DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44243 (05/2022)

SEXUALLY TRANSMITTED INFECTIONS LABORATORY AND MORBIDITY CASE REPORT

Additional information for completing the form is on page 2

STATE OF WISCONSIN
Wis. Stat. § 252.05
608-266-7365

A. PATIENT Demographic Information

Last Name	First Name	Middle Initial

Date of Birth (MM/DD/CCYY)	Age	Gender	Pregnancy Status
		☐ Male ☐ Female Transgender: ☐ Male to Female ☐ Female to Male ☐ Gender Non-specific	Pregnant: ☐ Yes: Number of weeks: ☐ No ☐ Unknown

Patient's Street Address (**Enter patient's street address only**)	Apartment Number	Phone Number

City	State	Zip Code	County of Residence

Race	Ethnicity	Gender of Sex Partners
	☐ Hispanic ☐ Non-Hispanic ☑ Unknown	☐ Male ☐ Female ☐ Refused ☑ Unknown ☐ Transgender: ☐ MtF ☐ FtM ☐ G N-S

B. DISEASE CLASSIFICATION RELATED TO DIAGNOSIS

Date of Onset Symptoms (MM/DD/CCYY):	Describe Any Symptoms:

☐ **Syphilis (S)**

☐ Primary (Chancre present)
☐ Secondary (Body rash, palmer and/or plantar)
☐ Early Non-Primary/Non-Secondary (No symptoms less than 1 year)
☐ Late, Unknown Duration Syphilis
☐ Adverse Outcome: ☐ Neurologic ☐ Ocular ☐ Otic ☐ Late Clinical Manifestations

☐ **Chlamydia (CT) and/or** ☐ **Gonorrhea (GC)**

☐ Uncomplicated Urogenital (Urethritis, cervicitis)
☐ Salpingitis — CT/GC Pelvic Inflammatory Disease (PID)
☐ Ophthalmia/Conjunctivitis
☐ Disseminated Gonococcal Infection, see F-02962
☐ Antibiotic Susceptibility Test (AST): ☐ Antibiotic-Resistant Gonorrhea (ARGC) ☐ Suspect Treatment Failure (GC)

☐ **Chancroid** ☐ **Non-CT/GC PID**

C. LABORATORY TEST(S) RELATED TO CURRENT DIAGNOSIS

	Test Type (Use one line per test)	Specimen Source: (Cervix, vaginal, urethra, blood, urine, throat, rectum, etc.)	Test Result(s): Row 4 for Gonorrhea AST		
1			☐ Pos ☐ Neg	Titer 1:	
2			☐ Pos ☐ Neg	Titer 1:	
3			☐ Pos ☐ Neg		
4	**AST** ☐ **Ceftriaxone (MIC > 0.125 µg/ml) or** ☐ **Cefixime (MIC ≥ 0.25 µg/ml)**		☐ Culture ☐ NAAT	AST MIC:	AST MIC:

Date Specimen Collected (MM/DD/CCYY):
Date Specimen Analyzed (MM/DD/CCYY):

Name of Attending Physician or Provider Ordering Test:
Name of Laboratory Performing Test(s): US BioTek Laboratories

Patient Treated	Date(s) of Treatment (MM/DD/CCYY)	HIV Status	Date Reported to LTHD (MM/DD/CCYY)
Unknown	1st: 2nd: 3rd:	☐ Positive ☐ Negative ☐ Unknown	

D. TREATMENT (RX) INFORMATION

☐ Benzathine penicillin G 2.4 m.u. IM x 1 (S)
☐ Benzathine penicillin G 2.4 m.u. IM x 3 (S)
☐ Doxycycline 100mg PO BID for 7d (CT)
☐ Doxycycline 100mg PO BID for 14d (S, Alt)
☐ Doxycycline 100mg PO BID for 28d (S, Alt)

(Alt) Alternative Therapy

☐ Azithromycin 1g PO x 1 (CT, Alt)
☐ Ceftriaxone 500mg IM (for patients under 300 lbs.) (GC)
☐ Ceftriaxone 1,000mg IM (for patients 300 lbs. or over) (GC)
☐ Cefixime 800mg (GC, Alt)
☐ Gentamicin 240mg and 2g Azithromycin (GC, Alt)
☐ Other, list:

Expedited Partner Therapy (EPT)

EPT provided for partner(s)?
☐ Yes ☐ No

Doxycycline 100mg PO BID for 7d (CT)
Azithromycin 1g PO x 1 (CT)
Cefixime 800mg PO (GC)
Other:

E. REPORTING SOURCE (Required)

Name of Person Reporting	Phone Number	Local and Tribal Health Department (LTHD)
Agency Reporting	Phone Number	
Street Address 16020 Linden Ave North		
City, State, and Zip Code Shoreline, WA 98133		Date Received by LTHD (MM/DD/CCYY)

Comments (Including additional treatment dates):

Information for Completing
Sexually Transmitted Infections (STI) Laboratory and Morbidity Case Report

Information reported on this form is authorized by Wis. Stat. § 252.11. All information contained in this report is confidential except as may be needed for the purpose of investigation, control, and prevention of communicable diseases (infections).

General Instructions

This STI case report form is to be used by laboratories, physicians, hospitals, STI clinics, local and tribal health departments (LTHDs), or other agencies within the state of Wisconsin to report suspected or confirmed sexually transmitted infections.

As specified in rules (Wis. Stat. § 252.11) promulgated by the Wisconsin Department of Health Services (DHS), ALL information (laboratory and morbidity) is to be reported to the LTHD/health officer in the county the patient resides within 72 hours.

LTHDs must report to the DHS at least weekly.

Reportable Sexually Transmitted Infections

Chancroid	Sexually Transmitted Pelvic Inflammatory Disease (PID)
Chlamydia (CT)	Syphilis (All stages)
Gonorrhea (GC)	

Specific Instructions

SECTION A — Patient Demographic Information: **Complete ALL information. This section is for the patient's information ONLY.** For date of birth use the following format MM/DD/CCYY. According to Wis. Stat. § 252.11, the patient's complete mailing information, street address, city, county, state, zip code, and their phone number are mandatory. The gender, race, ethnicity, pregnancy status, number of weeks pregnant of the patient, and gender of the sex partners of the patient should be noted on the form.

SECTION B — Infection Classification Related to Diagnosis: Check box for each infection suspected or confirmed. See the Center for Disease Control (CDC) Sexually Transmitted Infected Treatment Guidelines https://www.cdc.gov/std/treatment-guidelines/default.htm for proper treatment dosage and administration and additional case classification information. To report infections, choose syphilis, chlamydia (CT) gonorrhea (GC), chancroid, or Non-CT/GC PID, and then check the box of the infection and the subtype or complication as applicable. For disseminated gonococcal infections (DGI) please use the https://www.dhs.wisconsin.gov/forms/f02962.pdf. Disseminated Gonococcal Infection (DGI) Provider Worksheet and submit it with this form.

SECTION C — Laboratory Test(s) Related to Diagnosis: Use a single line to report information on each test. If reporting more than four positive tests on the same individual, use an additional form and attach it to the original form.

- **Test Type(s):** Indicate the type of test used to confirm the diagnosis. Examples: VDRL, FTA-ABS*,* GC or CT NAAT; GC culture
- **Specimen Source:** Indicate anatomical specimen collection site. Examples: urine, cervix, vaginal, urethra, rectum, pharyngeal, etc.
- **Test Results:** Antibiotic Susceptibility Testing (AST MIC) levels testing is specific for gonorrhea antibiotic susceptibility testing. For more information on AST testing please contact the State of Wisconsin STI Unit at 608-266-7365.
- **Name of attending physician or provider ordering test, and name of laboratory providing testing:** Provide the name of the treating and/or attending physician, and the name of the laboratory performing the tests.

SECTION D — Treatment (Rx) Information: Check all Rx related to this case report. If reporting other Rx, follow Rx format used on this form. Include the name of the drug (for example doxycycline, ceftriaxone, etc.), how it is administered (PO, IM), frequency (QD, BID, TID), dosage (100mg, 2.4 m.u. etc.) provided. Expedited Partner Therapy (EPT) allows medical providers to prescribe, dispense, or furnish medication to sex partners of patients diagnosed with trichomoniasis, gonorrhea, or *Chlamydia trachomatis* infection without a medical evaluation of the sex partner. Be sure to list number of medication packs, or prescriptions provided to the original patient for their sex partners. EPT should be used to supplement not supplant current STI control efforts described in Wis. Stat. § 252.11. More information is available on the DHS webpage https://www.dhs.wisconsin.gov/std/health-pros.htm.

For more information, see the CDC Sexually Transmitted Infections Treatment Guidelines webpage: https://www.cdc.gov/std/treatment-guidelines/default.htm.

SECTION E — Reporting Source: Indicate the name, title, phone number, and mailing address for the individual completing this report. Program staff may contact the individual completing the form, or the attending physician for questions regarding the case report.

Report Submission Instructions: Medical Providers can mail or fax a completed hard-copy form **within 72 hours** to the LTHD in the county the patient resides. LTHD addresses are available at https://www.dhs.wisconsin.gov/lh-depts/counties.htm. Submit electronic reports via Wisconsin Electronic Disease Surveillance System (WEDSS) Web Report, or directly into WEDSS. LTHDs should enter information into WEDSS. Call the State of Wisconsin STI Unit at 608-266-7365 with questions.

NOTE: Sex partner referral/interview: Use the WEDSS STI electronic forms/tabs or hardcopy Field Record form (73.2936S), which is electronic in WEDSS - to document information on sex partners, suspects, and associates. When a named sex partner, suspect, or associate resides outside of the initiating agency's jurisdiction (disposition K), a Field Record should be completed, and routed to the appropriate LTHD for epidemiologic follow-up, or to the Division of Public Health, if the patient's address is from outside the state of Wisconsin.