

## Iowa Confidential Report of Sexually Transmitted Infection—Chlamydia, Gonorrhea & Syphilis

For completion by clinic. Form is **not** for reporting HIV or AIDS; to report HIV/AIDS, call 515-322-8819 or 515-721-8486.

Last Name:	
First Name:	MI:
Date of Birth: ___/___/_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes; due date:	
Street Address:	
City, State, Zip:	
Cell Phone #:	
Alt Phone # or Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Clinician/Provider:	
Facility/Clinic Name:	
Name of Person Reporting:	
Phone # of Person Reporting:	
Facility/Clinic Address:	
City, State, Zip:	
Clinician/Provider Phone #:	
Name of Laboratory:	
City, State, Zip:	
Laboratory Phone #:	
Was patient tested for <b>HIV</b> at this visit? <input type="checkbox"/> Yes, tested negative <input type="checkbox"/> Yes, tested positive <input type="checkbox"/> No <input type="checkbox"/> Refused	
Is patient currently on <b>PrEP</b> to prevent HIV?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't ask <input type="checkbox"/> Patient requests consult	
Was patient tested for <b>syphilis</b> at this visit? <input type="checkbox"/> Yes, tested negative <input type="checkbox"/> Yes, tested positive (complete section at right) <input type="checkbox"/> Not tested <input type="checkbox"/> Refused	
<b>Signs &amp; Symptoms:</b> <input type="checkbox"/> Chancres/Sores <input type="checkbox"/> Rash <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Genital discharge <input type="checkbox"/> Painful urination <input type="checkbox"/> Painful intercourse <input type="checkbox"/> PID <input type="checkbox"/> Other: _____	
<b>Sex partner name(s) &amp; sex</b> (if available):	
<b>Expedited Partner Therapy*</b> : <input type="checkbox"/> Offered <input type="checkbox"/> Provided	

<b>► Diagnosis:</b> <input type="checkbox"/> <b>Chlamydia</b>
Date of Exam/Collection:
Specimen Type: <input type="checkbox"/> Urine <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Other: _____
<b>Date Treated (required):</b>
<b>Recommended Treatment (not if patient pregnant*)</b> <input type="checkbox"/> Doxycycline* 100 mg PO BID x 7 days
<b>Alternative Treatment:</b> <input type="checkbox"/> Azithromycin 1 gm PO x 1 day <input type="checkbox"/> Other (specify): _____
<b>► Diagnosis:</b> <input type="checkbox"/> <b>Gonorrhea</b>
Date of Exam/Collection:
Specimen Type: <input type="checkbox"/> Urine <input type="checkbox"/> Rectal <input type="checkbox"/> Throat <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Other: _____
<b>Date Treated (required):</b>
<b>Recommended Treatment:</b> <input type="checkbox"/> Ceftriaxone 500 mg IM, e.g. Rocephin
<b>Alternative Treatment:</b> <input type="checkbox"/> Cefixime 800 mg PO x 1 day (e.g. Suprax) <input type="checkbox"/> Other (specify): _____
<b>► Diagnosis:</b> <input type="checkbox"/> <b>Syphilis</b>
Date of Exam/Collection:
Mark test type, circle test performed & mark reactivity: <input type="checkbox"/> TPPA, IgG, or FTA— <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> VDRL or RPR**— <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive
<b>Titer 1:</b> (Must report quantitative titers on positive VDRL/RPR)
<b>Date Treated (required):</b>
<b>Recommended Treatment</b> <input type="checkbox"/> Benzathine Pen G 2.4 mu IM (e.g. Bicillin L-A) <input type="checkbox"/> Patient will be treated w/ 3-dose series of Bicillin Other (specify): _____
<b>For consultation, please contact:</b>
Iowa Division of Public Health, STI Program at 515-240-1143 or at Lucas State Office Building, 321 E. 12th St., Des Moines IA, 50319.
<b>► Fax this form to: 515-725-1278.</b>
<b>► Report within 3 days of receiving test result.</b>

\*See additional information on back

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### Additional information for filling out this form:

- ▶ 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).
- ▶ Contact the Iowa Department of Health & Human Services to request follow up for partners of persons diagnosed with gonorrhea or chlamydia. Partner follow-up will be automatically initiated for persons diagnosed with infectious syphilis.

### Treatment recommendations for gonorrhea:

- ▶ 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 or contraindications:

- ▶ 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 STI 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.

### Recommended 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. Test more often if at increased risk.
- ▶ Pre-exposure prophylaxis (**PrEP**) is medication that an individual takes to prevent the acquisition of HIV. See <https://stophiviowa.org/get-information/hiv-prevention> 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.

### For additional information and resources:

- ▶ Visit the STI Program webpage at <https://hhs.iowa.gov/hiv-sti-and-hepatitis>.
- ▶ Download the **CDC STD Treatment Guidelines app** for your smartphone or tablet from Apple or Google Play stores.