

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)
Date of Diagnosis			Sex	If Female, Pregnant?	
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Ethnicity	Race (check all that apply)		Gender of Sex Partners		HIV Status
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<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		<input type="checkbox"/> Male <input type="checkbox"/> Both <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<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
* Complete & submit HIV/AIDS Case Report					

DIAGNOSIS—DISEASE			
GONORRHEA (Lab Confirmed)			SYPHILIS
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: _____			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: _____			<input type="checkbox"/> Primary (chancr, 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)			HERPES SIMPLEX
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: _____			<input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal Lab Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No
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: _____			OTHER <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum
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 Tested: _____ Date Prescribed: _____

PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment

Providers are to manage partner treatment by either treating partners in-person or by prescribing 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.

Turn over for Partner Plan Instructions



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 treating partners. 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, give the patient a prescription for their partner to fill at their pharmacy of choice.
- If the partner is uninsured, refer them to the Health Department for treatment.

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 give the patient a prescription for their partner to fill at their pharmacy of choice. If the partner is uninsured, refer them to the Health Department for treatment.

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