CHLAMYDIA MANUAL

OREGON REPRODUCTIVE HEALTH PROGRAM

In partnership with the Oregon Sexually Transmitted Disease Program, the Oregon Public Health Laboratory, and the Region X Infertility Prevention Project

REVISED NOVEMBER 2012
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Introduction

In 1988, the Sexually Transmitted Disease (STD) and Family Planning Programs along with the state laboratories from DHHS Region X (ten) - Alaska, Idaho, Oregon and Washington - agreed to collaboratively work together to find a cost effective way to test high-risk female clients in family planning clinics for Chlamydia. This project was initially funded with Family Planning/Title X and STD/CDC (Center for Disease Control) funds. Because of the project’s success in determining clients at high-risk and eligible for testing and in reducing the Chlamydia positivity rates by 60%, federal legislation was passed in 1992 that authorized the national Infertility Prevention Program (IPP) through the CDC. Currently all states receive funds from the CDC for IPP. IPP service sites have expanded from family planning clinics to include a variety of other settings, i.e. primary care clinics, juvenile centers, migrant and community health clinics, university health services, etc.

Region X IPP

Each of the ten federal DHHS regions has an IPP regional office/Coordinator. The Region X IPP office is in Seattle, WA. In Region X, representatives from each of the four states and the regional office including Family Planning, STD and Laboratory program staff comprise the Region X IPP Advisory Committee. The committee meets on a regular basis to help assess, plan, implement and evaluate regional and state Chlamydia activities.

Oregon IPP Contacts

IPP Contacts in Oregon:

Doug Harger, DHS Public Health Division STD Program: 971-673-0149
Carol Elliott, DHS Public Health Division RH Program: 971-673-0362
Chris Biggs, DHS Public Health Division, Public Health Laboratory: 503-693-4154
Kathleen Altman, Planned Parenthood of the Columbia Willamette: 503-775-4931 Ext 3302
Region X IPP and Oregon Reproductive Health Program Screening Criteria

Because many Chlamydial infections are asymptomatic and because it is not cost-effective to test all females in family planning and other non-STD clinic sites, Region X and the CDC have developed selective screening criteria that must be followed in clinics participating in the Region X IPP. Years of data collection/research have helped to refine the testing criteria that are currently used in Region X. The screening criteria for all family planning clinics in Oregon and all other non-STD clinic sites are as follows:

- Women 24 and under should be tested at least annually whether or not they are undergoing a pelvic examination.
- Women age 25-29 who meet at least one of the following criteria should be screened:
  - Cervical findings consistent with cervicitis (friable cervix, mucopurulent discharge or ectopy with inflammation or edema)
  - Clinical findings consistent with Pelvic Inflammatory Disease (PID)
  - Exposed to Chlamydia or gonorrhea in the last 60 days
  - Symptomatic (urethritis) male sex partner in the last 60 days
  - Positive for Chlamydia or Gonorrhea in the past 12 months.
- Females age 30 and older only if they have been exposed to a sexual partner with Chlamydia or Gonorrhea.
- Male partners of female clients who have had a positive Chlamydia or Gonorrhea test result in family planning or other non-STD IPP clinic sites may be tested as part of the project. All other male clients seeking testing must be served under the STD Program using an STD site number on the lab slip, and meet STD Program screening criteria.

3% Positivity

IPP funding from the CDC for Oregon is limited. The STD Program is monitoring Chlamydia screening sites that participate in IPP for positivity rates. If a clinic positivity rate falls below 3%, the state STD Program may contact your clinic to discuss ways to eliminate testing among low risk populations and increase testing in populations of higher risk. Suggestions for family planning clinic sites include: carefully following above screening criteria, especially with older clients; and increasing testing in high risk populations who have not previously been tested, i.e. age 24 or less when a pregnancy test is the primary reason for visit.
Region X IPP Lab Slip/Data Tool

The “Chlamydia Test Region X Infertility Prevention Project” triplicate NCR form is a combination lab slip and data collection tool. Data collection is necessary to support ongoing research and funding for the Region X IPP and provision of local services. Each state in Region X has a somewhat different lab slip to meet the needs of its program.

OREGON CHLAMYDIA LAB/DATA COLLECTION FORM

Note: Link to order above form:
Lab Slip Information:

- Instructions for the “Chlamydia Test Region X – IPP” (lab/data collection form) are printed on the back of the form.
- When filling in boxes with numbers (such as the box for client number), write the numbers starting either from the left or ending on the right. You do not need to zero-fill.
- When using a client name label, place it only on the white copy of the lab slip.
- Send the white and pink lab slip copies with the specimen to the lab. File the green copy in the client’s medical chart in the “Lab” section.
- If a female client is age 25 or older, one of the Bold Font criteria on the bottom of the lab slip should be met (although “IUD Insert” and “Is the client pregnant?” do not apply). Male clients must be a contact of a female family planning client. Although not in bold font, “Rescreening: CT+” is also an allowable criteria.
- Required items are: Client Number; Date of Birth; Date Specimen Collected; Service Site Number; Provider/Clinic Address; Client Sex, and Specimen Site. If the Specimen Site is “vaginal”, “patient” or “clinician” must be specified. If data elements are missing, inconsistent, or illegible the slip may be returned for correction.
- All data items are used in Oregon and Region X IPP annual reports, decision making, research, and grant applications. Providing accurate data is very important. Accuracy of data reporting and % not meeting screening criteria will be audited during site reviews.
- The “Service Site” number is different for “Family Planning” and “STD” clinic clients.
- If the client is enrolled in CCare and CCare is going to be billed for the visit when the Chlamydia test is done, check the “yes” by “FPEP”. If the visit will not be billed to CCare, mark “no” even if the client is enrolled in CCare. For example, a CCare client is in the family planning clinic for an infection check and a Chlamydia test is done. The visit can’t be billed to CCare, so the FPEP box in the Chlamydia lab slip should be “no”.
- If the client is enrolled in the Oregon Health Plan, the lab can bill Medicaid for the test. To bill Medicaid, you must add the client’s Medicaid number and give an ICD-9 Code. Suggested ICD-9 codes are: V74.5 (Screening, STD w/o signs/symptoms) or V01.6 (Symptomatic, exposure to STD or treatment only visit)
- The “Provider/Clinic Address” information must be completed. The street address is now used instead of a “Submitter Code”.

Oregon RH Program Chlamydia Manual

July, 2007

Revised July 2009, December 2010, November 2012
Collecting Specimens and Lab Test Used in Oregon IPP

- The Aptima Combo 2 Amplification, a Nucleic Acid Assay Test (NAAT) from Gen Probe is currently used for female and male tests. It is a dual test that includes both Chlamydia and gonorrhea in the same sample.
- The test can be used for the following specimen types: male urethral swab, endocervical swab, female urine, male urine, vaginal swab-clinician collected, and vaginal swab-client collected.
- NAATs are very sensitive to contamination. It is important to use clean technique to reduce contamination i.e. do not set tube tops on the countertop.
- All samples can be transported at room temperature although it is OK to refrigerate them.
- General Instructions:
  - Use two identifiers on the specimen. The first is one of the bar code labels at the bottom of the lab form. The second is added by providers and could be the date of birth, name, or client ID number. This ID info can be added on the bar code label, or a second label added to the tube.
  - Don’t place labels over the window of the black “fill” lines where optimum urine volume is shown.
  - Place labels vertically along the length of the test tube, rather than around horizontally.
  - Write the second client identifier on the label before placing it on the test tube.
  - Don’t allow any fluid to escape from uncapped collection/transport tubes.
  - Screw caps on tightly.
  - Don’t pierce the foil seal on top of the test tube lid.
  - Always use the sterile swab supplied by the manufacturer.
  - Up to 10% of blood in the specimen does not interfere with the test.
  - Overfilled urine tubes, unlabeled tubes, large swabs, and no swab in the specimen tube are unacceptable specimens and will not be processed.
- Specimen kits can be ordered by using the form at this web site: [http://public.health.oregon.gov/LaboratoryServices/Documents/stock3.pdf](http://public.health.oregon.gov/LaboratoryServices/Documents/stock3.pdf)
- Deliver specimens via the lab courier to: OSPHL, at 3150 NW 229th Ave, Suite 100, Hillsboro OR, or mail them to OSPHL, PO Box 275, Portland, OR 97207.
**Endocervical Swab Collection**

- Recommendations for female endocervical specimen collection:
  - Collect other specimens first.
  - Remove excess mucus from the cervical os and surrounding mucosa using the cleaning swab (larger of 2 swabs provided, white shaft, in the package with red printing). Discard swab.
  - Insert the specimen collection swab (smaller swab, blue shaft, in the package with green printing) into the endocervical canal.
  - Rotate the device with firm pressure for at least 15 seconds.
  - Carefully remove the swab from the vagina to avoid contamination.
  - Remove the cap from the swab specimen transport tube and immediately place specimen collection swab into the specimen transport tube.
  - Break off the shaft of the swab at the score line and cap the tube tightly.
- The specimen must be stored and transported at 35.6 - 80°F in the transport tube provided by Oregon State PH Lab within 60 days of collection. However, *the PH Lab strongly recommends that specimens be submitted within 30 days.*

**Male Urethral Swab Collection**

- Insert the specimen collection swab (smaller swab, blue shaft swab, package with green printing) 2-4 cm into urethra.
- Gently rotate the swab clockwise for 2-3 seconds in the urethra to ensure adequate sampling.
- Withdraw the swab carefully.
- Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the specimen transport tube.
- Break the swab shaft at the score line, and cap the tube tightly.
- The specimen must be stored and transported at 35.6 - 80°F in the transport tube provided by Oregon State PH Lab within 60 days of collection. However, *the PH Lab strongly recommends that specimens be submitted within 30 days.*
**Female/Male Urine Collection**

- General Instructions:
  - The client should NOT have urinated for at least 1 hour prior to specimen collection, although this is not grounds for denying a test to a high risk client.
  - Collection of larger volumes of urine than suggested may result in specimen dilution that may reduce test sensitivity.
  - Female clients should NOT cleanse labial area prior to providing the specimen.
  - Do NOT remove or puncture the foil seal on top of the test tube lid. The lab will remove the seal during testing.
- Direct the client to catch approximately 15-30 ml of the initial urine stream into a urine collection cup free of any preservatives. Clinic staff then retrieve the specimen cup.
- To reduce the risk of contamination of the specimen:
  - use a separate pipette for each specimen;
  - aliquot each specimen as soon after collection as possible;
  - work with only one open container at a time; and
  - if possible, work in a low-traffic area.
- Within one hour after urine collection and no longer than 24 hours, clinic staff removes the cap from the urine specimen transport tube and transfers 2 ml of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine is when the fluid level is between the black fill lines on the urine tube label.
- If the urine is not transferred to the specimen transport tube immediately, mix by gently pipetting up and down 8-10 times before transferring to the tube.
- Re-cap the urine specimen transport tube tightly. The specimen is now called a “processed urine specimen.”
- The processed urine specimen must be stored and transported at 35.6 - 80°F in the transport tube provided by Oregon State PH Lab within 30 days of collection.
- It is not acceptable to use a urine specimen collected off-site and brought into a clinic (i.e. a first a.m. specimen for pregnancy testing). If the client is unable to provide another urine sample, suggest a client collected vaginal swab.
Client Vaginal Swab Collection

- General instructions:
  - Although a clinician could obtain a vaginal swab specimen, these instructions are primarily for client use.
  - The clinic may use a test tube rack to make the collection less complicated for the client but a test tube rack isn’t required.
  - Simple picture/instruction handouts are available in English and Spanish and may be posted in the area to be used for specimen collection (i.e. ladies’ restroom).
  - Advise the client to request a new testing kit if:
    - the collection swab tip is touched/laid down,
    - the tube contents are spilled or dropped, or
    - the swab flips out of the tube.
- Open the vaginal swab collection kit which contains a vaginal specimen collection swab and a tube containing transport media and remove the swab package.
- Partially peel open the swab package and remove the swab.
- Hold the swab with thumb and forefinger near the middle of the swab.
- Carefully insert the swab into the inside opening of the vagina about 2 inches. Rotate the swab for 10-30 seconds, making sure the swab touches the walls of the vagina.
- Withdraw the swab without touching skin.
- While holding the swab in the same hand, unscrew the tube cap. Do not spill the tube contents.
- Immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label.
- Carefully break the swab shaft at the score line against the side of the tube and tightly screw the cap onto the tube.
- The specimen must be stored and transported at 35.6 - 80\(^\circ\)F in the transport tube provided by Oregon State PH Lab within 60 days of collection. However, the PH Lab strongly recommends that samples be submitted within 30 days.
Interpretation of results

- Two results will be reported, one for Chlamydia and one for gonorrhea.
- Final results that will be reported to the clinic include:
  - Positive for rRNA
  - Negative for rRNA
  - Indeterminate, please recollect (Reasons for “indeterminate” are an equivocal/invalid test result that repeats as equivocal/invalid on the lab retest or an initial positive test that is negative on lab retest.)

Region X IPP Treatment Guidelines

Presumptive Treatment
Clients presumed to have Chlamydial infection may be treated prior to receiving the test result using the following criteria:

- History of a recent sexual partner with confirmed Chlamydia or gonorrhea.
- Confirmed gonorrhea.
- A symptomatic partner.
- A physical exam result consistent with cervicitis (friable cervix, mucopurulent discharge, or ectopy with inflammation or edema).

Treatment for presumed or confirmed positive Chlamydia in a non-pregnant female or any male:

- Doxycycline 100 mg orally 2 times a day for 7 days
  -OR-
- Azithromycin 1 gm orally (sachet or tablets) in single dose
- See the CDC 2010 STD TX Guidelines for alternative/pregnancy/breastfeeding regimens
General Medication/Treatment Instructions:

- Doxycycline:
  - emphasize taking entire supply on twice daily basis;
  - should be taken with plenty of water and can be taken with food;
  - practice abstinence or use condoms during the treatment week;
  - avoid sunlight during the treatment week or use sunscreen SPF 30; and
  - stress the importance of partner treatment.

- Azithromycin:
  - single dose treatment should be directly observed;
  - tablets and sachet can be taken with food and should not be taken on an empty stomach;
  - practice sexual abstinence or use condoms for 7 days after treatment;
  - stress the importance of partner treatment.

Contact the state STD Program and/or CDC web site for gonorrhea treatment recommendations when indicated.

Report of Positive Chlamydia or Gonorrhea Test Results

Your agency must report positive Chlamydia or gonorrhea test results to the County Health Department or directly to the State of Oregon STD Program. See appendix for a sample of the “Confidential STD Case Report” (form DHS 8352 3/06). The report is sent to:

Oregon STD Program
Division of Public Health
800 NE Oregon St., Suite 1105
Portland, OR 97232
Pelvic Inflammatory Disease (PID)

PID comprises a spectrum of inflammatory disorders of the upper female genital tract and may include any combination of endometritis, salpingitis, tubo-ovarian abscess and pelvic peritonitis. If PID is suspected, perform a pregnancy test to rule out pregnancy. Also rule out other causes for symptoms, (e.g. appendicitis). The minimum criteria for diagnosis and initiation of treatment in young, sexually active women includes one or more of the following:

- Uterine/adnexal tenderness
- Cervical motion tenderness – moderate to severe pain elicited when cervix is manipulated or palpated

Additional criteria supportive of PID diagnosis includes:

- Client history of recent onset of pelvic pain or dyspareunia
- Presence of WBCs on wet mount
- Abnormal mucopurulent cervical or vaginal discharge
- Intermenstrual bleeding or post-coital bleeding
- Lab confirmation of cervical infection with gonorrhea or Chlamydia
- Fever > 101° F, tachycardia
- Elevated erythrocyte sedimentation rate
- Elevated C-reactive protein.

No single therapeutic regimen has been established for persons with PID. PID therapy must provide empiric, broad-spectrum coverage of likely pathogens. Follow your agency protocols for PID management; refer to the CDC MMWR December 17, 2010 (STD Treatment guidelines, 2010) issue for more specific criteria and treatment recommendations.

Partners of Chlamydia-Positive Clients

Prevention of re-infection is critical to reducing the serious long term sequelae of Chlamydia, e.g. PID, chronic pelvic pain, or infertility. Clients must be educated about the importance of partner notification and treatment. No client can be considered treated until partners are also treated.

- All Chlamydia positive clients must be advised to have their partners treated. Conduct an interview to discuss referral or schedule appointments for evaluation.
- If staffing permits and the client is willing, elicit names of exposed partners for active follow-up.
• Sex partners exposed within 60 days of the client's diagnosis should be promptly examined for STDs.
• Partner treatment without examination is discouraged, but preferable to no treatment.
• Sex partners should be treated presumptively for Chlamydia at the time of their initial visit.
• Any woman with PID should be advised to refer her sex partner for evaluation and treatment.
• Consider Expedited Partner Therapy (EPT)* for client with partners who are unable to come in to be examined/treated or whom the clinic staff judges are unlikely to seek timely clinical services.
  o Do not offer EPT to partners who are pregnant, are men who have sex with other men, have liver disease, heart disease, kidney failure or any other serious health problems.
  o If possible, interview partner(s) via phone contact to explain reason for providing EPT, ask about STD symptoms, learn of allergy or problems identified above and answer questions.
  o Provide client with Azithromycin (Zithromax) 1 gm PO for each of the identified partners who have been identified as needing EPT.
  o Provide informational materials to accompany each medication dosage that have clear instructions, warnings and referral information.
  o Advise that clients and partners should abstain from sex for at least seven days after treatment/partner has received treatment.
  o Use resources available on the Oregon STD Program website:
    http://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx

*Drug supplies purchased through the federal 340b program should NOT be used for EPT purposes.
Retesting

Test of Cure (TOC)

- TOC (repeat testing 4 weeks after completing therapy) is not routinely recommended as resistant Chlamydia has not yet developed.
- Indications for TOC are:
  - Persistent symptoms
  - Client is pregnant
  - Reinfection is suspected
  - Client was noncompliant with doxycycline treatment
- TOC should not be done in any case less than 4 weeks after initiation of treatment.

Rescreening

- Rescreening (retesting women with a Chlamydial infection three months after treatment) is currently not required but recommended by the CDC and Region X IPP.
- Rationale for rescreening:
  - A high prevalence of Chlamydial infection is found in women who have had a Chlamydial infection in the preceding several months.
  - Reinfection often results because the client’s sex partners were not treated or because the client resumed sex among a network of persons with a high prevalence of infection.
  - Repeat infection confers an elevated PID risk and other complications when compared with initial infection.
- All women with a Chlamydia infection should be advised to return to the clinic for retesting 3 months after treatment.
- Clients who are seen 3-12 months following a positive Chlamydia test/treatment should be encouraged to be retested.
- The Region X IPP pays for rescreening tests.
- If a rescreening test is performed, remember to indicate it under “Reason for Visit” on the Region X IPP lab slip.
- At this time, there is inadequate information to routinely recommend rescreening for male clients.
Client Education and Risk Reduction Activities

Clients Receiving Screening Services

- Review client-identified STD/HIV risk behaviors with the client.
- Tell the client that she is receiving a Chlamydia test and briefly describe what it is and why she should be tested.
- Discuss the process for receiving results.
- Confirm that contact information in the chart is current/correct.
- Encourage risk reduction, offer information and encourage/offer condoms.
- Ask the client if they have any concerns or questions.

Clients With Chlamydia/Presumed Chlamydia

- Discuss the disease, including that it is a bacterial STD, that it is very common and treatable, that it is frequently asymptomatic, how it is spread, signs/symptoms, that the client may have had it for a long time without knowing it, etc.
- Discuss treatment options/side effects and stress the importance of completing all of medications and not sharing one medication prescription with partners.
- Stress the necessity of testing/treating partners. Each partner needs a full prescription.
- Advise abstinence/condom use for 7 days and/or until 7 days after partner has received treatment.
- Advise women to seek immediate medical care if fever/chills/severe abdominal pain or other symptoms of PID develop.
- Advise male partners to seek medical care if signs or symptoms of prostatitis or epididymitis develop.
- Encourage risk reduction, offer information, and encourage/offer condoms.
- Discuss/encourage female client rescreening.
APPENDIX

- Oregon IPP Lab Slip, (front and back) with Ordering Instructions
- Sample Chlamydia Protocol for Family Planning Clinics
- Vaginal Swab Collection Client Instructions – English/Spanish
- OSPHL Stockroom Order Request Form
- Confidential STD Case Report Form
- Virology/Immunology Request Form
## Chlamydia Test
### Region X Infertility Prevention Project

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<th>Client Name</th>
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### Test Results

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**Submitter Code**

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### ETNHCITY: (check all that apply)

| 1 □ Hispanic 2 □ Non-Hisp. |

### RACE: (check all that apply)

| 1 □ White 2 □ Black 3 □ Amer. Ind./AK Native 4 □ Asian 5 □ Hawaiian/Pac. Islander 6 □ Other |

### REASONS FOR VISIT: (patient-reported, check all that apply)

| 2 □ Routine Visit 1 □ Symptoms 13 □ STD Screening 4 □ Exposed to CT 19 □ Exposed to GC 7 □ Exposed to Other STD 12 □ Pregnancy Test Only 11 □ Rescreening; CT+ 20 □ Rescreening; GC+ |

### SYMPTOMS: (patient-reported)

| 1 □ Abnormal Vaginal/Urethral Discharge |

### SEX WITH: 1 □ Men 2 □ Women 3 □ Both |

---

**EXAMINATION: Client examined 0 □ Yes 1 □ No**

### FINDINGS: FEMALE (check all that apply)

**REASONS FOR VISIT: (patient-reported, check all that apply)**

| 2 □ Routine Visit 1 □ Symptoms 13 □ STD Screening 4 □ Exposed to CT 19 □ Exposed to GC 7 □ Exposed to Other STD 12 □ Pregnancy Test Only 11 □ Rescreening; CT+ 20 □ Rescreening; GC+ |

### SYMPTOMS: (patient-reported)

| 1 □ Abnormal Vaginal/Urethral Discharge |

### SEX WITH: 1 □ Men 2 □ Women 3 □ Both |

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**AHLERS COPY**

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**Note:** Items in **bold** below the centerline are selective screening criteria for women

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### DHS-5511 (10/2009)
Lab Slip Instructions
Please be sure that all items are completed and press firmly when completing the form.

Client Name: Please print LAST NAME, FIRST NAME.
Client Number (required): Write in client’s unique identification number at your clinic.
Date of Birth (required): Write in the client’s birth date, as two-digit month, two-digit day, and four-digit year.
Date Specimen Collected (required): Write in the date the client was tested for CT at the service site, as a two-digit month, two-digit day, and four-digit year.
Service Site (required): Write in the unique identification number for your clinic.
Client Sex (required): Check the appropriate box.
Clinician Number: This is the code assigned to each clinician, as a clinician identifier.
Client Zip Code: Enter the client’s five-digit zip code.
Specimen Site (required): Mark the anatomical site from which the specimen is collected. If urine collected, check “Urine.” If “Other,” specify on the line. For vaginal swabs, check the box to indicate whether the patient or clinician collected the specimen.
Specimen Frozen: Check the box “Yes” if the specimen is stored frozen until shipment. Otherwise, check “No.”
Provider/Clinic Address (required): Fill in the complete address of your site on all three copies of the lab slip.
Medicaid No.: If applicable, enter the client’s Medicaid number in the box provided.
ICD Code: Selected clinics are capturing codes for designating this service activity based on the International Classification of Diseases. Consult with your state coordinator for additional information on acceptable responses.
FPED Oregon agencies participating in the Family Planning Expansion Project complete this item. If the client is an FPED participant, mark “Yes.”
Submitter Code: Oregon agencies write their six-digit submitter code in the spaces provided. You still need to complete Provider/Clinic Address.
Ethnicity: Check “Hispanic” if the client indicates Hispanic ethnicity, including Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish-speaking origins.
Race: Check all racial categories reported by the client; multiple responses are allowed. Definitions of racial categories can be found at www.census.org.
Reasons for Visit (required): patient-reported, check all that apply.
Routine Visit: any reproductive health exam not specifically for STD screening; for example, initial or annual gynecologic exam, primary care visit, regular health check-up or annual physical.
Symptoms: any physical symptoms.
STD Screening: any client who states “just want to get checked” or “want an STD test” or receives routine CT screening, such as a urine test, without pelvic or genital examination.
Exposed to CT: had sex with a partner known to have CT or was notified by a health care provider that they were exposed or a contact to chlamydia in the last 60 days.
Exposed to GC: had sex with a partner known to have GC or was notified by a health care provider that they were exposed or a contact to gonorrhea in the last 60 days.
Exposed to Other STD: had sex with a partner with an STD, not CT or GC; or was notified by a health care provider that they were exposed to an STD, not CT or GC, in the last 60 days.
Pregnancy Test Only: any female client seen at a clinic where the only service provided was a urine pregnancy test.
Rescreening: CT+: any client who returned for a CT test following a prior CT+ test result. Encourage client to rescreen within 3-6 months.
Rescreening: GC+: any client who returned for a GC test following a prior GC+ test result. Encourage client to rescreen within 3-6 months.
Symptoms: Check if client reports abnormal discharge.
Sex: With: Check the sex of the client’s sex partners in the last 12 months.
Examination: If client receives a genital exam, check “Yes,” if client is not examined, check “No.”
Findings: Female (check all that apply)
Normal Appearance: a normal appearing cervix or a cervix that does not include any of the CT-related signs listed below.
Mucopurulence: yellow or green discharge from the cervix (not the vagina).
Friability: easily induced bleeding with the first swab to touch the cervix.
Ectopy with inflammation or edema: swelling or erythema in the area of visible ectopy.
PID (Pelvic Inflammatory Disease): signs associated with PID include cervical motion tenderness, uterine and adnexal fullness/thickening or pain.
Findings: Male (check all that apply)
Normal Appearance: normal appearing genitalia or genitalia that does not include any of the CT-related signs listed below.
Urethral Discharge: discolored or unusual discharge from the urethral meatus.
GC on Gram stain: the presence of gram-negative intracellular diplococci on a Gram stain.
Epididymitis: signs associated with epididymitis include unilateral scrotal pain and swelling.
Is this client pregnant? Ask every female client if she is pregnant. Check the appropriate response.
IUD Insert: Mark “Yes,” if services at this visit were part of a clinical plan which will result in an IUD insert at some later visit.
Presumptive Tx for CT: Mark “Yes,” if the client received medication prior to laboratory confirmation of CT infection.
Risk History: Ask every client each of the risk history questions. Check the appropriate response category.
Note: Positive CT last 12 months: check “Yes,” if client reports or documentation exists of testing positive for CT in the last 12 months.
Sex partner with concurrent sex partner: Ask client if any of their sex partners in the last 12 months had sex (of any type) with someone else while they were still in a sexual relationship with the client. Three possible answers: “yes, definitely”; “not sure, possibly”; and, “no, unlikely.”

Send the entire lab slip (all three copies) with the client specimen to the laboratory. The lab retains the white 1/2 copy marked LAB COPY. Results are returned by the laboratory to the clinic on the green copy marked CLINIC COPY. The laboratory sends the pink copy marked AHLERS COPY to the data processor.
April 10, 2009

To: Chlamydia Submitters

From: Oregon State Public Health Laboratory
       Virology / Immunology Department

Subject: NEW Chlamydia Requisition

This memo is to provide you with helpful information about the new Chlamydia requisition form you are receiving. Please read it carefully and distribute to other staff that may need to be familiar with the information.

1. Please use ALL of your current forms before using the new form.
   The New Chlamydia Form is identical to the current form EXCEPT for the addition of the peel-off Bar Code labels at the bottom of the form.

2. Using the labels on the new form: The labels correspond to the unique number at the top of the requisition.
   • The first two (2) labels are for specimen identification. These labels have a line for a second unique patient identifier. A label should be placed vertically on the specimen tube reading left to right / bottom to top and directly on top of the existing tube label.
   • The remaining labels may be used by your facility and/or Oregon State Public Health Laboratory for specimen tracking purposes.
   • Do not remove unused labels from the form before submitting it.

Important Data Entry Fields

Client Name: If the facility is using a printed label, please make sure that it does not obscure other important information.

Client Zip Code: This is the zip code of the patient. The zip code determines county of residence. Your facility may not have the same zip code as the patient.

Service Site: Please remember to give us your site number.

Specimen Site: Please indicate the origin of the specimen. The Vaginal-patient & Vaginal-clinician check boxes will not be used at this time, but will be used in the future. (More information to follow next month)

If you have questions about how to fill out and submit the form, you may contact Chris Biggs (christianne.biggs@state.or.us) at 503-693-4100.
DEFINITION: Chlamydia is caused by infection with Chlamydia Trachomatis, and is the leading cause of preventable infertility and ectopic pregnancy. Infection may be suspected due to symptoms or because of known or suspected contact with an infectious partner. Asymptomatic infection is common in both men and women.

SUBJECTIVE
A. Men may complain of:
   1. Dysuria or polyuria
   2. Purulent urethral discharge
   3. Epididymitis
   4. Conjunctivitis
   5. Arthritis
B. Women may complain of:
   1. Abnormal vaginal discharge
   2. Abnormal menses
   3. Dysuria
   4. Symptoms suggestive of PID, including fever, abdominal pain, painful intercourse, and nausea/vomiting.
C. Client may have no symptoms.
D. Either sex may complain of rectal symptoms: pain, ineffectual straining with BM, and discharge.
E. Client may present as a contact of a diagnosed or symptomatic partner
F. Female and male client may meet Region X Infertility Prevention Project Family Planning Clinic Screening Criteria:
   1. Women age 24 and under should be tested at least annually whether or not they are undergoing a pelvic examination
   2. Women age 25-29 who meet one of the following criteria should be tested:
      a) Cervical findings consistent with cervicitis (friable cervix, mucopurulent discharge or ectopy with inflammation or edema)
      b) Clinical findings consistent with Pelvic Inflammatory Disease (PID)
      c) Exposed to Chlamydia in the past 60 days
      d) Exposed to Gonorrhea in the past 60 days
      e) Symptomatic (urethritis) male sex partner in the past 60 days
      f) Positive for Chlamydia or Gonorrhea in the past 12 months
   3. Females age 30 and older only if they have been exposed to a sexual partner with Chlamydia or Gonorrhea.
   4. Male partners of female clients who had a positive Chlamydia or Gonorrhea test in Family Planning Clinic can be tested under the Family Planning Lab Site number.
G. If clients do not meet the above screening criteria and are tested, the PH Lab may bill the clinic for the tests. Clinics can submit specimens to the PH Lab for clients who do not meet the above screening criteria using the Virology/Immunology Request Form.
OBJECTIVE

A. Male/Female Urine Specimen Collection - Aptima Combo 2 Assay, NAAT:
   a) Use a urine collection container free of any preservatives.
   b) Client should not have urinated within 1 hour of specimen collection.
   c) Female clients should NOT cleanse labial area prior to providing the specimen.
   d) Client should collect 15-30 ml of the initial urine stream.
   e) Within one hour after urine collection, clinic staff removes the cap from the urine specimen transport tube and transfers 2 ml of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine is when the fluid level is between the black fill lines on the urine tube label.
   f) Recap the tube tightly, store at 35.6-80°F, send to the Oregon PH State Lab in 30 days.
   g) Indicate “Urine” in the “Specimen Site” field of the lab slip.

B. Female client–Endocervical Swab Collection–Aptima Combo 2 Assay, NAAT:
   1. A pelvic exam is not indicated for specimen collection unless the client is due for a cervical cancer screening test or has symptoms suggestive of an STD (burning with urination, questionable vaginal discharge, pain or itching in the vaginal area, pain or bleeding with intercourse, etc.) or PID (abdominal tenderness, cervical motion tenderness, adnexal/uterine enlargement or tenderness).
   2. Note presence or absence of cervical findings consistent with cervicitis.
   3. Collect cervical specimen using the following procedure:
      a) Collect other specimens first.
      b) Clean excess discharge from endocervix using the larger, white shaft cleaning swab provided in the specimen collection kit.
      c) Insert the smaller, blue shaft specimen collection swab provided in the specimen collection kit, into the endocervical canal.
      d) Rotate the device with firm pressure for at least 15 seconds.
      e) Carefully remove collection device from vagina to avoid contamination.
      f) Remove the cap from the swab specimen transport tube and immediately place specimen collection swab into the specimen transport tube.
      g) Break off shaft of the swab at the score line and cap the tube tightly.
      h) Store and transport the specimen at 35.6-80°F in the transport tube provided by the Oregon PH Lab within 60 days of collection.
      i) Indicate “Cervix” in the “Specimen Site” field of the lab slip.

C. Female Client–Vaginal Specimen Self/Clinician Collection–Aptima Combo 2 Assay, NAAT:
   a) Open the vaginal swab collection kit which contains a vaginal specimen collection swab and a tube containing transport media. Remove the swab package.
   b) Partially peel open the swab package and remove the swab.
   c) Hold the swab with thumb and forefinger near the middle of the swab.
   d) Carefully insert the swab into the inside opening of the vagina about 2 inches. Rotate the swab for 10-20 seconds, making sure the swab touches the walls of the vagina.
   e) Withdraw the swab without touching skin.
   f) Unscrew the tube cap without spilling the tube contents.
   g) Place the swab into the transport tube so the tip is visible below the tube label.
   h) Carefully break the swab shaft at the score line against the side of the tube and tightly screw the cap onto the tube.
   i) Store and transport the specimen at 35.6-80°F in the transport tube provided by the Oregon State PH Lab within 60 days of collection.
ASSESSMENT
A. Client is asymptomatic, tested due to meeting Region X IPP Screening Criteria.
B. Client is a contact of a diagnosed case, needs treatment for Chlamydia
C. Client with symptoms/exam suggestive of Chlamydia but test results are pending.
D. Client has a positive (+) Chlamydia test result and needs treatment.

PLAN
A. Client is asymptomatic, tested as meets screening criteria, awaiting results:
   1. Discuss how to contact the client in event of positive results.
   2. Review STD risk assessment, discuss ways to reduce risk.
   3. Offer and encourage condom use.
B. Client is a contact of a diagnosed case:
   1. If possible confirm index case.
   2. Client should be evaluated, tested if possible, and treated if they had sexual contact with
      the index case during the preceding 60 days.
   3. If greater than 60 days from exposure, offer testing and await test results before TX.
   4. If treatment is indicated, follow “Treatment Plan” below.
C. Client has symptoms or clinical findings suggestive of Chlamydia:
   1. Assure client contact information is accurate.
   2. Review STD risk assessment, discuss ways to reduce risk.
   3. Offer presumptive treatment, follow Treatment Plan below.
D. Client has a positive (+) Chlamydia test result and needs treatment:
   1. Provide education about Chlamydia/method of spread, etc.
   2. Work with client to identify sexual partners in the last 60 days, if no partner in the last 60
      days, client’s most recent sexual partner.
   3. Discuss partner notification; offer to inform partners if client is unwilling or unable to
      notify partners.
   4. Consider Expedited Partner Therapy (EPT) for clients with partners who are unable to
      come in to be examined/tested/treated or whom the clinic staff judges are unlikely to seek
      timely clinical services (see Treatment Plan below).
   5. Provide treatment (see Treatment Plan below).
   6. Discuss and encourage rescreening for all female clients with a + Chlamydia test result at
      3-4 months following original treatment.
   7. Advise clients that if symptoms persist or reinfection is suspected to RTC for retesting.
   8. Report positive Chlamydia test result to local health department/state STD Program.
E. Treatment Plan:
   1. Assess for allergies and R/O pregnancy, if indicated.
   2. Treat with one of the following: Azithromycin 1 gram orally as a single dose OR
      Doxycycline 100 mg po BID x 7 days.
      a) Azithromycin is preferred when compliance may be a problem, in pregnant or nursing
         women, and in persons allergic to Doxycycline.
         • Single dose treatment should be directly observed
         • Tablets and sachet can be taken with food
         • Capsules must be taken on an empty stomach
         • Emphasize sexual abstinence for 7 days after treatment
         • Stress the importance of partner treatment.
b) Doxycycline may be preferred in presumptive treatment.
   - Emphasize the importance of taking entire supply on twice-daily basis
   - Take with plenty of water and can be taken with food
   - Emphasize sexual abstinence during treatment week
   - Avoid sunlight during treatment week or use sunscreen SFP 30 or greater

3. Alternative regimes for clients unable to take the above:
   a) Erythromycin base 500 mg po QID x 7 days.
   b) Or follow another regimen in CDC 2006 Treatment Guidelines

4. Recommend condom use and dispense condoms

5. Expedited Partner Therapy (EPT)
   a) Do not offer EPT to partners who are pregnant, are men who have sex with other
      men, have liver disease, heart disease, kidney failure or other serious health problem.
   b) If possible, interview partner(s) via phone contact to explain reason for providing
      EPT, ask about STD symptoms, learn of allergy or problems identified above.
   c) Provide client with Azithromycin (Zithromax)1 gm PO** for each of the identified
      partners who have been identified as needing EPT.
   d) Provide informational materials to accompany each medication dosage that have clear
      instructions, warnings and referral information.
   e) Advise that clients and partners should abstain from sex for at least seven days after
      treatment/partner has received treatment.
   f) Document the number of partners/doses of EPT dispensed on the pharmacy log.

CLIENT EDUCATION
A. Emphasize the importance of completing medical therapy, even if symptoms are gone.
B. Avoid unprotected sex until client and partner(s) have been treated: after completion of 7
   days regimen or 7 days after a single dose regimen. Return for evaluation if has UPIC or if
   medication is not taken as directed.
C. Advise female clients that they are at greater risk for PID/infertility if they become
   reinfected, stressing the importance of partner treatment and condom use to prevent reinfection.
   Inform client to RTC for retesting if reinfection is suspected.
D. If the treated client is pregnant, advise to RTC in 4 weeks for test of cure (TOC).
E. Return promptly for re-evaluation if symptoms persist/develop.
F. Discuss risk reduction including small changes in behavior that will decrease risk (see Know
   Your Risk for an STD pamphlet section about risk reduction).
G. Provide prescriptive drug information sheets to clients who received treatment medications.
H. Offer and encourage condom use and stress the importance of partner treatment.
I. Advise female clients who had a + Chlamydia test to RTC in 3-4 months for retesting.

MEDICAL CONSULTATION
A. Significantly ill clients with PID
B. Clients with allergies that preclude treatment with the above recommended regimens.

* This sample protocol is using the following National Standards: the screening recommendations from the from Agency for Healthcare
  Research and Quality/US Preventive Services Task Force 2009 with modifications based on 2/5/10 and 3/31/10 Memorandums from the Oregon
  Infertility Prevention Project/STD Program; the treatment guidelines from Centers for Disease Control and Prevention Sexually Transmitted
  Diseases Treatment Guidelines, 2006;55(No.RR-11); and following Oregon statutes/rules related to EPT enacted in 2009, including ORS
  676.350; OAR 855-041-4000-4005; OAR 855-043-0003; and changes in ORS 689.505; OAR 855-043-0130; OAR 855-043-0310; OAR 851-
  056-0010; and OAR 851-056-0016.

** Drug supplies purchased through the federal 340b pricing program/Multnomah County Stores can NOT be used for EPT purposes.
Directions for vaginal swab collection (for patients)

1. Open the vaginal swab collection kit.

2. Remove tube from package and place in test tube rack as shown in Figure 1. If there is no test tube rack, please check with clinic staff.

   Unscrew cap from test tube without touching the inside of the cap or tube. Place cap on a clean surface. If cap is dropped, please notify clinic staff.

3. Remove swab package from collection kit.

4. Open the swab package as shown in Figure 2.

5. Remove the swab; do not touch the soft tip or lay the swab down.

6. Hold the swab as shown in Figure 3.

Please turn page over

Produced by the Region X Infertility Prevention Project, March 6, 2009
7. Insert the swab into your vagina about two inches as shown in Figure 4.

8. Gently rotate the swab for 10 to 30 seconds in your vagina.

9. Withdraw the swab without touching the skin.

10. Place the swab into the test tube so that the tip of the swab is visible below the tube label as shown in Figure 5.

11. Break the swab shaft against the side of the tube as shown in Figure 6; use care to avoid splashing the contents of the tube. If tube is dropped, contents spilled, or if the swab flips out of the tube, please notify clinic staff.

12. Re-cap the tube tightly as shown in Figure 7.

NOTE: If you have any questions about this procedure, please ask your clinic staff.
Instrucciones para toma de muestra vaginal (para pacientes)

1. Abra el kit para la toma de la muestra vaginal.

2. Extraiga el tubo y colóquelo en el soporte para tubo de ensayo como se indica en la Figura 1. De no haber un soporte para tubo de ensayo, consulte con el personal clínico.

Destornille la tapa del tubo de ensayo sin tocar el interior de la tapa ni del tubo. Coloque la tapa sobre una superficie limpia. Si la tapa se cae, informe al personal clínico.

3. Extraiga del kit de recolección el paquete para tomar la muestra.

4. Abra el paquete para tomar la muestra como se indica en la Figura 2.

5. Extraiga el hisopo para la muestra; no toque el extremo blando ni lo apoye.

6. Sostenga el hisopo para la muestra como se indica en la Figura 3.

Produced by the Region X Infertility Prevention Project, March 6, 2009
7. Inserte el hisopo en su vagina, aproximadamente dos pulgadas como se indica en la Figura 4.

8. Haga girar el hisopo suavemente en su vagina durante 10 a 30 segundos.

9. Extraiga el hisopo sin tocar la piel.

10. Coloque el hisopo en el tubo de ensayo de manera que el extremo del mismo sea visible por debajo de la etiqueta como se indica en la Figura 5.

11. Quiebre el hisopo contra el borde del tubo como se indica en la Figura 6; tenga cuidado para evitar salpicaduras del contenido del tubo. Si se cae el tubo, los contenidos se derraman o el hisopo salta del tubo, informe al personal clínico.

12. Tape firmemente el tubo como se indica en la Figura 7.

TENGA EN CUENTA: SI tiene preguntas sobre este procedimiento, consulte con el personal clínico.
# OREGON STATE PUBLIC HEALTH LABORATORY
## STOCKROOM ORDER REQUEST

**INSTRUCTIONS:** Please fill out completely. Be sure to use your street address. Orders cannot be shipped to a P.O. Box. For questions only call 503-693-4114. Write legibly and use numerals (1,2,3...) to indicate the number of collection kits or supplies that you are requesting. Please keep in mind that some supplies have expiration dates when determining the quantities in your order.

**FAX COMPLETED FORM TO 503-693-6590**

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<tr>
<th>Facility Name</th>
<th>Telephone #</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Phone Number:</th>
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All collection kits contain the appropriate request form, specimen transport container, specimen bag, absorbent media or specimen collection device if necessary.

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<th># of Kits</th>
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<td>Unisex (Endocervical/urethral swab)</td>
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<tr>
<td>Urine</td>
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<tr>
<td>Vaginal Swab</td>
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<td>Enteric Outbreak Stool Sample Kit</td>
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<tr>
<td>Enteric Swab (Cary Blair)</td>
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<td>HIV Oral Fluid (CTS Sites Only)</td>
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<tr>
<td>HIV Serology</td>
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<td></td>
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<tr>
<td>Immunology (Hepatitis, HIV, Serology)</td>
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<td>Ova &amp; Parasites (Formalin)</td>
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<tr>
<td>Ova &amp; Parasites (PVA)</td>
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<td>Pertussis (Regen Lowe)</td>
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<tr>
<td>Viral Transport</td>
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<td>HIV Test</td>
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<td>Flu Test</td>
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<td>Respiratory &amp; other:</td>
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<td>ILI Kit</td>
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<td>Regular swab</td>
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<td>Environmental Water</td>
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<td>Viral Transport</td>
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<td>Miscelleneous</td>
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<tr>
<td>Blue (Water only) Mailing Containers</td>
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<tr>
<td>Air Transport St/EM Liners</td>
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<td>Mailers with Liners (for sites not using courier service)</td>
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<tr>
<td>Lab Pack Bags</td>
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<td>EPI Go Kits (contains 10 individual ILI kits)</td>
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**Form 71-54 (7/2012)**
### CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

**Last Name, First, MI**

**Address**

**City/Town State Zip Code County**

**Date of Diagnosis**

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**RACE**

- W-White
- B-Black
- A-Asian
- H-Pacific Islander
- AI-Atlanta Indian
- AN-Alaskan native
- O-Other

**ETHNICITY**

- H-Hispanic

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### Gonorrhea (Lab confirmed)

**Diagnosis**

- Asymptomatic
- Symptomatic - Uncomplicated
- Pelvic Inflammatory Dis. (PID)
- Ophthalmia
- Disseminated
- Other complications:

**Site(s)**

- Cervix
- Urethra
- Rectum
- Pharynx
- Urine

**DATE TESTED**

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### Chlamydia Trachomatis (Lab confirmed)

**Diagnosis**

- Asymptomatic
- Symptomatic - Uncomplicated
- Pelvic Inflammatory Dis. (PID)
- Ophthalmia
- Other complications:

**Site(s)**

- Cervix
- Urethra
- Rectum
- Pharynx
- Urine

**DATE TESTED**

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### Other Sexually Transmitted Diseases

- Chancroid
- Lymphogranuloma Venereum
- 900

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### TREATMENT

**TREATMENT**

- Ceftriaxone
- Cefixime
- Ciprofloxacin/Cipro
- Azithromycin

**Dosage**

- Days

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### Syphilis

**Serology Titer**

- RPR
- VDRL
- FTA
- TP-PA

**Reproductive Syndromes**

- No laboratory confirmation of gonorrhea or chlamydia
- Acute Pelvic Inflammatory Disease (PID)

**Website**

http://www.ohs.hc.or.us/std/index.cfm

**Comments**

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### STATE OFFICE COPY

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### SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL CASE REPORT

**Oregon Health Services STD Program**

**Office (971) 673-0153**

**Fax (971) 673-0178**

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**USE OF THE CONFIDENTIAL STD CASE REPORT**

The STD Case Report is designed for health care providers to report sexually transmitted diseases that are designated by the Oregon Health Services as legally reportable (See OAR 333-19). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest. All information will be managed in the strictest confidence. Your cooperation is both encouraged and appreciated.

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**MEDICAL ALERT**

**Human Immunodeficiency Virus (HIV) Infection**

Many patients with STD's are also at risk for HIV. All patients with an STD should be advised about the risks of HIV infections, the means to reduce these risks and should be encouraged to undergo confidential counseling and testing for HIV infection.

**Gonococcal Antibiotic Resistance**

Up to 25% of gonorrhea isolates from patients in Oregon are resistant to antimicrobials including penicillins, tetracyclines and quinolones.

Health care providers are urged to evaluate patients with unresolved gonorrhea after treatment for resistance or re-exposure to an infected person.

Your local health department can assist with this action.

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**REPORTING INSTRUCTIONS**

Confidential case reports should be reported to the local health department in your county by fax, telephone, or mail.

Confidential case reports may also be mailed directly to the:

Oregon State Health Services

STD Program

800 NE Oregon Street, Ste. 1105

Portland, OR 97232

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Oregon RH Program Chlamydia Manual
July, 2007
Revised July 2009, December 2010, November 2012
NOTE: This form may be used for an Aptima Chlamydia/gonorrhea test if your clinic wants to offer testing to a client that does not meet IPP screening criteria. Instructions for this process will be available from the PH Lab.