



NEW

SEXUALLY TRANSMITTED INFECTION SURVEILLANCE GUIDELINES

REPORTABLE CONDITIONS

- Lymphogranuloma Venereum
- Syphilis
- Granuloma Inguinalae
- Gonorrhea
- Chlamydia
- Chancroid

REQUIRED DATA

All information on the *STI Reporting Form (see attached form)* must be collected and faxed (989-720-2548) to the Shiawassee County Health Department STI Coordinator.

COMPLETION OF STI REPORTING FORM

1. *STI Reporting Form* is faxed to the provider's office indicating the patient has tested positive for a STI
2. Provider completes all questions on the *STI Reporting Form*
3. Fax form to 989-720-2548, Shiawassee County Health Department, attn: Amanda

*If patient was not seen by provider please note and fax form back.

RISK ASSESSMENT

Conducting a thorough sexual history discussion with your patient is imperative to their quality of care. Discussions can foster an open conversation about lifestyle choices, preventative measures, treatment options, and recommendations.

SURVEILLANCE PURPOSE

Gathering this information allows the Shiawassee County Health Department and the Michigan Department of Health and Human Services to collect reliable epidemiological data to perform public health interventions. It is crucial for ensuring adequate treatment for patients and their partners.

AMANDA ROCKOL, RN: STI COORDINATOR



989-743-2360



989-720-2548