

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

Report STDs within 3 work days. (WAC 246-101-101/301)

| PATIENT INFORMATION | | | | | | |
|---|--|--|--|---|---|---|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL | | |
| ADDRESS | | TELEPHONE () | | REASON FOR EXAM (Check one) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam – No Symptoms <input type="checkbox"/> Exposed to Infection | | |
| CITY/TOWN | | STATE | | ZIP CODE | | |
| DATE OF DIAGNOSIS MO DAY YR | | | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | | DATE OF BIRTH MO DAY YR | |
| ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown | | RACE – Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaskan Native | | | PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | SEX PARTNER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown |
| DIAGNOSIS – DISEASE | | | | | | |
| 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: _____ DATE TESTED: _____ | | GONORRHEA (lab confirmed) SITE(S) - ✓ all that apply <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____ | | TREATMENT - ✓ all prescribed <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Azithromycin <input type="checkbox"/> Cefixime <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other: _____ DATE RX: _____ | | SYPHILIS <input type="checkbox"/> Primary (Chancere, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early Latent (<1 yr) <input type="checkbox"/> Late Latent (>1 yr) <input type="checkbox"/> Congenital <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Late RX GIVEN: _____ DATE RX: _____ |
| 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: _____ DATE TESTED: _____ | | CHLAMYDIA TRACHOMATIS (lab confirmed) SITE(S) - ✓ all that apply <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____ | | 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 RX: _____ | | HERPES SIMPLEX <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal Laboratory Confirmation <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 | | | | | | |
| 1. <input type="checkbox"/> Provider will ensure <u>all</u> partners were treated (medications available). Indicate number to be treated (_____). 2. <input type="checkbox"/> All partners have been previously treated. Indicate number treated (_____). 3. <input type="checkbox"/> Health Department to assume responsibility for partner treatment if resources permit. <i>Health Department assistance recommended if:</i> <ul style="list-style-type: none"> Patient has had 2 or more sex partners in the last 60 days, or Patient does not think he/she will have sex again with sex partners from the last 60 days, or Patient is unable or unwilling to contact one or more partner, or Patient is a man who has sex with other men. <p>Note: You may also choose this option if you are providing partner treatment for one or more partners (meds available) <u>and</u> would like Health Department assistance for additional partners.</p> | | | | | | |
| REPORTING CLINIC INFORMATION | | | | | | |
| DATE | | | DIAGNOSING CLINICIAN | | | |
| FACILITY NAME | | | PERSON COMPLETING FORM | | | |
| ADDRESS | | | TELEPHONE () | | | |
| CITY | | STATE | ZIP CODE | FAX () | | |

Partner Plan Instructions Over

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.

If the provider takes responsibility to ensure partner treatment, the provider should examine and treat all patient's sex partners from the previous 60 days.

If this is **not** possible, patients should be offered medication to give to as many of their sex partners as they are able to contact and/or should be referred to Spokane Regional Health District for partner notification assistance.

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, call **Spokane Regional Health District: 509-324-1494**.

Note: Only participating pharmacies have stocks of **FREE Public Health medication** to dispense to patients for their partner(s).

Spokane Regional Health District may also provide free medication to your patient to give to his or her partner(s).

The Spokane Regional Health District recommends that you refer patients with any one or more of the following risks to the health department for help notifying their partners:

- Patient with 2 or more sex partners in the last 60 days, or
- Patient does not think he/she will have sex again with sex partners from the last 60 days, or
- Patient is unable/unwilling to contact one or more partner(s), or
- Patient is a man who has sex with other men.

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 with these risks assure that their partners are treated, either by seeing the partners yourself or by offering 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 Spokane Regional Health District: **509-324-1494**.

Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by Spokane Regional 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 single dose, **PLUS** Azithromycin 1 g PO single dose,
OR Doxycycline 100 mg PO BID for 7days

Alternatives:

Cefixime400 mg PO single dose, **PLUS** Azithromycin 1 g PO single dose,
OR Doxycycline 100 mg PO BID for 7days

OR

Azithromycin2 g PO single dose

Fluroquinolones (Levofloxacin or Ciprofloxacin) are no longer recommended for the treatment of gonorrhea due to increased prevalence of quinolone-resistant *Neisseria gonorrhoeae* (QRNG).

Chlamydia Trachomatis (uncomplicated):

Azithromycin1 g PO single dose, **OR**
Doxycycline.....100 mg PO BID for 7 days, **OR**

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**
Levofloxacin500 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 (latent > 1 year, 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 CDC website: www.cdc.gov/std/treatment for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.

**WA State STD Expedited Partner Therapy Project
FAX Rx for STD Tx Packs**

TO:

| | |
|---|--|
| Pharmacy: <u>Check (✓) Pharmacy in Table Below</u> | Date: _____ |
| Rx: Patient Name: _____ (intended recipient) | DOB: _____ |
| Person Picking up Meds: _____ | DOB: _____ |
| <p>Rx: Dispense medications as checked below at no charge to patient. Medications to be dispensed without childproof safety cap.</p> | |
| <input type="checkbox"/> Public Health Pack 1: Azithromycin, 1 gram (Zithromax) PO once stat | <input type="checkbox"/> No known adverse drug reactions |
| <input type="checkbox"/> Public Health Pack 2: Cefixime 400 mg (Suprax) once PO stat And Azithromycin, 1 gram (Zithromax) PO once stat | <input type="checkbox"/> Unknown adverse drug reactions |
| _____ Provider Signature (Dispense as Written) | _____ Provider Signature (Substitutions Permitted) |

| Indicate (✓) Pharmacy To Dispense Medications -- Participating Pharmacies in Spokane County | | | | |
|---|-----------------|---------------------|--|--------------|
| ✓ | Pharmacy Name | Fax | Address | Voice Phone |
| | Safeway # 1799 | 509-482-0535 | 3919 N Market St Hillyard | 509-482-3480 |
| | Safeway # 1741 | 509-893-7578 | 1233 N Liberty Lake Rd Liberty Lake | 509-893-1202 |
| | Safeway # 3255 | 509-482-2785 | 933 E Mission Ave Mission/Hamilton | 509-482-2089 |
| | Safeway # 1740 | 509-235-6386 | 2710 1 st St Cheney | 509-235-6030 |
| | Rite Aid # 5302 | 509-838-0745 | 112 N Howard St Spokane | 509-838-1851 |
| | Rite Aid # 5303 | 509-838-2205 | 810 E 29 th Ave Spokane | 509-838-3508 |
| | Rite Aid # 5304 | 509-327-5760 | 2215A W Wellesley Ave Spokane | 509-328-7887 |
| | Rite Aid # 5312 | 509-535-0823 | 2929 E 29 th Ave Spokane | 509-535-9056 |
| | Rite Aid # 5307 | 509-483-6526 | 5520 N Division St Spokane | 509-489-6010 |
| | Rite Aid # 5313 | 509-448-9661 | 4514 S Regal St Spokane | 509-448-9063 |
| | Rite Aid # 5308 | 509-464-4487 | 9120 N Division St Spokane | 509-464-4480 |
| | Rite Aid # 5309 | 509-927-1241 | 1443 N Argonne Rd Spokane Valley | 509-928-9121 |
| | Rite Aid # 6553 | 509-464-2796 | 9007 N Indian Trail Rd Spokane | 509-464-2791 |
| | Rite Aid # 5305 | 509-922-8434 | 12222 E Sprague Ave Spokane Valley | 509-924-4922 |

FROM:

| Prescribing Provider Contact Information | |
|---|--------------|
| Name: _____ | Fax: _____ |
| Address: _____ | Phone: _____ |