

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE (STD) CASE REPORT

Report STDs within three working days. (WAC 246-101-101/301)

PATIENT INFORMATION					
Last Name		First Name		Middle Initial	Date of Birth
Address			City	State	Zip Code
Email Address			Telephone		Reason for Exam (check one) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine exam – no symptoms <input type="checkbox"/> Exposed to infection
Date of Diagnosis Month Day Year		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Gender of Sex Partners <input type="checkbox"/> Male <input type="checkbox"/> Both <input type="checkbox"/> Female <input type="checkbox"/> Unknown		HIV Status <input type="checkbox"/> Previous positive <input type="checkbox"/> New HIV diagnosis this visit* <input type="checkbox"/> Negative HIV test this visit <input type="checkbox"/> Did not test <small>* Complete & submit HIV/AIDS Case Report</small>
DIAGNOSIS—DISEASE					
GONORRHEA (Lab Confirmed) Diagnosis (only one) <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 complications: _____ Date Tested: _____			Sites (all that apply) <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Other: _____		
			Treatment (all prescribed) <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cefixime <input type="checkbox"/> Azithromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other: _____ Date Prescribed: _____		
			SYPHILIS <input type="checkbox"/> Primary (chancere, etc.) <input type="checkbox"/> Secondary (rash, etc.) <input type="checkbox"/> Early latent (less than 1 year) <input type="checkbox"/> Late latent (longer than 1 year) <input type="checkbox"/> Late symptomatic <input type="checkbox"/> Congenital Neurosyphilis <input type="checkbox"/> Yes <input type="checkbox"/> No Date Tested: _____ Prescription Given: _____ Date Prescribed: _____		
CHLAMYDIA TRACHOMATIS (Lab Confirmed) Diagnosis (only one) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other complications: _____ Date Tested: _____			Sites (all that apply) <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Other: _____		
			Treatment (all prescribed) <input type="checkbox"/> Azithromycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Other: _____ Date Prescribed: _____		
			HERPES SIMPLEX <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal Lab Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum		
PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment					
Providers are to manage partner treatment by either treating partners in-person or by prescribing free medication (see side 2). The Health Department does not routinely provide partner services to patients with Chlamydia. Inform men who have sex with men and persons with gonorrhea or syphilis that The Health Department will contact them to assist with partner notification and/or treatment.					
Partner treatment plan (check all applicable responses)					
<input type="checkbox"/> 1. All partners have been treated. Number treated: _____ <input type="checkbox"/> 2. Number of partners whom provider prescribed free expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s):: _____ <input type="checkbox"/> 3. Patient is a male who has sex with other males. Health Department will contact patient to assist with partner treatment.					
Inform patient that the Health Department will initiate contact for all gonorrhea cases to ensure partner services.					
REPORTING CLINIC INFORMATION					
Date			Diagnosing Clinician		
Facility Name			Person Completing Form		
Address			Telephone		
City	State	Zip Code	Email		



Thank you for reporting a STD. All information will be managed with the strictest confidentiality.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

PARTNER TREATMENT

Chlamydia

Providers are to manage partner treatment by either treating partners or prescribing free medication. The Health Department only assists with chlamydia partner treatment if the patient is a male who has sex with other males.

All partners should be treated as if they are infected.

- Examine and treat all the patient’s sex partners from the previous 60 days. If this is **not** possible, offer medication for all sex partners whom patients are able to contact.
- **FREE medication** for your patient’s partner(s) is available from **participating pharmacies only**. A **prescription FAX form** and list of participating pharmacies can be found at tpchd.org/STDFreeMeds.

Gonorrhea, infectious syphilis

Inform patient that the Health Department will contact them to assist with partner treatment. For **heterosexual male partners to gonorrhea only**, provider may prescribe medication or send patient to participating pharmacies found at tpchd.org/STDFreeMeds.

OTHER STDS: PARTNER TREATMENT

Genital herpes, chancroid, granuloma inguinale, or lymphogranuloma venereum diagnosis

Health Department does not follow-up with cases.

Advise patient to notify sex partners. Partners should contact their provider for testing and treatment.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS*

GONORRHEA—UNCOMPLICATED

Ceftriaxone 250 mg IM as a single dose **PLUS** Azithromycin 1g PO as a single dose

Alternatives:

Cefixime 400 mg PO as a single dose **PLUS** Azithromycin 1g PO as a single dose

For beta-lactam allergic patients:

Azithromycin....2g PO as a single dose....**PLUS** Gentamicin 240mg IM as a single dose **OR** Gemifloxacin 320mg PO as a single dose

Fluoroquinolones (Levofloxacin or Ciprofloxacin, etc.) are no longer recommended for the treatment of gonorrhea due to increased prevalence of quinolone-resistant Neisseria gonorrhoeae (QRNG).

CHLAMYDIA—UNCOMPLICATED

Azithromycin..... 1g PO as a single dose

OR

Doxycycline..... 100 mg PO BID for 7 days (Preferred for rectal chlamydia infection)

Alternatives:

Erythromycin (base) 500 mg PO QID for 7 days **OR**

Ethylsuccinate..... 800 mg PO QID for 7 days **OR**

Ofloxacin 300 mg PO BID for 7 days **OR**

Levofloxacin 500 mg PO for 7 days

SYPHILIS—PRIMARY, SECONDARY OR EARLY LATENT (<1 YEAR)

Benzathine penicillin G 2.4 million units IM in a single dose

SYPHILIS—LATE LATENT, LATENT OF UNKNOWN DURATION, TERTIARY (NOT NEUROSYPHILIS)

Benzathine penicillin G 2.4 million units IM for 3 doses at 1 week intervals

* Refer to “STD Diagnostic and Treatment Guidelines” or the Centers for Disease Control and Prevention’s (CDC’s) website (www.cdc.gov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details. Page 2

