

LOUISIANA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES

Form: STD 43 Revised October 2009

Description

The STD 43 form is a single page (8½ x 11 inches) form.

Purpose

The STD 43 form is used for reporting new diagnoses and treatment of an STD (morbidity report), 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 visit: <http://www.hiv.dhh.louisiana.gov>

Instructions for completing the STD 43 Confidential Report of Sexually Transmitted Diseases

Use at least one form per person to report the sexually transmitted diseases indicated on the form. More than one disease may be reported per form.

Provider Information: Write the Name, Address, City/State/Zip, Phone number and Name of Person Reporting in the box or place a typed label with the same information over the box.

Patient Information: Write the Chart or computer #, Name, Address, City/State/Zip, Home, Work, Cell and Emergency Contact Phone numbers, Date of Birth (DOB), Social Security Number (SSN), in the spaces provided. Check the appropriate boxes for Gender, Pregnancy status, Marital status, and STD history; or place a typed label with the same information over the space.

Date of Treatment – Enter the date the patient was treated and check appropriate box for type of treatment given. If not listed, check other and write in name, dosage and route.

Disease – Check appropriate box(es) in this section depending on the diagnosis made for the particular patient.

For Syphilis Only: For primary and secondary syphilis cases, please call the STD/HIV Program (504-568-7474) in addition to completing this form.

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 in the date of any test(s)
3. Write in the name of the laboratory where tests were conducted
4. Check the box(es) for type of test(s) conducted that were positive
 - a. For syphilis, enter titer if conducted
5. Write in the date of treatment
6. Check the box(es) for treatment given or write in alternative treatment(s) given
7. Document the number of sex partners treated by the provider and the number referred to the health department for treatment.

Important Note

Form STD 43 should be mailed to the STD Control Section 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 appropriately. All contacts of STD's 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 REPORT TO:

LOUISIANA OFFICE OF PUBLIC HEALTH
STD CONTROL PROGRAM
PO BOX 60630
NEW ORLEANS LA 70160

For questions contact the STD/HIV Program at: 504-568-7474 or visit our web site at www.std.dhh.louisiana.gov