Washington County Department of Health and Human Services
Return completed form to Washington County Public Health Disease Control and Prevention
FAX: 503-846-3644 ◆ Call with questions: 503-846-2972

STI Case Reporting Form for Syphilis

Date:	Person Completing Form:
Health Provider:	**Contact phone number/fax**:

Your lab reported a communicable disease on the patient shown below and listed you as the provider. The Oregon Department of Human Services and Washington County require additional information. The fax cover sheet you have received references Oregon Law (ORS 433) that requires you to report this information.

Please complete the form within 24 hours, or by the end of the next working day, and fax it back to our office at 503-846-3664. If you prefer you may call to report the required information. We appreciate your cooperation and prompt handling of this confidential report.

Patient Information — Please complete all information requested below

1 **NAME:** | **DATE OF BIRTH:** | **SEX:** ☐ Male ☐ Female ☐ Other

2 **ADDRESS**: _____ (street) _____ (city/state) _____ (zip)
HOME/CELL #: _____ – ____ – _____ **EMERGENCY CONTACT** : _____ **EMERGENCY CONTACT#**_____-_____-_____

3 **PREGNANCY TEST RESULTS:** ☐ N/A ☐ Negative ☐ Positive: **How** many weeks pregnant? _____

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ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
RACE: ☐ White ☐ American Indian ☐ Unknown ☐ Black ☐ Alaskan ☐ Other: _____ ☐ Asian ☐ Pacific Islander
GENDER OF SEX PARTNER(S): ☐ Male ☐ Female ☐ Both ☐ Unknown

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TEST RESULT TYPE:
Treponemal Test:(RPR,/EIA/Trep-Ab/IgG):_____ Date:_____
Nontreponemal Test: (FTA, TP-PA):_____ Date:_____
2nd Nontreponemal Test if needed for discordant results(FTA/TP-PA):
Results:_____ Date:_____
CSF VDRL results (if done): _____ Date _____

PREVIOUS SYPHILIS TESTING: ☐ Yes ☐ No ☐ Unknown
Month_____ Year_____ Results_____
PREVIOUS SYPHILIS INFECTION?: ☐ Yes ☐ No
Treatment/ date: _____
PREVIOUS HIV TESTING: ☐ Yes ☐ No ☐ Unknown
If yes, last result was? ☐ POS ☐ NEG ☐ Unknown
Month of last test _____ Year of last test _____

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REASON FOR EXAM:
☐ Symptomatic:
- ☐ Lesion(s)
- ☐ rash
- ☐ mucus patches
- ☐ Other STI symptoms

☐ Routine exam/screening
☐ Pregnant
☐ Sex with infected person
☐ Patient request
☐ Health Dept. referral
☐ Past history of syphilis

DIAGNOSIS:

☐ **Primary:**	Chancre, lesion(s)present at time of exam
☐ **Secondary**:	Body rash, palmar/ plantar rash and/or mucus patches present
☐ **Latent**	No signs/ symptoms **If latent choose one below** :
☐ **Early Latent**:	Infection present in last 12 months confirmed by documented negative RPR/ EIA in last 12 months or clear history of syphilis symptoms in last 12 months.
☐ **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.
☐ **Tertiary:**	Gummas/cardiovascular syphilis with normal CSF VDRL: (test for HIV)
☐ **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)
☐ **Ocular Syphilis**	Recent visual changes, floaters, blurry vision, uveitis and panuveitis

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TREATMENT DATE: _____ **CHECK MEDICATION(S) GIVEN:**

☐ **Primary, Secondary or Early Latent Syphilis**.....Benzathine penicillin 2.4 mu IM X1
☐ If PCN allergic: Primary, Secondary or Early Latent syphilis .....Doxycycline 100mg bid X 14 days
☐ **Late Latent Syphilis**.....Benzathine penicillin 2.4 mu IM once weekly X3 weeks
☐ If PCN allergic Late Latent Syphilis.....Doxycycline 100mg bid X 28 days
☐ **Tertiary Syphilis with Normal CSF Examination**.....Benzathine penicillin 2.4 mu IM once weekly X3 weeks
☐ If PCN allergic Tertiary, Neurosyphilis and Ocular Syphilis.....Consult with infectious disease specialist.
☐ **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.*

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IF NOT TREATED YET — PATIENT NOTIFIED OF INFECTION? ☐ Yes ☐ No
PLEASE NOTIFY PATIENT THAT PUBLIC HEALTH STAFF WILL BE CONTACTING SYPHILIS PATIENTS TO OFFER PARTNER SERVICES
☐ PROVIDER REQUESTS THAT CLIENT NOT BE CONTACTED BY PUBLIC HEALTH/PROVIDER WILL ASSURE PARTNER TREATMENT

CURRENT RECOMMENDED TREATMENT — See CDC Guidelines at: www.cdc.gov/std/tg2015/syphilis.htm