



STATE OF HAWAII
Department of Health
STD/AIDS Prevention Program
Sexually Transmitted Diseases (STD) Case Report

For official use only:

Case No: _____ DIS# _____
[] STD MIS [] INTERVIEW
[] FIELD [] CONTACT Follow-up

Please complete this form to report Sexually Transmitted Diseases.

Patient's Last Name: _____ First Name _____ M.I. _____ AKA: _____
Date of Birth _____ Age _____ Sex: () Transgender () Male () Female: Pregnant? () No () Yes _____ gestation wks Family Planning? () Yes () No
Race _____ Ethnicity: () Hispanic () Non-Hisp Marital Status: () Single () Married () Separated () Divorced () Widowed
Address: _____ City _____ State _____ Zip Code _____ Phone: _____
Physician: _____ Address: _____ Phone: _____

I. PATIENT DIAGNOSIS AND TREATMENT: Refer to the CDC 2010 Sexually Transmitted Diseases Treatment Guidelines for alternative regimens and more information.

DISEASE/DIAGNOSIS	DATE OF TEST/ DIAGNOSIS	TREATMENT
CHANCROID		TREATMENT DATE ____/____/____ [] Azithromycin 1g po [] Ciprofloxacin 500 mg po bid x3d [] Ceftriaxone 250 mg IM [] Erythromycin base 500mg po tid x 7 days Other (specify): _____
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 single dose [] Doxycycline 100 mg po bid x 7 days Other (specify): _____
GONORRHEA [] PID (use PID section) [] Pharyngeal [] Uncomplicated		TREATMENT DATE ____/____/____ Either [] Ceftriaxone 250 mg IM, or [] Cefixime 400 mg po single dose, or [] Single dose injectable cephalosporin (specify type/dose): _____ Plus [] Azithromycin 1g PO single dose Stat Other (specify): _____ <small>Dual treatment is recommended to mitigate emergence of cephalosporin resistant gonorrhea. Fluoroquinolone is not recommended for the treatment of gonorrhea infections. If gonorrhea is documented and symptoms persists or recurs, test-of-cure culture is recommended to ensure patient does not have an untreated antibiotic resistant gonorrhea infection. Please call SPP immediately at (808) 733-9281 or after hours, (808) 224-1389, to report suspected case of treatment failure or patients whose isolates demonstrate decreased susceptibility to cephalosporin.</small>
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.

[] Azithromycin 1g PO [] Cefixime 400 mg 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			Refer to DOH		For DOH Use only
						Examined?	Infected?	Treated?	Interview/ Notify SP	Treat	
						Unknown No Yes: Date	Unknown No Yes: Dx	Unknown No Yes: Date Rx	No Yes	No Yes	
						Unknown No Yes: Date	Unknown No Yes: Dx	Unknown No Yes: Date RX	No Yes	No Yes	

IV. THE FOLLOWING ARE AVAILABLE FROM THE DOH AT NO CHARGE. Indicate quantity and FAX order to (808)- 733-9291.

[] Pamphlets on STD/HIV/AIDS. Foreign language translations are available. Foreign Language(s): _____ Quantity: _____
[] 2010 Sexually Transmitted Diseases Treatment Guideline
[] Case Report Forms

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

V. CALL, MAIL OR FAX REPORT TO:

Oahu: Hawaii STD Prevention 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
191 Kuawa St.
Hilo, HI 96720
Phone: (808) 974-4247
FAX: (808) 974-4243

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