



IOWA CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED INFECTION — CHLAMYDIA, GONORRHEA, AND SYPHILIS (to be completed by clinic)

Do NOT use this form to report HIV OR AIDS. To report HIV or AIDS, please call 515-721-8486 or 515-281-6918

Form with fields for: (Please Print) Last Name, First Name, MI, Date of Birth, Sex at Birth, Current Gender, Pregnant?, Due Date, Address, City, State, Zip Code, Cell Phone, Alt. Phone, Email, Marital Status, Race, Ethnicity, Clinician/Provider, Facility/Clinic Name, Name & Phone # of Person Reporting This Positive, Date Reported, Facility/Clinic Address, City, State, Zip Code, Clinician/Provider Telephone, Name of Laboratory, City, State, Zip Code, Laboratory Telephone.

Was patient tested for HIV at this visit?*
Yes, tested negative No
Yes, tested positive Refused

Is patient currently on PrEP to prevent HIV? *
Yes Didn't ask
No Patient requests consult

Was patient tested for syphilis at this visit?*
Yes, tested negative Not tested
Yes, tested positive (Complete section below)

Signs and Symptoms:
Did patient present with any signs/symptoms?
Chancres/Sores
Rash
Genital discharge
Painful urination
Painful intercourse
Pharyngitis
PID
Other

DIAGNOSIS: CHLAMYDIA
Date of Exam/Collection
Specimen Type: Urine, Vaginal, Rectal, Cervical, Throat, Other
Date Treated
Recommended Treatment: Doxycycline 100 mg PO BID x 7 days
Alternative Treatment: Azithromycin 1 gm PO x 1 day, Other (specify)

GONORRHEA
Date of Exam/Collection
Specimen Type: Urine, Vaginal, Rectal, Cervical, Throat, Other
Date Treated
Recommended Treatment: Ceftriaxone 500 mg IM, e.g. Rocephin
Alternative Treatment: Cefixime 800 mg PO x 1 day (e.g. Suprax), Other (specify)

SYPHILIS
Date of Exam/Collection
TPPA, IgG, or FTA Reactive Non-reactive
VDRL or RPR ** Reactive Non-reactive
**Titer 1: Must report quantitative titers on pos. VDRL/RPR
Date Treated
Recommended Treatment: Benzathine Pen G 2.4 mu IM (e.g. Bicillin L-A), Patient will be treated with a 3-dose series of Bicillin, Other (Specify)

Sex Partner Gender/Name(s): (if available)
Expedited Partner Therapy *
Offered Provided

- Reports must be true and submitted in good faith. Filing false reports is strictly prohibited by Iowa Code 139A.40 and those who submit false reports shall be punished.
- You may affix patient label for the requested information. If doing so, please fill out the remaining information that is not included on patient label.
- In addition to the patient's legal name, please also indicate the patient's preferred name on the form (if applicable). This may include transgender persons who prefer names other than their legal name.
- Sex at birth refers to assigned sex at birth (i.e., assigned male at birth or assigned female at birth).
- Contact the Iowa Department of Public Health to request follow up with partners of persons diagnosed with gonorrhea or chlamydia. Partner follow up will be automatically initiated for persons diagnosed with infectious syphilis.
- Recommended treatment for **gonorrhea** changed in December 2020 to **500mg ceftriaxone** (monotherapy). Persons weighing greater than 300 lbs should be treated with 1 gram ceftriaxone. Dual treatment with azithromycin or doxycycline is no longer recommended unless the patient is co-infected with chlamydia or chlamydia has not been ruled out.
- Treatment for persons with **medication allergies**
 - Persons diagnosed with or exposed to gonorrhea who have IgE-mediated allergic reactions to cephalosporins may be treated with 240mg gentamicin (IM) plus 2g azithromycin (oral).
 - Persons diagnosed with syphilis who have penicillin allergy may be treated with 100mg doxycycline, twice a day (for 14 days for early syphilis and 28 days for late or unknown duration syphilis). Doxycycline is contraindicated in pregnancy. Pregnant persons should undergo penicillin desensitization.
- **Complete treatment guidelines** may be found at <https://www.cdc.gov/std/treatment/default.htm>. See the complete guidelines for additional details, as well as treatment regimens for infants and children.
- **Recommend testing for co-infections**
 - Co-infections are increasingly common. Please consider testing patients for infections whose predominate mode of transmission is sexual. Many patients benefit from being tested for **chlamydia/gonorrhea** (including pharyngeal and rectal testing, if indicated), **syphilis**, and **HIV**.
 - All adults ages 18 to 79 should be tested for **hepatitis C** at least once. More often if at increased risk.
- Pre-exposure prophylaxis (**PrEP**) is medication that an individual takes to prevent the acquisition of HIV. See prepiowa.org for more information.
- **Expedited Partner Therapy** (EPT) should be offered to treat the sexual partners of persons diagnosed with chlamydia or gonorrhea who are unlikely to seek clinical care. It is legal per Iowa Code 139A.41. Please indicate on the form whether EPT was offered to the patient or if they were provided medication or a prescription.
- Visit our webpage at idph.iowa.gov/hivstdhep.
- Download the **CDC STD Treatment Guidelines app** for your smartphone or tablet from Apple or Google Play stores.