

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 Month Day Year		If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam – no symptoms <input type="checkbox"/> Exposed to infection	
Race (check all that apply)		Ethnicity	Gender	Gender of Sex Partners	HIV Status
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans MTF <input type="checkbox"/> Trans FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans MTF <input type="checkbox"/> Trans FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other: _____	<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 <i>*Complete & submit HIV/AIDS Case Report</i>

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: _____	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) Ceftriaxone <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg <input type="checkbox"/> 1g Cefixime <input type="checkbox"/> 400mg <input type="checkbox"/> 800mg Azithromycin <input type="checkbox"/> 1g <input type="checkbox"/> 2g Doxycycline <input type="checkbox"/> 100 mg BID x 7 days Gentamicin <input type="checkbox"/> 240mg IM Gemifloxacin <input type="checkbox"/> 320mg PO <input type="checkbox"/> Other: _____ <small>*Recommended treatment: 250mg Ceftriaxone + 1gm Azithromycin</small>	SYPHILIS <input type="checkbox"/> Primary (chancre, 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"/> Latent – 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: _____	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"/> Doxycycline <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Other: _____	<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 for all partners from the previous 60 days

1. Provider will ensure all partners treated. Number to be treated: ____
 2. All partners have been treated. Number treated: ____
 3. Request Snohomish Health District to contact patient to treat partners. *(if resources permit)*
 3. Patient is a male who has sex with other males. Health District will contact patient to assist with partner treatment.

Partner Plan Instructions on page 2

REPORTING CLINIC INFORMATION	
Date	Diagnosing Clinician
Facility Name	Person Completing Form
Address	City, State
Telephone	FAX

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

PRIVILEGED AND CONFIDENTIAL COMMUNICATIONS: The information contained in this message is privileged, confidential, or otherwise exempt from disclosure and is intended solely for the use of the individual(s) named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and destroy the original facsimile.

PARNTER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydia Infection: Partner Treatment

All partners should be treated as if they are infected.

The Washington State Department of Health strongly encourages providers to take responsibility to ensure partner treatment for heterosexuals, by examining and treating all patient's sex partners from the previous 60 days.

If an examination is not possible, providers should offer medication for all sex partners whom patients are able to contact.

Snohomish Health District may be able to provide free medication to your patient to give to his or her partner(s), if resources permit. Please contact the Sexually Transmitted Disease program at 425-339-5261 to talk about Expedited Partner Therapy (EPT).

Snohomish Health District recommends that you refer all men who have sex with other men (MSM) patients and all patients with syphilis or newly diagnosed HIV to the health district for help notifying partners to ensure that partners receive medication, the opportunity to test for HIV, syphilis, gonorrhea and Chlamydia, and evaluation for HIV Pre-Exposure Prophylaxis (PrEP). Please inform the patient that the health district will contact them to assist with partner notification.

Although the Health District requests that you refer patients with these risks to us, we also ask that you make every effort to help patients assure that their partners are treated.

Complete the partner management plan on the Confidential Sexually Transmitted Disease Case Report FAX form to define a partner management plan. For copies of this case report or questions on how to fill it out, call the Snohomish Health District: 425-339-5261.

OTHER STDS: PARTNER TREATMENT

- Public Health will contact patients reported with HIV, chancroid, granuloma inguinale, or lymphogranuloma venereum.
Public Health does not contact patients with genital herpes. Advise patients to notify sex partners and advise them to seek medical care.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS*

GONORRHEA – UNCOMPLICATED

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

Alternatives:

Cefixime 400 mg PO as a single dose..... PLUS Azithromycin 1g PO as a single dose, OR

For beta-lactam allergic patients:

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

CHLAMYDIA – UNCOMPLICATED

Azithromycin..... 1 g PO in a single dose, OR

Doxycycline 100 mg PO BID for 7 days

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 unites IM in a single dose

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

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

*Refer to MMWR "Sexually Transmitted Diseases Treatment Guidelines, 2015" at the Centers for Disease Control and Prevention (CDC's website (www.cdc.gov/std/treatment) for further information on treating HIV positive patients, pregnant patients, infections of the pharynx and rectum, treatment of infants and other details.