

<b>Full Name:</b>		<b>County:</b>		
<b>Address:</b>				
<b>City/State/Zip:</b>		<b>Birthdate:</b> ___/___/___	<b>Phone:</b> (____) _____-_____	
<b>Race:</b>	<b>Ethnicity:</b>	<b>Current Gender Identity:</b>	<b>Marital Status:</b>	<b>Pregnant?</b>
<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Caucasian Other (specify) _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Co-habiting	<input type="checkbox"/> Yes <input type="checkbox"/> No # of Weeks Pregnant _____
<b>SYPHILIS</b>		<b>CHLAMYDIA/GONORRHEA</b>		Date of Dx: ___/___/___
<input type="checkbox"/> 710 Primary (Initial Lesion Present) <input type="checkbox"/> 720 Secondary (Lesions of Skin or Mucosa) <input type="checkbox"/> 730 Non-primary, Non-secondary (Less than 1 yr) <input type="checkbox"/> 755 Latent (More than 1 yr – Unknown Duration) <input type="checkbox"/> 790 Congenital Syphilis <b>Neurologic Symptoms:</b> <input type="checkbox"/> Otic <input type="checkbox"/> Ocular <input type="checkbox"/> Neurological (Describe below): _____ <b>Treatment:</b> Patient Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Treatment _____ Treatment: _____ Provider Name/Address: _____		<input type="checkbox"/> 100 Chancroid <input type="checkbox"/> 200 Chlamydia <input type="checkbox"/> 300 Gonorrhea <input type="checkbox"/> 350 Gonorrhea, Drug Resistant <input type="checkbox"/> 400 Non-Gonococcal Cervicitis (NGU) <input type="checkbox"/> 490 Pelvic Inflammatory <b>Source:</b> <input type="checkbox"/> Urogenital <input type="checkbox"/> Urine <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other (specify) _____ <b>Treatment:</b> Patient Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Treatment _____ Treatment: _____ Provider Name/Address: _____		Name of Sex partner(s) _____ _____ Sex partner(s) treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Expedited Partner Therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Report: ___/___/___ Comments: _____ _____ _____

Forward Report of Treatment to: **West Virginia Department of Health and Human Resources/STD Program**  
 350 Capitol Street, Ste. 125, Charleston WV 25301 1-800-642-8244 or (304) 558-2195 Fax to: (304) 558-6478

<b>SYPHILIS</b>		<b>CHLAMYDIA</b>		<b>GONORRHEA</b>	
<b>Early - Primary Secondary or Latent &lt;1 YR</b>	BENZATHINE PENICILLIN G - 2.4 MU IM in single dose	DOXYCYCLINE - 100 mg orally twice a day for 7 days Alternative: AZITHROMYCIN - 1 gm orally in a single dose -or- LEVOFLOXACIN - 500 mg orally once daily for 7 days		CEFTRIAZONE - 500 mg IM in a single dose Alternative: GENTAMICIN - 240 mg IM in a single dose PLUS AZITHROMYCIN - 2 gm orally in a single dose -or- CEFIXIME - 800 mg orally in a single dose	
<b>Latent &gt; 1 YR, of Unknown Duration</b>	BENZATHINE PENICILLIN G - 2.4 MU X 3 IM at 1-week intervals (7.2 MU total) *(including pregnant women and people with HIV infection)	<b>Pregnant Women</b>	AZITHROMYCIN - 1 g orally in a single dose -or- AMOXICILLIN - 500 mg orally three times a day for 7 days	<b>Expedited Partner Therapy (EPT) for Gonorrhea</b>	CEFIXIME - 800 mg orally in single dose
<b>Neurosyphilis</b>	AQUEOUS CRYSTALLINE PENICILLIN G - 3 to 4 MU IV every 4 Hours for 10-14 days (18-24 MU/day) Alternative: PROCAINE PENICILLIN G - 2.4 million units IM 1x/day PLUS PROBENECID - 500 mg orally 4x/day, both for 10-14 days	<b>Expedited Partner Therapy (EPT) for Chlamydia</b>	DOXYCYCLINE - 100 mg orally twice a day for 7 days -or- AZITHROMYCIN - 1 gm orally in a single dose	<b>Expedited Partner Therapy (EPT) of Concurrent Chlamydia and Gonorrhea</b>	CEFIXIME - 800 mg orally in single dose PLUS DOXYCYCLINE - 100 mg orally twice a day for 7 days
<b>Congenital Syphilis</b>	AQUEOUS CRYSTALLINE PENICILLIN G - 100,000-150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days -or- PROCAINE PENICILLIN G - 50,000 units/kg body weight/dose IM in a single daily dose for 10 days -or- BENZATHINE PENICILLIN G - 50,000 units/kg body weight/dose IM in a single dose	To view CDC guidelines, go to <a href="http://www.cdc.gov/std/treatment-guidelines/default.htm">www.cdc.gov/std/treatment-guidelines/default.htm</a> West Virginia Bureau for Public Health Division of STD, HIV, Hepatitis & Tuberculosis (800) 642-8244 or (304) 558-2195 Treatment may be faxed to the STD Program at (304) 558-6478			
		STD Online Consultation: <a href="https://www.stdccn.org/render/public">https://www.stdccn.org/render/public</a> Pregnant Women and Children: See 2021 CDC treatment guidelines			