

Fax page 1 to Tacoma-Pierce County Health Department's confidential fax line: (253) 798-7666

Adapted from Washington State
Department of Health Form DOH 347-102

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE (STD) CASE REPORT

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

PATIENT INFORMATION									
Last Name			First Name	st Name		Middle Initial			Date of Birth
Address				City			State		Zip Code
Email Address			Telephone				Reason for Exam (check one) Symptomatic		
Date of Diagnosis			Sex	•	If Female, Pregnant?			Rou	utine exam – no symptoms
Month Day		Year	☐ Male			Unknown	wn Exposed to infection		osed to infection
Ethnicity Race (check all that apply)			· ·	Gender of Sex Partners an Indian/Alaskan Native Pacific Islander Gender of Sex Partners Male Both Female Unknown		1		HIV Status Previous positive New HIV diagnosis this visit* Negative HIV test this visit Did not test * Complete & submit HIV/AIDS Case Report	
DIAGNOSIS—DISEASE									
GONORRHEA (Lab Confirmed) Diagnosis (only one) Asymptomatic Symptomatic, uncomplicated Pelvic Inflammatory Disease Ophthalmia Disseminated Other complications:		Sites (all tha Cervix Urethra Urine Rectum Pharynx Vagina Other:	☐ Urethra ☐ Urine ☐ Rectum ☐ Pharynx ☐ Vagina		Treatment (all prescribed) Ceftriaxone Cefixime Azithromycin Doxycycline Other:		SYPHILIS Primary (chancre, etc.) Secondary (rash, etc.) Early latent (less than 1 year) Late latent (longer than 1 year) Late symptomatic Congenital Neurosyphilis Yes No Date Tested:		
				Date Prescribed:			Prescription Given: Date Prescribed:		
Asymptomatic Symptomatic Sympt		Sites (all that apply) Cervix Urethra Urine		Treatment (all prescribed) Azithromycin Erythromycin Doxycycline Ofloxacin Levofloxacin		n	HERPES SIMPLEX Genital (initial infection only) Neonatal Lab Confirmed Yes No		
Ophthalmia Other complications:		Rectum Pharynx Vagina Other:		Other:			OTHER☐ Chancroid☐ Granuloma Inguinale		
Date Tested: Other:		_	Date Prescribeu.			- Lymphogranuloma Venereum			
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) 1. All partners have been treated. Number treated: 2. Number of partners whom provider prescribed free expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s):: 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 Fo	orm			
Address				Telephone					
City	State Zip Code		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*

COMODDIES	-I INCOMPLICATED

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

Alternatives:

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

Alternatives:

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/qov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.



Washington State STD Expedited Partner Therapy Project Fax Rx for STD Tx Packs

Adapted from Washington State Department of Health Form DOH 347-102

то				
Pharmacy	Date			
Check (✓) pharmacy in table below				
Rx Patient Name (intended recipient)	Date of Birth			
Person Picking Up Meds (if different than above)	Date of Birth			
Rx Dispense medications as checked below at no ch	narge to patient.			
Medications to be dispensed without childproof s	•			
	1.00	□ N . 1		
Public Health Pack 1: Azithromycin, 1 gram (Zithromax)	x 1 PO	No known adverse drug reactions		
Public Health Pack 2: Azithromycin, 1 gram (Zithromax)	x 1 PO	Unknown adverse drug reactions		
Cefixime, 400 mg (Suprax) x 1 PO				
, , ,				
Dispense of Written	Substitutions	- Downittod		
Dispense as Written	Substitutions	s Permitted		
Provider Signature	Provider Signature			
DARTICIDATING DUADAAGIECINI DIEDGE COUNTY	,			
PARTICIPATING PHARMACIES IN PIERCE COUNT\ Indicate (✓) Pharmacy To Dispense Medications				

PHARMACY	FAX NUMBER	ADDRESS	PHONE NUMBER
Fred Meyer #385	(253) 475-6082	7250 Pacific Ave., Tacoma, WA 98108	(253) 475-6073
Rite Aid #5277	(253) 588-1922	5700 100th St. SW #100, Lakewood, WA 98499	(253) 588-3666
Fred Meyer #424	(253) 445-7867	17404 Meridian E, Puyallup, WA 98375	(253) 445-7873

FROM	
Name	Fax Number
Address	Phone Number

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