

ILLINOIS DEPARTMENT OF PUBLIC HEALTH ILLINOIS CONFIDENTIAL MORBIDITY REPORT OF SEXUALLY TRANSMITTED INFECTIONS

PATIENT INFORMATIO	N				
FIRST NAME			M.I.	Expedited Partner Therapy (EPT) give	
				to patient with CHLAMYDIA and/or	r
				GONORRHEA for partner(s). ○ Yes ○ No ○ Unknown	
LAST NAME		IDOC #		If yes, for how many	
				partners?	
STREET ADDRESS					
]
APARTMENT NUMBER	CITY			STATE	<u> </u>
ZIP CODE	COUNTY OF RESIDENCE		PHONE NUMBER		
				- <u> </u>	
DATE OF BIRTH	RACE (Select All That App		andrean Mattice	Other ETHNICITY Other Hispanic or Latinx	\neg
	Black or African American	American Indian or Ala		Other Unknown Other Other Other Onther Onther Onther Onther Onther Other	
		Native Hawaiian or Oth		Unknown	
SEX AT BIRTH CURRENT			TNER(S) (Select All		10
Male Male Female	○ Transgender Male (FTM)*○ Transgender Female (MTF)*	○ Male○ Female	Transgender MalTransgender Fer		
O Female	O Transgender Unknown		O Transgender Unl		
	ng Else O Unknown	O Something Else	O Unknown		Ц
DIAGNOSIS	Canamhaa	CTI-	Cumbilia Ctana	Combilia Comentana	
Chlamydia	Gonorrhea Other		Syphilis Stage	Syphilis Symptoms O Lesion/Chancre O None	
○ Genito-urinary ○ Rectal		iliciola i	O Primary	O Rash (P/P* or GBR*)	E
O Ophthalmia O PID*	O Ophthalmia O DGI*	C TECT/EVAM I	Secondary	O Neurologic:	
O Pneumonia O LGV*	O Pharyngeal O PID*	/	○ Early, NPNS*	Ocular:	
O Other:	Other:/		○ Late or Unknow	^{'⊓} Otic:	
			○ Congenital	0.00	
	RELATED TO DIAGNOSIS		O Congenital	Other:	
Chlamydia Test	Gonorrhea Test	8	Syphilis Tests		
	Gonorrhea Test	8	Syphilis Tests	ing Test: RPR, VDRL	LT
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Updated 2022



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

Rx Code	CHLAMYDIA
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 THERAPY¹)
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")

¹ Administration of two medications.

*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 (410 ILCS 325, ch. 111 ½, par. 7401 et seq). Disclosure of this information is MANDATORY.

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