



FAX Page 1 To:
Spokane Regional Health District
509-324-3623 (Confidential FAX Line)

Adapted from WA DOH
Form 347-102

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	Date of Birth (mm/dd/yy)
Address		City		State	Zip Code
Email Address		Telephone		Reason for exam (check one)	
Date of Diagnosis		Sex		Symptomatic	
Month	Day	Year	Male Female	Routine exam – no symptoms	
Ethnicity		Race (check all that apply)		Exposed to infection	
Hispanic		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native		If Female, Pregnant	
Non-Hispanic		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Yes No Unknown	
Unknown		<input type="checkbox"/> Other <input type="checkbox"/> Unknown		Male Both	
				Female Unknown	
				HIV Tested at This Visit?*	
				Yes No	
				*If newly HIV positive, complete & submit the HIV/AIDS Case Report	
DIAGNOSIS - DISEASE					
GONORRHEA (Lab Confirmed)				SYPHILIS	
Diagnosis (only one)		Sites (all that apply)		Treatment (all prescribed)	
Asymptomatic		<input type="checkbox"/> Cervix		<input type="checkbox"/> Ceftriaxone	
Symptomatic, uncomplicated		<input type="checkbox"/> Urethra		<input type="checkbox"/> Cefixime	
Pelvic Inflammatory Disease		<input type="checkbox"/> Urine		<input type="checkbox"/> Azithromycin	
Ophthalmia Disseminated		<input type="checkbox"/> Rectum		<input type="checkbox"/> Doxycycline	
Other complications:		<input type="checkbox"/> Pharynx		<input type="checkbox"/> Other	
		<input type="checkbox"/> Vagina			
		<input type="checkbox"/> Other			
Date Tested:				Date Prescribed:	
CHLAMYDIA TRACHOMATIS (Lab Confirmed)				HERPES SIMPLEX	
Diagnosis (only one)		Sites (all that apply)		Treatment (all prescribed)	
Asymptomatic		<input type="checkbox"/> Cervix		<input type="checkbox"/> Azithromycin	
Symptomatic, uncomplicated		<input type="checkbox"/> Urethra		<input type="checkbox"/> Doxycycline	
Pelvic Inflammatory Disease		<input type="checkbox"/> Urine		<input type="checkbox"/> Levofloxacin	
Ophthalmia		<input type="checkbox"/> Rectum		<input type="checkbox"/> Erythromycin	
Other complications:		<input type="checkbox"/> Pharynx		<input type="checkbox"/> Ofloxacin	
		<input type="checkbox"/> Vagina		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other			
Date Tested:				Date Prescribed:	
PARTNER MANAGEMENT PLAN – Select method of ensuring partner treatment for all partners from the previous 60 days					
1. Provider will ensure all partners treated (medications available). NUMBER TO BE TREATED					
2. All partners have been treated. NUMBER PREVIOUSLY TREATED					
3. NUMBER OF PARTNERS NOT TREATED					
We ask that you make every effort to help patients assure that their partners are treated, either by seeing the partners yourself or by offering patients free medication to give to their partners. The Spokane Regional Health District does not routinely follow up on untreated partners (see back page).					
REPORTING CLINIC INFORMATION					
Date	Diagnosing Clinician			Person Completing Form	
Facility Name		Address		City	State Zip Code
Telephone		Fax		Email	

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

PRIVILEGED AND CONFIDENTIAL COMMUNICATION: The information contained in this message is privileged, confidential, or otherwise exempt from disclosure and is intended solely for the use of the individual(s) named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and destroy the original facsimile.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

GONORRHEA OR CHLAMYDIAL INFECTION: PARTNER TREATMENT

Advise patient to notify sex partners from the previous 60 days prior to diagnosis. Partners should contact their provider for testing and treatment.

Chlamydia

Providers are to manage partner treatment by either treating partners or prescribing free medication. The Spokane Regional Health District only routinely assists with chlamydia partner notification and treatment if the patient is a male who has sex with other males or if the original patient is untreated. Contact the Spokane Regional Health District at 509-324-1494 for assistance with other cases of chlamydia.

- Examine and treat all the patient's sex partners from the previous 60 days. If this is **not** possible, offer medication for all sex partners whom patients are able to contact. **All partners should be treated as if they are infected.**
- **FREE medication** for your patient's partner(s) is available from **participating pharmacies only**. A **prescription fax form** and list of participating pharmacies can be found at www.doh.wa.gov/EPTPharmacies.

Gonorrhea

Inform patient that the Spokane Regional Health District will contact them to assist with partner notification and treatment.

- Examine and treat all the patient's sex partners from the previous 60 days. If this is **not** possible, offer medication for all sex partners whom patients are able to contact. **All partners should be treated as if they are infected.**
- **FREE medication** for your patient's partner(s) is available from **participating pharmacies only**. A **prescription fax form** and list of participating pharmacies can be found at www.doh.wa.gov/EPTPharmacies.

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.

STD CASE REPORT – ELECTRONIC VERSIONS AVAILABLE

The STD Case Report is available at stdtoolkit.srhd.org and is electronically fillable. Fax page one to Spokane Regional Health District's Confidential Fax Line at 509-324-3623. For non-PDF versions, or questions on how to fill it out, call (509) 324-1494.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS*

GONORRHEA - UNCOMPLICATED

Ceftriaxone250 mg IM as a single dose	PLUS	Azithromycin 1 g PO as a single dose;
	OR	Doxycycline100 mg PO BID for 7 days

ALTERNATIVES:

Cefixime400 mg PO as a single dose	PLUS	Azithromycin 1 g PO single dose;
	OR	Doxycycline 100 mg PO BID for 7 days

OR

Azithromycin 2 g PO as a single dose

Fluoroquinolones (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

Azithromycin 1 g 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	Erythromycin 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 (less than 1 year)

Benzathine penicillin G LA (Bicillin)2.4 million units IM in a single dose

SYPHILIS – LATE LATENT, LATENT OF UNKNOWN DURATION, TERTIARY (NON NEUROSYPHILIS)

Benzathine penicillin G LA (Bicillin)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 (www.cdc.gov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infant, pelvic inflammatory disease, and other details.



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

Adapted from Washington State Department of Health Form DOH 347-102

TO				
Pharmacy <p align="center">Check (✓) pharmacy in table below</p>	Date			
Rx Patient Name (intended recipient)	Date of Birth			
Person Picking up Meds (if different than above)	Date of Birth			
<p>Rx: Dispense medications as checked below at no charge to patient. Medications to be dispensed without childproof safety cap.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Public Health Pack 1: <input type="checkbox"/> Public Health Pack 2: </td> <td style="width: 40%; vertical-align: top;"> Azithromycin, 1 gram (Zithromax) x 1 PO Azithromycin, 1 gram (Zithromax) x 1 PO Cefixime, 400 mg (Suprax) x 1 PO </td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> No known adverse drug reactions <input type="checkbox"/> Unknown adverse drug reactions </td> </tr> </table>		<input type="checkbox"/> Public Health Pack 1: <input type="checkbox"/> Public Health Pack 2:	Azithromycin, 1 gram (Zithromax) x 1 PO Azithromycin, 1 gram (Zithromax) x 1 PO Cefixime, 400 mg (Suprax) x 1 PO	<input type="checkbox"/> No known adverse drug reactions <input type="checkbox"/> Unknown adverse drug reactions
<input type="checkbox"/> Public Health Pack 1: <input type="checkbox"/> Public Health Pack 2:	Azithromycin, 1 gram (Zithromax) x 1 PO Azithromycin, 1 gram (Zithromax) x 1 PO Cefixime, 400 mg (Suprax) x 1 PO	<input type="checkbox"/> No known adverse drug reactions <input type="checkbox"/> Unknown adverse drug reactions		
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Dispense as Written </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Substitutions Permitted </td> </tr> </table>		<input type="checkbox"/> Dispense as Written	<input type="checkbox"/> Substitutions Permitted	
<input type="checkbox"/> Dispense as Written	<input type="checkbox"/> Substitutions Permitted			
<hr style="width: 80%; margin: 0 auto;"/> Provider Signature	<hr style="width: 80%; margin: 0 auto;"/> Provider Signature			

PARTICIPATING PHARMACIES IN SPOKANE COUNTY

Indicate (✓) Pharmacy to Dispense Medications

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

PRESCRIBING PROVIDER CONTACT INFORMATION

Name	Fax Number
Address	Phone Number

PRIVILEGED AND CONFIDENTIAL COMMUNICATION: The information contained in this message is privileged, confidential, or otherwise exempt from disclosure and is intended solely for the use of the individual(s) named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and destroy the original facsimile.