

ILLINOIS DEPARTMENT OF PUBLIC HEALTH NOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECT

Draft	NOIS CON	NFIDENTIAL MO	ORBIDITY F	REPORT	OF SEXU	JALLY T	RAN	SMIT	TED INF	ECTIC	ONS
PATIENT INFORMATION											
FIRST NAME					M.I.						EPT) given
									ith CHL		
LAST NAME				IDOC #			OY	es O I	No O U	hknown	
							If yes partn		ow many		
STREET ADDRESS											
APARTMENT NUMBER	CITY										STATE
ZIP CODE	COUNTY OF				PHON		R				
		RACE (Select All T	hat Apply)						ETHNICI		
		O White		ican Indian or A	laskan Nativ	e 0	Other		O Hispan		ıx
		O Black or African Amo O Asian	-	e Hawaiian or C	Other Pacific I		Unkno		O Not His O Unknow		not Latinx
SEX AT BIRTH CURRENT G			SEX	OF SEX PA	RTNER(S)	(Select Al		Apply)			'es O No
O Male O Female		Fransgender Male (F Fransgender Female	TM)* (MTF)* O F	lale emale	O Trans	sgender Ma sgender Fei	male (N		EST. DU		
O Unknown O Somethin		Fransgender Unknow	n	comething Else	O Trans	sgender Un	known		\square		
DIAGNOSIS	y Else O C	JIKIOWI				- Contraction of the contraction					
Chlamydia	Gonorrhea	a	Other STIs		Syphilis	Stage			lis Symp		
O Genito-urinary O Rectal		urinary O Rectal	O Chancro	id	O Prima				ion/Chan		O None
O Ophthalmia O PID*	O Ophthal				Obecondary			○ Rash (P/P* or GBR*) ○ Neurologic:			
O Pneumonia O LGV*	O Pharyng	geal O PID*			C Late a Late C			O Ocular:			
O Other:	O Other: _				O Late o		ľ	O Otic			
LABORATORY TEST(S) F Chlamydia Test	RELATED	Gonorrhea Te	st		Syphilis			O Oth	er:		
DATE POSITIVE TEST COLL	ECTED	DATE POSITIVE		CTED		ic Screen	ning T	est: R	PR, VDF	L	
					DATE OF T		\neg		1		O Pos
								\square	/		
TREATMENT (RX) INFOR Date(s) Treated	MATION (S	See reverse side i RX Codes	or treatmen Other	it codes)		Titer 1:					
					Serologi	c Confirm	nator	/ Test	: FTA-AL	IS, TP-	RESULT
					DATE OF T	EST	1		1		O Pos
					Darkfield	d / DFA-T	Por	PCR (f	rom lesi	on)	
					DATE OF T		\neg	\square	1		O Pos
					CSF-VD						
					DATE OF T		\neg		1		O Pos
Syphilis Neurologic Involv				O Possible							
FACILITY WHERE	SPECIMEN	N WAS COLLEC	TED	F	ACILITY	WHERE	PATIE	NTW	AS IRE	AIEL	2
Address				Address							
City	Pho	one		City				Phon	e		
				Name of Per						071	
If you need assistant					tc., call y						
Submit this report Madison County Health Department 101 E. Edwardsville Rd.					If NO local Illinois Department of Public Health ATTN: STI Section 525 W. Jefferson St., Ground Floor						
to your local health department: 101 E. Edwardsville Rd. Wood River, IL 62095 Ph# 618-692-8954 ext: 2 Fax# 618-2				251-9482		departmen contact:	Sp	oringfield	fferson St., 1, IL 62761 7-782-2747		loor



Use the Rx codes below for completing the treatment information on the reverse side.

Rx Code	CHLAMYDIA	C. Star
210	AZITHROMYCIN 1 GM	
215	DOXYCYCLINE 100 MG BID X 7 DAYS	
220	DOXYCYCLINE 100 MG BID X 14 DAYS	
225	DOXYCYCLINE 100 MG BID X 10 DAYS	
205	AMOXICILLIN 500 MG TID X 7 DAYS	
245	ERYTHROMYCIN BASE 250 MG QID X 14 DAYS	
255	ERYTHROMYCIN BASE 500 MG QID X 7 DAYS	-
265	OFLOXACIN 300 MG BID X 7 DAYS	
285	LEVOFLOXACIN 500 MG DAILY X 7 DAYS	
256	PEDIATRIC TREATMENT (Please indicate drug, dose, and regimen under "Other")	
600	IV THERAPY (Please indicate drug, dose, and regimen under "Other")	

Note: If dual therapy was administered, enter the appropriate Rx Code listed under Gonorrhea.

Rx Code	GONORRHEA (DUAL THERAPY ¹)
325	CEFTRIAXONE 500 MG
330	CEFIXIME 800 MG
125	GEMIFLOXACIN 320 MG PLUS AZITHROMYCIN 2 GM
130	GENTAMICIN 240 MG PLUS AZITHROMYCIN 2 GM
120	CEFTRIAXONE 500 MG PLUS DOXYCYCLINE 100 MG BID X 7 DAYS ²
105	CEFIXIME 800 MG PLUS DOXYCYCLINE 100 MG BID X 7 DAYS ²
357	PEDIATRIC TREATMENT (Please indicate drug, dose, and regimen under "Other")
600	IV THERAPY (Please indicate drug, dose, and regimen under "Other")

Rx Code	SYPHILIS	Rx Code	SYPHILIS
705	BENZATHINE PENICILLIN G 2.4 MU	770	AQ. CRYST. PCN IV X 10-14 DAYS
725	BENZATHINE PENICILLIN G 2.4 MU X 3 WEEKS	775	DOXYCYCLINE 100 MG BID X 14 DAYS
755	BENZATHINE PENICILLIN G PEDIATRIC	780	DOXYCYCLINE 100 MG BID X 28 DAYS
765	PROCAINE PENICILLIN G IM X 10-14 DAYS		

Rx Code	CHANCROID	Rx Code	LYMPHOGRANULOMA VENEREUM (LGV)
400	AZITHROMYCIN 1 GM	500	DOXYCYCLINE 100 MG BID X 21 DAYS
405	CEFTRIAXONE 250 MG	505	ERYTHROMYCIN BASE 500 MG QID X 21 DAYS
410	CIPROFLOXACIN 500 MG BID X 3 DAYS	510	AZITHROMYCIN 1 GM WEEKLY X 3 WEEKS
415	ERYTHROMYCIN BASE 500 MG TID X 7 DAYS		

Rx Code	MISCELLANEOUS CODES
000	NO TREATMENT (Applies to All Diagnoses)
800	OTHER ADEQUATE TREATMENT (Please indicate drug, dose, and regimen under "Other")

¹Administration of two medications.

² If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days.

*Abbreviations:

MTF-Male to Female FTM-Female to Male PID-Pelvic Inflammatory Disease DGI-Disseminated Gonoccocal Infection LGV-Lymphogranuloma venereum NPNS-non-primary, non-secondary P/P-Plantar/Palmar GBR-Generalized Body Rash

For more details on the CDC STD Treatment Guidelines or information on STDs, visit: www.cdc.gov/std.

The Illinois Department of Public Health is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Sexually Transmissible Disease Control Act (<u>410 ILCS 325</u>, ch. 111 ½, par. 7401 et seq). Disclosure of this information is MANDATORY.