Department of Health Services
Division of Public Health
F-44243 (01/2025)

State of Wisconsin
Wis. Stat. § 252.05
608-266-7365

Sexually Transmitted Infections (STI) Laboratory and Morbidity Case Report

Information for Completing

Information reported on this form is authorized by Wis. Stat. § 252.11. All information contained in this report is confidential except as may be needed for the purpose of investigation, control, and prevention of communicable diseases (infections).

General instructions:

This STI case report form is to be used by laboratories, physicians, hospitals, STI clinics, local and tribal health departments (LTHDs), or other agencies within the state of Wisconsin to report suspected or confirmed sexually transmitted infections.

As specified in rules (Wis. Stat. § 252.11) promulgated by the Wisconsin Department of Health Services (DHS), ALL information (laboratory and morbidity) is to be reported to the LTHD/health officer in the county the patient resides within 72 hours.

LTHDs must report to the DHS at least weekly.

Reportable Sexually Transmitted Infections

Chancroid	Sexually Transmitted Pelvic Inflammatory Disease (PID)
Chlamydia (CT)	Syphilis (All stages)
Gonorrhea (GC)	

Specific instructions:

Section A — Patient demographic information: Complete all information. This section is for the patient's information ONLY.

For date of birth use the following format MM/DD/CCYY. According to Wis. Stat. § 252.11, the patient's complete mailing information, street address, city, county, state, ZIP code, and their phone number are mandatory. The gender, race, ethnicity, pregnancy status, number of weeks pregnant of the patient, and gender of the sex partners of the patient should be noted on the form.

Section B — Infection Classification Related to Diagnosis: Check box for each infection suspected or confirmed. See the Center for Disease Control (CDC) Sexually Transmitted Infected Treatment Guidelines (https://www.cdc.gov/std/treatment-guidelines/default.htm) for proper treatment dosage and administration and additional case classification information. To report infections, choose syphilis, chlamydia (CT) gonorrhea (GC), chancroid, or Non-CT/GC PID, and then check the box of the infection and the subtype or complication as applicable. For disseminated gonococcal infections (DGI) please use WI DHS Form-02962 (https://www.dhs.wisconsin.gov/forms/f02962.pdf). Disseminated Gonococcal Infection (DGI) Provider Worksheet and submit it with this form.

Section C — Laboratory test(s) related to diagnosis: Use a single line to report information on each test.

If reporting more than four positive tests on the same individual, use an additional form and attach it to the original form.

- **Test Type(s):** Indicate the type of test used to confirm the diagnosis. Examples: VDRL, FTA-ABS, GC or CT NAAT; GC culture
- **Specimen Source:** Indicate anatomical specimen collection site. Examples: urine, cervix, vaginal, urethra, rectum, pharyngeal, etc.
- **Test Results:** Antibiotic Susceptibility Testing (AST MIC) levels testing is specific for gonorrhea antibiotic susceptibility testing. For more information on AST testing please contact the State of Wisconsin STI Unit at 608-266-7365.
- **Name of attending physician or provider ordering test, and name of laboratory providing testing:** Provide the name of the treating and/or attending physician, and the name of the laboratory performing the tests.

Section D — Treatment (Rx) information: Check all Rx related to this case report. If reporting other Rx, follow Rx format used on this form. Include the name of the drug (for example doxycycline, ceftriaxone, etc.), how it is administered (PO, IM), frequency (QD, BID, TID), dosage (100mg, 2.4 m.u. etc.) provided. Expedited Partner Therapy (EPT) allows medical providers to prescribe, dispense, or furnish medication to sex partners of patients diagnosed with trichomoniasis, gonorrhea, or *Chlamydia trachomatis* infection without a medical evaluation of the sex partner. Be sure to list number of medication packs, or prescriptions provided to the original patient for their sex partners. EPT should be used to supplement not supplant current STI control efforts described in Wis. Stat. § 252.11. Doxycycline post-exposure prophylaxis (Doxy PEP) is a patient-managed prevention strategy that uses Doxy PEP to prevent bacterial sexually transmitted infections (STIs). When Doxy PEP is taken within 72 hours after unprotected anal, oral, or vaginal sex, Doxy PEP can prevent the spread of gonorrhea, chlamydia, and syphilis. More information on EPT and Doxy PEP is available on the DHS STD webpage for Health Care Professionals (https://www.dhs.wisconsin.gov/std/health-pros.htm).

For more information, see the CDC Sexually Transmitted Infections Treatment Guidelines webpage: https://www.cdc.gov/std/treatment-guidelines/default.htm.

Section E — Reporting source: Indicate the name, title, phone number, and mailing address for the individual completing this report. Program staff may contact the individual completing the form, or the attending physician for questions regarding the case report.

Report Submission Instructions: Medical Providers can mail or fax a completed hard-copy form **within 72 hours** to the LTHD in the county the patient resides. LTHD addresses are available on the WI DHS Partners & Providers webpage (https://www.dhs.wisconsin.gov/lh-depts/counties.htm). Submit electronic reports via Wisconsin Electronic Disease Surveillance System (WEDSS) Web Report, or directly into WEDSS. Call the State of Wisconsin STI Unit at 608-266-7365 with questions.

Note: Sex partner referral/interview: Use the WEDSS STI electronic forms/tabs or hardcopy Field Record form (73.2936S), which is electronic in WEDSS - to document information on sex partners, suspects, and associates. When a named sex partner, suspect, or associate resides outside of the initiating agency's jurisdiction (disposition K), a Field Record should be completed, and routed to the appropriate LTHD for epidemiologic follow-up, or to the Division of Public Health, if the patient's address is from outside the state of Wisconsin.

Sexually Transmitted Infections Laboratory and Morbidity Case Report

A. Patient – Demographic Information

Patient Name (Last, middle initial, first)	Date of Birth	Age

Sex Assigned at Birth
☐ Male
☐ Female

Gender
☐ Male
☐ Female
Transgender: ☐ Gender Non-specific ☐ Gender Specific

Pregnancy Status
Pregnant: ☐ Yes: Number of weeks: ☐ No ☐ Unknown

Patient's Street Address (street address, city, state, and ZIP code)	County of Residence	Phone Number
		- -

Race
☐ African American ☐ Alaskan/Native American ☐ Asian
☐ Hawaiian/Pacific Islander ☐ White ☐ Multiple Races

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Gender of Sex Partners
☐ Male ☐ Female ☐ Refused ☐ Unknown
☐ Transgender: ☐ Gender Non-Specific
☐ Gender Specific

B. Disease Classification Related to Diagnosis

Date of Onset Symptoms (MM/DD/CCYY): | Describe any symptoms:

☐ **Syphilis (S)**
- ☐ Primary (Chancre present)
- ☐ Secondary (Body or palmer/plantar rash)
- ☐ Early Non-Primary/Non-Secondary (asymptomatic with negative testing within a year)
- ☐ Late, Unknown Duration Syphilis
- ☐ Adverse Outcome: ☐ Neurologic ☐ Ocular ☐ Otic ☐ Late Clinical Manifestations

☐ **Chlamydia (CT) and/or** ☐ **Gonorrhea (GC)**
- ☐ Uncomplicated Urogenital (Urethritis, cervicitis)
- ☐ Salpingitis — CT/GC Pelvic Inflammatory Disease (PID)
- ☐ Ophthalmia/Conjunctivitis
- ☐ Disseminated Gonococcal Infection, see F-02962
- ☐ Antibiotic Susceptibility Test (AST): ☐ Antibiotic-Resistant Gonorrhea (ARGC) ☐ Suspect Treatment Failure (GC)

☐ **Chancroid** ☐ **Non-CT/GC PID**

C. Laboratory Test(S) Related to Current Diagnosis

	Test Type (Use one line per test)	Specimen Source: (For example: cervix, vaginal, urethra, blood, urine, throat, rectum)	Test Result(s): Row 4 for Gonorrhea AST		
1			☐ Pos ☐ Neg	Titer 1:	
2			☐ Pos ☐ Neg	Titer 1:	
3			☐ Pos ☐ Neg	Titer 1:	
4	**AST** ☐ **Ceftriaxone (MIC > 0.125 µg/ml) or** ☐ **Cefixime (MIC ≥ 0.25 µg/ml)**		☐ Culture ☐ NAAT	AST MIC:	AST MIC:

Date Specimen Collected (MM/DD/CCYY): | Date Specimen Analyzed (MM/DD/CCYY):

Name of Attending Physician or Provider Ordering Test: | Name of Laboratory Performing Test(s):

HIV Status
☐ Positive ☐ Negative ☐ Unknown

Is the patient taking HIV PrEP?
☐ Yes ☐ No ☐ Unknown

Date Reported to LTHD (MM/DD/CCYY)

D. Treatment (Rx) Information

Patient Treated
☐ Yes ☐ No

Date(s) of Treatment (MM/DD/CCYY)
1st: 2nd: 3rd:

- ☐ Benzathine penicillin G 2.4 m.u. IM x 1 (S)
- ☐ Benzathine penicillin G 2.4 m.u. IM x 3 (S)
- ☐ Doxycycline 100mg PO BID for 14d (S, Alt)
- ☐ Doxycycline 100mg PO BID for 28d (S, Alt)
- ☐ Doxycycline 100mg PO BID for 7d (CT)
- ☐ Azithromycin 1g PO x 1 (CT, Alt)

(Alt) Alternative Therapy

- ☐ Ceftriaxone 500mg IM (for patients under 300 lbs.) (GC)
- ☐ Ceftriaxone 1,000mg IM (for patients 300 lbs. or over) (GC)
- ☐ Cefixime 800mg (GC, Alt)
- ☐ Gentamicin 240mg and 2g Azithromycin (GC, Alt)
- ☐ Other, list:

EPT provided for partner(s)?
☐ Yes ☐ No

Doxycycline 100mg PO BID for 7d (CT)
Azithromycin 1g PO x 1 (CT)
Cefixime 800mg PO (GC)
Other:

Doxy PEP
Is the patient taking Doxy PEP?
☐ Yes ☐ No ☐ Unknown
If yes, when was the last dose? (MM/DD/CCYY)

E. REPORTING SOURCE (Required)

Name of Person Reporting	Phone Number - -	Local and Tribal Health Department (LTHD)
Agency Reporting	Phone Number - -	
Address (street address, city, state, ZIP code)		Date Received by LTHD (MM/DD/CCYY)

Comments (Including additional treatment dates):