HOW TO REPORT STDs WITH THE CMR

In California, health care providers who have diagnosed, or suspect the presence of, a sexually transmitted disease (STD) in their patient are legally required to report that information to the local health department. 1.2 The Confidentiality Morbidity Report (CMR) was developed by the California Department of Public Health (CDPH) to facilitate the reporting of communicable diseases, including STDs. An alternative way to report an illness is to utilize the provider portal in the California Reportable Disease Information Exchange (CalREDIE). To find out the status of provider portal or any other options for reporting in your local health jurisdiction please contact your local health department. By reporting STDs promptly and completely, you help limit the spread of STDs in California.

1 California Code of Regulations: Title 17, Division 1, Chapter 4, Subchapter 1, Article 1

2 For a complete list of legally required reportable STDs, please see the back of the CMR; and consult with your local health department for any local reporting requirements

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners STD TREATMENT Treated in office

☐ VDRL

Drug(s), Dosage, Rout

Pos Pos Pos

CSF-VDRL Pos Nec

Is patient symptomatic? pected Exposure Type(s) Blood transfusion, dental or medical procedure

DISEASE BEING REPORTED

STD Being Reported:

If reporting multiple STDs for a patient, complete a separate CMR for each STD.

Patient Information:

Provide all available information.

Date of First Specimen Collection:

Provide date of specimen collection for this diagnosis.

Health Care Provider:

Record name of diagnosing health care provider, facility where patient was seen, and individual completing CMR.

Gender of Sex Partner(s):

Indicate gender of patient's sex partner(s) in the past 12

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV

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Yes No Uni

City

State

ZIP Code

No, instructed patient to re partner(s) for treatmen

anti-HDV

anti-HEV

and race. Check all that apply.

Date of diagnosis:

Ethnicity and Race:

Complete patient's ethnicity

Date lab report was received (or, if earlier, date of presumptive diagnosis.

Report to:

Fax CMR to local health department.

Laboratory Name, City, State, and ZIP:

Indicate laboratory where specimen was processed.

STD Treatment:

Indicate how patient was or will be treated. Include the drug(s) used, dosage, and treatment date.

months.

Chlamydia or Gonorrhea:

Yes No Unknow

AST (SGOT)

Indicate source of positive specimen. Only check sites where patient tested positive.

Partner(s) Treated:

Indicate how treatment of patient's sex partners was managed.

STD Reporting Time Frames

Neurologic Oti-

/IRAL HEPATIT

Within 1 working day of identification: Syphilis, including suspected cases (i.e., presumption of syphilis based on presentation of signs and symptoms regardless of whether results of the laboratory tests are known).

Within 7 days of identification: Gonorrhea, chlamydia including

Syphilis Stage, Neurosyphilis, and Test Results:

whether patient has neurosyphilis. Check all

laboratory tests performed and their results.

Indicate stage of syphilis diagnosed AND

lymphogranuloma venerum (LGV), and chancroid. Reporting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows disclosure of this information to public health authorities for the "purpose of ... public health surveillance, public health investigations, and public health interventions ..." 45 CFR §164.512(b)(I).

More Information

Local Health Department Contact Info:

https://www.cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20 Library/LHD_CD_Contact_Info_ADA.pdf

Reportable Diseases and Conditions:

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx

CDPH STD Control Branch: std.ca.gov

