



Draft

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

PATIENT INFORMATION

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), PREGNANT, EST. DUE DATE

DIAGNOSIS

Chlamydia, Gonorrhea, Other STIs, Syphilis Stage, Syphilis Symptoms, LABORATORY TEST(S) RELATED TO DIAGNOSIS

LABORATORY TEST(S) RELATED TO DIAGNOSIS

Chlamydia Test, Gonorrhea Test, Syphilis Tests, TREATMENT (RX) INFORMATION, Syphilis Neurologic Involvement

FACILITY WHERE SPECIMEN WAS COLLECTED, FACILITY WHERE PATIENT WAS TREATED

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:

Madison County Health Department  
101 E. Edwardsville Rd.  
Wood River, IL 62095  
Ph# 618-692-8954 ext: 2 Fax# 618-251-9482

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 <sup>1</sup> )
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 <sup>2</sup>
105	CEFIXIME 800 MG PLUS DOXYCYCLINE 100 MG BID X 7 DAYS <sup>2</sup>
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")

<sup>1</sup> Administration of two medications.

<sup>2</sup> 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](http://www.cdc.gov/std).

The [Illinois Department of Public Health](http://www.idph.state.il.us) 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.com), ch. 111 ½, par. 7401 et seq). Disclosure of this information is MANDATORY.