

Florida STD Program Guidance for Area STD Programs During COVID-19 Response, April 23, 2020

A. Pregnant Females

HIV, Syphilis, Gonorrhea, and Chlamydia	<ol style="list-style-type: none"> 1. Contact provider to collect demographics, EDD, signs/symptoms, test history, and treatment. 2. Document investigations on field record (HARS, Accurint, HMS, etc.) 3. Minimum of two phone calls and referral letter as needed. 4. Create maternal record for pregnant females with reactive syphilis serologies. 5. Interview by phone until further notice. 6. Refer partners elicited for preventive treatment and/or testing. <p>➤ For HIV, refer to section F for next steps.</p>
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B. Males of any Age and Non-Pregnant Females, Ages 15-44

Clients diagnosed as 710/720 interview as usual. In the absence of signs/symptoms, unknown epi-link, previous test history, etc. Please stage accordingly and use your 730 vs 755 checklist as needed per the link below.
<https://floridahealth.sharepoint.com/sites/DISEASECONTROL/COMMUNICABLE/std/Documents/730%20vs%20755%20Criteria%20Update%20August%202019.pdf>

Females: Syphilis serology 1:8 and above	<ol style="list-style-type: none"> 1. Contact provider to collect demographics, EDD, signs/symptoms, test history, and treatment. 2. Document investigations on field record (HARS, Accurint, HMS, etc.) 3. Minimum of two phone calls and referral letter as needed. 4. Create maternal record if pregnant with reactive syphilis serology. 5. Interview by phone until further notice. 6. Refer partners elicited for preventive treatment and/or testing. <p>➤ For HIV co-infected, refer to section F for next steps.</p>
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Males: Syphilis serology 1:32 and above	<ol style="list-style-type: none"> 1. Contact provider to collect demographics, signs/symptoms, test history, and treatment. 2. Document investigations on field record (HARS, Accurint, HMS, etc.). 3. Minimum of two phone calls and referral letter as needed. 4. Interview by phone until further notice. 5. Refer partners elicited for preventive treatment and/or testing. <p>➤ For HIV co-infected, refer to section F for next steps.</p>
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C. Syphilis - Lower Titers

Syphilis Serology for: Females: 1:4 and below and Males: 1:16 and below	<ol style="list-style-type: none"> 1. Contact provider to collect demographics, EDD, signs/symptoms, test history, and treatment. **if 710/720 symptoms are noted refer to section B as an interview is required and refer partners for preventative treatment/testing** 2. Document investigations on field record (HARS, Accurint, HMS, etc.) 3. Stage record based on information obtained from provider, enter treatment if given, and disposition C if treated for stage of infection. 4. If not treated, stage accordingly, disposition as a DM and claim morbidity in STARS. <p>➤ For HIV co-infected, refer to section F for next steps.</p>
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D. Public/Private Gonorrhea and Chlamydia

PUBLIC – Gonorrhea and Chlamydia	<ol style="list-style-type: none"> 1. Review HMS to collect demographics, EDD, signs/symptoms, test history, and treatment. 2. Document investigations on field record (HARS, Accurint, HMS, etc.) 3. Minimum of two phone calls and referral letter as needed. 4. If not treated and unable to locate – Disposition as “D”, claim morbidity and close. <p>➤ For HIV co-infected, refer to section F for next steps.</p>
PRIVATE – Gonorrhea and Chlamydia	<ol style="list-style-type: none"> 1. Disposition as DM. <p>➤ If HIV co-infected, refer to section F for next steps.</p>

E. Males and Females Ages 13-15 and Under 13	
13-15 yr. old HIV, Syphilis, Gonorrhea, and Chlamydia	<ol style="list-style-type: none"> 1. Contact the provider to verify demographic information, obtain the EDD, any history of signs/symptoms, previous test history, and treatment information. 2. Document your searches on the field record (HARS, Accurint, HMS, etc.). 3. Minimum of two phone call attempts and mail a referral letter. 4. Interview by phone if able to reach the patient. 5. Refer partners elicited for preventive treatment and/or testing. <p>➤ For new HIV or co-infects, refer to section F for next steps.</p>
<13 yr. Old HIV, Syphilis, Gonorrhea, and Chlamydia	<ol style="list-style-type: none"> 1. Contact provider to verify demographics, obtain pregnancy status, signs/symptoms, test history, treatment information, and if reported to the Abuse Hotline. 2. Stage the record based on information obtained from the provider, enter treatment if given and disposition as a C if treated for the stage of infection. <p>➤ Refer to DCF Reporting Guidelines as outlined in the link below. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0794/Sections/0794.011.html</p>

F. HIV	
New 900, and 910 (Phone interview is allowable until further notice)	
<ol style="list-style-type: none"> 1. Contact provider to collect demographics, EDD, signs/symptoms, test history, and determine if the patient has been posttest counseled. 2. Document investigations in field record (HARS, Accurint, HMS, etc.). 3. Minimum of two phone calls and referral letter as needed. 4. If able to reach the client, verify identity by asking the following: <ul style="list-style-type: none"> • Full first, middle, and last name (including suffix, if available) • Date of birth (month, day, and year) • At least one of the following: <ul style="list-style-type: none"> ○ Name of testing facility and date of exam/test ○ Social Security number ○ Driver's License number (check against DAVE if available) 5. Interview as usual, Refer partners, Disposition field record as "2" or "5" and add a linkage record. 	
Previous 900 (Phone interview is allowable until further notice)	
<ol style="list-style-type: none"> 1. Pregnant, regardless of VL: Disposition FR as "1", Interview as usual, Refer partners, Initiate a Linkage record. 2. Diagnosed with syphilis (all stages): Disposition FR as "1", Interview as usual, Refer partners, Initiate a Linkage record. 3. Not Virally suppressed: Disposition FR as "1", Interview as usual, Refer partners, Initiate a Linkage record. 4. Patient Care or VL unknown: Disposition FR as "1", Interview as usual, Refer partners, Initiate a Linkage record. 5. No VL test within past 7 months: Disposition. FR as "1", Interview as usual, Refer partners, Initiate a Linkage record. 6. VL of < 200 in past 7 months: Disposition FR as "1" and close field record. 7. VL of <1000 in past 7 months and lower than previous VL test: Disposition FR as "1" and close field record. 	

At the discretion of the county health department (CHD) and based on current situation and staffing levels locally, face-to-face contact with clients should be limited to only essential services.

Staff should perform normal program activities as long as possible, while maintaining social distancing guidelines.