



STI Case Reporting Form for Syphilis

Washington County Public Health - Disease Control and Prevention

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Date:		Person Completing Form:	
Health Provider:		Contact Phone/Fax:	
COMPLETE WITHIN 1 BUSINESS DAY: Fax to public health at 503-846-3644 or email to address above			
Patient Information — Please complete all information requested below			
Name:		DOB:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-binary <input type="checkbox"/> Female to Male <input type="checkbox"/> Male to Female <input type="checkbox"/> Other _____			
Address:		City/State:	Zip:
Phone:		Alternate Phone:	
Pregnancy test: <input type="checkbox"/> N/A <input type="checkbox"/> Negative <input type="checkbox"/> Positive If positive, how many weeks? _____			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> non-Hispanic		Sex partners: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Test result and type: Pregnancy test results on all females 15-45 yrs: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not done			
<input type="checkbox"/> Treponemal Test: (TPPA/EIA/Trep-Ab/IgG/TPPA): _____			
<input type="checkbox"/> Nontreponemal Test: (RPR/VDRL): _____			
2 nd Nontreponemal Test if needed for discordant results (FTA/TP-PA): Results: _____ Date: _____			
CSF VDRL results (if done): _____ Date: _____			
Reason for exam:			
<input type="checkbox"/> Symptomatic with - <input type="checkbox"/> Lesion(s) <input type="checkbox"/> Rash <input type="checkbox"/> Mucus Patches <input type="checkbox"/> Other STI symptoms _____			
<input type="checkbox"/> Routine screening <input type="checkbox"/> Sex with infected person <input type="checkbox"/> Health dept. referral			
<input type="checkbox"/> Pregnant <input type="checkbox"/> Patient request <input type="checkbox"/> History of syphilis			
Diagnosis:			
<input type="checkbox"/> Primary -		Chancre, lesion(s) present at time of exam	
<input type="checkbox"/> Secondary -		Body rash, palmar/ plantar rash and/or mucus patches present	
<input type="checkbox"/> Early Latent - (non-primary/non-secondary)		In the last 12 months: Infection present, confirmed by documented negative RPR/ EIA, or clear history of syphilis symptoms	
<input type="checkbox"/> Late latent -		Unknown Duration: No documented RPR/EIA or lab greater than 12 months ago or no clear history of syphilis symptoms greater than 12 months.	
<input type="checkbox"/> Tertiary -		Gammas/cardiovascular syphilis with normal CSF VDRL: (test for HIV)	
<input type="checkbox"/> Neurosyphilis -		Abnormal CSF labs or Ocular Syphilis (recent onset or worsening of headaches, gait incoordination, new numbness in both legs, new and persistent changes in memory, personality, or judgement, ocular or auditory manifestations)	
<input type="checkbox"/> Ocular Syphilis -		Recent visual changes, floaters, blurry vision, uveitis and pan uveitis	
Treatment Date: _____		Check medication(s) given:	
<input type="checkbox"/> Primary, Secondary or Early Latent Syphilis		Benzathine penicillin 2.4 mu IM X1- RECOMENDED	
<input type="checkbox"/> If PCN allergic: Primary, Secondary or Early Latent syphilis		Doxycycline 100mg bid X 14 days (not during pregnancy)	
<input type="checkbox"/> Late Latent Syphilis		Benzathine penicillin 2.4 mu IM once weekly X3 weeks	
<input type="checkbox"/> If PCN allergic Late Latent Syphilis		Doxycycline 100mg bid X 28 days (not during pregnancy)	
<input type="checkbox"/> Tertiary Syphilis with Normal CSF Examination		Benzathine penicillin 2.4 mu IM once weekly X3 weeks	
<input type="checkbox"/> If PCN allergic Tertiary, Neurosyphilis and Ocular Syphilis		Consult with infectious disease specialist	
<input type="checkbox"/> Neurosyphilis and Ocular Syphilis		Aqueous crystalline penicillin G 18-24mu per day, 3-4mu IV every 4 hours or continuous infusion X10-14 days	
*Pregnant women who are PCN allergic should be desensitized and treated with PCN. Consult infectious disease specialist.			
** Persons with HIV infections who have early syphilis may be at increased risk for neurological complications at any stage			
If not treated yet – Client notified of infection: <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Needed to find client? <input type="checkbox"/> Yes <input type="checkbox"/> No			
**Please notify client a public health worker will be contacting them			
Notes:			