



**Sexually Transmitted Infection
Confidential Case Report**

State of Hawai'i Department of Health
STI Prevention Program

I. PATIENT INFORMATION

Last Name		First Name		M.I.	Birth Date (mm/dd/yyyy)	Phone Number	
Address			City	State	Zip Code	Homeless? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender-other <input type="checkbox"/> Female <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Other		Gender of Sex Partners (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Unknown			Insurance Status <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Public <input type="checkbox"/> Unknown	
Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic		Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____			English Speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No, language: _____		
Patient Weight <input type="checkbox"/> <150 kg (330 lb) <input type="checkbox"/> ≥150 kg (330 lb)		Pregnant at diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes, gestation weeks: _____ <input type="checkbox"/> Unknown		HIV Status <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		On PrEP for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

II. PATIENT DIAGNOSIS AND TREATMENT

CHLAMYDIA			
Diagnosis <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other: _____	Sites (check all that apply): <input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Rectum <input type="checkbox"/> Vagina <input type="checkbox"/> Oral <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____	Specimen Collection Date	Treatment Date <input type="checkbox"/> Not treated
Treatment <input type="checkbox"/> Doxycycline 100 mg PO BID x 7 days <input type="checkbox"/> Azithromycin 1 g <input type="checkbox"/> Other: _____			
GONORRHEA			
Diagnosis <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Other: _____	Sites (check all that apply): <input type="checkbox"/> Urine <input type="checkbox"/> Urethra <input type="checkbox"/> Cervix <input type="checkbox"/> Rectum <input type="checkbox"/> Vagina <input type="checkbox"/> Oral <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____	Specimen Collection Date	Treatment Date <input type="checkbox"/> Not treated
Treatment <input type="checkbox"/> Ceftriaxone: <input type="checkbox"/> 500 mg or <input type="checkbox"/> 1 g <input type="checkbox"/> Cefixime 800 mg PO <input type="checkbox"/> Other: _____			
SYPHILIS			
Report as soon as possible for confirmed or suspected cases. To report congenital syphilis, call (808) 733-9281, press option 1 to report.			
Stage <input type="checkbox"/> Primary Syphilis – lesion sites (check all that apply): <input type="checkbox"/> Rectum <input type="checkbox"/> Penis <input type="checkbox"/> Scrotum <input type="checkbox"/> Vagina <input type="checkbox"/> Cervix <input type="checkbox"/> Oral <input type="checkbox"/> Other: _____ <input type="checkbox"/> Secondary Syphilis – symptoms (check all that apply): <input type="checkbox"/> Palmar/plantar rash <input type="checkbox"/> General body rash <input type="checkbox"/> Mucous patches <input type="checkbox"/> Condyloma lata <input type="checkbox"/> Alopecia <input type="checkbox"/> Other: _____ <input type="checkbox"/> Early Latent <input type="checkbox"/> Unknown Duration or Manifestations (check all that apply): (≤ 1 year) Late latent (>1 year) <input type="checkbox"/> Neurologic <input type="checkbox"/> Ocular <input type="checkbox"/> Otic <input type="checkbox"/> Late Clinical (gummas, cardiovascular) → Call 733-9281 opt. 1 <input type="checkbox"/> Congenital Syphilis			
Symptom Onset Date (if any)	Duration of Symptoms (in days)	Specimen Collection Date	Treatment Date(s)
Treatment: <input type="checkbox"/> Benzathine penicillin G, 2.4 MU IM x 1 <input type="checkbox"/> Benzathine penicillin G, 2.4 MU IM x 3 <input type="checkbox"/> Aqueous crystalline penicillin G 18-24 MU/day IV x 10-14 days <input type="checkbox"/> Other: _____		If no treatment completed, reason why:	
CHANCROID			
Diagnosis <input type="checkbox"/> Chancroid	Specimen Collection Date	Treatment Date <input type="checkbox"/> Not treated	Treatment (specify)

III. REQUEST TO TREAT PATIENT FOR CHLAMYDIA AND/OR GONORRHEA. Prioritization of requests depends on availability of staff and resources. Please indicate the treatment to be provided and sign as indicated: Azithromycin 1g PO Cefixime 800 mg PO Doxycycline 100mg BID x 7 days

Requesting Provider Name: _____ **Signature:** _____ **Date:** _____

IV: LIST CASUAL AND/OR STEADY SEX PARTNERS THE PATIENT HAD IN PAST 60 DAYS. Please use a separate page to list more sex partners.

Name/Address/Phone	DOB/Age	Race	Sex	Last Exposure Dates	Did provider test partner?	Did provider treat partner?
					<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Date/Rx: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
					<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Date/Rx: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

Total number of sex partners (named and unnamed): Past 60 days: _____ Past 12 months: _____

V. REPORTING PROVIDER INFORMATION

Provider Name		Facility/Clinic Name		Completed By (if different than provider)		
Address		City	State	Zip Code	Telephone	

VI. CALL, FAX, OR MAIL PAGE 1 TO:

O'ahu: Hawai'i STI Prevention Program
3627 Kilauea Ave Ste 304, Honolulu, HI 96816
Phone: (808) 733-9281
Fax: (808) 733-9291
Revised July 2021

Kaua'i: Epidemiology Branch
3040 Umi St, Lihue, HI 96766
Phone: (808) 241-3563
Fax: (808) 241-3480

Big Island: Epidemiology Branch
191 Kuawa St, Hilo, HI 96720
Phone: (808) 974-4247
Fax: (808) 974-4243

Maui, Lana'i, Moloka'i: Epidemiology Branch
54 High St, Wailuku, HI 96793
Phone: (808) 984-8213
Fax: (808) 984-2132

RECOMMENDED REGIMENS FOR ANTIMICROBIALS ON CASE REPORT*

Chlamydia, Uncomplicated
Doxycycline 100 mg orally twice a day for 7 days (during pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia)
Gonorrhea, Uncomplicated
Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (330lb). <ul style="list-style-type: none"> ○ For persons weighing ≥150 kg (330 lb), 1 g of IM ceftriaxone should be administered. ○ If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days. ○ Pregnant women should be treated with ceftriaxone 500 mg in a single IM dose plus treatment for chlamydia if infection has not been excluded
Syphilis – Primary, Secondary or Early Latent (<1 Year)
Benzathine penicillin G 2.4 million units IM in a single dose
Syphilis – Unknown Duration or Late Latent, Tertiary (With Normal Csf Exam)
Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals
Syphilis – Neurosyphilis and Ocular Syphilis
Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days

*Refer to the Centers for Disease Control and Prevention's website (www.cdc.gov/std/treatment) for up-to-date information on treating pregnant patients, infections of the pharynx, treatment of infants and children, test-of-cure information, alternative regimens, and other details.

SEX PARTNER MANAGEMENT INSTRUCTIONS

Sex Partner Treatment
Providers are to manage sex partner treatment by either treating sex partners or prescribing medication. Expedited Partner Therapy (EPT) is the clinical practice of treating the sexual partner(s) of a patient by having the patient convey medication or a prescription to their partners. Hawai'i's EPT law (http://bit.ly/hi-ep) allows health care providers to offer this treatment to partners without medical examination. EPT is not recommended as a first-line response to diagnosis of a treatable STI in patients. While the most effective treatment of patients' infections will include proper treatment of their recent and current sexual partners, the best practice is for partners of medically evaluated patients to obtain prompt medical evaluation themselves.
The Hawai'i law permits EPT treatment for all conditions recommended by the Centers for Disease Control and Prevention (CDC).
Other STIs: Sex Partner Treatment
Genital herpes, genital warts, or chancroid: HDOH does not follow-up with cases. Advise patient to notify sex partners. Partners should contact their health care provider for testing and treatment.

REPORTING INFORMATION

What to Report		
Both laboratories and health care providers are mandated to report the following diseases within three working days of confirmation (Hawai'i Administrative Rules, Title 11, Chapter 156 & Hawai'i Statute Chapter 325, Section 2):		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Reportable using this form <ul style="list-style-type: none"> ▪ <i>Chlamydia trachomatis</i> ▪ <i>Neisseria gonorrhoeae</i> ▪ <i>Treponema pallidum</i> (syphilis) ▪ Pelvic inflammatory disease (PID) ▪ <i>Haemophilus ducreyi</i> (chancroid) </td> <td style="width: 50%; vertical-align: top;"> Reportable by other means <ul style="list-style-type: none"> ▪ Hepatitis A, B, and C To report, visit: health.hawaii.gov/docd/for-healthcare-providers/reporting-an-illness-for-healthcare-providers/ or call (808) 586-4586 ▪ HIV/AIDS To report, visit: health.hawaii.gov/harmreduction/for-providers/disease-reporting/ or call (808) 733-4079 </td> </tr> </table>	Reportable using this form <ul style="list-style-type: none"> ▪ <i>Chlamydia trachomatis</i> ▪ <i>Neisseria gonorrhoeae</i> ▪ <i>Treponema pallidum</i> (syphilis) ▪ Pelvic inflammatory disease (PID) ▪ <i>Haemophilus ducreyi</i> (chancroid) 	Reportable by other means <ul style="list-style-type: none"> ▪ Hepatitis A, B, and C To report, visit: health.hawaii.gov/docd/for-healthcare-providers/reporting-an-illness-for-healthcare-providers/ or call (808) 586-4586 ▪ HIV/AIDS To report, visit: health.hawaii.gov/harmreduction/for-providers/disease-reporting/ or call (808) 733-4079
Reportable using this form <ul style="list-style-type: none"> ▪ <i>Chlamydia trachomatis</i> ▪ <i>Neisseria gonorrhoeae</i> ▪ <i>Treponema pallidum</i> (syphilis) ▪ Pelvic inflammatory disease (PID) ▪ <i>Haemophilus ducreyi</i> (chancroid) 	Reportable by other means <ul style="list-style-type: none"> ▪ Hepatitis A, B, and C To report, visit: health.hawaii.gov/docd/for-healthcare-providers/reporting-an-illness-for-healthcare-providers/ or call (808) 586-4586 ▪ HIV/AIDS To report, visit: health.hawaii.gov/harmreduction/for-providers/disease-reporting/ or call (808) 733-4079 	
HIPAA and Disclosures		
Under the Health Insurance Portability and Accountability Act (HIPAA), permitted disclosures are allowed to public health authorities: "The Privacy Rule allows covered entities to disclose protected health information (PHI) to public health authorities when required by federal, tribal, state, or local laws. This includes state laws or state procedures established under such law that provide for receiving reporting of disease or injury, child abuse, birth, or death, or conducting public health surveillance, investigation, or intervention." Please refer to the Department of Health and Human Services website at: www.hhs.gov/ocr/hipaa/		

SUSPECTED GONORRHEA TREATMENT FAILURE

Test-of-cure (TOC) and Retesting
If gonorrhea is documented and symptoms persist or recur after treatment and without re-exposure to infection, NAAT test-of-cure plus culture with AST is recommended. For more information on test-of-cure and resistant gonorrhea, please visit www.cdc.gov/std/gonorrhea/treatment.htm
Reporting to Health Department
Please call the STI Prevention Program immediately at (808) 733-9281, or after hours at (808) 990-7015, to report suspected cases of treatment failure or patients whose isolates demonstrated decreased susceptibility to cephalosporin.

FOR MORE INFORMATION ...

Call the STI Information Line at (808) 733-9281
<ul style="list-style-type: none"> - Press 1 to speak with an Intervention Specialist to <u>report an STI case, obtain laboratory/treatment history on a patient, or for case management questions</u> – Monday through Friday, 8:30am-4:00PM, excluding state holidays - Press 2 to speak with a clinician at the HDOH STI/HIV Clinic to obtain a <u>clinical consultation regarding STI-related patient care</u> – Monday through Friday, 9:30-11:30am and 3:00-4:00pm, excluding state holidays

Visit our website health.hawaii.gov/harmreduction for more information and recommendations