Last Name:	First Name:	MI:	Patient Phone:	Race: ___ Caucasian ___ African American ___ Asian / Pac. Islands ___ American Indian ___ Other (Specify)	Ethnicity: Hispanic Non-Hispanic Unknown	Sex: ___ / ___ M F	Date of Birth: ___/___/___ M D Y
Address:							
City:	State:	Zip Code:		County:			

SYPHILIS

___ 710 Primary (Initial Lesion Present)
___ 720 Secondary (Lesions of Skin or Mucosa)
___ 730 Early Latent (Less than One Year)
___ 745 Late Latent (More than One Year)
___ 750 Late Syphilis (>1 Year. Symptomatic)
___ 760 Neurosyphilis
___ 790 Congenital Syphilis

CHLAMYDIA/GONORRHEA
(check all that apply)

___ 100 Chancroid
___ 200 Chlamydia
___ 300 Gonorrhea
___ 350 Gonorrhea, Drug Resistant
___ 490 Pelvic Inflammatory

Source: _____ Urogenital _____ Urine
_____ Rectal _____ Pharyngeal
_____ Ophthalmia _____ Other

Date of Dx: _____
Pregnant? yes no

Sex partner(s) name(s) Sex partner(s) treatment

Marital Status:
_____ Married _____ Divorced
_____ Single _____ Co-habitating

Patient Treated ___ Yes ___ No
If Yes: ___
Date Treated: _____
Treatment: _____
Provider Name: _____
Provider Address: _____

Patient Treated ___ Yes ___ No
If Yes: ___
Date Treated: _____
Treatment: _____
Provider Name: _____
Provider Address: _____

Date of Report:

_____

FORWARD REPORT OF DIAGNOSIS TO: WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, STD PROGRAM
350 CAPITOL STREET, ROOM 125 CHARLESTON, WV 25301-3715

Early - Primary, Secondary, Or Latent <1YR **BENZATHINE PENICILLIN G** - 2.4 MU IM in single dose	**AZITHROMYCIN** - 1 g orally in a single dose *OR* **DOXYCYCLINE** - 100 mg orally twice a day for 7 days	**CEFTRIAXONE** - 250 mg im in a single dose *OR, IF NOT AN OPTION* **CEFIXIME** - 400 mg orally in single dose *OR* Single-dose injectable **CEPHALOSPORIN** regimens ***PLUS*** **AZITHROMYCIN** - 1 g orally in a single dose **AZITHROMYCIN** - 2 g orally can be considered for pregnant women who cannot tolerate a **Cephalosporin** If **Cephalosporin allergy**: See 2015 CDC treatment guidelines.
Latent > 1YR, Latent Of Unknown Duration, Late (Cardiovascular, Gumma) **BENZATHINE PENICILLIN G** 2.4 MU X 3 IM at 1 week intervals (7.2 MU total)	**Alternative Regimens** **ERYTHROMYCIN** - base 500 mg orally four times a day for 7 days *OR* **ERYTHROMYCIN ETHYLSUCCINATE** - 800 mg orally four times a day for 7 days *OR* **LEVOFLOXACIN** - 500 mg orally once daily for 7 days *OR* **OFLOXACIN** - 300 mg orally twice a day for 7 days	
Pregnant Women: See 2015 CDC treatment guidelines.	**Pregnant Women** **AZITHROMYCIN** - 1 g orally in a single dose *OR* **AMOXICILLIN** - 500 mg orally three times a day for 7 days	All contacts of gonorrhea and chlamydia should receive prophylactic treatment using the treatment schedule provided.
Neurosyphilis - **AQUEOUS CRYSTALLINE PENICILLIN G** - 3 to 4 MU IV every 4 HRS for 10 to 14 days (18-24 MU/day)	**Alternative Regimens For Pregnant Women** **ERYTHROMYCIN** - base 500 mg orally four times a day for 7 days *OR* **ERYTHROMYCIN** - base 250 mg orally four times a day for 14 days *OR* **ERYTHROMYCIN ETHYLSUCCINATE** - 800 mg orally four times a day for 7 days *OR* **ERYTHROMYCIN ETHYLSUCCINATE** - 400 mg orally four times a day for 14 days	To view CDC guidelines, go to **http://www.cdc.gov/std/tg2015/default.htm** or call West Virginia Bureau for Public Health Division of STD/HIV & Hepatitis 800-642-8244 or 304-558-2195. Treatment may also be faxed to the STD Program at 304-558-6478.
Congenital Syphilis - **AQUEOUS CRYSTALLINE PENICILLIN G** 100,000 - 150,000 UNITS/KG day (50,000 UNITS KG dose IV every 12 HRS) during the first 7 days of life and every 8 HRS thereafter for total of 10 days *OR* **PROCAINE PENICILLIN G** - 50,000 UNITS/KG dose IM in single dose for 10 days		
Children: See 2015 CDC treatment guidelines.		