SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fax Page 1 To:
SNOHOMISH HEALTH DISTRICT
Confidential FAX line 425.339.8707

Adapted from WA DOH
Form 347-102

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

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

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH MO / DAY / YR

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE ( )	EMAIL	ENGLISH SPEAKING? ☐ Yes ☐ No (Lang. _____)	DIAGNOSIS DATE MO / DAY / YR

SEX ASSIGNED AT BIRTH
☐ Male
☐ Female
☐ Intersex
☐ Refused

GENDER IDENTITY
☐ Male
☐ Female
☐ Nonbinary/Genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other:_____

ETHNICITY
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

RACE (check all that apply)
☐ White
☐ Black
☐ American Indian / Alaskan Native
☐ Native Hawaiian / Other Pacific Islander
☐ Asian
☐ Other
☐ Unknown

CURRENTLY PREGNANT?
☐ Yes
☐ No
☐ Unknown
☐ NA

REASON FOR EXAM (check one)
☐ Exposed to Infection
☐ Symptomatic
☐ Routine Exam (No Symptoms)

GENDER OF SEX PARTNERS (check all that apply)
☐ Male
☐ Female
☐ Nonbinary / Genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other
☐ Unknown

HIV STATUS *Submit HIV/AIDS Case Report
☐ Previous positive
☐ New HIV diagnosis at this visit*
☐ Negative HIV test at this visit
☐ Did not test (unknown status)

CURRENTLY ON PrEP?
☐ Yes
☐ No
☐ NA

DIAGNOSIS - DISEASE

GONORRHEA (lab confirmed)

DIAGNOSIS (check one)
☐ Asymptomatic
☐ Symptomatic, Uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Disseminated
☐ Other Complications:
_____
Date Tested: _____

SITES (all that apply):
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular
☐ Other:_____

TREATMENT (check all prescribed):
☐ Ceftriaxone: ☐ 250 mg ☐ 500 mg ☐ 1 g
☐ Cefixime: ☐ 400 mg ☐ 800 mg
☐ Azithromycin: ☐ 1 g ☐ 2 g
☐ Doxycycline: ☐ 100 mg BID x 7 days
☐ Gentamicin: ☐ 240 mg
☐ Gemifloxacin: ☐ 320 mg
☐ Other:_____
Date Prescribed: _____

CHLAMYDIA (lab confirmed)

DIAGNOSIS (check one)
☐ Asymptomatic
☐ Symptomatic, Uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Other Complications:
_____
Date Tested: _____

SITES (all that apply):
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular
☐ Other:_____

TREATMENT (check all prescribed):
☐ Azithromycin: ☐ 1 g
☐ Doxycycline: ☐ 100 mg BID x 7 days
☐ Levofloxacin: ☐ 500 mg daily x 7 days
☐ Other:_____
Date Prescribed: _____

HERPES SIMPLEX

DIAGNOSIS
☐ Genital (initial infection only)
☐ Neonatal

LABORATORY CONFIRMATION
☐ Yes
☐ No

OTHER DISEASES

☐ Chancroid
☐ Granuloma Inguinale
☐ Lymphogranuloma Venereum

SYPHILIS

STAGE (check one):
☐ Primary (Chancre, etc.)
☐ Secondary (Rash, etc.)
☐ Early Latent (< 1 year)
☐ Unknown Duration or Late
☐ Congenital

MANIFESTATIONS (check all that apply):
☐ Neurologic ☐ Otic ☐ Ocular ☐ Tertiary

TREATMENT (check one):
Bicillin L - A: ☐ 2.4 MU IM x 1 ☐ 2.4 MU IM x 3
Doxycycline: ☐ 100 mg BID x 14 days ☐ 100 mg BID x 28 days
Benzathine PCN-G: ☐ 50,000 units/kg IM x 1 ☐ 50,000 units/kg IM x 3
Aqueous Crystalline Penicillin G: ☐ 18-24 MU/day IV for 10-14 days
Other: _____
Date Prescribed: _____

PARTNER TREATMENT PLAN (check one or more options)

Providers should manage partner treatment by either treating partners in-person or by prescribing medication for patients to give to their sex partners (see side 2 for additional information).

Turn over for Partner Treatment Plan Instructions

☐ In-person evaluation - Number of partners treated following medical evaluation: _____

☐ Patient-delivered treatment* - Number of partners for whom provider prescribed or provided expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s): _____ *Patient-delivered treatment is not recommended for men who have sex with men or patients with syphilis

REPORTING CLINIC INFORMATION

DATE	FACILITY NAME	DIAGNOSING CLINICIAN

ADDRESS	CITY	STATE	ZIP

PERSON COMPLETING FORM	TELEPHONE ( )	EMAIL

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

PARTNER 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 health district to report cases and inquire about partner management resources, possibly including EPT medications.

Snohomish Health District recommends you refer all **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

All patients with infectious syphilis, chancroid, LGV, or granuloma inguinale are routinely contacted by public health staff. Patients diagnosed with genital herpes should be advised to notify their sex partners and should be informed that their partners should contact their provider for testing. Per CDC treatment guidelines, sex partners of patients who are diagnosed with early syphilis (primary, secondary, or early latent) and may be incubating disease should be treated regardless of test results. Alternative treatment for penicillin allergy among non-pregnant patients, such as an appropriate dosage of doxycycline, can also be found in the guidelines.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON 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 **OR**

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

CHLAYMDIA -- Uncomplicated

Azithromycin 1g PO as 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 units IM in a single dose

SYPHILIS -- LATE OR UNKNOWN DURATION

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 (http://www.cdc.gov/std/tg2015/default.htm) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.*

DOH 347-102, updated. For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).