



Section VIII: Sexually Transmitted Disease Categorical Funding

All indicators listed below are required, i.e., are essential for the agency to meet in order to pass each section of the accreditation review. Bullet points designated as “Special Recognition” are not required, but are highly recommended by MDCH.

MPR I

Develop and implement an STD Clinic Protocol to ensure the timely admission, examination, and/or treatment of individuals presenting to agency STD clinics. The protocol should prioritize pregnant women, adolescents, and individuals referred by local, state, or federal STD investigators/disease intervention specialists.

Indicator I.1

Use of protocol based on guidelines approved and distributed by MDCH.

This indicator may be met by:

- Developing and implementing an STD Clinic Protocol that addresses timely admission, examination and treatment of individuals presenting to agency STD clinic/s.
- Granting priority for provision of care services to pregnant women, adolescents, and individuals referred by local, state, or federal disease investigators/disease intervention specialists.
- **(Special Recognition)** Assuring that 80% of all STD clinic patients reported with gonorrhea, chlamydia and syphilis are contacted by staff and begin treatment within two business days of their confirmed report.

Documentation Required:

The current MDCH recommended STD Clinical Practice Guidelines, CDC STD Program Operations Guidelines for STD Prevention (Areas of Special Emphasis), 2001, CDC STD Treatment Guidelines, 2006, and clinic protocol language addressing client admissions and priority care given pregnant women, adolescents and disease investigator referrals

Evaluation Questions

- What clinic policy and procedures are in use to ensure the timely admission, examination and treatment of pregnant women, adolescents and individuals referred by disease investigators?
- What percentage of patients meet the criteria stated in the special recognition indicator, I.1 c (third bullet point)?



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MPR 2

To the extent resources allow, provide syphilis, gonorrhea and chlamydia screening, and other STD testing/evaluation/counseling services.

Indicator 2.1

Development and use of screening guidelines approved and distributed by MDCH.

This indicator may be met by:

- Maintaining a written, up-to-date clinic procedures manual that address syphilis, gonorrhea and chlamydia screening services provided to clinic patients and other high risk populations.
- Submit quarterly the Michigan Local Health Department-Sexually Transmitted Diseases (STD) Activity Report.

Documentation Required

- Current MDCH recommended STD Clinical Practice Guidelines, CDC STD Program Operation Guidelines for STD Prevention, 2001, and CDC STD Treatment Guidelines, 2006

Evaluation Questions

- What clinic populations are routinely screened for syphilis, gonorrhea or chlamydia, and what screening occurs outside of the local health department?
- What other STD testing, treatment, evaluation or counseling is provided by the local health agency's clinic/s?



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MPR 3

Within the local health agency's jurisdiction, analyze STD morbidity, identify laboratories, hospitals, clinics and physician offices determined to be 'priority' reporting sites, and provide additional professional attention and assistance to those sites.

Indicator 3.1

Development and use of a laboratory and physician provider education plan based on guidelines from CDC and MDCH.

This indicator may be met by:

Analyzing local STD morbidity, and to the extent resources allow, implementing recommendations within CDC STD Program Operations Guidelines for STD Prevention, Surveillance and Data Management, 2001.

Documentation Required

- CDC STD Program Operations Guidelines for STD Prevention, Surveillance and Data Management, 2001
- List of providers called or visited, topics discussed, written materials given, and updated list of appropriate contacts at provider sites

Evaluation Questions

- What steps are taken upon receipt of written phoned or faxed reports from laboratories and physician providers?
- What practices are regularly conducted to ensure timely and appropriate reporting, such as periodic review of case reports from laboratories and physician providers, site visitations, in-services/presentations, newsletters/bulletins/alerts?



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MPR 4

Develop an STD management system with non-STD clinic providers by conducting training for providers in high-risk areas.

Indicator 4.1

Documentation of conducting provider training, with content based on National Network of STD/HIV Prevention Training Centers (NNPTC) training resources.

This indicator may be met by:

Conducting or facilitating provider training

Documentation Required

List of provider training sessions conducted or facilitated

Evaluation Question

Is there evidence to support that training sessions have been conducted/facilitated?



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MPR 5

Provide activities that promote STD education, risk reduction, safer sex practices, and abstinence.

Indicator 5.1

Documentation of prevention activities, with content based on National Network of STD/HIV Prevention Training Centers (NNPTC) training resources.

This indicator may be met by:

Conducting activities that promote STD risk reduction, education, prevention, safer sex practices, and abstinence.

Documentation Required

Listing of all STD prevention activities provided to individuals or groups, general public or professionals

Evaluation Question

What activities are undertaken by the agency to promote a reduction in STD infections?



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MPR I

Ensure reporting and follow-up of “venereal disease” and Chlamydia.

References: PA 368 of 1978, MCL 333.5111 (Michigan Administrative Code, R 325.171, R 325.172, R 325.173, R 325.174, R 325.177, and R 325.181); and CDC Program Operations Guidelines for STD Prevention, Surveillance and Data Management, 2001.

Indicator I.1

Reporting and follow-up in compliance with the Michigan Public Health Code and Michigan Communicable Disease Rules.

This indicator may be met by:

- Maintaining a locally developed, written protocol that addresses reporting and follow-up of "venereal disease" and chlamydia, and utilizes Michigan Communicable Disease Rules and guidelines supplied by the Centers for Disease Control and Michigan Department of Community Health.
- Utilizing the Confidential Venereal Disease-Chlamydia Laboratory Report (DCH-0821), Confidential Venereal Disease-Chlamydia Case Report And Laboratory Test Results Report (DCH-0821A) and electronic version (DCH-0821E), and The Michigan Disease Surveillance System for disease reporting.
- Attempting to assess and correct potential reporting lapses.

Documentation Required

Local health jurisdiction copies of cases reported to MDCH by Confidential Venereal Disease-Chlamydia Laboratory Report (DCH-0821), Confidential Venereal Disease-Chlamydia Case Report And Laboratory Test Results Report (DCH-0821A) and electronic version (DCH-0821E), and MDSS forms (Gonorrhea and Chlamydia Case Investigation Reports)

Evaluation Questions

- What steps are taken upon receipt of written, phoned or faxed reports from laboratories and physician providers?
- What practices are regularly conducted to ensure timely and appropriate reporting, such as periodic review of case reports from laboratories and physician providers?



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MPR 2

Provide, by direct services or referral, for diagnosis, treatment and case intervention of patients presenting or referred for “venereal disease” and chlamydia. Prioritize pregnant women reported with “venereal disease”, chlamydia, and hepatitis B, for provision of care services. Provide, by direct service or referral, for court-ordered testing and victim notification.

References: PA 368 of 1978, MCL 333.5111 (Michigan Administrative Code, R 325.177), MCL 333.5117, MCL 333.5123, MCL 333.5127, MCL 333.5129, MCL 333.2444; current MDCH recommended STD Clinical Practice Guidelines; CDC STD Program Operations Guidelines for STD Prevention, Medical and Laboratory Services, 2001; CDC STD Treatment Guidelines, 2006; and State of Michigan Guidelines to Reduce the Transmission of Perinatal HIV, Hepatitis B and Syphilis, 7/15/03.

Indicator 2.1

Use of clinic services protocol, or referral protocol, based on CDC STD Program Operations Guidelines, 2001, and CDC STD Treatment Guidelines, 2006.

This indicator may be met by:

See indicator

Documentation Required

See indicator

Evaluation Questions

See indicator

Indicator 2.2

Submission of Quarterly STD Medication Inventory Report (Electronic Version) to MDCH – STD Section (10 days after the end of the quarter). Submit quarterly the Michigan Local Health Department Sexually-Transmitted Diseases (STD) Activity Report (Revised).

This indicator may be met by:

See indicator

Documentation Required

See indicator

Evaluation Questions

See indicator



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Indicator 2.3

Development and use of a protocol for court-ordered testing and victim notification, based on Sec. 333.5129 and MDCH guidelines.

This indicator may be met by:

Development and use of protocol for court-ordered testing and victim notification based on Michigan Compiled Law and MDCH guidelines, Protocol for Low-Morbidity Health Department Response to Requests for Assistance with Disease Management.

Documentation Required

The current MDCH recommended STD Clinical Practice Guidelines, CDC STD Program Operation Guidelines, 2001, CDC STD Treatment Guidelines, 2006, and a protocol for court-ordered testing and victim notification

Evaluation Questions

- What clinic and/or referral services are available for individuals who are cases of, or partners to, "venereal disease" and chlamydia?
- How are pregnant women granted priority for care services?
- What procedures are in place for court-ordered testing and victim notification?



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MPR 3

Provide, by direct service, Partner Notification (PN) for individuals with early syphilis. To the extent that resources allow, provide by direct service or referral, PN for individuals with gonorrhea and chlamydia. Provide PN priority to pregnant women and their sex partners.

References: PA 368 of 1978, MCL 333.5111; Michigan Administrative Code, R 325.174 and R 325.177; CDC STD Program Operations Guidelines for STD Prevention Partner Services, 2001; and CDC STD Treatment Guidelines, 2006.

Indicator 3.1

Use of Partner Notification protocols approved and distributed by the Michigan Department of Community Health, STD Section.

This indicator may be met by:

- Maintaining a written partner notification protocol with procedures that comply with Michigan Communicable Disease Rules, and other CDC/MDCH supplied standards and guidelines; **AND**
- Using all of the following forms according to guidelines:
 - Interview Record (CDC 73.54, revised 1-1-08)
 - Field Record (CDC 73.2936S)
 - Gonorrhea Epidemiologic Control Record (DCH-0824); **AND**
- Extending priority for partner notification services to women who are pregnant.

Documentation Required

Locally developed program manual with protocol addressing partner notification

Evaluation Questions

- What clinic and/or referral services are available to an individual who is a sex partner of someone infected with "venereal disease" and/or chlamydia?
- Does the agency maintain written documentation that partner notification services are offered?
- What priorities are granted pregnant women and their sex partners?



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MPR 4

Perform activities necessary to control the spread of “venereal disease” and chlamydia, including education, examination and treatment, and enforcement of applicable statutes and rules.

References: PA 368 of 1978, MCL 333.2433, MCL 333.5111 (*Michigan Administrative Code*, R 325.171, R 325.172, R 325.173, R 325.174, R 325.177, and R 325.181), MCL 333.5115, MCL 333.5201 – MCL 333.5209; and MCL 722.623.

Indicator 4.1

Maintain protocols and personnel needed to conduct the program element.

This indicator may be met by:

- Maintaining and updating written protocols that describe all components of the health jurisdiction’s STD control program, and are periodically reviewed by medical director and appropriate clinic staff.
- Maintaining documentation of STD education and outreach activities provided to general public and professional groups.
- **(Special Recognition)** Participating in continuous quality improvement processes that include technical assistance, capacity development and program evaluation activities as offered by the Department and/or as appropriate.

Reference: Office of Management and Budget, Circular A-133, Subpart D – Federal Agencies and Pass-Through Entities, Sub-Section .400, Responsibilities, and the Department of Health and Human Services, CDC Comprehensive STD Prevention Systems, Prevention of STD-Related Infertility, and Syphilis Elimination.

Documentation Required

- Locally developed protocol addressing disease control activities,
- Written record of participation in technical assistance, program evaluation, and capacity development.

Evaluation Questions

- How are local health jurisdiction responsibilities carried out in regard to health threats to others, child abuse/neglect, testing/treatment of minors and confidentiality of medical records and all other protected health information?
- What local health jurisdiction activities are conducted in an attempt to control the spread of STDs?
- Has the local health department participated in technical assistance, capacity development, or program evaluation activities?