DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44243 (10/2019)

STATE OF WISCONSIN
Wis. Stat. § 252.05
608-266-7365
Madison/Dane Fax: 608-266-4858

SEXUALLY TRANSMITTED DISEASES LABORATORY and MORBIDITY EPIDEMIOLOGIC CASE REPORT

Additional information for completing on page 2

A. PATIENT – Demographic Information

Last Name	First Name	Middle Initial

Date of Birth (mm/dd/yyyy)

Age

Sex/Gender: ☐ Male ☐ Female

Transgender: ☐ Male to Female ☐ Female to Male ☐ Gender Non-specific

Pregnancy Status

Pregnant: ☐ Yes No. of weeks ______ ☐ No ☐ Unknown

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

Apartment Number

City	State	Zip Code

County of Residence	Living With	Telephone Number with Area Code

Race: ☐ African American ☐ Alaskan/Native American ☐ Asian ☐ Hawaiian/Pacific Islander ☐ White ☐ Multiple Races

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Gender of Sex Partners: ☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Refused ☐ Unk.

B. DISEASE CLASSIFICATION RELATED TO DIAGNOSIS

☐ Syphilis
- ☐ Primary (chancre present)
- ☐ Secondary (body rash, P&P)
- ☐ Early Non-Prim, Non-Sec. (no symptoms < 1 year)
- ☐ Late, Unknown Duration (no symptoms > 1 year)
- ☐ Adverse Outcome: ☐ Neurologic ☐ Ocular ☐ Otic ☐ Late Clinical Manifestations

☐ Chlamydia ☐ Gonorrhea
- ☐ Salpingitis – Pelvic Inflammatory Disease (PID)
- ☐ Ophthalmia / Conjunctivitis
- ☐ Other (arthritis, skin lesions, etc.)
- ☐ Uncomplicated Urogenital (urethritis, cervicitis)
- ☐ Resistant Gonorrhea (PPNG, TRNG, etc.)

☐ Chancroid
☐ Non CT/GC PID
Describe any symptoms:

C. LABORATORY TEST(S) RELATED TO CURRENT DIAGNOSIS

	Test Type (use one line per test)	Specimen Source (Cervix, urethra, blood, etc.)	Test Result(s)		
1			☐ Pos ☐ Neg	Titer 1:	
2			☐ Pos ☐ Neg	Titer 1:	

Date Specimen Collected (mm/dd/yyyy)	Date Specimen Analyzed (mm/dd/yyyy)

Name of Attending Physician or Provider Ordering Test ________________________________

Name of Laboratory Performing Test(s) ________________________________

Patient treated. Date (mm/dd/yyyy)	*Expedited Partner Therapy	Date Onset Symptoms (mm/dd/yyyy)	Date Report to LHD (mm/dd/yyyy)
☐ Yes ☐ No	☐ Yes ☐ No		

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, Alt)
- ☐ Doxycycline 100mg PO BID for 14d (S, Alt)
- ☐ Doxycycline 100mg PO BID for 28d (S Alt)

(S) Syphilis, (CT) Chlamydia, (GC) Gonorrhea, (Alt) Alternative Therapy

- ☐ Azithromycin 1 gm PO x 1 (CT)
- ☐ Ceftriaxone 250mg IM x 1, Plus Azithromycin 1 gm (GC)
- ☐ Cefixime 400mg PO x 1, Plus Azithromycin 1 gm (GC Alt.)
- ☐ Other, list: ______________________

Expedited Partner Therapy (EPT)

_____*EPT - Azithromycin 1 gm PO x 1 (CT)

_____*EPT - Cefixime 400mg PO x 1, Plus Azithromycin 1 gm PO x 1 (GC)

_____*Other, List ________________________

E. REPORTING SOURCE (Required)

Name of Person Reporting	Telephone number	Local Health Department(LHD)
Agency Reporting	Telephone number	
Street Address		
City, State and Zip		Date Received by LHD (mm/dd/yyyy)

Comments:

Clear/Reset Entire form

Information for Completing
Sexually Transmitted Diseases (STD) Laboratory and Morbidity Epidemiologic 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.

General Instructions

This STD case report form is to be used by laboratories, physicians, hospitals, STD clinics and, local health departments (LHDs) or other agencies within the state of Wisconsin to report suspected or confirmed sexually transmitted diseases. Reporting is mandated under the provisions of § 252.11 of the Wisconsin Statutes. As specified in rules promulgated by the department, **ALL** information (Laboratory and Morbidity) is to be reported to the LHD/health officer in the county in which the patient resides **within 72 hours.**
LHDs need to report to the Wisconsin Department of Health Services at least weekly.

Distribute 1 copy of this form to each of the following: State epidemiologist, local health agency, physician/medical records, and laboratory.

Reportable Sexually Transmitted Diseases (as of 03/01/2008)

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.**

DO NOT USE THIS SECTION FOR ANY PROVIDER INFORMATION.
For date of birth use the following format '00/00/0000.' According § 252.11 of the Wisconsin Statutes the patient's complete mailing information, street address, city, county, state, zip code, and their telephone number are mandatory. When reporting STDs for females note pregnancy status and number of weeks pregnant.

SECTION B - Disease Classification Related to Diagnosis: Check box for each disease suspected or confirmed. See CDC STD treatment guidelines (link) for additional case classification information. To report infections choose syphilis, Chlamydia (CT) or gonorrhea (GC), and then check the box of the disease and the subtype or complication.

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: GC-LCR, CT-EIA, GC-AMA VDRL, FTA-ABS

Specimen source: Indicate anatomical specimen collection site. Examples: Cervix, urethra, blood, or urine.

Name of attending physician or provider, and Name of Laboratory O: 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 doxy., ceft., etc.), how it is administered (PO, IM), frequency (QD, BID, TID), dosage (100mg, 2.4 m.u. etc.) provided. Use month, day, and year (00/00/0000) for date treated, date of onset of symptoms, and date reported to local health officer. Expedited Partner Therapy* (EPT) allows medical providers to prescribe, dispense, or furnish medication to sex partners of patient 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 STD control efforts described in § 252.11 of the Wisconsin statutes. More information is available by visiting the DHS web page https://www.dhs.wisconsin.gov/std/index.htm , then click on the tab 'for health professionals.'

For more information go to CDC, Sexually Transmitted Diseases Treatment Guidelines, found at https://www.cdc.gov/std/treatment/

SECTION E - Reporting source: Indicate the name, title, telephone number, and mailing address for the individual completing this report so that program staff may contact the individual completing the form, or the attending physician if there are questions regarding the case report.

MAILING INSTRUCTIONS: Providers mail or fax completed form **within 72 hours** to LHD in the county in which the patient resides. Local health department addresses are available at https://www.dhs.wisconsin.gov/lh-depts/counties.htm . Submit electronic reports via WEDSS Web Report, or directly into WEDSS. LHD should enter information into WEDSS. Call 608-266-7365.

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