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

Fax page 1 to
Spokane Regional Health District
Confidential Fax Line: (509) 324.1468

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)
		☐ Symptomatic ☐ Routine exam (no symptoms) ☐ Exposed to infection

Date of Diagnosis
Month Day Year

If Female, Pregnant?
☐ Yes ☐ No ☐ Unknown

Race (check all that apply)
☐ White ☐ Black ☐ Unknown
☐ Asian ☐ Other
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Gender
☐ Male ☐ Female
☐ Trans MTF ☐ Trans FTM
☐ Other: _____

Sex Partners are
☐ Male ☐ Female
☐ Trans MTF ☐ Trans FTM
☐ Other: _____

HIV Status
☐ Previous positive ☐ On PrEP
☐ New HIV diagnosis this visit*
☐ Negative HIV test this visit
☐ Did not test
**Complete & submit HIV/AIDS Case Report*

DIAGNOSIS—DISEASE

GONORRHEA (Lab Confirmed)

Diagnosis (only one)
☐ Asymptomatic
☐ Symptomatic, uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia ☐ Disseminated
☐ Other complications: _____

Date Tested: _____

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

Treatment* (all prescribed)
Ceftriaxone ☐ 250 mg ☐ 500 mg ☐ 1 g
Cefixime ☐ 400 mg ☐ 800 mg
Azithromycin ☐ 1 g ☐ 2 g
Doxycycline ☐ 100 mg BID x7 days
Gentamicin ☐ 240 mg
☐ Other: _____
**Recommended treatment: 250mg ceftriaxone, 1g azithromycin*

Date Prescribed: _____

SYPHILIS

☐ Primary (chancre, etc.)
☐ Secondary (rash, etc.)
☐ Early latent (less than 1 year)
☐ Late latent (longer than 1 year)
☐ Congenital
Neurosyphilis ☐ Yes ☐ No

Date Tested: _____
Prescription Given: _____
Date Prescribed: _____

CHLAMYDIA TRACHOMATIS (Lab Confirmed)

Diagnosis (only one)
☐ Asymptomatic
☐ Symptomatic, uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Other complications: _____

Date Tested: _____

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

Treatment (all prescribed)
☐ Azithromycin ☐ Erythromycin
☐ Doxycycline ☐ Ofloxacin
☐ Levofloxacin
☐ Other: _____

Date Prescribed: _____

HERPES SIMPLEX

☐ Genital (initial infection only)
☐ Neonatal

Lab Confirmed
☐ Yes ☐ No

OTHER

☐ Chancroid
☐ Granuloma Inguinale
☐ Lymphogranuloma Venereum

PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment

Providers should manage partner treatment by either treating partners in-person or by prescribing free medication for patients to give to their sex partners (see side 2). Public Health does not routinely provide partner services to heterosexuals with chlamydia.

Turn over for information on obtaining free partner treatment packs

Partner treatment plan (check one or more response)

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

☐ Patient delivered treatment - Number of partners for whom provider prescribed free expedited partner therapy (EPT) medication pack to be delivered by the patient to their partner(s): ____

- Not recommended for men who have sex with men
- Providers can obtain free EPT packs by faxing or calling Public Health & can prescribe free EPT pack using selected pharmacies. See other side for instructions.

REPORTING CLINIC INFORMATION

Date			Diagnosing Clinician

Facility Name			Person Completing Form

Address			Telephone

City	State	Zip Code	Email

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

PARTNER MANAGEMENT PLAN INSTRUCTIONS

PARTNER TREATMENT

Gonorrhea and Chlamydia

Advise all patients to notify their most recent sex partner and all partners from the 60 days prior to diagnosis. Providers are encouraged to manage partner treatment by either treating partners or prescribing free medication. The Spokane Regional Health District only routinely assists with gonorrhea and chlamydia partner notification and treatment if the patient is a male who has sex with other males (MSM).

- 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 on the next page or at https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease/ExpeditedPartnerTherapy. This medication should not be offered to MSM patients or their partners.
- Advise all patients with gonorrhea and all MSM patients that the health department may call them.

Infectious syphilis

- Advise patients to notify their partners from the 90 days prior to onset of symptoms. They should be presumptively treated for syphilis even if they test negative due to incubation period.
- Inform patients that Public Health will contact them to assist with partner treatment.

OTHER STDS: PARTNER TREATMENT

- Public Health will contact patients reported with HIV, chancroid, granuloma inguinale, or lymphogranuloma venereum
- Public Health does not routinely contact patients with genital herpes.
- Advise patient 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 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

CHLAMYDIA—UNCOMPLICATED

Azithromycin ..... 1g PO as a single dose

OR

Doxycycline ..... 100 mg PO BID for 7 days (Preferred for rectal chlamydial infection)

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 (www.cdc/gov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infants 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 Check (✓) pharmacy in table below	**Date**
Rx Patient Name **(intended recipient)**	**Date of Birth**
Person Picking up Meds **(if different than above)**	**Date of Birth**

Rx: **Dispense medications as checked below at no charge to patient.**
Medications to be dispensed without childproof safety cap.

☐ **Public Health Pack 1:** **Azithromycin**, 1 gram (Zithromax) x 1 PO
☐ **Public Health Pack 2:** **Azithromycin**, 1 gram (Zithromax) x 1 PO
Cefixime, 400 mg (Suprax) x 1 PO

☐ **No known adverse drug reactions**
☐ **Unknown adverse drug reactions**

☐ **Dispense as Written**

_____
Provider Signature

☐ **Substitutions Permitted**

_____
Provider Signature

PARTICIPATING PHARMACIES IN SPOKANE COUNTY

Indicate (✓) Pharmacy to Dispense Medications

✓	Pharmacy Name	Fax Number	Address	Phone Number
☐	Safeway # 1799	**509.482.0535**	3919 N Market St - Hillyard	509.482.3480
☐	Safeway # 3255	**509.482.2785**	933 E Mission Ave - Mission & Hamilton	509.482.2089
☐	Safeway # 1740	**509.235.6386**	2710 1st 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 29th 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 29th Ave - Spokane	509.535.9056
☐	Rite Aid # 5307	**509.483.6526**	5840 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	
Name	**Fax Number**
Address	**Phone Number**