

Visual Case Analysis (VCA) Practice Exercise 1

These practice exercises are intended for participants of the NCSD DIS VCA Training session held in July 2022. These practice exercises may be used or distributed for training purposes only outside of the NCSD training session by contacting the author, Emily Fussell, at EFussell@MarionHealth.org

Prior to practicing, you will need:

Colored pencils (*preferably erasable*) – black, red, green, orange, blue

Black marker or ink pen

Infectious Syphilis Epidemiologic Analysis Chart (12 months) – printed on legal size paper

VCA Pocket Assistant

Practice Exercises

Carmela came into the STD clinic on 3/28/2022 due to a lesion present on her labia that was not showing any signs of healing. The lesion had been present for 12 days before she came into the clinic. Upon physical examination, the physician describes the lesion in Carmela's medical record as indurated, reported as painless by the patient, and located on the left labial tissue. The physician conducts a brief sexual history questionnaire with Carmela, and then determines that syphilis testing needs to be ordered. Carmela agrees to have syphilis, HIV, chlamydia, and gonorrhea testing done that day.

During the appointment, Carmela reported to the physician she tried using a corticosteroid cream on the lesion with no relief during the previous 12 days. The physician suspects Carmela has primary syphilis due to her symptom presentation, and orders Bicillin treatment to occur the same day while awaiting her test results. Carmela's test results came back from the lab the next day (3/29/2022) and were as follows: reactive RPR of 1:32 and reactive Treponema pallidum EIA test (blood sample); negative HIV-1 Antibody (blood sample); negative chlamydia/gonorrhea NAAT (vaginal/cervical sample).

Carmela received Bicillin 2.4mu, 1 dose, on 3/28/2022. She schedules a future appointment to have her RPR drawn again in 3 months. Upon further review of Carmela's STD history, it's discovered she had negative HIV rapid test and a negative chlamydia and gonorrhea urine screening on 11/12/2021. Her reason for testing at that time was annual screening with her reproductive health physician. During that visit in November, Carmela reported to her physician that she has sex with men exclusively. Carmela reported participating in vaginal and oral sex with her male partner. She reported 1 male partner in the last 3 years, a boyfriend she had been living with recently. She feels safe at home. She does not believe there are additional sex partners in their relationship. She is not currently pregnant.

Exercise 1: Plot the facts, including the critical period, of Camela’s syphilis infection onto the Infectious Syphilis Epidemiologic Analysis Chart.

A DIS calls Carmela for an interview on 3/31/2022, two days after the lab returns positive syphilis results. Camela answers the phone and was able to complete an original interview with the DIS at that time. During the interview, Carmela reports 1 male sex partner to the DIS. Review their information below:

FOUNDATION

NUMBER OF PARTNERS: 1
BEHAVIORS: ORAL (G/R), VAGINAL
SETTINGS: HOMES, HOTELS

NAME	JOHANNES YORK
EXPOSURE	FSE: 1/1/2018 LSE: 3/14/2022 Freq: 2-3x per week Type: Vaginal, Oral
LOCATING	Indianapolis, IN 555-4356 (cell) Apartment building – live together Works at Great Harvest Bread Company on Salisbury St Uses Facebook and Instagram Met thru friends
CLUSTERING	None at this time
DESCRIPTION	White, 6ft, blonde, male Brown eyes Haircut is very short Diamond earrings Always wears a cross necklace Has a tattoo on L forearm of eagle Drives a red Subaru



Bell Flower Clinic
640 Eskenazi Avenue, Fifth Third Bank Building, 1st Floor | Indianapolis, IN 46202
PH 317-221-8300 | FAX 317-221-8330
www.bellflowerclinic.org

The partner was notified by the DIS to come into the STD clinic for testing and preventative treatment. The partner comes to the STD clinic on 4/6/2022. Review their labs, treatment, and symptoms below:

NAME	JOHANNES YORK
STD TESTING	+RPR 1:256, +EIA
STD TREATMENT	Bicillin 2.4mu, 1 dose
SYMPTOMS	Palmar/Plantar Rash x25 days

Exercise 2: Review all information on the partner. Consider if this partner needs to be plotted on the VCA – if yes, complete that now. You should include the facts of their cases, their exposure dates, and their appropriate labeling.

Exercise 3: Based on your VCA thus far:

1. What items are missing or what gaps are present in the VCA? What about the case?
2. What are your inferences about the source/spread analysis? What evidence do you have to support your claim? Practice writing your source/spread justification.
3. How does the information you gathered here from the VCA inform your re-interview with the original patient?
4. What next steps would you take as a DIS? What is the priority action?