Washington State Department of Health

Fax Page 1 To:

Asotin County Health District

(509) 243-3345 (Confidential FAX line)

Adapted from WA DOH Form 347-102

CONFIDENTIAL SEXUALLY TRANSMITTED INFECTION CASE REPORT

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

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH MO / DAY / YR

ADDRESS (☐ Unhoused or unstably housed in the past 3 months)	CITY	STATE	ZIP CODE

TELEPHONE ( )	EMAIL	ENGLISH SPEAKING? ☐ Yes ☐ No *instructions on pg. 3 Preferred Language (Code*: L ___ ___)	DIAGNOSIS DATE MO / DAY / YR

SEX ASSIGNED AT BIRTH
☐ Male
☐ Female
☐ Intersex
☐ Refused

GENDER IDENTITY
☐ Male
☐ Female
☐ Nonbinary / Genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other _____
☐ Refused

ETHNICITY
☐ Hispanic or Latina/o/x
☐ Non-Hispanic
☐ Unknown
☐ Refused

RACE CATEGORY (check all that apply)*: *Instructions on page 3
☐ White
☐ Black
☐ American Indian / Alaska Native
☐ Native Hawaiian / Other Pacific Islander
☐ Asian
☐ Other
☐ Unknown
☐ Refused

EXTENDED RACE CODE(S)*: R R R R R

CURRENTLY PREGNANT?
☐ Yes
☐ No
☐ Unk. ☐ NA

REASON FOR EXAM (check one):
☐ Exposed to Infection
☐ Symptomatic
☐ Routine Exam (No Symptoms)

GENDER OF SEX PARTNERS (check all that apply):
☐ Male
☐ Female
☐ Nonbinary / Genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other
☐ Unknown

HIV STATUS *Submit HIV/AIDS Case Report
☐ Previous positive
☐ New HIV diagnosis at this visit*
☐ Negative HIV test at this visit
☐ Did not test (unknown status)

CURRENTLY ON PrEP?
☐ Yes
☐ No
☐ NA

DIAGNOSIS - DISEASE

GONORRHEA (lab confirmed)

DIAGNOSIS (check one)
☐ Asymptomatic
☐ Symptomatic, Uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Disseminated
☐ Other Complications: _____

Date Tested: _____

SITES (all that apply):
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular
☐ Other:_____

TREATMENT (check all prescribed):
☐ Ceftriaxone: ☐ 250 mg ☐ 500 mg ☐ 1 g
☐ Cefixime: ☐ 400 mg ☐ 800 mg
☐ Azithromycin: ☐ 1 g ☐ 2 g
☐ Doxycycline: ☐ 100 mg BID x 7 days
☐ Gentamicin: ☐ 240 mg
☐ Gemifloxacin: ☐ 320 mg
☐ Other:_____

Date Prescribed: _____

CHLAMYDIA (lab confirmed)

DIAGNOSIS (check one)
☐ Asymptomatic
☐ Symptomatic, Uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Other Complications: _____

Date Tested: _____

SITES (all that apply):
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular
☐ Other:_____

TREATMENT (check all prescribed):
☐ Azithromycin: ☐ 1 g
☐ Doxycycline: ☐ 100 mg BID x 7 days
☐ Levofloxacin: ☐ 500 mg daily x 7 days
☐ Other:_____

Date Prescribed: _____

HERPES SIMPLEX

DIAGNOSIS
☐ Genital (initial infection only)
☐ Neonatal

LABORATORY CONFIRMATION
☐ Yes
☐ No

OTHER DISEASES

☐ Chancroid
☐ Granuloma Inguinale
☐ Lymphogranuloma Venereum

SYPHILIS

STAGE (check one):
☐ Primary (Chancre, etc.)
☐ Secondary (Rash, etc.)
☐ Early Latent (< 1 year)
☐ Unknown Duration or Late
☐ Congenital

MANIFESTATIONS (check all that apply):
☐ Neurologic ☐ Otic ☐ Ocular ☐ Tertiary

TREATMENT (check one):
Bicillin L - A: ☐ 2.4 MU IM x 1 ☐ 2.4 MU IM x 3
Doxycycline: ☐ 100 mg BID x 14 days ☐ 100 mg BID x 28 days
Benzathine PCN-G: ☐ 50,000 units/kg IM x 1 ☐ 50,000 units/kg IM x 3
Aqueous Crystalline Penicillin G: ☐ 18-24 MU/day IV for 10-14 days
Other: _____

Date Prescribed: _____

PARTNER TREATMENT PLAN (check one or more options)

Providers should manage partner treatment by either treating partners in-person or by prescribing medication for patients to give to their sex partners (see side 2 for additional information).

☐ In-person evaluation - Number of partners treated following medical evaluation: _____

Turn over for Partner Treatment Plan Instructions

☐ Patient-delivered treatment* - Number of partners for whom provider prescribed or provided expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s): _____ *Patient-delivered treatment is not recommended for men who have sex with men or patients with syphilis

REPORTING CLINIC INFORMATION

DATE	FACILITY NAME	DIAGNOSING CLINICIAN

ADDRESS	CITY	STATE	ZIP

PERSON COMPLETING FORM	TELEPHONE ( )	EMAIL

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

PARTNER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydia 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.

Asotin County Health District may be able to provide free medication to your patient to give their partner(s), if resources permit. Please contact your local health jurisdiction to report cases and inquire about partner management resources, possibly including EPT medications.

Asotin County 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.

Complete the partner management plan on the Confidential Sexually Transmitted Infection 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 **Asotin County Health District: (509) 758-3344.**

Other STIs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV, or granuloma inguinale are routinely contacted by public health staff. 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. Per CDC treatment guidelines, sex partners of patients who are diagnosed with early syphilis (primary, secondary, or early latent) and may be incubating disease should be treated regardless of test results. Alternative treatment for penicillin allergy among non-pregnant patients, such as an appropriate dosage of doxycycline, can also be found in the guidelines.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON REPORTS*

GONORRHEA -- Uncomplicated

Ceftriaxone 500 mg IM as a single dose for persons weighing < 150 kg (330 lbs), or 1 g IM as a single dose for persons weighing > 150 kg (330 lbs)†

Alternatives for uncomplicated infections of the cervix, urethra, or rectum:‡

Gentamicin 240 mg IM as a single dose PLUS azithromycin 2 g PO as a single dose **OR**
Cefixime 800 mg orally as a single dose†

† *If treating with ceftriaxone or cefixime, and chlamydia infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg PO BID for 7 days. During pregnancy, azithromycin 1 g PO as a single dose is recommended to treat chlamydia.*

‡ *Ceftriaxone is the only recommended treatment for pharyngeal gonorrhea. Consult an infectious disease provider or other STI expert for assistance if alternative treatment is required.*

CHLAMYDIA -- Uncomplicated

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

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 OR UNKNOWN DURATION

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 (https://www.cdc.gov/std/treatment/default.htm) for further information on treating pregnant patients, infections of the pharynx, patients with allergies, treatment of infants, and other details.*

DOH 347-102, updated 12/14/2022. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

List of Preferred Languages:

Instructions: Complete the *Preferred Language* section if the patient's preferred language is **not** English. Patient's preferred language shall be identified by the patient and reported using one of the below categories.

Language Identity Codes:

(L01) Amharic
(L02) Arabic
(L03) Balochi/Baluchi
(L04) Burmese
(L05) Cantonese
(L06) Chinese (unspecified)
(L07) Chamorro
(L08) Chuukese
(L09) Dari
(L10) Farsi/Persian
(L11) Fijian
(L12) Filipino/Pilipino
(L13) French
(L14) German
(L15) Hindi
(L16) Hmong
(L17) Japanese
(L18) Karen
(L19) Khmer/Cambodian
(L20) Kinyarwanda
(L21) Korean
(L22) Kosraean
(L23) Lao
(L24) Mandarin
(L25) Marshallese
(L26) Mixteco
(L27) Nepali
(L28) Oromo
(L29) Panjabi/Punjabi
(L30) Pashto
(L31) Portuguese
(L32) Romanian/Rumanian
(L33) Russian
(L34) Samoan
(L35) Sign languages
(L36) Somali
(L37) Spanish/Castilian
(L38) Swahili/Kiswahili
(L39) Tagalog
(L40) Tamil
(L41) Telugu
(L42) Thai
(L43) Tigrinya
(L44) Ukrainian
(L45) Urdu
(L46) Vietnamese
(L77) Other language
(L88) Patient declined to respond
(L99) Unknown

Race Category and Identity Instructions:

Instructions: The patient's race may either be reported in the general *Race Category* section or the *Extended Race* section on page 1 of the case report. When completing the *Extended Race* section, please report using the codes provided in the list below. If the patient self-identifies as more than one race, each race code shall be reported within the *extended race* section. **Unknown** race can be documented within either one of the race sections.

Extended Race Codes:

(R01) Afghan
(R02) Afro-Caribbean
(R03) Alaska Native
(R04) American Indian
(R05) Arab
(R06) Asian
(R07) Asian Indian
(R08) Bamar/Burman/Burmese
(R09) Bangladeshi
(R10) Bhutanese
(R11) Black or African American
(R12) Central American
(R13) Cham
(R14) Chicana/o or Chicanx
(R15) Chinese
(R16) Congolese
(R17) Cuban
(R18) Dominican
(R19) Egyptian
(R20) Eritrean
(R21) Ethiopian
(R22) Fijian
(R23) Filipino
(R24) First Nations
(R25) Guamanian or Chamorro
(R26) Hmong/Mong
(R27) Indigenous-Latina/o/x
(R28) Indonesian
(R29) Iranian
(R30) Iraqi
(R31) Japanese
(R32) Jordanian
(R33) Karen
(R34) Kenyan
(R35) Khmer/Cambodian
(R36) Korean
(R37) Kuwaiti
(R38) Lao
(R39) Lebanese
(R40) Malaysian
(R41) Marshallese
(R42) Mestizo
(R43) Mexican/Mexican American
(R44) Middle Eastern
(R45) Mien
(R46) Moroccan
(R47) Native Hawaiian
(R48) Nepalese
(R49) North African
(R50) Oromo
(R51) Pacific Islander
(R52) Pakistani
(R53) Puerto Rican
(R54) Romanian/Rumanian
(R55) Russian
(R56) Samoan
(R57) Saudi Arabian
(R58) Somali
(R59) South African
(R60) South American
(R61) Syrian
(R62) Taiwanese
(R63) Thai
(R64) Tongan
(R65) Ugandan
(R66) Ukrainian
(R67) Vietnamese
(R68) White
(R69) Yemeni
(R77) Other race
(R99) Unknown