



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)		Sites (all that apply)		Treatment (all prescribed)	
<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: _____		<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: _____		<input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cefixime <input type="checkbox"/> Azithromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other: _____	
Date Tested: _____		Date Prescribed: _____		<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)		Sites (all that apply)		Treatment (all prescribed)	
<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"/> 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: _____		<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: _____		<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					
<p>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.</p> <p>Partner treatment plan (check all applicable responses)</p> <p><input type="checkbox"/> 1. All partners have been treated. Number treated: _____</p> <p><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):: _____</p> <p><input type="checkbox"/> 3. Patient is a male who has sex with other males. Health Department will contact patient to assist with partner treatment.</p>					
REPORTING CLINIC INFORMATION					
Date			Diagnosing Clinician		
Facility Name			Person Completing Form		
Address			Telephone		
City	State	Zip Code	Email		

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

PARTNER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydial 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. **Free medication is available for your patient's partner(s).**

To obtain **FREE medication** for your patient's partner(s), call or fax a prescription to one of the pharmacies participating in your area. For a **prescription FAX form** and list of participating pharmacies, see page 3 or call **Yakima Health District: 509-249-6531**.

NOTE: Only participating pharmacies have stocks of FREE public health medication to dispense to patients for their partner(s).

Yakima Health District may also be able to provide free medication to your patient to give to his or her partner(s), if resources permit.

Yakima Health District recommends you refer **all MSM patients** and **all patients with syphilis or newly diagnosed HIV** to the health department 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 department will contact them to assist with partner notification.

Although the Health Department 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, either by seeing the partners yourself or by offering heterosexual patients free medication to give to their partners.

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 Yakima Health District: 509-249-6531.

Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by Yakima Health District. 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.

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 **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

CHLAMYDIA—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 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 (<http://www.cdc.gov/std/tq2015/default.htm>) 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 Prescription for STD Treatment Packs**

TO:

Pharmacy: Check (J) Pharmacy in Table Below

Date: _____

Rx: Patient Name: _____
(intended recipient)

DOB: _____

Person Picking up Meds: _____

DOB: _____

**Rx: Dispense medications as checked below at no charge to patient.
Medications to be dispensed without childproof safety cap.**

- Public Health Pack 1:** Azithromycin, 1 gram (Zithromax) PO once stat
- Public Health Pack 2:** Cefixime 400 mg (Suprax) once PO stat
and Azithromycin, 1 gram (Zithromax) PO once stat

- No Known adverse drug reactions**
- Unknown adverse drug reactions**

Provider Signature (Dispense as Written)

Provider Signature (Substitutions Permitted)

Indicate (J) Pharmacy To Dispense Medications – Participating Pharmacies in Yakima County

J	Pharmacy Name	Fax #	Address	Phone
	Rite Aid #5300	509-839-4768	2010 Yakima Valley Hwy St Sunnyside	509-839-2711
	Rite Aid #5297	509-248-2875	2519 Main St Union Gap	509-453-3603
	Safeway #1593	509-882-4763	610 E Wine Country Rd Grandview	509-882-1060
	Safeway #584	509-865-4584	711 W First Ave Toppenish	509-865-4700
	Fred Meyer #486	509-576-6827	1206 N 40 th Ave Yakima	509-576-6833

FROM:

Prescribing Provider Contact Information

Name: _____ **Fax:** _____

Address: _____ **Phone:** _____