

How to Report Sexually Transmitted Diseases (STDs) with the Confidentiality Morbidity Report (CMR)

Health care providers in California who diagnose, or suspect the presence of, a STD are legally required to report that information to the local health department.^{1,2} The CMR was developed by the California Department of Public Health (CDPH) to facilitate the reporting of communicable diseases³, 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, using the guide below, you help limit the spread of STDs in California.

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

Patient Information: Complete each field. Pregnancy status, if known, is important.

Date of First Specimen Collection: Date specimen was collected for this diagnosis.

Reporting Provider: Name of diagnosing provider, facility where patient was seen, and name of person completing CMR.

Genders of Sex Partners: Genders of patient's sex partners in the past 12 months.

Syphilis Stage, Neurosyphilis, and Test Results: Indicate stage of syphilis diagnosed and if patient has neurosyphilis and other complications. Check all tests performed and write results.

STD Reporting Time Frames

After identification, report:

Immediately by phone: Clade I MPXV (suspected by travel history or lab results)

Within 1 working day: Syphilis, including suspected cases (presumed syphilis based on signs and symptoms even if results of the laboratory tests are unavailable) and mpox

Within 7 days: Gonorrhea and chancroid.

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED

Patient Name - Last Name First Name MI
 Home Address: Number, Street Apt./Unit No.
 City State ZIP Code
 Home Telephone Number Cell Telephone Number Work Telephone Number
 Email Address
 Birth Date (mm/dd/yyyy) Age Primary Language
 Current Gender Identity (check one)
 Sexual Orientation (check one)
 Pregnant?
 Occupation or Job Title
 Date of Onset (mm/dd/yyyy)
 Reporting Health Care Provider
 Address: Number, Street Suite/Unit No.
 City State ZIP Code
 Telephone Number Fax Number
 Submitted by
 Laboratory Name
 City State ZIP Code

Ethnicity (check one)
 Race (check all that apply)
 Sex Assigned at Birth (check one)
 Occupational or Exposure Setting (check all that apply)
 Date of First Specimen Collection (mm/dd/yyyy)
 Date of Diagnosis (mm/dd/yyyy)
 Date of Death (mm/dd/yyyy)
 REPORT TO:
 Address: Number, Street Suite/Unit No.
 City State ZIP Code
 Telephone Number Fax Number
 Submitted by
 Laboratory Name
 City State ZIP Code

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners (check all that apply)
 STD TREATMENT (check all that apply)
 If reporting Syphilis, Stage:
 Syphilis Test Results
 Titer
 If reporting Gonorrhea:
 Specimen Source(s)
 Symptoms?
 Partner(s) Treated?
 Remarks:

Ethnicity and Race: Check all that apply.

Date of Diagnosis: Date lab report was received or date of presumptive diagnosis (if earlier).

Report to: Fax CMR to local health department.

Laboratory Name, City, State, and ZIP: Where the specimen was processed.

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

Chlamydia or Gonorrhea: Only check sites where patient tested positive.

Partner(s) Treated: Indicate management of patient's sex partner(s)

Remarks: Include notes to help health department with follow-up, e.g. general location if unhoused. For primary or secondary syphilis, briefly describe symptoms and exam findings.

CDPH STD Control Branch Website (std.ca.gov)

Local Health Department Contact Info (cdph.ca.gov/Programs/CCLHO/CDPH%20Document%20Library/LHD_CD_Contact_Info_ADA.pdf)

Reportable Diseases and Conditions (cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx)

More Information Online

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.
³ 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)(1).