**STI Automatic Case Closure Processing**

***Overall Flow***

* The script will log into the STI Section on INEDSS.
* Each case with a status not equal to “closed” will be examined by the script.
* Cases with a very recent event date (e.g. within two weeks) will be skipped to allow time for both provider and lab reports to come in and be merged.
* Processing rules will differ depending on the length of time the case has been open (see details in sections below).
* If, after processing, the case has no invalid conditions or CCDPH-specific errors, the case will be closed with a disposition of “Completed” and case status of “Confirmed”. The following comment will be added to the User Log: “Administratively closed”.
  + Invalid conditions are determined by the INEDSS Business Rules for case closure.
  + CCDPH-specific errors are in addition to the invalid conditions are listed here:
    - Case falls under “new” processing rules and race and/or ethnicity is unknown.
    - Case falls under “new” processing rules and treatment is inadequate.
* Cases that cannot be closed will be left in INEDSS for surveillance staff follow up. The state case number and the reason(s) the case cannot be closed will be stored in a CSV for reference.

***Required Variables and Processing Rules***

Demographics

* Race, ethnicity, and sex is required.
  + Newer cases: If missing, leave case for surveillance staff follow-up.
  + Older cases: If missing, enter “unknown” for race and ethnicity then close. If sex is missing or unknown, leave for surveillance staff follow-up.

Diagnosis

* Site of infection is required. Clicking into section will auto-complete site of infection with “genitourinary”.
* Test ordering facility is required. If none selected, fill in from diagnosis comments section if available. If not available, leave for surveillance staff.
  + Note: Can also explore filling in from laboratory test section but expect proportion left for surveillance staff to be small and information from lab test section is commonly of low quality (e.g. missing, incorrect, not useful).

Laboratory Tests

* Specimen collection date and positive result are required (see INEDSS Business Rules for details). If missing, leave for surveillance staff follow up.

Expedited Partner Therapy

* There are no required variables in this section.

Additional Surveillance Details

* There are no required variables in this section.

Treatment

* Treatment is required. If medication is entered (as opposed to “No treatment”), treating facility and start date is required.
  + Newer cases: If treatment is missing or inadequate (see table below), leave case for surveillance staff follow-up. If treatment is adequate but start date missing, leave case for surveillance staff follow up.
  + Older cases: If treatment is missing, select “No treatment” and enter “Treatment unknown” in the Treatment Comment field.
  + All cases: If medication is entered but start date is missing, leave for surveillance staff follow up.
  + All cases: If treatment is entered but treating facility is missing, check box to indicate treating facility is the same as testing facility. If box can’t be checked, copy test ordering provider into comment (if available).

Contacts

* There are no required variables in this section.

Counseling

* There are no required variables in this section.

Other Notes

* If the script is prompted with the “Validate Address” screen, it will save whatever address is pre-selected.
* First name and last name must contain a minimum of two characters. With this error, no other changes can be saved and alerts will be produced in every section. No other sections will be processed.
* Rarely, Invalid Conditions messages will be produced on the Demographic, Diagnosis, or Treatment screens when attempting to save and move to the next screen. When this occurs, the page cannot be saved and the script will exit without processing. This may result in some additional errors (CCDPH specific errors and the ‘Race/Sex/Ethnicity is blank’ error) not being saved. The list below contains known errors that will result in page-specific invalid conditions (may not be exhaustive).
  + Address Line 1 has invalid characters.
  + If State is not 'Illinois', County must be 'Out of State'.
  + If other treating provider contains a value, an adequate treatment is required.
  + If treating facility is selected, an adequate treatment is required.
  + If test ordering facility is selected, specimen collection date is required.

Treatment Closure Rules

|  |  |
| --- | --- |
| ***Chlamydia*** | |
| **Accepted for Closure** | **Leave for Surveillance Staff** |
| Azithromycin 1gm - CT | No Treatment / No Adequate Treatment - Both |
| Doxycycline 100mg BID X 7 Days - CT | Azithromycin 2gm - GC (For special cases only) |
| Doxycycline 100mg BID X 10 Days - CT | Cefixime 400mg - GC |
| Doxycycline 100mg BID X 14 Days - CT | Ceftriaxone 250mg - GC |
| Amoxicillin 500mg TID X 7 Days - CT | Ceftriaxone 500mg - GC |
| Erythromycin Base 500mg QID X 7 Days - CT | Ceftriaxone 1gm - GC |
| Erythromycin Base 250mg QID X 14 Days - CT | DT: Cefixime/Doxycycline (For special cases only) |
| Ofloxacin 300mg BID X 7 Days - CT | DT: Ceftriaxone/Doxycycline (Special cases only) |
| Levofloxacin 500mg Daily X 7 Days - CT | Erythromycin ES 800mg QID X 7 Days - CT |
| DT: Cefixime/Azithromycin | Erythromycin ES 400mg QID X 14 Days - CT |
| DT: Ceftriaxone/Azithromycin | Gemifloxacin 320mg - GC (For special cases only) |
| DT: Gemifloxacin 320mg/Azithromycin 2g | Gentamicin 240mg - GC (For special cases only) |
| DT: Gentamicin 240mg/Azithromycin 2g | IV Therapy - Both |
|  | Pediatric Treatment - CT |
|  | Pediatric Treatment - GC |
|  | Other Treatment - Both |
|  | |
| ***Gonorrhea*** | |
| **Accepted for Closure** | **Leave for Surveillance Staff** |
| DT: Cefixime/Azithromycin | No Treatment / No Adequate Treatment - Both |
| DT: Ceftriaxone/Azithromycin | Amoxicillin 500mg TID X 7 Days - CT |
| DT: Gemifloxacin 320mg/Azithromycin 2g | Azithromycin 1gm - CT |
| DT: Gentamicin 240mg/Azithromycin 2g | Azithromycin 2gm - GC (For special cases only) |
| Ceftriaxone 500mg - GC | Cefixime 400mg - GC |
| DT: Ceftriaxone/Doxycycline (Special cases only) | Ceftriaxone 250mg - GC |
|  | Ceftriaxone 1gm - GC |
|  | DT: Cefixime/Doxycycline (For special cases only) |
|  | Doxycycline 100mg BID X 7 Days - CT |
|  | Doxycycline 100mg BID X 10 Days - CT |
|  | Doxycycline 100mg BID X 14 Days - CT |
|  | Erythromycin Base 500mg QID X 7 Days - CT |
|  | Erythromycin Base 250mg QID X 14 Days - CT |
|  | Erythromycin ES 800mg QID X 7 Days - CT |
|  | Erythromycin ES 400mg QID X 14 Days - CT |
|  | Gemifloxacin 320mg - GC (For special cases only) |
|  | Gentamicin 240mg - GC (For special cases only) |
|  | IV Therapy - Both |
|  | Levofloxacin 500mg Daily X 7 Days - CT |
|  | Ofloxacin 300mg BID X 7 Days - CT |
|  | Pediatric Treatment - CT |
|  | Pediatric Treatment - GC |
|  | Other Treatment - Both |