Department *of* Health & Human Services Population Health

IN PARTNERSHIP WITH UTAH'S **PUBLIC HEALTH** DEPARTMENTS

Phone: ***1 (888) 374-8824*** *Confidential fax:* ***(801) 538-9923*** *Email:* **reporting@utah.gov**

Syphilis confidential case report form

Instructions

Complete all sections of this form utilizing available data and fax or email the completed form to Utah public health. As syphilis is a reportable disease, client consent to release this information to Utah public health is* ***not required*** *and disease reporting is mandatory per Utah State Health Code 26B.*

**case reports submitted via email need to be sent securely via an encryption service such as Virtru.*

Demographic information

Last name: First name: MI:

Address: City: State: ZIP:

Phone #1: Phone #2: Phone #3:

Date of birth: ____/____/_____ Age: Birth sex: *(check one)* ☐ M ☐ F

Current gender: *(check one)* ☐ M ☐ F ☐ FTM ☐ MTF ☐ Non-binary ☐ Other, specify:_____

Race: *(Check all that apply)*
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ Unknown ☐ Other, specify: _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Primary language: ☐ English ☐ Spanish ☐ Other, specify: _____

Laboratory information

Attach a copy of the lab results

Rapid test information (if applicable)

Date of positive test result: _____ Test log number: _____

Test expiration date: _____/_____/_____

Treatment information

For early syphilis (primary, secondary, and early non-primary non-secondary), treat with 1 dose of Benzathine penicillin OR a 14-day regimen of doxycycline. For late/unknown duration syphilis, treat with 3 weekly doses of Benzathine penicillin OR a 28-day regimen of doxycycline. Pregnant women can only be treated with penicillin. See CDC STD Treatment Guidelines for complete treatment guidelines including alternate treatment regimens.

Treatment: Treatment date: ___/___/____

- □ Benzathine penicillin G 2.4 MU IM
  Dates of additional doses of penicillin____/____/_____, ____/____/_____
- □ Doxycycline 100 mg orally BID x 14 days
- □ Doxycycline 100 mg orally BID x 28 days
- □ Other, specify: _____

Reporting

Reporter's name: _____ Phone number: _____

Reporter's agency: _____ Date reported to public health: ____/____/_____

Clinical information

Clinician name:_____ Clinician phone #: ( ) _____- _____

Pregnant: □ Yes □ No □ Unknown □ N/A
If yes, estimated due date: ____/____/____

Date of last HIV test: ____/____/_____ Test result: □ Pos. □ Neg. □ Equivocal □ Unknown

Is the patient MSM (a man who has sex with men): □ Yes □ No □ Unknown □ N/A

Syphilis stage: □ Primary □ Secondary □ Early non-primary non-secondary □ Unknown or late

Date of last negative syphilis test: ____/____/_____

Syphilis related adverse outcomes:
□ Ocular manifestations
□ Otic manifestations
□ Neurologic manifestations
□ Late clinical manifestations

Please note: _____

Syphilis related symptoms:

- □ Abdominal pain
- □ Alopecia (hair loss)
- □ Balanitis
- □ Bleeding
- □ Cervical friability
- □ Cervical motion tenderness
- □ Chancres/lesions/sores/ulcers
- □ Condyloma lata
- □ Discharge or MPC
- □ Dysuria
- □ Ectopy
- □ Epididymitis
- □ Lymphadenopathy
- □ Mucous patch
- □ Painful sex
- □ Pharyngitis (sore throat)
- □ Proctitis
- □ Rash
- □ Swelling/inflammation

☐ Other:

_____

_____

_____

_____

Sexual contact management

If known, complete the following information for all partners the patient has had sexual contact within the time periods listed below based on their stage of syphilis.

Primary: 3 months prior to symptom onset
Secondary: 6 months prior to symptom onset
Early non-primary non-secondary: 1 year prior to diagnosis
Late/unknown duration: 1 year prior to diagnosis plus long-term partners

Name: _____ Sex: ☐ M ☐ F DOB / age: _____

Address: _____ Phone: ( ) _____- _____

Other contact info: _____

Preventative treatment given (if applicable): _____Date: ____/____/_____

Name: _____ Sex: ☐ M ☐ F DOB / age: _____

Address: _____ Phone: ( ) _____- _____

Other contact info: _____

Preventative treatment given (if applicable): _____Date: ____/____/_____

Name: _____ Sex: ☐ M ☐ F DOB / age: _____

Address: _____ Phone: ( ) _____- _____

Other contact info: _____

Preventative treatment given (if applicable): _____Date: ____/____/_____