Washington State Department of Health

FAX Page 1 To:
Kitsap County Health District
360-337-5241 (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 (MO / DAY / YR)	TELEPHONE ( )	EMAIL

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

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

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

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
- ☐ Cefixime
- ☐ Azithromycin
- ☐ 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
- ☐ Doxycycline
- ☐ Levofloxacin
- ☐ Erythromycin
- ☐ Ofloxacin
- ☐ Other: _____

DATE RX: _____

HERPES SIMPLEX
- ☐ Genital (initial infection only)
- ☐ Neonatal

Laboratory Confirmation ☐ Yes ☐ No

OTHER
- ☐ Chancroid
- ☐ Granuloma Inguinale
- ☐ Lymphogranuloma Venereum

PARTNER MANAGEMENT PLAN ✓ Select method of ensuring partner treatment

1. ☐ **Provider will ensure <u>all</u> partners are treated (FREE medications available). Indicate number to be treated (_____).**
2. ☐ **All partners have been treated. Indicate number treated (_____).**
3. ☐ **Health Department to assume responsibility for partner treatment** *(if resources permit)*.

Partner Plan Instructions Over

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.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

Gonorrhea or Chlamydial Infection: Partner Treatment

All partners should be treated as if they are infected.

If the provider takes responsibility to ensure partner treatment, the provider should examine and treat all patient's sex partners from the previous 60 days.

If this is **not** possible, patients should be offered medication to give to as many of their sex partners as they are able to contact and/or should be referred to Kitsap County Health District for partner notification assistance.

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, call **Kitsap County Health District**: 360-307-4309.

Note: Only participating pharmacies have stocks of **FREE Public Health medication** to dispense to patients for their partner(s).

Kitsap County Health District may also provide free medication to your patient to give to his or her partner(s).

The Kitsap County Health District recommends that you refer patients with any one or more of the following risks to the health department for help notifying their partners:

- Patient with 2 or more sex partners in the last 60 days , or
- Patient does not think he/she will have sex again with sex partners from the last 60 days, or
- Patient is unable/unwilling to contact one or more partner(s), or
- Patient is a man who has sex with other men

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 with these risks assure that their partners are treated, either by seeing the partners yourself or by offering patients free medication to give to their partners.

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 Kitsap County Health District: 360-307-4309.

Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by Kitsap County 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.

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, **OR** Doxycycline 100 mg PO BID for 7 days

Alternatives:

Cefixime .....400 mg PO as a single dose, **PLUS** Azithromycin 1g PO as a single dose, **OR** Doxycycline 100 mg PO BID for 7 days

OR

Azithromycin.....2g PO as a single dose

Fluoroquinolones (Levofloxacin or Ciprofloxacin, etc.) are no longer recommended for the treatment of gonorrhea due to increased prevalence of quinolone-resistant *Neisseria gonorrhoeae* (QRNG).

***Chlamydia trachomatis* (uncomplicated):**

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

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
Levofloxacin ..... 500 mg PO for 7 days, **OR**

Syphilis (primary, secondary or early latent < 1 year)

Benzathine penicillin G ..... 2.4 million units IM in a single dose

Syphilis (latent > 1 year, 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 CDC 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 Department of Health

Washington State STD Expedited Partner Therapy Project
Fax Prescription for STD Treatment Packs

TO:

Pharmacy: ***Check (√) Pharmacy in Table Below*** **Date:** _____

Rx: Patient Name: _____ **DOB:** _____
(intended recipient)

Person Picking up Meds: _____ **DOB:** _____

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

☐ **No Known adverse drug reactions**
☐ **Unknown adverse drug reactions**

_____ **Provider Signature** (Dispense as Written)

_____ **Provider Signature** (Substitutions Permitted)

Indicate (√) Pharmacy To Dispense Medications – Participating Pharmacies in Adams County				
√	**Pharmacy Name**	**Fax #**	**Address**	**Phone**
	Rite Aid #5254	**360-479-8571**	4117 Kitsap Way Bremerton	360-479-2415
	Rite Aid #5260	**360-876-9114**	3282 Bethel Rd SE Port Orchard	360-876-0969
	Rite Aid #5261	**360-697-5979**	19475 7th Ave NE Poulsbo	360-697-2209
	Rite Aid #5266	**360-692-5387**	2860 NW Bucklin Hill Rd Silverdale	360-692-3410

FROM:

Prescribing Provider Contact Information

Name: _____ **Fax:** _____

Address: _____ **Phone:** _____