SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

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

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

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)	Ethnicity	Gender	Gender of Sex Partners	HIV Status
☐ White ☐ Black ☐ Unknown ☐ Asian ☐ Other ☐ Native Hawaiian/Other Pacific Island ☐ American Indian/Alaskan Native	☐ Hispanic ☐ Non Hispanic ☐ Unknown	☐ Male ☐ Female ☐ Trans MTF ☐ Trans FTM ☐ Nonbinary/Genderqueer ☐ Other: _____	☐ Male ☐ Female ☐ Trans MTF ☐ Trans FTM ☐ Nonbinary/Genderqueer ☐ Other: _____	☐ Previous Positive ☐ 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 ☐ 250mg ☐ 500mg ☐ 1g
- Cefixime ☐ 400mg ☐ 800mg
- Azithromycin ☐ 1g ☐ 2g
- Doxycycline ☐ 100 mg BID x 7 days
- Gentamicin ☐ 240mg IM
- Gemifloxacin ☐ 320mg PO
- ☐ Other: _____

*Recommended treatment: 250mg Ceftriaxone + 1gm Azithromycin

Date Prescribed: _____

SYPHILIS
- ☐ Primary (chancre, etc.)
- ☐ Secondary (rash, etc.)
- ☐ Early Latent (less than 1 year)
- ☐ Late Latent (longer than 1 year)
- ☐ Latent – symptomatic
- ☐ 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
- ☐ Doxycycline
- ☐ Levofloxacin
- ☐ Erythromycin
- ☐ Ofloxacin
- ☐ 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 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.**

Partner Plan Instructions

Gonorrhea: Inform patient that the Health District my contact them to assist with partner treatment

- ☐ 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 Gemifloxicin 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 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 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 91st AVE NE #D-401, Lake Stevens	425-335-4513
	Rite Aid #5194	425-774-6371	7500 A 196th 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 – 88th DR NW, Stanwood	360-629-9519

FROM:

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