Washington State Department of Health

FAX Page 1 To:
Pend Oreille County/NE Tri-County Health District
509-447-5644 (Confidential FAX Line)

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 INITIAL

ADDRESS	CITY	STATE	ZIP CODE

DATE OF BIRTH	TELEPHONE	EMAIL
MO / DAY / YR	( )	

SEX
- ☐ Male
- ☐ Female
- ☐ Transgendered Male to Female
- ☐ Transgendered Female to Male

ETHNICITY
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

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

GENDER OF SEX PARTNERS
- ☐ Male
- ☐ Female
- ☐ Both
- ☐ Unknown

If Female, PREGNANT?
☐ Yes ☐ No ☐ Unknown

DATE OF DIAGNOSIS
MO / DAY / YR

REASON FOR EXAM (Check one)
- ☐ Symptomatic
- ☐ Routine Exam – No Symptoms
- ☐ Exposed to Infection

HIV TESTED AT THIS VISIT?*
☐ Yes ☐ No ☐ Previous Positive

*If newly HIV positive, complete and submit the HIV/AIDS Case Report

DIAGNOSIS – DISEASE

GONORRHEA (lab confirmed)

DIAGNOSIS - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic-Uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Ophthalmia
- ☐ Disseminated
- ☐ Other Complications: _____

DATE TESTED: _____

SITE(S) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Urine
- ☐ Rectum
- ☐ Pharynx
- ☐ Vagina
- ☐ Ocular
- ☐ Other: _____

TREATMENT - ✓ all prescribed
- ☐ Ceftriaxone ☐ Azithromycin
- ☐ Cefixime ☐ Doxycycline
- ☐ Other: _____

DATE RX: _____

SYPHILIS

- ☐ Primary (Chancre, etc.)
- ☐ Secondary (Rash, etc.)
- ☐ Early Latent (<1 yr)
- ☐ Late Latent (>1 yr)
- ☐ Late (with symptoms)
- ☐ Congenital
- ○ Also Neurosyphillis

RX GIVEN: _____

DATE RX: _____

CHLAMYDIA TRACHOMATIS (lab confirmed)

DIAGNOSIS - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic-Uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Ophthalmia
- ☐ Other Complications: _____

DATE TESTED: _____

SITE(S) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Urine
- ☐ Rectum
- ☐ Pharynx
- ☐ Vagina
- ☐ Ocular
- ☐ Other: _____

TREATMENT - ✓ all prescribed
- ☐ Azithromycin ☐ Erythromycin
- ☐ Doxycycline ☐ Ofloxacin
- ☐ Levofloxacin
- ☐ Other: _____

DATE RX: _____

HERPES SIMPLEX

- ☐ Genital (initial infection only)
- ☐ Neonatal

Laboratory Confirmation
☐ Yes ☐ No

OTHER

- ☐ Chancroid
- ☐ Granuloma Inguinale
- ☐ Lymphogranuloma Venereum

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.

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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/tg2015/default.htm) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.*