



CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

CHICAGO DEPARTMENT OF PUBLIC HEALTH, STI SURVEILLANCE UNIT 333 S. STATE STREET CHICAGO, IL 60604

Phone: 312-747-0697 Fax: 312-745-7627



Report

Date of report ___/___/___ Attending _____ Testing Treating Phone (_____) _____
 Facility _____ Dept/Clinic _____ Address _____
 City _____ State _____ Zip _____ Person completing form _____ Phone (_____) _____

Patient

Please check all that apply.

First name _____ Last name _____ Middle initial _____
 Address _____ Apt # _____ City _____ State _____ Zip _____
 County _____ Phone (_____) _____ Date of birth ___/___/___ Age _____
Race White Black/African-American **Ethnicity** Hispanic/Latino Non-Hispanic/Latino Unknown
 Asian Native American/Alaskan **Sex** Male Female Transgendered: M-to-F Transgendered: F-to-M
 Native Hawaiian/Other Pacific Islander **Sex of partners** Male Female Unk Transgendered: M-to-F Transgendered: F-to-M
 Unknown Other _____ **Pregnant?** Yes, due date ___/___/___ No Unk

Diagnosis

Please check all that apply.

CHLAMYDIA
 Genito-urinary
 Ophthalmia
 Pneumonia
 PID
 Pharyngeal
 Rectal
 Other _____

GONORRHEA
 Genito-urinary
 Ophthalmia
 Pharyngeal
 Rectal
 DGI
 PID
 Other _____

SYPHILIS
Stage Primary Secondary Early latent (<1 yr) Late latent (>1 yr)
 Latent (duration unknown) Late symptomatic Stage unknown
Symptoms/Signs Lesion (ulcer) Rash: _____
 No symptoms Unknown Other _____
Neurological Confirmed (positive CSF-VDRL) Probable (negative CSF-VDRL)
Previous infection

Laboratory

Please report all positive lab

CHLAMYDIA
 ___/___/___
 (Date positive test collected)
 DNA Probe
 NAAT
 Culture
 Other _____

GONORRHEA
 ___/___/___
 (Date positive test collected)
 DNA Probe
 NAAT
 Culture
 Gram Stain
 Other _____

SYPHILIS Please check the serological test used for the screening & confirmatory tests.

Serologic Screening Test RPR VDRL Titer 1: _____ Date: ___/___/___ Result: Positive Negative Equivocal	Serologic Confirmatory Test FTA-ABS TP-PA EIA MHA-TP Date: ___/___/___ Result: Positive Negative Equivocal
Darkfield / DFA-TP Date: ___/___/___ Result: Positive Negative Equivocal	CSF- VDRL WBC _____ Protein _____ Date: ___/___/___ Result: Positive Negative Equivocal

Treatment

Please check all treatments given.

CHLAMYDIA
 Azithromycin 1 g x 1 **or**
 Doxycycline 100 mg BID x 7d
Alternate regimens
 Amoxicillin 500 mg TID x 7d
 Erythromycin base 250 mg QID x 14d
 Erythromycin base 500 mg QID x 7d
 Erythromycin ethylsuccinate 800 mg QID x 7d
 Levofloxacin 500 mg x 1 x 7d
 Ofloxacin 300 mg BID x 7d
 IV Therapy _____
 Other _____
 No treatment given
 Treatment date: ___/___/___

GONORRHEA
 Ceftriaxone 250 mg IM x 1 **plus**
 Azithromycin 1 g x 1 **or**
 Ceftriaxone 250 mg IM x 1 **plus**
 Doxycycline 100 mg BID x 7d
Alternate regimens
 Cefixime 400 mg x 1 **plus**
 Azithromycin 1 g x 1 **plus test of cure** in 1 week
 Cefixime 400 mg x 1 **plus**
 Doxycycline 100 mg BID x 7d **plus test of cure**
 in 1 week
 Azithromycin 2g x1 **plus test of cure** in 1 week
 IV Therapy _____
 Other _____
 No treatment given
 Treatment date: ___/___/___

SYPHILIS
 Benzathine Penicillin G 2.4 MU IM x 1
 Benzathine Penicillin G 2.4 MU IM x 3wks
 Aqueous Crystalline Penicillin G 3-4 MU IV x 10-14d
Alternate regimens
 Procaine PCN 2.4 MU IM x 1 **plus**
 Probenecid 500 mg QID, both x 10-14d
 Doxycycline 100 mg BID x 14d
 Doxycycline 100 mg BID x 28d
 Other _____
 No treatment given
 Multiple treatments? Please use comment area.
 Treatment date: ___/___/___
 Comments _____

MORBIDITY RECORD CODES

Attending Physician

Health care providers can test and/or treat their patients. Sometimes, patients see 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 either “Testing”, “Treating” or both, as best reflects your facility’s role.

Sex/Sex of partners

M-to-F	MaletoFemale Transgender
F-to-M	FemaletoMale Transgender

Diagnosis

DNA/NAAT	DNA/Nucleic Acid Amplification Testing
PID	Pelvic Inflammatory Disease
DGI	Disseminated Gonococcal Infection

Syphilis Staging

Please review CDC syphilis staging guidelines at <http://www.cdc.gov/std/stats/casedefinitions-2014.pdf>

If you have any questions, please contact Irina Tabidze, MD, MPH at 312-747-9867.

Serologic Screening Test

RPR	Rapid Plasma Reagin
VDRL	Venereal Disease Research Laboratory
DFA-TP	Direct fluorescent antibody–Treponema pallidum test

SerologicConfirmatory Test

FTAABS	Fluorescent treponemal antibody absorption
TPPA	Treponema pallidum particle agglutination
EIA	Enzyme immunoassays
CSFVDRL	Cerebrospinal Fluid VDRL Test
WBC	White Blood Cell Count

For INEDSS data entry only

For **Sex**, please enter MTF or FTM as sex at birth. E.g., MTF as “Male” and FTM as “Female.”

For **Pregnant due date** when only given the number of weeks pregnant, please calculate due date by using an online calculator such as: <http://pregnancy.about.com/cs/pregnancycalendar/1/blpregcalc.htm>

If **Treatment** is not listed, please choose “Other” and add the treatment into the space provided for “Other.”