



Draft

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

PATIENT INFORMATION

Form fields for patient information including: FIRST NAME, LAST NAME, STREET ADDRESS, APARTMENT NUMBER, CITY, STATE, ZIP CODE, COUNTY OF RESIDENCE, PHONE NUMBER, DATE OF BIRTH, RACE, ETHNICITY, SEX AT BIRTH, CURRENT GENDER, SEX OF SEX PARTNER(S), and PREGNANT status.

DIAGNOSIS

Diagnosis section with columns for Chlamydia, Gonorrhea, Other STIs, Syphilis Stage, and Syphilis Symptoms. Includes checkboxes for various clinical presentations and dates of test/exam.

LABORATORY TEST(S) RELATED TO DIAGNOSIS

Form for laboratory test results, including fields for Chlamydia Test, Gonorrhea Test, and Syphilis Tests (Serologic Screening Test, Serologic Confirmatory Test, Darkfield/DFA-TP or PCR, CSF-VDRL).

TREATMENT (RX) INFORMATION (See reverse side for treatment codes)

Treatment information table with columns for Date(s) Treated, RX Codes, and Other. Includes checkboxes for Syphilis Neurologic Involvement (Verified or Possible).

Facility information section with fields for Facility Where Specimen Was Collected and Facility Where Patient Was Treated, including Name, Address, City, and Phone.

If you need assistance in sex partner referral, need additional forms, etc., call your local health department STI program.

Submit this report to your local health department:

Large empty box for local health department contact information.

If NO local health department, contact:

Illinois Department of Public Health
ATTN: STI Section
525 W. Jefferson St., Ground Floor
Springfield, IL 62761
Phone: 217-782-2747



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 THERAPY ¹)
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.

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

*Abbreviations:

MTF-Male to Female **FTM**-Female to Male **PID**-Pelvic Inflammatory Disease **DGI**-Disseminated Gonococcal 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](http://www.ilcs.gov), ch. 111 ½, par. 7401 et seq). Disclosure of this information is MANDATORY.