STATE OF HAWAII
Department of Health
STD/AIDS Prevention Program

Sexually Transmitted Diseases (STD) Case Report

For official use only:
Case No: _____
[ ] STDMIS [ ] INTERVIEW
[ ] Contact follow-up: [ ] FIELD
DIS#_____

Please complete this form to report Sexually Transmitted Diseases.

Patient's Last Name: _____ First Name _____ M.I. _____ AKA: _____

Date of Birth _____ Age _____ Sex: ( )Male ( )Female ( )Transgender Race: _____ Ethnicity: ( )Hispanic ( ) Non-Hisp

Marital Status: ( )Single ( )Married ( )Domestic Partner ( )Separated ( )Divorced ( )Widowed ( )Living with Partner

Address: _____ City _____ State ____ Zip Code _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

I. PATIENT DIAGNOSIS AND TREATMENT: Refer to the CDC 2002 Sexually Transmitted Diseases Treatment Guidelines for alternative regimens and more information.

DISEASE/DIAGNOSIS	DATE OF TEST/ DIAGNOSIS	TREATMENT
CHANCROID		**TREATMENT DATE** _____/_____/_____ **[ ]** Azithromycin, 1g po **[ ]** Ceftriaxone, 250 mg IM **[ ]** Ciprofloxacin 500 mg po bid x3d **[ ]** Erythromycin base, 500mg po tid x 7 days
PELVIC INFLAMMATORY DISEASE [ ] Chlamydia [ ] Gonorrhea [ ] Unspecified		**TREATMENT DATE** _____/_____/_____ **Either [ ]** Ceftriaxone, 250 mg IM, **or** **[ ]** Cefoxitin, 2g IM **with** Probenecid 1g po **Plus [ ]** Doxycycline, 100 mg po bid x 14 days Other (specify):_____
CHLAMYDIA TRACHOMATIS [ ] PID (use PID section) [ ] Uncomplicated		**TREATMENT DATE** _____/_____/_____ **[ ]** Azithromycin, 1g po Stat **[ ]** Doxycycline, 100 mg po bid x 7 days Other (specify):_____
GONORRHEA [ ] PID (use PID section) [ ] Pharyngeal [ ] Uncomplicated		**TREATMENT DATE** _____/_____/_____ **Either [ ]** Cefixime, 400 mg po Stat **[ ]** Ceftriaxone, 125 mg IM **[ ]** Cefpodoxime, 400 mg po Stat **Plus one of the following** **[ ]** Azithromycin, 1g PO Stat **[ ]** Doxycycline, 100 mg PO BID x 7 days In Hawaii, flouroquinolone is not recommended for the treatment of gonorrhea infections. Co-treatment for chlamydia infection is recommended. If gonorrhea is documented and it persists or recurs, test-of-cure culture is recommended to ensure patient does not have an untreated resistant-gonorrhea infection.
SYPHILIS [ ] Primary [ ] Secondary [ ] Early Latent (<1 year duration)		**TREATMENT DATE** ____/_____/_____ **[ ]** Benzathine penicillin G, 2.4 million units IM in a single dose Other (specify):_____
[ ] Late, Late Latent [ ] Gumma [ ] Cardiovascular		**TREATMENT DATES #1**____/_____/_____ **#2**____/_____/_____ **#3**____/_____/_____ **[ ]** Benzathine penicillin G, 7.2 million units total, administered as 3 doses of 2.4 million units IM, at 1-week intervals Other (specify):_____
[ ] Neurosyphilis		**TREATMENT DATE** ____/_____/_____ **[ ]** Aqueous crystalline penicillin G, 18-24 million units daily, administered as 3-4 million units IV q4hrs x 10-14 days Other (specify):_____

II. REQUEST TO TREAT PATIENT. If physician requests that DOH treat patient for this infection, please indicate treatment to be provided and sign as indicated.

[ ] Cefpodoxime, 400 mg po **[ ]** Azithromycin, 1g PO

Physician's Name: (PRINT) _____ **Signature:** _____ **Date**_____

III. LIST CASUAL AND/OR STEADY SEX PARTNERS THE PATIENT HAD IN PAST 60 DAYS.

Name/Address/Phone	Date of Birth/ Age	Race	Sex	Marital Status	Last Exposure Dates	Was sex partner			Do you want DOH to		For DOH Official Use only
						Examined?	Infected?	Treated?	Interview/ Notify SP?	Provide treatment?	
						No Yes: Date	No Yes	No Yes: Date RX:	No Yes	No Yes	
						No Yes: Date	No Yes	No Yes: Date RX:	No Yes	No Yes	

IV. THE FOLLOWING ARE AVAILABLE FROM THE DOH AT NO CHARGE. Please FAX order to (808)- 733-9291 or phone in order to (808) 733-9281.

[ ] Pamphlets on STD/AIDS: Quantity/Topic: _____ Foreign language translations are available. Foreign Language(s): _____ Quantity:_____

[ ] 2002 Sexually Transmitted Diseases Treatment Guideline **[ ]** Case Report Forms: Quantity_____

For consultation regarding STD, please call (808) 733-9281.

V. MAIL OR FAX COMPLETED TO FOLLOWING ADDRESS. You may also phone in report.

Oahu: Hawaii STD Control Program
3627 Kilauea Avenue, Room 304
Honolulu, HI 96816
Phone: (808) 733-9281
FAX: (808) 733-9291

Kauai: Epidemiology Branch
3040 Umi Street
Lihue, HI 96766
Phone: (808) 241-3563

Big Island: Epidemiology Branch
PO Box 916
Hilo, HI 96721
Phone: (808) 933-0912

Maui, Lanai, Molokai: Epidemiology Branch
54 High Street
Wailuku, HI 96793
Phone: (808) 984-8213

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