

CHIMS | PROVIDER PORTAL

HELPFUL HINTS – SYPHILIS

JULY 2024



CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM



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Mayor



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★ REPORTING FACILITY

- ★ If the **Reporting Facility** field is not populated, you will be unable to submit your case report form.

Reporter Information	
* Date of report	06/23/2023
* Reporting facility	
If Reporting Facility is not populated, you will NOT be able to submit your case report to CDPH.	

Please correct the indicated errors before proceeding:

- Reporting facility (top of form) is required. Please select a value.

★ PREGNANT

- ★ If the **Pregnant** field is not populated, you will be unable to submit your case report form.

* Pregnant	
If Pregnant is not populated for females of reproductive age (13-44), you will NOT be able to submit your case report to CDPH.	

Please correct the indicated errors before proceeding:

- Pregnant answer in section Patient Information is required for females of reproductive age. Please select a value.

- ★ If “Yes” is selected for “Pregnant,” you must also enter the **Due Date** [Expected Delivery Date].

* Pregnant	Y - Yes
Due date	MM/DD/YYYY

★ PREVIOUS CASES

- ★ If you are submitting a report that is a previous case of syphilis, please ensure the following:
 - Do not populate the **Stage** field.
 - Check the **Previous Infection** box.

Diagnosis	
* Stage	
* Signs/symptoms	<div>Lesion (ulcer) Rash Neurologic Optic Otic Other No signs/symptoms Unknown</div>
Neurological	
Previous infection	Yes

- If the patient did not receive treatment, check the **No Treatment Given** box.

Treatment	
Please see CDC STI treatment guidelines	
* Specify medication name	
No treatment given	Yes

★ SIGNS/SYMPTOMS

- ★ If the patient was diagnosed [Stage] with PRIMARY or SECONDARY syphilis, the **Signs/Symptoms** section must be completed.

Diagnosis	
* Stage	
* Signs/symptoms	<div>Lesion (ulcer) Rash Neurologic Optic Otic Other No signs/symptoms Unknown</div>

★ NEUROLOGICAL

- ★ If you select “Confirmed [positive CSF-VDRL]” in the **Neurological** field, you must also enter a positive CSF-VDRL test in the Laboratory Tests section.
- ★ If the patient was exhibiting signs/symptoms of neurological involvement but had a negative CSF-VDRL, select “Probable [negative CSF-VDRL]” and enter the negative CSF-VDRL test in the Laboratory Tests section.

Diagnosis	
* Stage	
* Signs/symptoms	<div>Lesion (ulcer) Rash Neurologic Optic Otic Other No signs/symptoms Unknown</div>
Neurological	
Previous infection	Yes

★ LABORATORY TESTS

★ If you are reporting a qualitative RPR, complete the test fields as follows:

- Specimen Collection Date: the date the specimen was collected.
- Specimen Source: Blood
- Test: Reagin Ab [Presence] in Serum by RPR
- Result: Reactive [G-A497]

Specimen collection date	05/01/2021	Add New
Specimen Information		
Specimen received date	MM/DD/YYYY	
Specimen source	Blood	
Accession number		
Test and Result		
Test	Reagin Ab [Presence] in Serum by RPR	
Test text	Reagin Ab [Presence] in S	
Test description		
Result	Reactive (G-A497)	

NOTE | To enter additional Laboratory Tests, click [Add New](#).

★ If you are reporting a quantitative [titer] RPR, complete the test fields as follows:

- Specimen Collection Date: the date the specimen was collected
- Specimen Source: Blood
- Test: Reagin Ab [Titer] in Serum by RPR
- Result: Leave blank
- Titer 1: enter the RPR titer [e.g., 1:4, 1:8, etc.]

* Specimen collection date	05/01/2021	
Specimen Information		
Specimen received date	MM/DD/YYYY	
Specimen source	Blood	
Accession number		
Test and Result		
Test	Reagin Ab [Titer] in Serum by RPR	
Test text	Reagin Ab [Titer] in Serum	
Test description		
Result		Leave Blank
* Titer 1	1:16	

★ TREATMENT

NOTE | All of the recommended treatments listed below are outlined in the *2021 CDC STD Treatment Guidelines*, which can be accessed at <https://www.cdc.gov/std/treatment-guidelines/default.htm>.

★ If the patient only received one injection of Benzathine Penicillin G [Bicillin] for a total dose of 2.4 mu, please complete the treatment fields as follows:

- Specify Medication Name: Benzathine Penicillin G
- Dose: 2.4 mu
- Frequency: single dose
- Duration: will be auto populated with “1 day”
- Route: IM [intramuscular]
- Date Treatment Started: enter the date of the injection

Please see CDC STI treatment guidelines		
* Specify medication name	Benzathine Penicillin G	Add New
* Dose	2.4 mu	
* Frequency	single dose	
* Duration	1 day	Auto populated
* Route	IM	
* Date treatment started	05/01/2021	

NOTE | To enter additional Treatment, click [Add New](#).

- ★ If the patient received three weeks of Benzathine Penicillin G [Bicillin] for a total dose of 7.2 mu, please complete the treatment fields as follows:

- Specify Medication Name: Benzathine Penicillin G
- Dose: 2.4 mu
- Frequency: 1-week interval
- Duration: 3 weeks
- Route: IM [intramuscular]
- Date Treatment Started: enter the date of the first injection
 - In the Comments field, enter the dates of the second and third injections.

Please see CDC STI treatment guidelines	
* Specify medication name	Benzathine Penicillin G Add New
* Dose	2.4 mu
* Frequency	1-week interval
* Duration	3 weeks
* Route	IM
* Date treatment started	05/01/2021

Comments Note written by: Eric Warren Date and time: 06/29/2021 00:07	05/08/2021; 05/15/2021 Enter second and third injections
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- ★ If the patient was prescribed Doxycycline [Vibramycin], please complete the treatment fields as follows:

- Specify Medication Name: Doxycycline [Vibramycin]
- Dose: 100 mg
- Frequency: BID [2 times per day]
- Duration: 14 days or 28 days
- Route: PO [oral]
- Date Treatment Started: enter the date the treatment was prescribed.

Please see CDC STI treatment guidelines	
* Specify medication name	Doxycycline (Vibramycin) Add New
* Dose	100 mg
* Frequency	BID
* Duration	14 days
* Route	PO
* Date treatment started	05/01/2021

NOTE | The submitted case report will be flagged as INCOMPLETE if:

1. the Sex of Sex Partners field is not populated;
2. the HIV Status field is not populated;
3. the Pregnant field is not populated;
 - the Due Date field is not populated if Pregnant is Yes;
4. the Stage field is populated with 710 – Primary Syphilis or 720 – Secondary Syphilis and there are no Signs/Symptoms selected;
5. the Stage field is populated and there are no Laboratory Tests documented; or
6. the Stage field is populated and there is no Treatment documented.

