



CONFIDENTIAL REPORT FOR SEXUALLY TRANSMITTED DISEASES INSTRUCTIONS

1. Mail or fax fully completed report within 4 days of diagnosis or as soon as treatment is prescribed.
2. FAX or Phone partial report immediately if partner services are requested (see V below) or syphilis reporting criteria are met.

I. PATIENT INFORMATION:				II. FACILITY INFORMATION:	
Last Name		First (full name)		MI	
Street		Apt. #		Physician or Facility Name	
City/Town		Zip Code		Phone Number & Area Code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Date of Birth ____/____/____		Age	
Ethnic Origin: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (indicate one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American Hawaiian <input type="checkbox"/> Native Hawaiian or Pacific Islander		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Is this patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No				Facility Contact Person for STD Reporting	
				Facility Street Address, Facility City, State, Zip	
				Facility Phone Number & Area Code	

III. RISK FACTORS:

1. Gender of Sex Partner(s) (Check all that apply): Male Female Transgender Refused
2. How many sexual partners has the patient had in the past 6 months? _____
3. Has the patient participated in anonymous sex in the past 6 months? Yes No Unknown
4. Has the patient recruited sexual partners from high-risk locations (night clubs, parks, the internet...)? Yes No Unknown
5. Has the patient used Intravenous Drugs in the past 6 months? Yes No Unknown
6. Is the patient co-infected with Hepatitis B? Yes No Unknown
7. Is the patient co-infected with Hepatitis C? Yes No Unknown

IV. STD INFORMATION:

1. GONORRHEA

Diagnosis (X one): <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Disseminated <input type="checkbox"/> Other: _____	Site / Specimen (X all that apply): <input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Rectum <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Other: _____	Date of Test/Diagnosis: ____/____/____ <input type="checkbox"/> Gram Stain Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date of Treatment: ____/____/____ Medication & Dose: _____
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2. CHLAMYDIA

Diagnosis (X one): <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Other: _____	Site / Specimen (X all that apply): <input type="checkbox"/> Urine <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Rectum <input type="checkbox"/> Other: _____	Date of Test/Diagnosis: ____/____/____ Date of Treatment: ____/____/____ Medication & Dose: _____
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3. SYPHILIS

<input type="checkbox"/> Primary (Lesion) <input type="checkbox"/> Secondary (Rash, Other Symptoms) <input type="checkbox"/> Early Latent (Asymptomatic, less than 1 year) <input type="checkbox"/> Late Latent (Over 1 year duration)	<input type="checkbox"/> Late Latent with Clinical Features <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Congenital (infant)	RPR Titers: _____ Date ____/____/____ _____ Date ____/____/____ _____ Date ____/____/____ FTA Result: _____ Date ____/____/____
Date of Test/Diagnosis: ____/____/____		Date of Treatment: ____/____/____ Medication & Dose: _____

4. OTHER STDs

<input type="checkbox"/> Chancroid <input type="checkbox"/> PID (Non-Chlamydial/Non-Gonococcal)	<input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma-Venereum (LGV)
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V. PREVENTION AND PARTNER NOTIFICATION:

- Has the patient received client specific prevention counseling? Yes No
- Was the patient given partner notification information? Yes No
- Are you requesting state resources for partner services for this case? Yes No

SUMMARY OF THE 2006 CDC SEXUALLY TRANSMITTED DISEASES (STD) TREATMENT GUIDELINES STD CONTROL PROGRAM – RHODE ISLAND DEPARTMENT OF HEALTH

These guidelines for the treatment of STDs reflect the recommendations of the 2006 CDC STD Treatment Guidelines. These are outlines for quick reference that focus on STDs encountered in an outpatient setting and are not an exhaustive list of effective treatments. Please refer to the complete document of the CDC for more information or call the STD Program. These guidelines are to be used for clinical guidance and are not to be construed as standards or inflexible rules. Clinical and epidemiological services are available through the STD Program and staff is also available to assist healthcare providers with confidential notification of sexual partners of patients infected with STDs and HIV. Please call for any assistance at: **(401) 222-2577. FAX (401) 222-1105. STD Program, Rhode Island Department of Health, Cannon Building, 3 Capital Hill, Room 106, Providence, RI 02908**

Disease	Recommended Treatment	Alternative
SYPHILIS (see 2006 CDC guidelines for follow-up recommendations and management of congenital syphilis)		
Primary, Secondary or Early Latent (<1 Year) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: right;">Adults</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Children</p> </div> <div style="width: 50%;"> <ul style="list-style-type: none"> ● Benzathine penicillin G 2.4 million units IM in a single dose <hr style="border-top: 1px dashed black;"/> ● Benzathine penicillin G 50,000 units/kg IM, up to the adult dose of 2.4 million units in a single dose </div> </div>	<p>(For penicillin allergic, non-pregnant <u>adult</u> patients)</p> <ul style="list-style-type: none"> ● Doxycycline 100 mg orally 2 times a day for 14 days OR ● Ceftriaxone 1 g daily IV or IM for 8-10 days OR ● Azithromycin 2 g orally in a single dose¹ 	
Late Latent (>1 Year) or Latent of Unknown Duration <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: right;">Adults</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Children</p> </div> <div style="width: 50%;"> <ul style="list-style-type: none"> ● Benzathine penicillin G 2.4 million units IM for 3 doses, 1 week apart (total 7.2 million units) <hr style="border-top: 1px dashed black;"/> ● Benzathine penicillin G 50,000 units/kg IM up to the adult dose of 2.4 million units, administered as three doses at 1 week intervals (total 150,000 units up to the adult total dose of 7.2 million units) </div> </div>	<ul style="list-style-type: none"> ● Doxycycline 100 mg orally 2 times a day for 28 days for adults only 	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>For all Suspect Syphilis Cases: Call the STD Registry at (401) 222-2577 for past titers and treatment.</p> </div>		
Neurosyphilis	<ul style="list-style-type: none"> ● Aqueous crystalline penicillin G 18- 24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days 	<ul style="list-style-type: none"> ● Procaine penicillin 2.4 million units IM once daily plus probenecid 500 mg orally 4 times a day, both for 10-14 days
HIV Infection	<ul style="list-style-type: none"> ● For primary, 2nd and early latent syphilis: Treat as above. Some specialists recommend three doses. ● For late latent syphilis or syphilis of unknown duration: Perform CSF examination before treatment 	<ul style="list-style-type: none"> ● The use of any alternative therapy in HIV infected persons has not been well studied; therefore the use of doxycycline, ceftriaxone and azithromycin must be undertaken with caution.
Pregnancy	<ul style="list-style-type: none"> ● Penicillin is the <u>only</u> recommended treatment for syphilis during pregnancy. Women who are allergic should be desensitized and then treated with penicillin. Dosages are the same as in non-pregnant patients for each stage of syphilis.² 	
GONOCOCCAL INFECTIONS³ Treat also for chlamydial infection if not ruled out by a sensitive test (nuceic acid amplification test)		
Adults Cervix, Urethra, Rectum <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: right;">Pharynx</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right;">Conjunctiva</p> </div> <div style="width: 50%;"> <ul style="list-style-type: none"> ● Ceftriaxone 125 mg IM once OR ● Cefixime 400 mg orally in a single dose <hr style="border-top: 1px dashed black;"/> ● Ceftriaxone 125 mg IM once OR <hr style="border-top: 1px dashed black;"/> ● Ceftriaxone 1 g IM once plus lavage the infected eye with saline solution once </div> </div>	<ul style="list-style-type: none"> ● Spectinomycin⁴ 2 g IM once (see CDC guidelines for other cephalosporins) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>Update to CDC's STD Treatment Guidelines, 2006: Fluoroquinolones no longer recommended for treatment of gonococcal infections (MMWR 4/13/2007 / 56(14);332-336)</p> </div>	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Partner Management: Empiric treatment of all sexual contacts during the 60 days preceding onset of symptoms or, if asymptomatic, date of diagnosis.</p> </div>		
Children (<45KG) Vagina, Cervix, Urethra, Pharynx, Rectum	<ul style="list-style-type: none"> ● Ceftriaxone 125 mg IM once 	<ul style="list-style-type: none"> ● Spectinomycin⁴ 40 mg/kg IM once (maximum 2 g)
Neonates Ophthalmia Neonatorum ⁶ Infants born to infected mothers	<ul style="list-style-type: none"> ● Ceftriaxone 25-50 mg/kg IV or IM once (maximum 125 mg) 	
Pregnancy	<ul style="list-style-type: none"> ● Ceftriaxone 125 mg IM once OR ● Cefixime 400 mg orally in a single dose 	<ul style="list-style-type: none"> ● Spectinomycin⁴ 2 g IM once
CHLAMYDIAL INFECTIONS		
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Partner Management: Empiric treatment of all sexual contacts during the 60 days preceding onset of symptoms or, if asymptomatic, date of diagnosis.</p> </div>		
Adult	<ul style="list-style-type: none"> ● Azithromycin 1 g orally single dose OR ● Doxycycline 100 mg orally 2 times a day for 7 days 	<ul style="list-style-type: none"> ● Erythromycin base 500 mg orally 4 times a day for 7 days OR ● Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days OR ● Ofloxacin⁵ 300 mg orally 2 times a day for 7 days OR ● Levofloxacin⁵ 500 mg orally once a day for 7 days
Children ≤ 45 kg-----> ≥ 45 kg and < 8 Years of Age-----> ≥ 8 Years of Age----->	<ul style="list-style-type: none"> ● Erythromycin base or ethylsuccinate 50 mg/kg/day orally divided into four doses daily for 14 days⁶ ● Azithromycin 1 g orally single dose ● Azithromycin 1 g orally single dose OR ● Doxycycline 100 mg orally 2 times a day for 7 days 	
Pregnancy	<ul style="list-style-type: none"> ● Azithromycin 1 g orally single dose OR ● Amoxicillin 500 mg orally 3 times a day for 7 days 	<ul style="list-style-type: none"> ● Erythromycin base 500 mg orally 4 times a day for 7 days OR ● Erythromycin 250 mg orally 4 times a day for 14 days OR ● Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days (or 400 mg 4 times a day for 14 days)

¹ Some patients who are allergic to penicillin may also be allergic to ceftriaxone. Doxycycline is the preferred treatment. Treatment failures with azithromycin have been reported (MMWR 2004;53:197-8). T. pallidum strains resistant to azithromycin have been documented in various geographic areas in the USA (NEJM 2004;351:454-8). If neither penicillin nor doxycycline can be administered, and azithromycin as a single dose oral dose of 2 g is considered, close follow-up is essential to ensure successful treatment. There are limited clinical studies also for ceftriaxone. Close follow-up of persons receiving any alternative therapies is essential. ² Tetracycline/doxycycline contraindicated; erythromycin not recommended because it does not reliably cure an infected fetus; data insufficient to recommend azithromycin or ceftriaxone. ³ Quinolones should not be used for treatment of gonorrhoea. ⁴ Unreliable to treat pharyngeal infections. Patients who have suspected or known pharyngeal infection should have a pharyngeal culture 3-5 days after treatment to verify eradication of infection. ⁵ Quinolones are contraindicated in pregnant women. No joint damage attributable to quinolone therapy has been observed in children treated with prolonged ciprofloxacin regimens. Thus children who weigh ≥ 45 kg can be treated with any regimen recommended for adults. ⁶ The efficacy of treating neonatal chlamydial conjunctivitis and pneumonia is about 80%. A second course of therapy may be required. An association between oral erythromycin and infantile hypertrophic pyloric stenosis (IHPS) has been reported in infants aged less than 6 weeks treated with this drug. Data on other macrolides (azithromycin, clarithromycin) for the treatment of neonatal chlamydial infection are limited. The results of one study involving a limited number of patients suggest that a short course of azithromycin 20 mg/kg/day, 1 dose daily for 3 days may be effective for chlamydial conjunctivitis.