PURPOSE:
To guide clinicians in reporting infections to the Louisiana Department of Health.

POLICY:
1. The charge nurse or physician shall complete STD-43 form (attached) on any patient diagnosed with:
   a. Chlamydia;
   b. Gonorrhea;
   c. Syphilis;
   d. Chancroid;
   e. Granuloma inguinale;
   f. Hepatitis A, B, or C;
   g. Herpes simplex virus in neonates; or
   h. Lymphogranuloma venereum

2. Be sure to record treatment on the form. If no treatment was given, record “no treatment” in the “other” box.

3. Fax the completed form to the Infection Control Department (fax number 675-5800) or deliver it to the Infection Control office in room H9-16 of the hospital building.

4. The Infection Control Department will log the report and forward the form to Public Health or enter the information into the Infectious Disease Reporting Information System, in compliance with state regulations.

5. Cases of syphilis with active lesions should be reported by telephone by the charge nurse or diagnosing physician within one business day directly to the local DHH disease intervention specialist at (318) 676-5412 or (318) 676-5411 or to the Infection Control Department at 675-5110.

6. For all other reportable diseases, the charge nurse or physician should notify the Infection Control Department by phone at 675-5110. The Infection Control department will complete required reporting.

7. The inpatient charge nurse will notify the Infection Control Department by phone when patients are admitted with the following communicable diseases:
   a. Tuberculosis
   b. Acute meningococcal meningitis
c. Chickenpox

Additional Reporting

A. Clinical Laboratory

1. The Clinical Laboratory provides the Infection Control Department with a copy of all positive microorganism and infectious disease reports listed in the Reportable Conditions list.

2. Clinical Laboratory reports diseases on the Reportable Conditions list directly to the DHH in accordance with the Clinical Pathology State Lab Reporting policy located in the clinical pathology laboratory policy and information manual.

3. The Clinical Laboratory is responsible for notifying the ICP and the Tuberculosis Coordinator at the Caddo-Shreveport Health Unit of all cases of tuberculosis reported from the Laboratory. All positive mycobacterium smears are reported to the Infection Control Department.

B. Medical Records

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.
ATTACHMENTS

Table 1

Reportable Diseases

Class A Diseases or Conditions
Report within 24 Hours 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 or novel strain Influenza A (initial detection)
- Botulism
- Brucellosis
- Cholera
- *Clostridium perfringens*
- Diphtheria
- Foodborne infection
- *Haemophilus influenzae* (invasive infection)
- Influenza-associated mortality
- Measles (rubeola)
- *Neisseria meningitidis* (invasive infection)
- Pertussis
- Plague
- Poliomyelitis, paralytic
- Q fever (*Coxiella burnetii*)
- Rabies (animal and man)
- Rubella (congenital syndrome)
- Rubella (German measles)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
- Smallpox
- *Staphylococcus aureus*, Vancomycin Intermediate or Resistant (VISA/VRSA)
- Tularemia
- Viral Hemorrhagic Fever
- Yellow Fever

Class B Diseases or Conditions
Report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amoeba (free living infection: *Acanthamoeba, Naegleria, Balamuthia*, Others)
- Anaplasmosis (*Anaplasma phagocytophilum*)
- Arthropod-borne encephalitis-Neuroinvasive disease (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others)
- Aseptic meningitis
- Babesiosis
- Chagas Disease (*Trypanosoma cruzi*)
- Chancroid
- Dengue Fever
- *Escherichia coli*, Shiga-toxin producing (STEC), including 0157:H7
- Granuloma inguinale
- Hantavirus infection or 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)
HIV infection in pregnancy
HIV perinatal exposure
Legionellosis (acute disease)
Malaria
Mumps
Salmonellosis
Shigellosis
Syphilis (report active lesions by phone within 1 business day to (504) 568-9374)
Tetanus
Tuberculosis
Typhoid Fever

Class C Diseases or Conditions
Report 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)
Anaplasma Phagocytophilum
Blastomycosis
Campylobacteriosis
Chlamydial infection
Cryptococcosis
Cryptosporidiosis
Cyclosporiasis
Ehrlichiosis
Enterococcus -Vancomycin Resistant; (VRE invasive disease)
Giardia
Gonorrhea
Hansen’s Disease (leprosy)
Hepatitis B (acute, carriage other than in pregnancy)
Hepatitis C (acute illness)
Hepatitis C (past or present disease)
Human Immunodeficiency Virus (HIV) (infection other than as in Class B)
Human T Lymphocyte Virus (HTLV I and II infection)
Leptospirosis
Listeria
Lyme Disease
Lymphogranuloma venereum
Meliodosis (Burkholderia pseudomallei)
Meningitis, Eosinophilic
Nipah Virus infection
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 pneumonia, invasive disease
Transmissible Spongiform Encephalopathies (Creutzfeldt-Jacob Disease & variants)
Trichinosis
Varicella (chickenpox)
Vibrio infections (other than cholera)
Yersiniosis

Table revised 4/25/13

Questions disease reporting should be directed to the Infection Control Department at 675-5110.

References:

Public Health, Title 51, Louisiana Sanitary Code, April 2013.

Written: 1994

Revised: 96, 97, 99, 02, 04, 10/06, 7/08, 7/10, 9/13.
Table 2  Reportable diseases and the laboratories that report them.

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<thead>
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<th>Disease</th>
<th>Chemistry</th>
<th>Special Chemistry</th>
<th>Reference</th>
<th>Microbiology</th>
<th>Hematology</th>
<th>Virology</th>
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<td>Rabies (animal &amp; man)</td>
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<td>Rock Mountain Spotted fever (RMSF)</td>
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<tr>
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<td>Streptococcus pneumoniae (invasive infection in children &lt;5 years of age)</td>
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<td>Vibrio infections (excluding cholera)</td>
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LOUISIANA CONFIDENTIAL REPORT OF
SEXUALLY TRANSMITTED DISEASES
www.std.dhh.louisiana.gov

PATIENT INFORMATION:
Chart or Computer #: ________________________________

Name: __________________________________________
Address: ________________________________________
City/State/Zip: ____________ SSN: ____________________

Patient Home Phone: ________________________________
Patient Work Phone: ________________________________
Patient Cell Phone: _________________________________

Name: __________________________________________
Chart or Computer #: ________________________________

Gender: □ MALE □ FEMALE  If female, pregnancy status: □ Not Pregnant □ Pregnant ______ mos.

DOB (MM/DD/YYYY): ____________________________

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

Marital Status: □ Single □ Married □ Divorced □ Widowed

CHLAMYDIA

□ Uncomplicated
□ Ophthalmia neonatorum
□ Oral / Pharyngeal
□ Rectal
□ Pelvic Inflammatory Disease (PID)
□ Pneumonia

GONORRHEA

□ Uncomplicated
□ Disseminated Gonococcal Infection (DGI)
□ Ophthalmia neonatorum
□ Oral / Pharyngeal
□ Rectal
□ Other Resistant Strain
□ Pelvic Inflammatory Disease (PID)
□ Penicillinase – Producing Neisseria gonorrhoeae (PPNG)

SYPHILIS

□ Tertiary - Neurosyphilis
□ Congenital
□ Unknown stage

OTHER

□ Chancroid
□ Granuloma Inguinale
□ Hepatitis A
□ Hepatitis B
□ Hepatitis C
□ Herpes Simplex Virus (only report neonates)
□ Lymphogranuloma venereum
□ Other (specify) __________

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

Mail to: Louisiana Office of Public Health STD Control Program PO Box 60630 New Orleans, LA 70160
FORM STD-43 Revised 10/2009