum <input type="checkbox"/> Oral / Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Other Resistant Strain <input type="checkbox"/> Pelvic Inflammatory Disease (PID) <input type="checkbox"/> Penicillinase – Producing <i>Neisseria gonorrhoeae</i> (PPNG)	NOTE: Call to report, then follow-up with form. <input type="checkbox"/> Primary (Lesions) <input type="checkbox"/> Secondary (Rashes) <input type="checkbox"/> Early Latent (<1 year) <input type="checkbox"/> Late Latent (>1 year) <input type="checkbox"/> Tertiary - Cardiovascular <input type="checkbox"/> Tertiary - Neurosyphilis <input type="checkbox"/> Congenital <input type="checkbox"/> Unknown stage	<input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Herpes Simplex Virus (only report neonates) <input type="checkbox"/> Lymphogranuloma venereum <input type="checkbox"/> Other (specify) _____ _____
Date of Test(s):	Date of Test(s):	Date of Test(s):	Date of Test(s):
Reporting Laboratory:	Reporting Laboratory:	Reporting Laboratory:	Reporting Laboratory:
<b>Test(s) Conducted:</b> <input type="checkbox"/> Culture <input type="checkbox"/> NAATs <input type="checkbox"/> Nucleic Acid Probe <input type="checkbox"/> Point-of-Care Test _____	<b>Test(s) Conducted:</b> <input type="checkbox"/> Culture <input type="checkbox"/> NAATs <input type="checkbox"/> Nucleic Acid Probe <input type="checkbox"/> Gram Stain _____	<b>Test(s) Conducted:</b> <input type="checkbox"/> IgG _____ <input type="checkbox"/> RPR _____ <input type="checkbox"/> VDRL _____ <input type="checkbox"/> MHATP _____ <input type="checkbox"/> FTA _____ <input type="checkbox"/> Other _____	<b>Test(s) Conducted:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>Date of Treatment:</b>	<b>Date of Treatment:</b>	<b>Date of Treatment:</b>	<b>Date of Treatment:</b>
<b>Treatment</b> <input type="checkbox"/> Azithromycin 1 gm orally x 1 dose <input type="checkbox"/> Doxycycline 100 mg BID x 7 days <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ IF PATIENT IS PREGNANT <input type="checkbox"/> Azithromycin 1 gm orally x 1 dose <input type="checkbox"/> Erythromycin 500 mg QID x 7 days <input type="checkbox"/> Amoxicillin 500 mg TID x 7 days <input type="checkbox"/> Other: _____	<b>Treatment</b> <input type="checkbox"/> Cefixime 400 mg orally x 1 dose <input type="checkbox"/> Ceftriaxone 125 mg IM x 1 dose <input type="checkbox"/> Ceftriaxone 250 mg IM x 1 dose <input type="checkbox"/> Ciprofloxacin 500 mg orally x 1 dose <input type="checkbox"/> Ofloxacin 400 mg orally x 1 dose <input type="checkbox"/> Levofloxacin 250 mg orally x 1 dose <input type="checkbox"/> Other: _____ IF PATIENT IS PREGNANT <input type="checkbox"/> Cefixime 400 mg orally x 1 dose <input type="checkbox"/> Ceftriaxone 125 mg IM x 1 dose <input type="checkbox"/> Ceftriaxone 250 mg IM x 1 dose <input type="checkbox"/> Spectinomycin 2 gm IM x 1 dose <input type="checkbox"/> Other: _____	<b>Treatment</b> 2.4 million units Benzathine penicillin G (BIC)  Date(s) given: 2.4 _mu BIC ___/___/___ (MM/DD/YEAR) 2.4 _mu BIC ___/___/___ (MM/DD/YEAR) 2.4 _mu BIC ___/___/___ (MM/DD/YEAR)  <input type="checkbox"/> Other: _____ Date given: ___/___/___	<b>Treatment</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>Partner Information:</b> # Treated by provider: _____ # Referred to Health Dept: _____	<b>Partner Information:</b> # Treated by provider: _____ # Referred to Health Dept: _____	<b>Partner Information:</b> # Treated by provider: _____ # Referred to Health Dept: _____	<b>Partner Information:</b> # Treated by provider: _____ # Referred to Health Dept: _____

Has this patient had a previous sexually transmitted disease in the last 12 months? Yes No If yes, disease: \_\_\_\_\_