

FAX page 1 to
Snohomish Health District's confidential FAX line:
(425) 339-8707

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	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male		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	
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"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Gender of Sex Partners <input type="checkbox"/> Male <input type="checkbox"/> Both <input type="checkbox"/> Female <input type="checkbox"/> Unknown		HIV Tested at THIS Visit?*	
*If newly HIV positive, complete and submit the HIV/AIDS Case Report Form						

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) <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cefixime <input type="checkbox"/> Azithromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other: _____	SYPHILIS <input type="checkbox"/> Primary (chancere, 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: _____		Date Prescribed: _____	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
Date Tested: _____		Date Prescribed: _____	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

Chlamydia: Providers are to manage partner treatment by either treating partners or prescribing free medication (see page 2). The Health District only assists with Chlamydia partner treatment if the patient is a male who has sex with other males.

1. Provider will ensure all partners treated (FREE medications available). Number to be treated: _____

2. All partners have been treated. Number treated: _____

3. **Patient is a male who has sex with other males. Health District will contact patient to assist with partner treatment.**

Gonorrhea: Inform patient that the Health District will contact them to assist with partner treatment. Health District will provide partner services for all gonorrhea cases.

1. Provider will ensure all partners treated (FREE medications available). Number to be treated: _____

2. All partners have been treated. Number treated: _____

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.

PARNTER MANAGEMENT PLAN INSTRUCTIONS

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 the Snohomish Health District: 425-339-5261.

Note: Only participating pharmacies have stocks of FREE Public Health medication to dispense to patients for their partner(s). Snohomish Health District may also provide free medication to your patient to give to his or her partner(s), if resources permit.

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, either by seeing the partners yourself or by offering heterosexual patients free medication to give to their partner(s).

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.



Washington State STD Expedited Partner Therapy Project Fax Prescription for STD Treatment 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 Snohomish County				
✓	Pharmacy Name	Fax #	Address	Phone
	Rite Aid #5235	360-657-4109	17226 Smokey Point BLVD, Arlington	360-657-4110
	Rite Aid #5183	425-774-1998	22515 Highway 99, Edmonds	425-670-2667
	Rite Aid #5230	425-258-9445	4920 A Evergreen Way, Everett	425-252-4109
	Rite Aid #5231	425-353-9037	10103 Evergreen Way, Everett	425-347-2180
	Rite Aid #5232	425-334-7814	301 91 st AVE NE #D-401, Lake Stevens	425-335-4513
	Rite Aid #5194	425-774-6371	7500 A 196 th ST SW, Lynnwood	425-774-6669
	Rite Aid #5243	360-658-0588	251 Marysville Mall, Marysville	360-659-0492
	Rite Aid #5181	425-741-3741	16222 Bothell-Everett Hwy, Mill Creek	425-741-8649
	Rite Aid #5244	360-794-4924	18906 State Route 2, Monroe	360-794-0943
	Rite Aid #5249	360-563-0418	205 Pine Street, Snohomish	360-563-0223
	Rite Aid #5250	360-629-4981	26817 – 88 th DR NW, Stanwood	360-629-9519

FROM:

Prescribing Provider Contact Information	
Name:	Fax:
Address:	Phone: