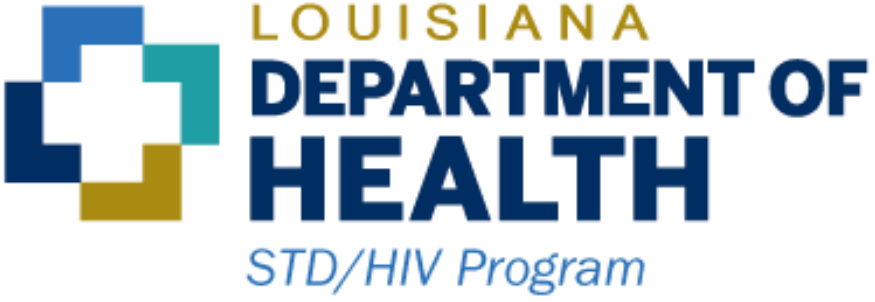
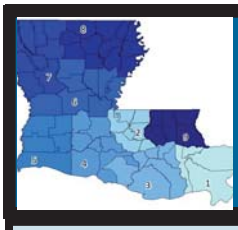


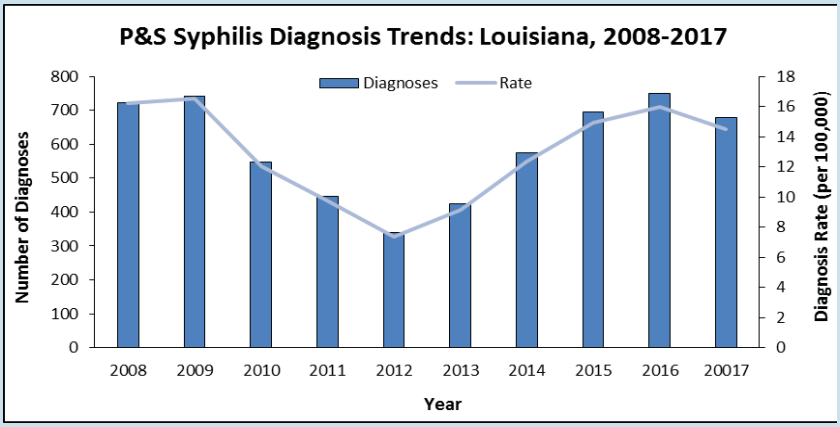
PROVIDER PACKET
ON PRENATAL TESTING



LOUISIANA 2017
Syphilis Update

PRIMARY & SECONDARY SYPHILIS—LOUISIANA

- In 2015, **696** persons were diagnosed with P&S syphilis for a rate of **14.9** per 100,000.
- In 2016, **750** persons were diagnosed with P&S syphilis for a rate of **16.0** per 100,000.
- In 2017, **679** persons were diagnosed with P&S syphilis for a rate of **14.5** per 100,000, a 10% rate decrease from 2016.
- In 2016, Louisiana had the **highest** syphilis rate in the United States.



PRIMARY & SECONDARY SYPHILIS BY SEX AT BIRTH

- In 2015, **73%** of P&S syphilis diagnoses were among males. This proportion increased to **74%** in 2016 and decreased to **73%** in 2017. In 2017, **27%** of P&S syphilis diagnoses were among females.

PRIMARY & SECONDARY SYPHILIS BY RACE/ETHNICITY

Blacks account for over 70% of P&S syphilis diagnoses each year. Only 32% of Louisiana's population is black.

- In 2015, **79%** of P&S syphilis diagnoses were among blacks; **74%** in 2016; **69%** in 2017.
- In 2015, **20%** of P&S syphilis diagnoses were among whites; **25%** in 2016; **29%** in 2017.
- In 2015, **1%** of P&S syphilis diagnoses were among Hispanic/Latinx; nearly **2%** in 2016 and 2017.

PRIMARY & SECONDARY SYPHILIS BY AGE AT DIAGNOSIS

More than half of P&S syphilis diagnoses are among persons age 25 to 44.

- The proportion of diagnoses among persons under the age of 25 decreased from **42%** in 2015 to **41%** in 2016, and to **34%** in 2017.
- The proportion of diagnoses among persons 25-34 years increased from **36%** in 2015 to **40%** in 2017.
- The proportion of diagnoses among persons 35 and older was **22%** in 2015 and increased to **26%** in 2017.

PRIMARY & SECONDARY SYPHILIS BY REGION

- From 2015 to 2017, the New Orleans region had the greatest proportion of P&S syphilis diagnoses in the state. In 2015, the Monroe region had the highest P&S syphilis diagnosis rate in the state. The Shreveport region had the highest rate in 2016, and the Monroe region once again had the highest rate in 2017.

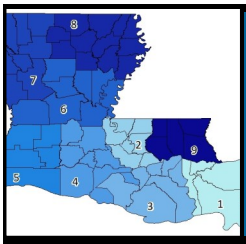
New Primary & Secondary Syphilis Diagnoses by Region: Louisiana, 2015 to 2017

	2015			2016			2017		
	Diagnoses	Percent	Rate*	Diagnoses	Percent	Rate*	Diagnoses	Percent	Rate*
LOUISIANA	**696**	**100%**	**14.9**	**750**	**100%**	**16.0**	**679**	**100%**	**14.5**
Region 1: New Orleans	199	29%	22.2	216	29%	24.1	189	28%	21.1
Region 2: Baton Rouge	123	18%	18.0	117	16%	17.1	90	13%	13.0
Region 3: Houma	43	6%	10.6	56	7%	13.8	41	6%	10.1
Region 4: Lafayette	60	9%	9.9	69	9%	11.3	59	9%	9.7
Region 5: Lake Charles	14	2%	4.7	21	3%	7.0	26	4%	8.6
Region 6: Alexandria	34	5%	11.1	30	4%	9.8	33	5%	10.8
Region 7: Shreveport	115	17%	21.1	148	20%	27.2	95	14%	17.5
Region 8: Monroe	81	12%	22.8	73	10%	20.6	116	17%	32.7
Region 9: Hammond/Slidell	27	4%	4.7	20	3%	3.4	30	4%	5.2

Proportion of Louisiana's Overall Population, 2016, by Region: 1—19%; 2—15%, 3—9%, 4—13%, 5—6%, 6—7%, 7—12%, 8—8%, 9— 12%

*Rate is per 100,000

LDH Office of Public Health STD/HIV Program
v. 5/17/2018



2017 STD Update
Congenital Syphilis, Louisiana

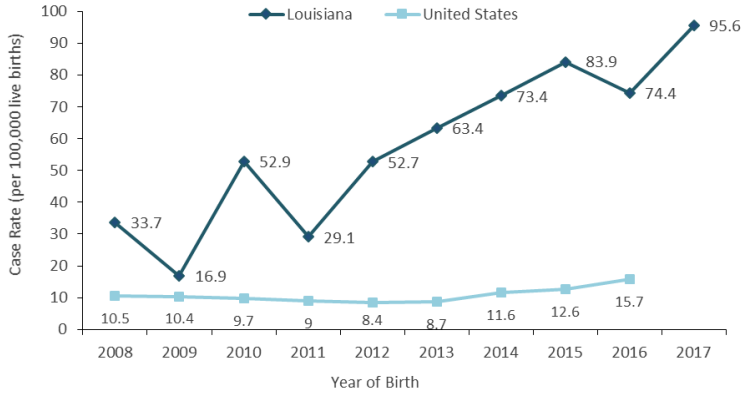
A case of congenital syphilis occurs when a pregnant women with a syphilis infection passes the infection on to her infant in utero or during delivery. This may result in stillbirth, death of the newborn, or significant future health and developmental problems. Congenital syphilis can be prevented by early detection of maternal syphilis and treatment at least 30 days before delivery. Below are CDC recommended treatments for different stages of syphilis during pregnancy.

Stage of Syphilis	Recommended Treatment
Primary, Secondary, or Early Latent Syphilis	2.4 M units benzathine penicillin (1 dose)
Latent, Duration Unknown	7.2 M units benzathine penicillin (3 doses at 1 week intervals)

Louisiana and the United States

- In 2017, Louisiana reported 59 cases of congenital syphilis, a 23% increase from 48 cases in 2016.
- In 2016, Louisiana ranked 1st in the U.S. for congenital syphilis case rates with a rate of 74 cases per 100,000 live births (48 cases), which was over five times the national rate of 16 cases per 100,000 live births.
- The 2017 U.S. congenital syphilis case rate has not yet been released; however, Louisiana's case rate has increased from 74 cases per 100,000 live births to nearly 96 cases per 100,000 live births in 2017.

Congenital Syphilis Rates
Louisiana and the United States, 2008-2017

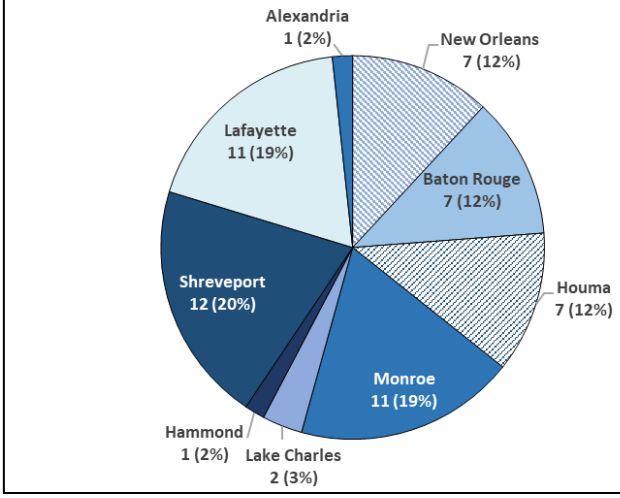


Louisiana

In 2017, there were a total of 59 cases of congenital syphilis in Louisiana:

- Every public health region reported at least one case of congenital syphilis in 2017.
- **58%** of cases occurred in three regions of Louisiana: Lafayette (Region 4), Monroe (Region 8), and Shreveport (Region 7).
- **85%** of mothers were black, **12%** were white, and **5%** were Hispanic/Latina.
- **54%** of mothers were under the age of 25 at time of delivery.
- **88%** mothers received timely prenatal care that began at least 2 months prior to delivery. Of those women:
  - **14%** did not have a timely syphilis screening (at least 45 days prior to delivery).
  - Of those who had a timely syphilis test, **68%** were not retested during pregnancy.
  - **50%** did not have a third trimester test.

Congenital Syphilis Cases
Geographic Distribution By Public Health Region, 2017



Clinician Timeline for Prenatal STD Testing

LOUISIANA DEPARTMENT OF HEALTH

First Prenatal Visit

Syphilis: All pregnant women

HIV: All pregnant women[i]

HBV: All pregnant women[ii]

Chlamydia: All pregnant women <25 years of age and older pregnant women at increased risk[iii]

Gonorrhea: All pregnant women <25 years of age and older pregnant women at at increased risk[iv]

****HCV:** Pregnant women at increased risk[v]

Third Trimester

Syphilis: All pregnant women[vi] between 28 -32 weeks

HIV: All pregnant women[vii] at increased risk before 36 weeks

At Delivery

Syphilis: Select groups of pregnant women,[vi] pregnant women with no previously established status, or pregnant women who deliver a stillborn infant

HIV: Pregnant women not screened during pregnancy

HBV: Pregnant women not screened during pregnancy, who are at high risk,[ix] or with signs or symptoms of hepatitis

Chlamydia: Pregnant women <25 years of age or continued high risk[iv]

Gonorrhea: Pregnant women at continued high risk[v]

i. To promote informed and timely therapeutic decisions, health care providers should test women for HIV as early as possible during each pregnancy.1

ii. All pregnant women should be tested for hepatitis B surface antigen (HBsAg) during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been vaccinated or tested previously.2

iii. “Increased risk” means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.3,4

iv. “Increased risk” means new or multiple sex partners, sex partner with concurrent partners, sex partners who have a sexually transmitted disease.3

v. “At increased risk” means past or current injection-drug use, having had a blood transfusion before July 1992, receipt of an unregulated tattoo, having been on long-term hemodialysis, intranasal drug use, and other percutaneous exposures.3

vi. The CDC recommends third trimester testing for women who live in a high morbidity area. Louisiana is a high morbidity area.

vii. “Increased risk" includes women who receive health care in areas with an elevated incidence of HIV or AIDS among women aged 15-45 years, who receive health care in facilities in which prenatal screening identifies at least one HIV-infected women per 1,000 women screened, known to be at high risk for HIV (i.e., injection-drug users and their sex partners, women who exchange sex for money or drugs, women who are sex partners of HIV-infected persons, women who have had a new or more than one sex partner during this pregnancy), or have signs or symptoms consistent with acute HIV infection.1

viii. Women admitted for delivery at a health care facility without documentation of HBsAg test results should have blood drawn and tested as soon as possible after admission.2

ix. Having had more than one sex partner during the previous 6 months, an HBsAg-positive sex partner, evaluation or treatment for a sexually transmitted disease, or recent or current injection-drug use.2

SOURCE:https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of Public Health

Notice: Act 459, Third trimester syphilis and HIV testing

May 9, 2016

Dear Colleague:

The Centers for Disease Control and Prevention (CDC) and the U.S. Preventive Services Task Force recommend that pregnant women be tested for HIV and syphilis at their first prenatal visit and again in the third trimester in areas with high HIV and syphilis incidence such as Louisiana. From 2013 to 2015 in Louisiana, 4 infants were born with an HIV infection and 139 infants were born with congenital syphilis. Among these were mothers that tested negative during the first trimester of their pregnancy yet were found to be positive at the time of delivery.

Effective June 4, 2014, Louisiana enacted legislation requiring physicians to offer "opt-out" syphilis and HIV testing to women during the third trimester of pregnancy, in addition to tests at the first prenatal care visit.

- ACT 459 requires that every physician attending any pregnant woman offer a syphilis and HIV test to the woman at the **first examination during the third trimester** (full text available at: http://www.legis.la.gov).
- Since 2007, Louisiana State Law has required that every physician attending any pregnant woman offer a syphilis and HIV test to the woman at the **first examination during pregnancy**.

Act 459 provides additional opportunities for the detection and treatment of syphilis and HIV among pregnant women in the third trimester, in time to reduce mother-to-child transmission of these serious illnesses. We encourage you to review the testing and treatment guidelines established by the U.S. Public Health Service to reduce perinatal HIV transmission (http://AIDSinfo.nih.gov) and the syphilis treatment guidelines established by the CDC (http://www.cdc.gov/STD/tg2015/default.htm).

One of the goals of the Louisiana Department of Health and Hospitals Office of Public Health STD/HIV Program (DHH OPH SHP) is to provide education and training to Louisiana health care professionals on the prevention and treatment of mother-to-child transmission of syphilis and HIV. Medical consultation, technical assistance, educational support, and access to a network of resources are available to help you care for your patients. For more information, please contact DeAnn Gruber, Director, STD/HIV Program (DeAnn.Gruber@LA.gov) or Chaquetta Johnson, Deputy Director, STD/HIV Program (Chaquetta.Johnson@LA.gov).

Thank you for your continued commitment to providing quality medical care for pregnant women and for implementing practices that will reduce mother-to-child transmission of HIV and syphilis.

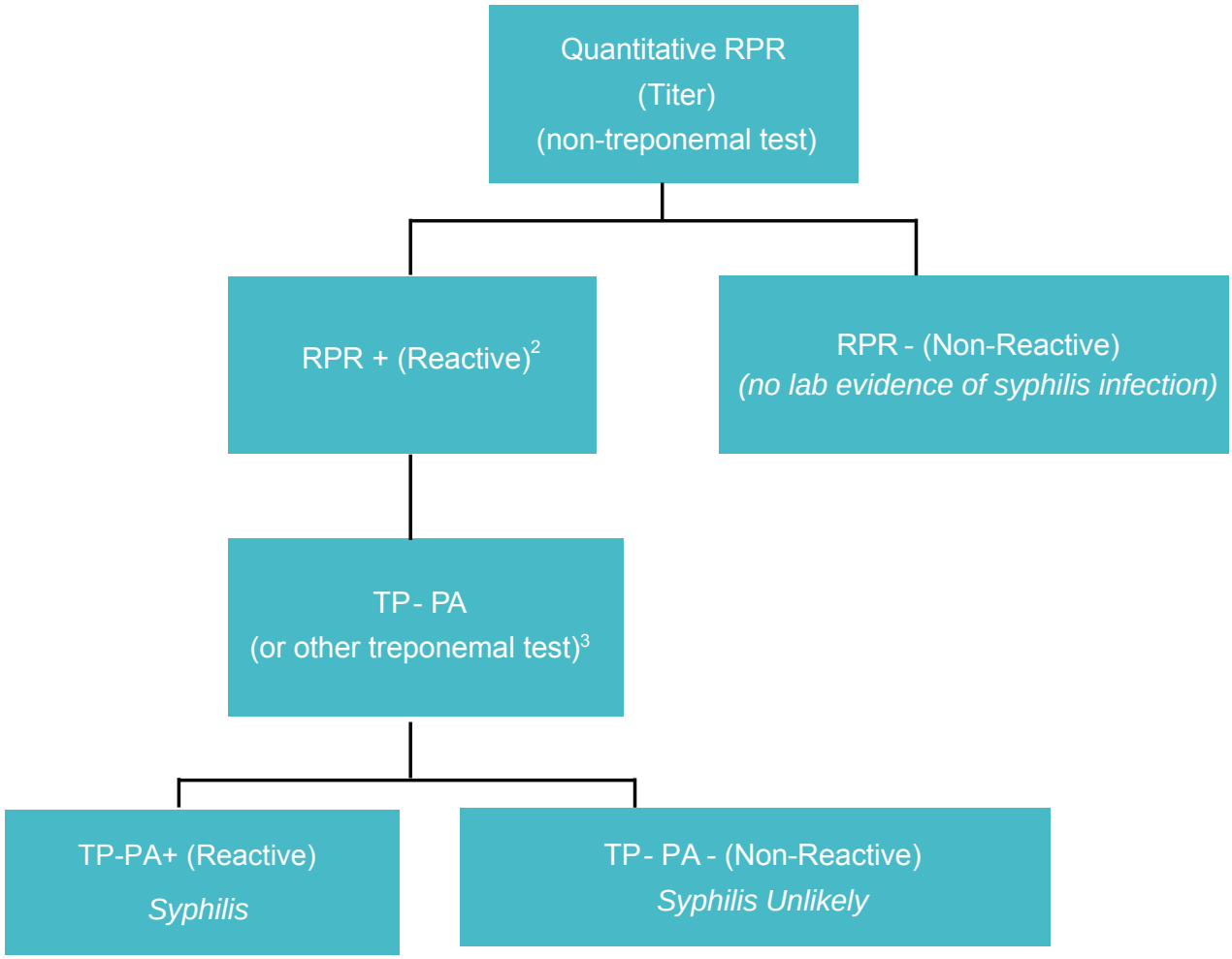
Sincerely,

Jimmy Guidry, MD
State Health Officer/DHH Medical Director

Rebekah E. Gee, MD, MPH
Secretary, DHH

Traditional Syphilis Screening Algorithm

LOUISIANA DEPARTMENT OF HEALTH



June 2018

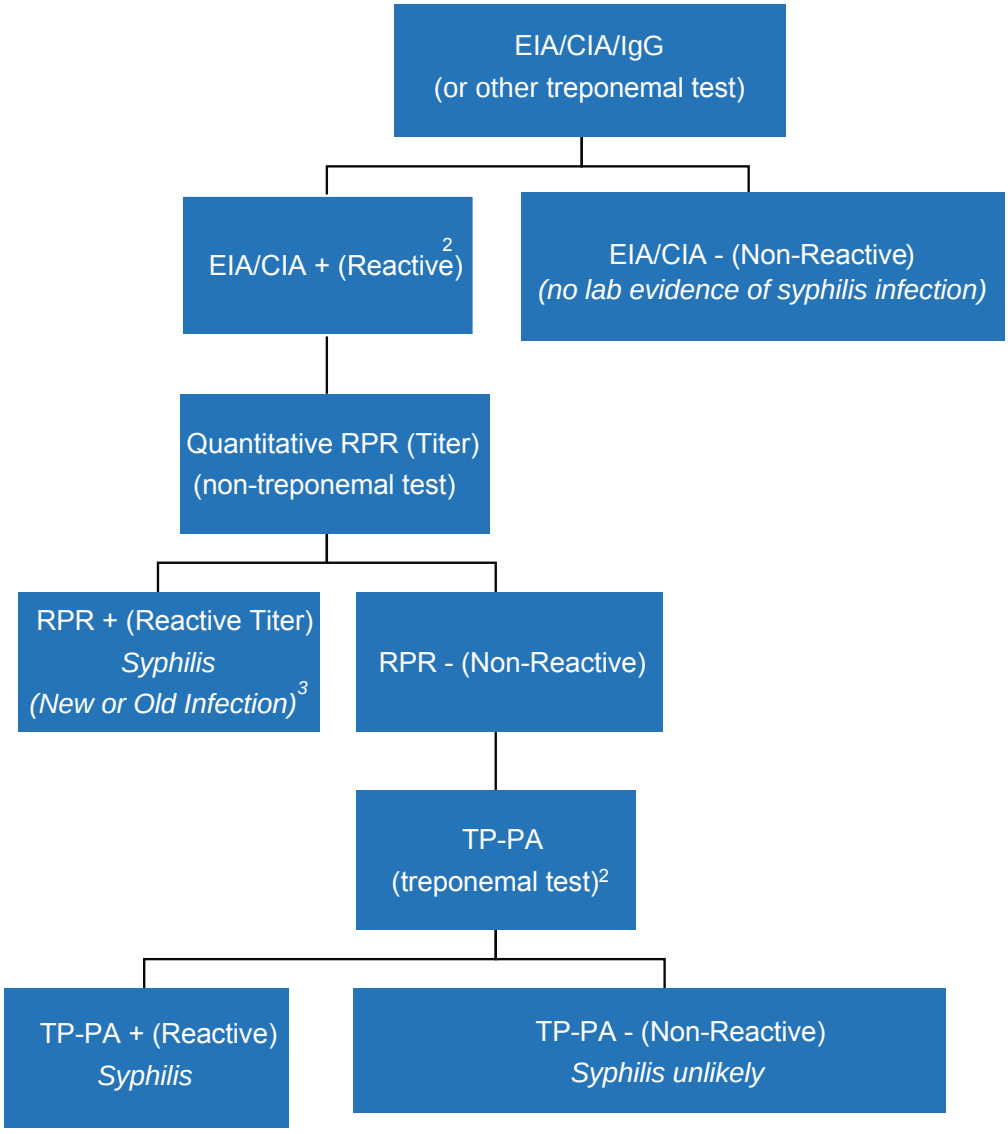
1. CDC Recommended Algorithm. Algorithms used by laboratories may vary. Check with your laboratory provider.
2. When ordering an RPR=rapid plasma reagin (non-treponemal) and results are positive, order a REFLEX treponemal test such as TP-PA=Treponema pallidum particle agglutination assay. Both types of tests must be used to confirm a diagnosis.
3. Other treponemal tests include EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay

For STD clinical management consultation, submit your question online to the **STD Clinical Consultation Network** at **www.stdccn.org.**

All cases of syphilis must be reported to the Louisiana Department of Health within one working day. (Louisiana Sanitary Code, LAC: 51:11.105)

Reverse Syphilis Screening Algorithm

LOUISIANA DEPARTMENT OF HEALTH



June 2018

1. CDC Recommended Algorithm. Algorithms used by laboratories may vary. Check with your laboratory provider.
2. When ordering EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay; TP-PA=Treponema pallidum particle agglutination assay (treponemal tests) or RPR-rapid plasma reagin (non-treponemal test) it is important to order a REFLEX test when results are positive. Both types of tests must be used to confirm a diagnosis.
3. Results alone cannot be used to determine (New vs. Old/Treated vs. Untreated/Early vs. False Positive) so it is important to gather complete medical information and patient history to assist with treatment and additional evaluation considerations.

For STD clinical management consultation, submit your question online to the **STD Clinical Consultation Network** at **www.stdccn.org.**

All cases of syphilis must be reported to the Louisiana Department of Health within one working day. (Louisiana Sanitary Code, LAC: 51:11.105)

CDC Treatment Guidelines for Syphilis

LOUISIANA DEPARTMENT OF HEALTH

	STAGE OF SYPHILIS	REGIMEN	DOSE/ROUTE
Early Syphilis	Primary and Secondary Early Non-Primary or Secondary (less than 12 months)	Benzathine Penicillin G*	2.4 million units IM in a single dose
Late Syphilis	Unknown Duration or Late (greater than 12 months)	Benzathine Penicillin G*	7.2 million units IM administered as 3 doses of 2.4 million units IM each, at 1-week intervals

* Benzathine Penicillin G is the only CDC approved treament for pregnant women.
**See 2015 CDC Treatment Guidelines for additional information and alternative treatments for NON-Pregnant women.

Additional Treatment Information

- On the day of treatment, order an RPR test for a "day of treatment titer." This will serve as a benchmark to determine whether patient has adequate treatment response.
- Longer treatment duration is required for persons with syphilis of unknown duration or late Syphilis (infected greater than 12 months) to ensure adequate treatment.
- Intramuscular Benzathine Penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin.
- Pregnant women diagnosed with late syphilis (3 doses) must be treated exactly **7 days** apart. Pregnant women who miss any doses must repeat full course of therapy.
- If patient is **not** pregnant and is allergic to penicillin, alternative regimens may be considered; see CDC STD Treatment Guidelines.

Treating Partners

- All sexual partners should be tested and treated for syphilis if necessary.
- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis within 90 days preceding the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative.
- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and stage of syphilis.

SOURCE: https://www.cdc.gov/std/tg2015/syphilis.htm

CDC Syphilis Case Definitions

LOUISIANA DEPARTMENT OF HEALTH

Primary Syphilis is a stage of infection with *Treponema pallidum* characterized by one or more ulcerative lesions (e.g. chancre), which might differ considerably in clinical appearance.

Laboratory Criteria for Diagnosis

Confirmatory:

- Demonstration of *T. pallidum* by darkfield microscopy in a clinical specimen that was not obtained from the oropharynx and is not potentially contaminated by stool, **OR**
- Demonstration of *T. pallidum* by polymerase chain reaction (PCR) or equivalent direct molecular methods in any clinical specimen.

Supportive:

- A reactive nontreponemal serologic test (Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], or equivalent serologic methods), **OR**
- A reactive treponemal serologic test (*T. pallidum* particle agglutination [TP-PA], enzyme immunoassay [EIA], chemiluminescence immunoassay [CIA], or equivalent serologic methods).*

* These treponemal tests supersede older testing technologies, including microhemagglutination assay for antibody to *T. pallidum* [MHA-TP].

Case Classification

Probable

A case that meets the clinical description of primary syphilis and the supportive laboratory criteria.

Confirmed

A case that meets the clinical description of primary syphilis and the confirmatory laboratory criteria.

Secondary Syphilis is a stage of infection caused by *T. pallidum* characterized by localized or diffuse mucocutaneous lesions (e.g., rash – such as non-pruritic macular, maculopapular, papular, or pustular lesions), often with generalized lymphadenopathy. Other signs can include mucous patches, condyloma lata, and alopecia. The primary ulcerative lesion may still be present.*

*Because of the wide array of symptoms and signs possibly indicating secondary syphilis, serologic tests for syphilis and a physical examination are crucial to determining if a case should be classified as secondary syphilis.

Laboratory Criteria for Diagnosis

Confirmatory:

- Demonstration of *T. pallidum* by darkfield microscopy in a clinical specimen that was not obtained from the oropharynx and is not potentially contaminated by stool, **OR**
- Demonstration of *T. pallidum* by polymerase chain reaction (PCR) or equivalent direct molecular methods in any clinical specimen.

Supportive:

- A reactive nontreponemal serologic test (Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], or equivalent serologic methods), **AND**
- A reactive treponemal serologic test (*T. pallidum* particle agglutination [TP-PA], enzyme immunoassay [EIA], chemiluminescence immunoassay [CIA], or equivalent serologic methods).

Case Classification

Probable

A case that meets the clinical description of secondary syphilis and the supportive laboratory criteria.

Confirmed

A case that meets the clinical description of secondary syphilis and the confirmatory laboratory criteria

Early Non-Primary, Non-Secondary Syphilis is defined as a stage of infection in which the initial infection has occurred within the previous 12 months, and is based on the following criteria:

Laboratory Criteria for Diagnosis

Supportive:

A current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer, unless there is evidence that this increase was not sustained for >2 weeks.

Case Classification

Probable

A person with no clinical signs or symptoms of primary or secondary syphilis who has one of the following:

- No prior history of syphilis, **AND** a current reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods), **AND** a current reactive treponemal test (e.g., TP-PA, EIA, CIA, or equivalent serologic methods), **OR**
- A prior history of syphilis and meets the supportive laboratory criteria.

AND evidence of having acquired the infection within the previous 12 months based on one or more of the following criteria:

- Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months, unless there is evidence that this increase was not sustained for >2 weeks
- Documented seroconversion of a treponemal test during the previous 12 months
- A history of symptoms consistent with primary or secondary syphilis during the previous 12 months
- Meets epidemiologic criteria

Epidemiological Criteria:

- A history of sexual exposure to a partner within the previous 12 months who had primary, secondary, or early non-primary non-secondary syphilis (documented independently as duration <12 months).
- Only sexual contact (sexual debut) was within the previous 12 months.

Syphilis of Unknown Duration or Late is a stage of infection caused by *T. pallidum* in which initial infection has occurred >12 months previously or in which there is insufficient evidence to conclude that infection was acquired during the previous 12 months.

Case Classification

Probable

A person with no clinical signs or symptoms of primary or secondary syphilis who meets one of the following sets of criteria:

- No prior history of syphilis, and a current reactive nontreponemal test (e.g., VDRL, RPR, or equivalent serologic methods), and a current reactive treponemal test (e.g., TP-PA, EIA, CIA, or equivalent serologic methods), **OR**
- A prior history of syphilis, and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer, unless there is evidence that this increase was not sustained for >2 weeks, **OR**
- Clinical signs or symptoms and laboratory results that meet the likely or verified criteria for neurologic, ocular, otic, or late clinical manifestations syphilis (see below)

AND who has no evidence of having acquired the disease within the preceding 12 months (see Syphilis, early non-primary non-secondary)

Comments

Although cases of syphilis of unknown duration are grouped together with late syphilis for the purposes of surveillance, the conservative clinical and public health responses to these cases will differ when there is uncertainty about the duration of infection. When faced with uncertainty, clinicians should act conservatively and treat unknown duration syphilis as if it were late infection, with three doses of benzathine penicillin. In contrast, the most conservative approach for STD control programs would be to manage cases of syphilis of unknown duration as early non-primary non-secondary infections and search for partners who may have been recently infected. Because this would not be feasible for most STD control programs, programs should consider prioritizing cases of syphilis of unknown duration with higher nontreponemal titers (e.g., 1:32 or higher) for investigation and partner services.

Congenital Syphilis is a condition caused by infection in utero with *Treponema pallidum*. A wide spectrum of severity exists, from inapparent infection to severe cases that are clinically apparent at birth. An infant or child (aged less than 2 years) may have signs such as hepatosplenomegaly, rash, condyloma lata, snuffles, jaundice (nonviral hepatitis), pseudoparalysis, anemia, or edema (nephrotic syndrome and/or malnutrition). An older child may have stigmata (e.g., interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, rhagades, or Clutton joints).

Laboratory Criteria for Diagnosis

Demonstration of *Treponema pallidum* by:

- Darkfield microscopy of lesions, body fluids, or neonatal nasal discharge, **OR**
- Polymerase chain reaction (PCR) or other equivalent direct molecular methods of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material, **OR**
- Immunohistochemistry (IHC), or special stains (e.g., silver staining) of specimens from lesions, placenta, umbilical cord, or autopsy material.

Case Classification

Probable

A condition affecting an infant whose mother had untreated or inadequately treated* syphilis at delivery, regardless of signs in the infant, **OR** an infant or child who has a reactive non-treponemal test for syphilis (Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], **OR** equivalent serologic methods) **AND** any one of the following:

- Any evidence of congenital syphilis on physical examination (see Clinical description)
- Any evidence of congenital syphilis on radiographs of long bones
- A reactive cerebrospinal fluid (CSF) venereal disease research laboratory test (VDRL) test
- In a non-traumatic lumbar puncture, an elevated CSF leukocyte (white blood cell, WBC) count or protein (without other cause):
- Suggested parameters for abnormal CSF WBC and protein values:

1. During the first 30 days of life, a CSF WBC count of >15 WBC/mm3 or a CSF protein >120 mg/dl is abnormal.
2. After the first 30 days of life, a CSF WBC count of >5 WBC/mm3 or a CSF protein >40 mg/dl, regardless of CSF serology.

   The treating clinician should be consulted to interpret the CSF values for the specific patient.

*Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment guidelines, appropriate for stage of infection, initiated 30 or more days before delivery

Confirmed

A case that is laboratory confirmed.

Comments

Congenital and acquired syphilis may be difficult to distinguish when a child is seropositive after infancy. Signs of congenital syphilis may not be obvious, and stigmata may not yet have developed. Abnormal values for CSF VDRL, WBC count, and protein may be found in either congenital or acquired syphilis. Findings on radiographs of long bones may help because radiographic changes in the metaphysis and epiphysis are considered classic signs of congenitally acquired syphilis. While maternal antibodies can complicate interpretation of serologic tests in an infant, reactive tests past 18 months of age are considered to reflect the status of the child. The decision may ultimately be based on maternal history and clinical judgment. In a young child, the possibility of sexual abuse should be considered as a cause of acquired rather than congenital syphilis, depending on the clinical picture. For reporting purposes, congenital syphilis includes cases of congenitally acquired syphilis among infants and children as well as syphilitic stillbirths.

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of Public Health

May 9, 2016

To Whom It May Concern:

The Office of Public Health (OPH) is an agency of the State of Louisiana Department of Health and Hospitals, and is conducting the activity described here in its capacity as a public health authority as defined by the Health Insurance and Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, Final Rule (Privacy Rule) [45 CFR §164.501]. Pursuant to 45 CFR §164.512(b)(1)(i) of the Privacy Rule, covered entities such as your organization may disclose protected health information, without individual authorization, to public health authorities "...authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions...."

OPH is conducting collection of information on individuals who have reportable diseases, a public health activity as described in 45 CFR §164.512(b)(1)(i) and as authorized by Louisiana state law R.S. 40:5(10). Said law gives OPH and the State Health Officer exclusive jurisdiction, control, and authority over the reporting of communicable diseases. **It is required by law, under R.S. 40:4(A)(2), that this information be provided to and reported to OPH. Failure to provide this information to OPH is a violation of the Public Health Sanitary Code.** These statutes are the general source of OPH's authority in this area. The information being requested represents the minimum necessary to carry out the public health purposes of this project pursuant to 45 CFR §164.502(b) of the Privacy Rule.

If you have any questions or concerns, please contact Charles Daspit, the Department of Health and Hospitals Privacy Officer, at 225-342-3806.

Sincerely,

Jimmy Guidry, MD

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State Health Officer/DHH Medical Director

cc: Charles Daspit, Deputy General Counsel, Bureau of Legal Services

Reporting Guidelines for STDs and HIV

LOUISIANA DEPARTMENT OF HEALTH

Louisiana Sanitary Code, LAC: 51:11.105

*Per Louisiana Law, **all clinicians** must report the following infections to the Office of Public Health within the specified time, **regardless** of independent, automatic reporting by laboratories.*

Class B Diseases, Reportable within 1 business day

Note: The following is a Partial List of Reportable Diseases of Relevance to STI and HIV:

- HIV infection in pregnancy
- HIV infection, perinatal
- Syphilis

Class C Diseases, Reportable within 5 business days

Note: The following is a Partial List of Reportable Diseases of Relevance to STI and HIV:

- AIDS
- Chlamydia
- Gonorrhea (genital, oral, ophthalmic, rectal, PID)
- HIV infection (other than Class B)

Reporting Instructions:

- **HIV or Syphilis During Pregnancy:**
  - Complete and Fax HIV/Syphilis During Pregnancy Form in 1 business day
  - Complete and Fax STD-43 Form in 1 business day
- **Syphilis and STDs outside of Pregnancy**
  - Complete and Fax STD-43 Form within 5 business days

Confidential OPH Fax: (504) 568-8384
Phone Line: (504) 568-7474

FORMS CAN ALSO BE MAILED TO
LOUISIANA DEPARTMENT OF HEALTH- STD/HIV Program
1450 Poydras Street Suite 2136
New Orleans, LA 70112

For questions regarding reporting HIV/STDs in pregnancy, call the HIV/STD Perinatal Surveillance Supervisor at (504) 568-3384.

Louisiana Department of Health Confidential Report of Sexually Transmitted Diseases (STD)

PROVIDER INFORMATION

Name of Provider:		Phone: ( ) -		Fax Number: ( ) -	
Facility Name:		Email:			
Address:	City:		State:	Zip	
Name of Person Reporting:		Position:			

PATIENT INFORMATION

Patient Medical Rec. #:		Insurance :	☐ Private ☐ Medicaid ☐ Unknown ☐ None		
First Name:	Middle Initial:	Last Name:			
Address:	City:		State:	Zip	
Patient Hm Ph: ( ) -	Patient Wk Ph: ( ) -		Patient Cell Ph: ( ) -		
DOB (MM/DD/YYYY) / /	SSN: - -		Emergency Contact:		

Sex at Birth: ☐ Male ☐Female

Gender: ☐Male ☐ Female ☐ Transgender Male-to-Female ☐ Transgender Female-to Male

Pregnant: ☐ Yes, Expected Delivery Date: / / ☐ No ☐ Unknown

Race: ☐ White ☐ Black ☐Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other/Unknown

Ethnicity: ☐ Hispanic ☐Non- Hispanic

Marital Status: ☐ Single ☐ Married ☐ Partner ☐Divorced ☐Widowed

Gender of Partner(s): ☐ Male ☐ Female ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male ☐ Unknown

CHLAMYDIA

☐ Urogenital (Urine, cervical, etc.)
☐ Oral/ Pharyngeal
☐ Rectal
☐ Ophthalmia neonatorum
☐ Proctitis
☐ Pelvic Inflammatory Disease (PID)
☐ Pneumonia
☐ Other (specify): _____

Date of Specimen Collection:
_____/_____/_____

Test(s)Conducted:
☐ Culture
☐ NAAT
☐ Nucleic Acid Probe
☐ Point of Care Test
☐ Other (specify): _____

Date Treatment Administered:
_____/_____/_____
Date of prescription given:
_____/_____/_____

Recommended Treatment:
☐ Azithromycin 1g orally in a single dose
OR Doxycycline 100 orally 2x/day for 7 days

Alternative:
☐ Erythromycin base 500 mg orally 4x/day for 7days
OR Erythoromycin ethylsuccinate 800 mg orally 4x/day for 7days
OR Levofloxacin 500 mg orally 1x/day for 7 days
OR Ofloxacin 300mg orally 2x/day for 7 days

If Pregnant :
☐ Azithromycin 1 g orally in a single dose
☐ Amoxicillin 500 mg orally 3x/day for 7 days
OR Erythromycin base 500mg orally 4x/day for 7 days
OR Erythromycin base 250 mg orally 4x/day for 14 days
OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days
OR Erythromycin ethylsuccinate 800 mg orally 4x/day for 14 days

Name of Testing Laboratory:

GONORRHEA

☐ Urogenital (Urine, cervical, etc.)
☐ Oral/Pharyngeal
☐ Rectal
☐ Disseminated Gonococcal Infection (DGI)
☐ Ophthalmia neonatorum
☐ Resistant Strain
☐ Proctitis
☐ Pelvic Inflammatory Disease (PID)
☐ Other (specify): _____

Date of Specimen Collection:
_____/_____/_____

Test(s)Conducted:
☐ Culture
☐ NAAT
☐ Nucleic Acid Probe
☐ Point of Care Test
☐ Other (specify): _____

Date Treatment Administered:
_____/_____/_____
Date of prescription given:
_____/_____/_____

Recommended Treatment:
☐ **Dual** therapy with Ceftriaxone 250 mg IM in a single dose
PLUS Azithromycin 1 g orally in a single dose or Doxycycline 100 mg orally twice a day for 7 days

Alternatives (*Note - Only if Ceftriaxone is not available)
☐ **Dual therapy** with Cefixime 400 mg orally **PLUS** Azithromycin 1g Orally or Doxycycline 100 mg orally twice a day for 7 days

If cephalosporin allergic:
☐ Gemifloxacin 320 mg orally **PLUS** Azithromycin 2 g orally
OR Gentamicin 240 mg IM **PLUS** Azithromycin 2 g orally

Name of Testing Laboratory:

SYPHILIS

NOTE: Call to report [(504) 568-7474], then follow-up with form
☐ Primary (Genital or oral ulcer)
☐ Secondary (Rashes)
☐ Early non-primary non-secondary
☐ Unknown duration or Late syphilis
☐ Tertiary –Cardiovascular
☐ Tertiary- Neurosyphilis
☐ Congenital
☐ Other_____

Date of Specimen Collection:
_____/_____/_____

Test(s) Conducted & Results:
☐ RPR Titer _____
☐ VDRL Titer _____
☐ MHATP _____
☐ FTA _____
☐ IgG (EIA) _____
☐ TP-PA _____
☐ Other _____

Recommended Treatment:
☐ 2.4 million units Benzathine Penicillin G (BIC) IM X 1 dose
Date Administered: _____/_____/_____

☐ 2.4 million units Benzathine Penicillin G (BIC) IM X 3 doses
Date 1st Dose Administered: _____/_____/_____

☐ Doxycycline 100 mg orally twice a day for 14 days
☐ Doxycycline 100 mg orally twice a day for 28 days
☐ Other: _____

Date prescription given: _____/_____/_____

Name of Testing Laboratory:

OTHER

☐ Herpes Simplex Virus (Neonates)
☐ Other (specify): _____

Date of Specimen Collection:
_____/_____/_____

Test(s) Conducted & Results:
☐_____
☐_____
☐_____

Treatment:
☐_____
☐_____

Name of Testing Laboratory:

Mail or FAX form to: Louisiana Department of Health-STD/HIV Program, PO Box 60630, New Orleans, LA 70160; (504)568-8384.
For more information call (504) 568-7474 or go to http://www.LAHHUB.org (Form: STD 43 Rev 4/2/18)

LOUISIANA DEPARTMENT OF HEALTH CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES (STD)
Form: STD 43 Revised April 2, 2018 (updates reflect new 2018 CDC syphilis case definitions)

DESCRIPTION & PURPOSE
The STD 43 is a single page form to report newly diagnosed, re-infected, and treated STDs with the exception of HIV/AIDS.

Directions for reporting HIV/AIDS cases contact: STD/HIV Program, 1450 Poydras Street Suite 2136, New Orleans, LA 70112, (504)568-7474. For information about HIV/AIDS Surveillance: http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/LouisianaAdministrativeCodeTitle51PublicHealthSanitaryCodeJan2010.pdf

INSTRUCTIONS FOR COMPLETING STD 43: CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES
Use one (1) form per person to report all applicable STDs. Print legibly.

Provider Information: Write the Name, Addresses, Phone number and Name of Person Reporting in the box or place a typed label with the same information over the box. If provider and facility are different, provide information for both. Services provided via the internet must list a valid medical provider and facility name.

Patient Information: Write the medical record #, First/Middle Initial/Last Name, Type of Insurance used for visit, Address, City/State/Zip Code, Phone number(s), Date of Birth (DOB), Social Security Number (SSN), in the spaces provided. Check the appropriate box (es) for Sex at Birth, Gender, Pregnancy status, Marital status, Race, Ethnicity, and Gender of Partner(s).

Disease: Check appropriate box (es) in this section depending on the diagnosis. In addition to completing the form, call the STD/HIV Program at (504)568-7474 to report all cases of primary & secondary syphilis.

For each disease reported complete each box in the appropriate column including:

1. Check the box (es) for the disease(s) being reported
2. Write the date laboratory specimens were collected
3. Write the name of the laboratory where tests were conducted
4. Check the box (es) for type of test(s) conducted that were positive. Syphilis test(s) conducted must be reported with results to identify new cases:
   - If RPR/VDRL is positive and confirmatory test (e.g., TPPA or lgG-EIA) is negative, report NEGATIVE confirmatory test result also (to validate biological false positives).
   - Enter titer result for the RPR and/or VDRL test (e.g., RPR 1:16, VDRL 1:128).
   - Report non-reactive/negative RPR/VDRL result if confirmatory test is positive (i.e. TPPA, lgG-EIA, FTA, etc.)
5. Write / check box (es) of medication given; write date treatment was administered and prescription was provided

Important Note:
Form STD 43 should be mailed to the STD/HIV Program as soon as the diagnosis is made. The form may be filled before treatment is completed. Patients should not be reported as cases unless the diagnosis is confirmed by appropriate tests. All contacts of STDs should be tested for the disease(s) to which they were exposed. If contacts are treated in the absence of positive laboratory tests, then they are considered epidemiologically treated. Epidemiologic treatment is applicable only to persons exposed to known STD cases. Therefore, the term does not apply to persons who are treated for symptoms only and are not, therefore, definitively diagnosed. Reporting of epidemiologic treatment should be withheld and reported only with positive laboratory tests.

MAIL or FAX FORM TO:
LOUISIANA DEPARTMENT OF HEALTH- STD/HIV Program
1450 Poydras Street Suite 2136
New Orleans, LA 70112

Or

PO BOX 60630
NEW ORLEANS LA 70160

FAX to: (504)568-8384

For questions contact the STD/HIV Program at: 504-568-7474 or visit our web site at: http://www.LAHHUB.org.

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

HIV/SYPHILIS DURING PREGNANCY REPORTING FORM

The Louisiana Public Health Sanitary Code mandates the reporting of pregnancy status for women diagnosed with HIV and/or syphilis, which allows Louisiana programs to target high-risk pregnancies for follow-up.

REPORT DATE:_____ **REPORTING FACILITY**: _____

Patient Information

Full Name	First	Last	Maiden
Address	Street Address		Apartment/Unit #
	City and Zip code		Phone Number
Emergency Contact Name and Phone No.		**DOB (mm/dd/yyyy)**	__ __ / __ __ /__ __ __ __
Date of Pregnancy Diagnosis (mm/dd/yyyy)			__ __ / __ __ /__ __ __ __
Estimated Delivery Date (mm/dd/yyyy)			__ __ / __ __ / __ __ __ __

Linkage to Care

The patient is currently diagnosed with:		☐ HIV ☐ Syphilis ☐ Both ☐ Other_____	
Is the patient engaged in OB and/or prenatal care?	☐ Y ☐ N ☐ UNK	**If the patient is currently infected with syphilis, what is the clinical stage of diagnosis?**	☐ Primary ☐ Secondary ☐ Early Latent ☐ Late Latent
Is the patient currently on antiretroviral therapy (ARVs) for HIV?	☐ Y ☐ N ☐ UNK ☐ N/A	**Has the patient been treated for the most recent infection of syphilis?**	☐ Y ☐ N ☐ UNK ☐ N/A
Is the patient currently engaged in HIV Care?	☐ Y ☐ N ☐ UNK ☐ N/A	**If the patient was treated for a current syphilis infection, please record treatment and dosage:**	☐ 2.4 MU benzathine penicillin ☐ 4.8 MU benzathine penicillin ☐ 7.2 MU benzathine penicillin ☐ Other _____ ☐ N/A
		Date of Syphilis Treatment:	__ __/__ __/__ __ __ __
Are you concerned about any of the following with your patient? Check all that apply.		☐ Housing ☐ Transportation ☐ Nutrition/Food Assistance ☐ Med Adherence ☐ Substance Abuse ☐ Mental Health ☐ None ☐ Other (please specify): _____	

Provider Information

Patient's Provider/Person Completing Form	
Phone Number	

Report diagnosis of HIV/syphilis during pregnancy within one business day.
Completed forms should be sent to the Perinatal STD/HIV Surveillance Supervisor at the Office of Public Health STD/HIV Program.
Report by Phone: (504) 568-3384
Confidential Fax: (504) 568-8384
Mail (completed forms must be mailed in a sealed enveloped marked "Confidential"):
1450 Poydras Street, Suite 2136, New Orleans, LA 70112

Instructions for the HIV/Syphilis During Pregnancy Reporting Form

Louisiana Department of Health – Office of Public Health
STD/HIV Program

General Instructions

1. Mark only one box per question unless otherwise noted.
2. Boxes should preferably be marked with an X.
3. Dates should be written in MM/DD/YYYY format. Months and days less than 10 should be preceded with a zero (0). For example, May should be recorded as 05. If the day is not known, record the known month and year values and record the day as 15. If the entire date is unknown, mark the *Unknown (Unk)* box with an X.
4. On all questions, unknowns should be marked with an X in the *Unknown (Unk)* box.
5. If a question is not applicable, mark the *N/A* box with an X.
6. All questions must be completed.
7. Include notes on questions that may need clarification.

Reporting Form Items

Report Date

- Date the form is completed and submitted to the STD/HIV Program

Reporting Facility

- Write in the facility that is reporting the diagnosis of HIV/Syphilis during pregnancy

Patient Information

- **Full Name:** Legal name, including middle name or initial if available in the following format: [First Name], [Last Name], [Maiden]
- **Address:** Most current address, if available in the following format: [Street Address],[Apartment/ Unit #], [City and Zip Code]
- Phone Number: Most current phone number for patient, if available.
- **2nd Phone number or Emergency Contact:** Patient's emergency contact information in the following format: [First Name], [Last Name], [Phone Number]
- **Date of Birth (DOB):** Patient's date of birth.
- **Date of Pregnancy Diagnosis:** Date the provider/facility confirmed pregnancy status of patient.
- **Estimated Delivery Date:** Date the patient is expected to deliver.

Linkage to Care

- **Disease Reporting:** Indicate if the patient is diagnosed with HIV, Syphilis, both, or other. For example, Hepatitis B (another reportable condition during pregnancy) can be reported here.
- **Prenatal Care:** Indicate if the patient is in prenatal care.
- **Syphilis:** If the patient is infected with syphilis, indicate which clinical stage; if the patient has been treated for the most current infection; and treatment dosage for the most recent infection.
- **HIV:** Indicate if the patient is currently on antiretroviral medication; and if she is engaged in HIV care.
- **Other Concerns for the Patient:** Indicate if there is any additional support the patient may need with an X next to all items that apply to the patient.
    - If other, write in the patient's specific needs.

Provider Information

- **Patient's Provider/Person Completing Form:** Write in the provider information or if this information is unavailable, write in the person that is completing the form that will be the point of contact between the reporting facility and the STD/HIV Program.
- **Phone Number:** Indicate if the most appropriate phone number for communication between the STD/HIV program and the reporting facility/provider.