



Lubbock Public Health Confidential Report of Sexually Transmitted Infections (STI)

All providers who diagnose or treat a reportable sexually transmitted infections are required to report to the local health authority within seven (7) days unless otherwise noted. Complete all fields as appropriate.

Patient Name (Last, First, MI):		DOB:	Age:	Sex (circle) M F	Pregnant? (circle) Y N #wks _____
Address (Street, City, State, Zip):			Hispanic Ethnicity: (circle) Y N	Race: (circle all that apply) W B AIS AI PI Other	
Telephone:	Marital Status S M W D	SSN/Medical Record #	Sex of Partners: M F	Exam Date	
Provider Type: Private Phy/Primary Care Family Planning Prenatal/Ob clinic Hospital STD Clinic Other: _____ (circle one)					
<input type="checkbox"/> Chancroid Treatment Date: Treatment Given: <input type="checkbox"/> Azithromycin 1 gram <input type="checkbox"/> Ceftriaxone IM 250mg <input type="checkbox"/> Ciprofloxacin 500mg BID x30 <input type="checkbox"/> No Treatment Given		<input type="checkbox"/> Chlamydia (Not PID) <input type="checkbox"/> Urethral <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ophthalmia Type of Test: PCR Antigen Culture Treatment Date: Treatment Given: <input type="checkbox"/> Doxycycline 100mg BID x7 days <input type="checkbox"/> Azithromycin 1 gram <input type="checkbox"/> Other: Doxycycline is the preferred treatment for chlamydia infections <input type="checkbox"/> No Treatment Given		<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Urethral <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Resistant GC Type of Test: PCR Antigen Culture Treatment Date: Treatment Given: <input type="checkbox"/> Ceftriaxone IM 500mg <input type="checkbox"/> No Treatment Given	
<input type="checkbox"/> Syphilis <input type="checkbox"/> Primary *report within 24 hours <input type="checkbox"/> Secondary *report within 24 hours <input type="checkbox"/> Early or Latent <input type="checkbox"/> Congenital Other Syphilis: <input type="checkbox"/> Neurological Syphilis <input type="checkbox"/> Ocular Syphilis Note: neurological and ocular syphilis can occur at any stage Treatment: (see page 2 for CDC guidelines or visit https://www.cdc.gov/std/syphilis/treatment.htm) Treatment Date: _____ <input type="checkbox"/> Benzathine penicillin G o 2.4 mu IM x 1 dose o 2.4 mu IM x 3 doses <input type="checkbox"/> Doxycycline 100 mg (Alternative to penicillin in event of allergy) <input type="checkbox"/> Aqueous crystalline penicillin IV Treatment <input type="checkbox"/> No Treatment		<input type="checkbox"/> HIV <input type="checkbox"/> HIV Non-AIDS <input type="checkbox"/> HIV with AIDS <input type="checkbox"/> Non-Reactive HIV Test Results Type of Test Western Blot ELISA POC Date of Result: Reporting HIV on this document serves as proof of timely report; however, the health department requires additional information on HIV patients		Symptoms Symptom Onset _____ <input type="checkbox"/> Screening <input type="checkbox"/> Lesions <input type="checkbox"/> Discharge <input type="checkbox"/> Dysuria <input type="checkbox"/> Urinary retention <input type="checkbox"/> Rectal pain <input type="checkbox"/> Bleeding <input type="checkbox"/> Rash <input type="checkbox"/> Hair loss <input type="checkbox"/> Headache <input type="checkbox"/> Weight loss <input type="checkbox"/> Muscle aches <input type="checkbox"/> Night Sweats <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Other _____	
Reported by: _____					
Name	Office Address	City	Phone Number		

Center for Disease Control and Prevention Syphilis Treatment Guidelines

<https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

Primary and Secondary Syphilis Treatment

Parenteral penicillin G has been used effectively for achieving clinical resolution (i.e., the healing of lesions and prevention of sexual transmission) and for preventing late sequelae.

- Recommended Regimen for Primary and Secondary Syphilis* Among Adults:
 - **Benzathine penicillin G** 2.4 million units IM in a single dose
- Recommended Regimen for Syphilis Among Infants and Children:
 - **Benzathine penicillin G** 50,000 units/kg body weight IM, up to the adult dose of 2.4 million units in a single dose.

Infants and children aged ≥ 1 month who receive a syphilis diagnosis should have birth and maternal medical records reviewed to assess whether they have congenital or acquired syphilis (see Congenital Syphilis). Infants and children aged ≥ 1 month with primary and secondary syphilis should be managed by a pediatric infectious disease specialist and evaluated for sexual abuse (e.g., through consultation with child protective services).

Penicillin Allergy: Doxycycline (100 mg orally 2 times/day for 14 days) have been used for years and can be effective as alternative to penicillin in treating primary and secondary syphilis.

Latent Syphilis

- Recommended Regimens for Latent Syphilis* Among Adults:
 - **Early Latent Syphilis: Benzathine penicillin G** 2.4 million units IM in a single dose
 - **Late Latent Syphilis: Benzathine penicillin G** 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

Neurosyphilis, Ocular syphilis or Ootosyphilis

CNS and ocular syphilis manifestations can occur at any stage of syphilis. CSF laboratory abnormalities are common among persons with early syphilis, even in the absence of clinical neurologic findings. If clinical evidence of neurologic involvement is observed, a CSF examination should be performed before treatment. All persons with ocular symptoms and reactive syphilis serology need a full ocular examination, including cranial nerve evaluation.

- Recommended Regimen for Neurosyphilis, Ocular Syphilis, or Ootosyphilis Among Adults
 - **Aqueous crystalline penicillin G** 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion for 10–14 days

If compliance with therapy can be ensured, the following alternative regimen might be considered.

Alternative Regimen: **Procaine penicillin G** 2.4 million units IM once daily

PLUS

Probenecid 500 mg orally 4 times/day, both for 10–14 days

* Recommendations for treating syphilis in persons with HIV and pregnant women are discussed elsewhere. See CDC Treatment Guidelines <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>