Chicago Department of Public Health | STI Surveillance Unit

CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

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REPORT

Date of Report: _____ **Person Completing Form:** _____ **Phone:** _____

Attending Physician: _____ ☐ Testing ☐ Treating **Phone:** _____ **Email:** _____

Facility/Provider: _____ **Address:** _____

City: _____ **ZIP:** _____ **Phone:** _____ **Fax:** _____

PATIENT

Select all that apply.

First Name: _____ **Last Name:** _____ **Middle Initial:** _____

Address: _____ **Apt. No.:** _____ **City:** _____ **State:** _____ **ZIP:** _____

County: _____ **Phone:** _____ **Date of Birth:** _____ **Age:** _____ **Alt. Phone:** _____

Race: ☐ White/Caucasian ☐ Black/African-American ☐ Asian ☐ Native American/Alaskan ☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unk

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unk **Gender:** ☐ Male ☐ Female ☐ Trans (MTF) ☐ Trans (FTM)

Gender of Sex Partners: ☐ Male ☐ Female ☐ Trans (MTF) ☐ Trans (FTM) **Pregnant?:** ☐ Yes --> Due Date _____ ☐ No ☐ Unk

DIAGNOSIS

Select all that apply.

CHLAMYDIA
- ☐ Genito-urinary
- ☐ Ophthalmia
- ☐ Pharyngeal
- ☐ Rectal
- ☐ PID
- ☐ Pneumonia
- ☐ Other: _____

GONORRHEA
- ☐ Genito-urinary
- ☐ Ophthalmia
- ☐ Pharyngeal
- ☐ Rectal
- ☐ PID
- ☐ DGI
- ☐ Other: _____

☐ **CHANCROID** (see reverse for more information)

SYPHILIS

Stage:
☐ Primary ☐ Secondary ☐ Early (Non-Primary/Non-Secondary)
☐ Late or Unknown Duration ☐ Late Symptomatic

Clinical Manifestations:
☐ Lesion/Ulcer --> Site: _____ ☐ Rash --> Site: _____
☐ Mucous Patches ☐ Condylomata Lata ☐ Alopecia
☐ Neurologic: _____ ☐ Ocular: _____
☐ Otic: _____ ☐ Other: _____

Previous Infection: ☐

LABORATORY

Report all positive lab results.

CHLAMYDIA
_____
(Date **positive** test collected)
- ☐ DNA Probe
- ☐ NAAT
- ☐ Culture
- ☐ Other: _____

GONORRHEA
_____
(Date **positive** test collected)
- ☐ DNA Probe
- ☐ NAAT
- ☐ Culture
- ☐ Gram Stain
- ☐ Other: _____

☐ **CHANCROID** (see reverse for more information)

SYPHILIS

Please select the serological test used for the screening & confirmatory tests.

Serologic Non-Treponemal Test:
☐ RPR ☐ VDRL Titer 1: _____
Date: _____
Result: ☐ Positive ☐ Negative ☐ Equiv

Serologic Treponemal Test(s):
☐ FTA-ABS ☐ EIA ☐ TP-PA ☐ MHA-TP
Date: _____
Result: ☐ Positive ☐ Negative ☐ Equiv

Darkfield Microscopy: Date: _____
Result: ☐ Positive ☐ Negative

CSF-VDRL:
Date: _____ Titer 1: _____
Result: ☐ Positive ☐ Negative ☐ Equiv

DFA-TP: Date: _____
Result: ☐ Positive ☐ Negative ☐ Equiv

CSF WBC: _____ **CSF Protein:** _____

TREATMENT

Select all treatments given.

CHLAMYDIA
- ☐ Azithromycin 1 g PO **-or-**
- ☐ Doxycycline 100 mg PO BID x 7d

Alternate Regimens
- ☐ Amoxicillin 500 mg PO TID x 7d
- ☐ Erythromycin base 500 mg PO QID x 7d
- ☐ Erythromycin base 250 mg PO QID x 14d
- ☐ Erythromycin ethylsuccinate 800 mg PO QID x 7d
- ☐ Levofloxacin 500 mg PO daily x 7d
- ☐ Ofloxacin 300 mg PO BID x 7d
- ☐ IV Therapy: _____
- ☐ Other: _____
- ☐ No Treatment Given

Treatment Date: _____

CHANCROID
- ☐ Azithromycin 1 g PO **-or-**
- ☐ Ceftriaxone† 250 mg IM **-or-**
- ☐ Ciprofloxacin 500 mg PO BID x 3d **-or-**
- ☐ Erythromycin 500 mg PO TID x 7d

GONORRHEA
- ☐ Ceftriaxone† 250 mg IM **-plus-** Azithromycin 1 g PO **-or-**
- ☐ Ceftriaxone† 250 mg IM **-plus-** Doxycycline 100 mg PO BID x 7d

Alternate Regimens
(If Ceftriaxone is not available)
- ☐ Cefixime† 400 mg PO **-plus-** Azithromycin 1 g PO
- ☐ Azithromycin 2 g PO
- ☐ IV Therapy: _____
- ☐ Other: _____
- ☐ No Treatment Given

Treatment Date: _____

† For Cephalosporin allergies, use the following alternate treatments:
- ☐ Gentamicin 240 mg PO **-plus-** Azithromycin 2 g PO **-or-**
- ☐ Gemifloxacin 320 mg PO **-plus-** Azithromycin 2 g PO

SYPHILIS
- ☐ Benzathine PCN G 2.4 MU IM
- ☐ Benzathine PCN G 2.4 MU IM x 3 weeks
- ☐ Aqueous Crystalline PCN G 3-4 MU IV q 4h x 10-14d

Alternate Regimens
- ☐ Procaine PCN 2.4 MU IM **-plus-** Probenecid 500 mg PO QID } x 10-14d
- ☐ Doxycycline 100 mg PO BID x 14d
- ☐ Doxycycline 100 mg PO BID x 28d
- ☐ Other: _____
- ☐ No Treatment Given

Treatment Date(s):
_____ | _____ | _____

Comments

PARTNERS

Chlamydia/Gonorrhea Partner(s) Treated?
- ☐ Yes: Treated in clinic ☐ Unknown
- ☐ Yes: Pt. given meds for ____ (#) partner(s)
- ☐ Yes: Prescription written for ____ (#) partner(s)
- ☐ No: Instructed patient to refer partner(s)

Syphilis Partner(s) Treated?
- ☐ Yes: Treated in clinic ☐ Unknown
- ☐ Yes (Other): _____
- ☐ No: Instructed pt. to refer partner(s)
- ☐ No: Partner(s) referred to _____

CDPH USE ONLY

Date Received: _____ Assigned To: _____

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MORBIDITY RECORD DATA ELEMENTS

- **Attending Physician**
  Health care providers can test and/or treat their patients. Sometimes, patients go to one facility for testing and another to receive treatment. It is important for the Health Department to identify the facility for each phase of patient contact. Please check "Testing," "Treating" or both, as best reflects your facility's role.

- **Gender & Gender of Sex Partners**
  Trans (MTF): Transgender (Male to Female)
  Trans (FTM): Transgender (Female to Male)

- **Diagnosis (Chlamydia & Gonorrhea)**
  PID: Pelvic Inflammatory Disease
  DGI: Disseminated Gonococcal Infection

- **Diagnosis (Chancroid)**
  A probable diagnosis of chancroid for both clinical and surveillance purposes can be made if ALL of the following criteria are met:
  1. the patient has one or more painful genital ulcers;
  2. the patient has no evidence of *T. pallidum* infection by Darkfield examination of ulcer exudate or by a serologic test for syphilis performed at least seven (7) days after onset of ulcers;
  3. the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid; and
  4. a test for HSV performed on the ulcer exudate is negative.

- **Diagnosis (Syphilis)**
  Please review CDC's Syphilis Case Definitions at https://wwwn.cdc.gov/nndss/conditions/syphilis/case-definition/2018/.
  If you have any questions, please contact Irina Tabidze, MD, MPH at 312.747.9867.

- **Laboratory (Chlamydia & Gonorrhea)**
  NAAT: Nucleic Acid Amplification Test (DNA)

- **Laboratory (Chancroid)**
  A definitive diagnosis of chancroid requires the identification of *H. ducreyi* on special culture media that is not widely available from commercial sources; even when these media are used, sensitivity is < 80%. No FDA-cleared PCR test for *H. ducreyi* is available in the United States, but such testing can be performed by clinical laboratories that have developed their own PCR test and have conducted a CLIA verification study.

- **Laboratory (Syphilis)**

  Serologic Non-Treponemal Tests
  RPR: Rapid Plasma Reagin
  VDRL: Venereal Disease Research Laboratory

  Serologic Treponemal Tests
  FTA-ABS: Fluorescent Treponemal Antibody-Absorption
  EIA: Enzyme Immunoassay
  TP-PA: *Treponema pallidum*-Particle Agglutination
  MHA-TP: Microhemagglutination-*Treponema pallidum*

  Direct Tests
  Darkfield: Darkfield Microscopy
  DFA-TP: Direct Florescent Antibody-*Treponema pallidum*

  Spinal Fluid
  CSF-VDRL: Cerebrospinal Fluid-VDRL
  WBC: White Blood Cell Count (cells/μL) | Adult Reference Values: 0 – 8 cells/μL
  Protein: Protein Concentration (mg/dL) | Adult Reference Values: 15 – 45 mg/dL

- **Treatment:** If treatment is not listed, please choose "Other" and add the treatment into the space provided.

- **For INEDSS Data Entry Only**
  Pregnancy Due Date: When given the number of weeks pregnant, please calculate the due date by using an online calculator, such as http://pregnancy.about.com/cs/pregnancycalendar/l/blpregcalc.htm.