

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 HIV 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 PrEP 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 syphilis 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	
Signs & Symptoms: <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: _____	
Sex partner name(s) & sex (if available):	
Expedited Partner Therapy* : <input type="checkbox"/> Offered <input type="checkbox"/> Provided	

► Diagnosis: <input type="checkbox"/> Chlamydia
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: _____
Date Treated (required): ____/____/____
Recommended Treatment (not if patient pregnant*) <input type="checkbox"/> Doxycycline* 100 mg PO BID x 7 days
Alternative Treatment: <input type="checkbox"/> Azithromycin 1 gm PO x 1 day <input type="checkbox"/> Other (specify): _____
► Diagnosis: <input type="checkbox"/> Gonorrhea
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: _____
Date Treated (required): ____/____/____
Recommended Treatment: <input type="checkbox"/> Ceftriaxone 500 mg IM, e.g. Rocephin
Alternative Treatment: <input type="checkbox"/> Cefixime 800 mg PO x 1 day (e.g. Suprax) <input type="checkbox"/> Other (specify): _____
► Diagnosis: <input type="checkbox"/> Syphilis
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
Titer 1: _____ (Must report quantitative titers on positive VDRL/RPR)
Date Treated (required): ____/____/____
Recommended Treatment <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): _____
For consultation, please contact: Iowa Division of Public Health, STI Program at 515-281-4936 or at Lucas State Office Building, 321 E. 12th St., Des Moines IA, 50319.
► Fax this form to: 515-725-1278.
► Report within 3 days of receiving test result.

*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 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.

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.