DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44243 (01/2017)

SEXUALLY TRANSMITTED DISEASES LABORATORY & MORBIDITY EPIDEMIOLOGIC CASE REPORT

Additional information for completing on page 2

STATE OF WISCONSIN
Wisconsin Stats.§ 252.05
608-266-7365

A. PATIENT – Demographic Information

Last Name | First Name | Middle Initial

Date of Birth | Age | Sex ☐ Male ☐ Female | Gender Transgender: ☐ Male to Female ☐ Female to Male ☐ Gender Non-specific | Pregnancy Status Pregnant: ☐ Yes No. of weeks _____ ☐ No ☐ Unknown

Street Address | Apartment Number

City | State | Zip Code

County of Residence | Living With | Telephone Number with Area Code - -

Race
☐ African American ☐ Alaskan/Native American ☐ Asian
☐ Hawaiian/Pacific Islander ☐ White ☐ Multiple Races

Ethnicity
☐ Hispanic ☐ Non-Hispanic
☐ Unknown

Marital Status
☐ Single ☐ Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Unknown

B. DISEASE CLASSIFICATION RELATED TO DIAGNOSIS

☐ Syphilis
☐ Congenital
☐ Primary (chancre present)
☐ Secondary (body rash, P&P)
☐ Early Latent (no symptoms < 1 yr duration)
☐ Late Latent (no symptoms > 1 yr duration)
☐ Neurosyphilis ☐ Cardiovascular ☐ Other

☐ Chlamydia ☐ Gonorrhea
☐ Salpingitis – Pelvic Inflammatory Disease (PID)
☐ Ophthalmia / Conjunctivitis
☐ Other (arthritis, skin lesions, etc.)
☐ Uncomplicated Urogenital (urethritis, cervicitis)
☐ Resistant Gonorrhea (PPNG, TRNG, etc.)

☐ Chancroid
☐ Non CT/GC PID

Describe any symptoms:

C. LABORATORY TEST(S) RELATED TO CURRENT DIAGNOSIS

	Test Type (use one line per test)	Specimen Source (Cervix, urethra, blood, etc.)	Test Result(s) (Mark all that apply)	
1			☐ Pos ☐ Neg	Titer 1:
2			☐ Pos ☐ Neg	Titer 1:

Date Specimen Collected (mm/dd/yyyy) | Date Specimen Analyzed (mm/dd/yyyy)

Attending Physician / Provider Ordering Test

Name of Laboratory Performing Test(s)

Patient treated. Date ☐ Yes ☐ No (mm/dd/yyyy) | *Expedited Partner Therapy ☐ Yes ☐ No | Date Onset Symptoms (mm/dd/yyyy) | Date Report to LHD (mm/dd/yyyy)

D. TREATMENT (RX) INFORMATION

☐ Benzathine penicillin G 2.4 m.u. IM x 1
☐ Benzathine penicillin G 2.4 m.u. IM x 3
☐ Doxycycline 100mg PO BID for 7d
☐ Doxycycline 100mg PO BID for 10d
☐ Doxycycline 100mg PO BID for 14d
☐ Doxycycline 100mg PO BID for 28d
☐ Amoxcillin 500 mg PO TID x 7d
☐ Azithromycin 1 gm PO x 1
☐ Ceftriaxone 125mg IM x 1
☐ Ceftriaxone 250mg IM x 1
☐ Erythromycin base 500mg PO TID 7d
☐ Erythromycin base 500mg PO QID 7d
☐ Cefixime 400mg PO x 1
☐ Other, list: _____

____ *EPT - Azithromycin 1 gm PO x 1
____ *EPT - Cefixime 400mg PO x 1
____ *Other, List _____

*EPT - List number of medicine pack(s) / prescription(s) provided.___

Person Reporting | Telephone number - -

Agency Reporting | Telephone number - -

Street Address

City, State and Zip

Local Health Department(LHD)

Date Received by LHD (mm/dd/yyyy)

Comments:

White – State Epidemiologist **Yellow – Local Health Agency** **Green – Physician / Medical Records** **Pink - Laboratory**

Information for Completing
Sexually Transmitted Diseases Laboratory and Morbidity Epidemiologic Case Report

Information reported on this form is authorized by Wisconsin Statute § 252.11. All information contained in this report is confidential except as may be needed for the purpose of investigation, control and prevention of communicable diseases.

General Instructions

This STD case report form is to be used by laboratories, physicians, hospitals, STD clinics and, Local Health Departments (LHDs) or other agencies within the state of Wisconsin to report suspected or confirmed Sexually Transmitted Diseases. This report is mandated under the provisions of section 252.11 of the Wisconsin Statutes. As specified in rules promulgated by the department, ALL information (Laboratory and Morbidity) is to be reported to the Local Health Department / Officer in the county that the patient resides **within 72 hours** and Local Health Departments need to report to the Wisconsin Department of Health Services weekly.

Retention and Distribution

Copy A (white) to be submitted to the **State Epidemiologist** by the **Local Health Department (LHD) / Officer.**

This form is also available as an MS Word fillable format available in the DHS Forms Index http://dhs.wisconsin.gov/forms/F4/f44243.doc . If you use the electronic copy from the website, please make three (3) additional copies and distribute as listed above.

Reportable Sexually Transmitted Diseases (as of 03/01/2008)

Chancroid	Sexually Transmitted Pelvic Inflammatory Disease (PID)
Chlamydia (CT)	Syphilis – (all stages)
Gonorrhea (GC)	

Specific Instructions

SECTION A: Patient Demographic Information: Complete ALL patient information. For date of birth use month, day, and year (e.g., 01-01-2008). Do not omit any demographic information. Include a complete mailing address, city, county, state, zip code, and telephone number. When reporting STDs for females note pregnancy status and number of weeks pregnant.

SECTION B: Disease Classification Related to Diagnosis: Check box for each disease suspected or confirmed. See CDC treatment guidelines for additional case classification information. To report PID associated with Chlamydia (CT) or Gonorrhea (GC), check box (es) in disease and salpingitis.

SECTION C: Laboratory Test(s) Related to Diagnosis: **Use a single line to report information on each test**. There is enough space to report four results on each case report form. If reporting more than four positive tests on the same individual, use an additional form and attach it to the original form.

Test Type(s): Indicate the type of test used to confirm diagnosis. Example: (GC-LCR, CT-EIA, GC-AMA VDRL, FTA-ABS)

Specimen source: Indicate anatomical specimen collection site. Example: (Cervix, urethra, blood, or urine)

SECTION D: Treatment (Rx) Information: Check all Rx related to this case report. If reporting other Rx, follow Rx format used on this form. Include the Name (doxy., ceft., etc.), Type (PO, IM, BID), Amount given (100mg, 2.4 m.u. etc.) and number of days (x 1 d, x 7 d etc.) provided. Provide complete information on Treating/Attending physician. Use month, day, and year (e.g. 01-01-2008) for date treated, date onset of symptoms, and date reported to Local Health Officer. Expedited Partner Therapy* (EPT) allows medical providers to prescribe, dispense, or furnish medication to sex partners of patients diagnosed with trichomoniasis, gonorrhea, or *Chlamydia trachomatis* infection without a medical evaluation of the sex partner. Be sure to list number of medication packs or prescription given to the original patient for her/his sex partners. EPT should be used to supplement not supplant current STD control efforts described in section 252.11 of the Wisconsin statutes. More information can be found at http://dhs.wisconsin.gov/communicable/STD/INDEX.HTM ."

See the current CDC *Sexually Transmitted Diseases Treatment Guidelines*, found at http://www.cdc.gov/std/treatment/

Indicate the name, title, telephone number, and mailing address for the individual completing the report so that program staff may contact the individual completing the form, or the attending physician if there are questions regarding the case report.

Mailing instructions: Providers mail completed form(s) **within 72 hours** to Local Health Departments in the county that the patient resides. Local health department addresses can be found at http://dhs.wisconsin.gov/localhealth

Local Health Departments enter information into WEDSS. Call (608) 266-7365.

Sex Partner referral/interview: Use the CDC Field Record form (73.2936S) to document information on sex partners, suspects, and associates. When a named sex partner, suspect or associate resides outside of the initiating agency's jurisdiction (disposition=K), a Field Record form should be completed and routed to the appropriate LHD for epidemiologic follow-up, or to the Division of Public Health address above if out of state.