



CONFIDENTIAL CASE REPORT FORM FOR SEXUALLY TRANSMITTED DISEASES

RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF INFECTIOUS DISEASE AND EPIDEMIOLOGY
STD PROGRAM, 3 Capitol Hill, Room 106, PROVIDENCE, RI 02908
PHONE: (401) 222-2577 FAX: (401) 222-1105

- 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:
Last Name First (full) Name MI
Street Apt. #
City/Town Zip Code Phone Number & Area Code
Sex Date of Birth Age Marital Status
Ethnic Origin Race (check one or more)
Is this patient pregnant?

II. FACILITY INFORMATION:
Physician or Facility Name
Facility Contact Person for STD Reporting
Facility Street Address, Facility City, State, Zip Code
Facility Phone Number & Area Code

III. RISK FACTORS:
1. Gender of sex partner(s)
2. How many sexual partners has the patient had in the past 6 months?
3. Has the patient used intravenous drugs in the past 6 months?
4. Has the patient engaged in sexual activity with an intravenous drug user in the past 6 months?
5. Has the patient engaged in sexual activity with a person with HIV/AIDS?
6. Has the patient participated in anonymous sex in the past 6 months?
7. In the past 6 months, has the patient been forced to have sex?
8. Has the patient had sex while using drugs or alcohol?
9. Has the patient exchanged sex for money or drugs?
10. Is the patient co-infected with Hepatitis B? C?

IV. STD INFORMATION:
1. GONORRHEA
Diagnosis (check one):
Site / Specimen (check all that apply):
Date of Test:
Date of Treatment:
Medications & Doses:

2. CHLAMYDIA
Diagnosis (check one):
Site / Specimen (check all that apply):
Date of Test:
Date of Treatment:
Medication & Dose:

3. SYPHILIS
Primary (Lesion) Late Latent with Clinical Features
Secondary (Rash, Other Symptoms) Neurosyphilis
Early Latent (Asymptomatic, less than 1 year) Congenital (infant)
Late Latent (Over 1 year duration)
RPR Titers:
FTA Result:
Date of Test:
Date of Treatment:
Medication & Dose:

4. HIV TESTING STATUS
Was the patient tested for HIV?

5. OTHER STDs
Chancroid Granuloma Inguinale PID (Non-Chlamydial/Non-Gonococcal) Lymphogranuloma - Venereum (LGV)

V. PREVENTION AND PARTNER NOTIFICATION:
1. Has the patient received client specific prevention counseling?
2. Was the patient given partner notification information?
3. Are you requesting state resources for partner services for this case?
4. EXPEDITED PARTNER THERAPY (EPT): Was a prescription or pills given to the patient for their partner?

The CDC 2010 STD Treatment Guidelines can be viewed at http://www.cdc.gov/std/treatment/2010/toc.htm

## SUMMARY OF THE 2010 CDC SEXUALLY TRANSMITTED DISEASES (STD) TREATMENT GUIDELINES STD CONTROL PROGRAM – RHODE ISLAND DEPARTMENT OF HEALTH

These guidelines for treatment of STDs reflect recommendations of the 2010 CDC STD Treatment Guidelines. The focus is on STDs encountered in outpatient settings and is not an exhaustive list of effective treatments. Please refer to the complete document for more information or call the STD Program. Sexual partner services (identification, notification, risk counseling and referral) for gonorrhea, syphilis and HIV/AIDS will be provided by public health personnel when a case is reported. **Contact information for Partner Services and to report cases: PHONE (401) 222-2577, FAX (401) 222-1105, STD Program, Rhode Island Department of Health, Room 106, 3 Capitol Hill, Providence, RI 02908.**

DISEASE	RECOMMENDED TREATMENT	ALTERNATIVES (use only if recommended regimens are contraindicated)
<b>SYPHILIS</b>		
<b>ADULTS</b> PRIMARY, SECONDARY OR EARLY LATENT (<1 YEAR)	• Benzathine penicillin G 2.4 million units IM single dose	(For <b>penicillin-allergic non-pregnant patients only</b> ) • Doxycycline 100 mg orally 2 times a day for 14 days <b>OR</b> • Tetracycline 500 mg orally 4 times a day for 14 days
<b>ADULTS</b> LATE LATENT (>1 YEAR) OR LATENT OF UNKNOWN DURATION	• Benzathine penicillin G 2.4 million units IM for 3 doses at 1 week intervals (total 7.2 million units)	(For <b>penicillin-allergic non-pregnant patients only</b> ) • Doxycycline 100 mg orally 2 times a day for 28 days <b>OR</b> • Tetracycline 500 mg orally 4 times a day for 28 days
<i>For all Suspect Syphilis Cases:</i> Call the STD Registry at (401) 222-2577 for past titers	<b>NEUROSYPHILIS</b> • 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	• Procaine penicillin 2.4 million units IM once daily <b>PLUS</b> probenecid 500 mg orally 4 times a day, both for 10-14 days
<b>CHILDREN</b> PRIMARY, SECONDARY OR EARLY LATENT (<1 YEAR)	• Benzathine penicillin G 50,000 units/kg IM single dose, up to adult dose of 2.4 million units	
<b>CHILDREN</b> LATE LATENT (>1 YEAR) OR LATENT OF UNKNOWN DURATION	• Benzathine penicillin G 50,000 units/kg IM (up to adult dose of 2.4 million units) for 3 doses at 1 week intervals (up to total adult dose of 7.2 million units)	
<b>CONGENITAL SYPHILIS</b> See complete CDC guidelines.		
<b>HIV INFECTION</b> Same stage-specific recommendations as for HIV-negative persons.		
<b>PREGNANCY</b> Penicillin is the <u>only</u> recommended treatment for syphilis during pregnancy. Women who are allergic should be desensitized and treated with penicillin. Treatment is the same as in non-pregnant patients for each stage of syphilis. <sup>1</sup>		
<b>GONOCOCCAL INFECTIONS</b>		
<b>ADULTS, ADOLESCENTS AND CHILDREN ≥45 KG</b> UROGENITAL, PHARYNGEAL, RECTAL	• Ceftriaxone 250 mg IM once <b>OR, if not an option</b> • Cefixime 400mg orally once <b>OR</b> • Other single-dose injectable cephalosporin <b>PLUS</b> <sup>2</sup> • Azithromycin 1 g orally once <b>OR</b> • Doxycycline <sup>3</sup> 100 mg orally 2 times a day for 7 days	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Note:</b> Ceftriaxone 250 mg IM is the preferred treatment regimen for uncomplicated gonorrhea, and remains the only recommended regimen because of its improved efficacy for pharyngeal infections (which are often unrecognized).         </div> See complete CDC guidelines for alternatives.
<b>ADULTS AND ADOLESCENTS</b> CONJUNCTIVAL	• Ceftriaxone 1 g IM once plus lavage the infected eye with saline solution once	
<b>CHILDREN &lt;45 KG</b>	• Ceftriaxone 125 mg IM once	
<b>NEONATES</b> OPHTHALMIA NEONATORUM PROPHYLAXIS FOR INFANTS BORN TO INFECTED MOTHERS	• Ceftriaxone 25-50 mg/kg IV or IM once (maximum 125 mg)	
<b>CHLAMYDIAL INFECTIONS</b>		
<b>ADULTS AND CHILDREN AGED ≥8 YEARS</b>	• Azithromycin 1 g orally single dose <b>OR</b> • Doxycycline <sup>3</sup> 100 mg orally 2 times a day for 7 days	• Erythromycin base 500 mg orally 4 times a day for 7 days <sup>4</sup> <b>OR</b> • Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days <sup>4</sup> <b>OR</b> • Levofloxacin <sup>5</sup> 500 mg orally once a day for 7 days <b>OR</b> • Ofloxacin <sup>5</sup> 300 mg orally 2 times a day for 7 days
<i>Partner Management:</i> Empiric treatment of all sexual contacts during the 60 days preceding onset of symptoms or, if asymptomatic, date of diagnosis.	<b>CHILDREN &lt;45 KG AND NEONATES</b>	• Erythromycin base or ethylsuccinate 50 mg/kg/day orally divided into four doses daily for 14 days <sup>5</sup>
	<b>PREGNANCY</b>	See complete CDC guidelines for alternatives.
	• Azithromycin 1 g orally once <b>OR</b> • Amoxicillin 500 mg orally 3 times a day for 7 days	• Erythromycin base 500 mg orally 4 times a day for 7 days (or 250 mg orally 4 times a day for 14 days) <b>OR</b> • Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days (or 400 mg orally 4 times a day for 14 days)
<b>NONGONOCOCCAL URETHRITIS</b>		
<b>ADULT MALES</b>	• Azithromycin 1 g orally once <b>OR</b> • Doxycycline 100 mg orally 2 times a day x 7 days	• Erythromycin base 500 mg orally 4 times a day for 7 days <sup>4</sup> <b>OR</b> • Erythromycin ethylsuccinate 800 mg orally 4 times a day for 7 days <sup>4</sup> <b>OR</b> • Levofloxacin <sup>5</sup> 500 mg orally once a day for 7 days <b>OR</b> • Ofloxacin <sup>5</sup> 300 mg orally 2 times a day for 7 days
<b>EPIDIDYMITIS<sup>6</sup></b>	<b>ADULT MALES</b>	• Levofloxacin <sup>5</sup> 500 mg orally once a day for 10 days <b>OR</b> • Ofloxacin <sup>5</sup> 300 mg orally twice daily for 10 days
	• Ceftriaxone 250 mg IM once <b>PLUS</b> • Doxycycline 100 mg orally 2 times a day for 10 days	
<b>PELVIC INFLAMMATORY DISEASE (outpatient management)</b>		
<b>ADULT FEMALES</b>	• Ceftriaxone 250 mg IM once <b>OR</b> • Cefoxitin 2 g IM once <b>plus</b> probenecid 1 g orally once <b>OR</b> • Other third generation cephalosporin <b>PLUS</b> • Doxycycline 100 mg orally 2 times a day for 14 days <b>WITH OR WITHOUT</b> • Metronidazole 500mg orally twice a day for 14 days	See complete CDC guidelines for alternatives.
<b>PREGNANCY</b>	Patients should be hospitalized and treated with the appropriate recommended parenteral IV therapy (see complete CDC guidelines).	

As of July 2010 clinical providers authorized to dispense prescription drugs in RI may prescribe and/or dispense medication for the sexual partners of their STD patients without an examination and in doing so shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct. Note that patient delivered therapy for sex partners is especially useful to treat male partners of chlamydia cases, in situations where attempts to bring the partner in for care have failed. Selected cases of difficult to find gonorrhea partners may also be treated with an oral regimen. It is not recommended that syphilis cases or MSM be treated without an examination.

<sup>1</sup> Tetracycline/doxycycline are contraindicated; erythromycin is not recommended because it does not reliably cure an infected fetus; data insufficient to recommend azithromycin or ceftriaxone.

<sup>2</sup> Dual therapy for gonococcal infection is now recommended for all patients with gonorrhea regardless of chlamydia test results.

<sup>3</sup> Doxycycline is not recommended during pregnancy, lactation, or for children <8 years of age.

<sup>4</sup> If patient cannot tolerate high dose erythromycin schedules, change to lower dose for longer (see under pregnancy alternatives).

<sup>5</sup> Quinolones are not recommended for use in patients <18 years of age, and are contraindicated in pregnant women.

<sup>6</sup> 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. See complete CDC guidelines for more information.

<sup>7</sup> Infections with M. genitalium may respond better to azithromycin.

<sup>8</sup> Recommended regimen of ceftriaxone and doxycycline is for epididymitis most likely caused by gonococcal and/or chlamydial infection. Given increase in quinolone resistant gonorrhea, alternative regimen of ofloxacin or levofloxacin is recommended only if epididymitis is not caused by gonorrhea or if infection is most likely caused by enteric gram-negative organisms.