

# STI (Gonorrhea & Chlamydia) Case Report

STD's need to be reported within 7 days of receipt. Please complete this form and fax to the MCDH CD Program

Phone: 815.334.4500 Fax: 815.334.0191

## REPORTER INFORMATION

Date of Report: \_\_\_\_\_ Reporter Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CASE INFORMATION

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Sex:  Female  Male

IF FEMALE, Pregnant?  NO  YES IF YES (EDD): \_\_\_\_\_

Race (select all that apply):  White  Black  Asian  Two or more  Other

Ethnicity:  Hispanic  Non-Hispanic

## TREATMENT

**CHLAMYDIA** Treatment Date: \_\_\_\_\_

Azithromycin 1 g Orally Single Dose (Preferred Treatment)

Doxycycline 100 mg PO BID 7 days

**GONORRHEA** Treatment Date: \_\_\_\_\_

Ceftriaxone 250 mg IM Single Dose

**AND one of the following:**

Azithromycin 1 g PO Single Dose (Preferred Treatment)

Doxycycline 100 mg PO BID 7 days

If the patient has an allergy to cephalosporins or penicillin:  Gemifloxacin 320 mg PO PLUS Azithromycin 2g PO

Gentamicin 240 mg IM PLUS Azithromycin 2g PO

## CHLAMYDIA & GONORRHEA BOTH WARRANT RE-TESTING 3 MONTHS POST-TREATMENT TO SCREEN FOR RE-INFECTION

Partner(s) Treated?  YES  NO If no, refer partner to MCDH for treatment

## **NOTES:**



**For Questions Call the Communicable Disease Program at 815-334-4500**

To report a Syphilis case(s), please call 815-334-4500

Recommendations based on 2016 guidelines from the Centers for Disease Control and Prevention