SEXUALLY TRANSMITTED DISEASE
CONFIDENTIAL CASE REPORT

STATE OF WASHINGTON *DEPARTMENT OF HEALTH*

USE OF THE CONFIDENTIAL STD CASE REPORT

The STD Case Report is designed for health care providers and health care facilities to report within three work days sexually transmitted diseases that are designated by the State Board of Health as legally reportable communicable diseases (see WAC 246-101-101/301). These diseases are of such major public health concern that surveillance of their occurrence is in the public interest. All information will be managed in the strictest confidence. Your cooperation is both encouraged and appreciated.

ASYMPTOMATIC INFECTION

STD infections often lack signs and symptoms. Additionally, signs of severe complications may not appear until long after infection, reducing the likelihood that the patient will associate complications with the initial time of infection. Screening sexually active female adolescents (19 years and younger) for chlamydia should be routine during annual examinations even if symptoms are not present. Screening women aged 20-24 years is also suggested, particularly those who have new or multiple sex partners and who do not consistently use barrier contraceptives. Screening men is appropriate in clinical venues in which asymptomatic prevalence in men is high.

DUAL THERAPY FOR GONORRHEA AND CHLAMYDIA

The finding that patients infected with *N. gonorrhoeae* are often coinfected with *C. trachomatis* has led to the recommendation from the Centers for Disease Control and Prevention that patients treated for gonorrhea be treated routinely with a regimen effective against uncomplicated chlamydia.

MAILING INSTRUCTIONS

Confidential case reports should be forwarded to the local health officer in your county c/o the address listed below.

PUBLIC HEALTH - SEATTLE & KING COUNTY
HARBORVIEW MEDICAL CENTER - STD PROGRAM (206)731-3954
325 9TH AVENUE - BOX 359777
SEATTLE, WA 98104

Confidential case reports may be mailed directly to the:

STD Services
PO Box 47842, Olympia, WA 98504-7842
Telephone: (360) 236-3460

STATE OF WASHINGTON SEXUALLY TRANSMITTED DISEASE SERVICES
P.O. BOX 47842, OLYMPIA, WA 98504-7842

SUPPORTIVE SERVICES

Diagnostic and treatment consultation, counseling and patient referral assistance, and resource materials may be obtained from your local health jurisdiction or by calling STD Services in Olympia.Telephone: (360) 236-3460

REQUEST FOR LITERATURE

- ☐ STD Diagnostic and Treatment Guidelines
- ☐ Packet of Sample STD Pamphlets
- ☐ Other _____

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS

GONORRHEA (uncomplicated):

Ceftriaxone — 125-250 mg IM, single dose **OR**
Cefpodoxime — 400 mg PO, single dose

Alternatives:

Azithromycin — 2g PO as a single dose (additional chlamydia therapy not needed)
Levofloxacin — 250mg PO, single dose **OR**
Ciprofloxacin — 500mg PO, single dose
Resistance to quinolones is increasing; test of cure recommended.

PLUS

Azithromycin — 1g PO as a single dose **OR**
Doxycycline — 100 mg PO BID for 7 days for possible coinfection with Chlamydia.

Treatment with an anti-chlamydial therapy is recommended for all patients.

CHLAMYDIA TRACHOMATIS (uncomplicated):

Azithromycin — 1g PO, single dose **OR**
Doxycycline — 100 mg PO BID for 7 days **OR**
Erythromycin — (base) 500 mg PO QID for 7 days **OR**
— (ethylsuccinate) 800 mg PO QID for 7 days **OR**
Levofloxacin — 500 mg PO, for 7 days **OR**
Ofloxacin — 300 mg PO, BID for 7 days

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) (cardiovascular, gummatous)

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 and details on gonorrhea, chlamydia, and/or syphilis treatment.

INSTRUCTIONS FOR PARTNER MANAGEMENT PLAN

GONORRHEA OR CHLAMYDIAL INFECTION:

All partners should be treated as if they are infected. ***Providers are asked to complete the partner management plan section (shaded area) on the facing page to define a partner management plan.***

If provider takes responsibility to ensure partner treatment, providers should examine and treat all of the 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 the health department for partner notification assistance. ***The health department will provide free medications to your patient to give to his or her partners*.**

To obtain free medication for your patient's partner(s), call or fax a prescription to one of the pharmacies listed on the back of this form. Preprinted prescriptions are also attached to this case report. **(Only pharmacies listed on the back of this form have stocks of Public Health medication provided at no cost to patients.)**

Other STDs

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by the health department. Patients diagnosed with genital herpes should be advised to notify their sex partners and should be informed that their partners can be tested for gential herpes at the PHSKC STD clinic at Harborview Medical Center.

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

PATIENT DATA

LAST NAME | FIRST NAME | INIT D

ADDRESS | TELEPHONE ( )

CITY / TOWN | STATE | ZIP CODE

REASON FOR EXAM: (CHECK ONE)
- ☐ Symptomatic
- ☐ Routine Exam—No Symptoms
- ☐ Exposed to Infection

DATE OF DIAGNOSIS: MO | DAY | YR

ETHNICITY: H | Non-His. | U

RACE - Check all that apply: W | B | AI/AN | A | NH/OPI | O | U

SEX: M | F

DATE OF BIRTH

GENDER OF SEX PARTNERS: M | F | Both | U

RACE: W—White; B—Black; AI—American Indian / AN—Alaskan Native; A—Asian; NHOPI—Native Hawaiian/Other Pacfic Islander; O—Other; U—Unknown

DIAGNOSIS-DISEASE

Instructions

PARTNER MANAGEMENT PLAN

✓ **Select method of ensuring partner treatment**

1. ☐ Health Department to assume responsibility for partner treatment.

HEALTH DEPARTMENT ASSISTANCE ONLY RECOMMENDED IF:

- Patient has had 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 or unwilling to contact one or more partner, **or**
- Patient is a man who has sex with other men.

2. ☐ Provider will ensure all partners treated **(FREE medications available)**. Indicate number to be treated(_____)

3. ☐ All partners have been treated. Indicate number treated(_____)

GONORRHEA (lab confirmed)

DIAGNOSIS - ✓ only one	SITE(S) - ✓ all that apply	TREATMENT - ✓ all given/presc.
☐ Asymptomatic	☐ Cervix	☐ Cefpodoxime ☐ Ceftriaxone
☐ Symptomatic - Uncomplicated	☐ Urethra	☐ Doxycycline ☐ Azithromycin
☐ Pelvic Inflammatory Disease	☐ Urine	☐ Levofloxacin* ☐ Ciprofloxacin*
☐ Ophthalmia	☐ Rectum	☐ Cefixime ☐ Other
☐ Disseminated	☐ Pharynx	Other, specify_____
☐ Other Complications:_____	☐ Ocular	*Quinlolones not recommended as first choice for GC treatment; see treatment guldelines.
DATE TESTED _____	☐ Other:_____	DATE RX_____

CHLAMYDIA TRACHOMATIS (lab confirmed)

DIAGNOSIS - ✓ only one	SITE(S) - ✓ all that apply	TREATMENT - ✓ all given/presc.
☐ Asymptomatic	☐ Cervix	☐ Azithromycin
☐ Symptomatic - Uncomplicated	☐ Urethra	☐ Doxycycline
☐ Pelvic Inflammatory Disease	☐ Urine	☐ Erythromycin
☐ Ophthalmia	☐ Rectum	☐ Ofloxacin
☐ Other Complications:	☐ Pharynx	☐ Levofloxacin
_____	☐ Ocular	☐ Other_____
DATE TESTED _____	☐ Other	DATE RX_____

DIAGNOSING CLINICIAN | PERSON COMPLETING REPORT

FACILITY NAME | ADDRESS

CITY | STATE | TELEPHONE ( )

SYPHILIS
- ☐ Primary (Chancre, etc)
- ☐ Secondary (Rash, etc)
- ☐ Early Latent (<1 yr)
- ☐ Late Latent (>1 yr)
- ☐ Congenital
- ☐ Neurosyphilis
- ☐ Late

RX GIVEN_____

_____

DATE RX _____

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

Laboratory Confirmation ☐ Yes ☐ No

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

☐ Need Additional Case Report Forms

STATE OF WASHINGTON SEXUALLY TRANSMITTED DISEASE SERVICES
P.O. BOX 47842, OLYMPIA, WA 98504-7842

DOH 347-103 (Rev. 8/2006)

STATE OFFICE COPY

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PATIENT DATA

LAST NAME | FIRST NAME | INIT D

ADDRESS | TELEPHONE ( )

CITY / TOWN | STATE | ZIP CODE

REASON FOR EXAM: (CHECK ONE)
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ETHNICITY: H | Non-His. | U

RACE - Check all that apply: W | B | AI/AN | A | NH/OPI | O | U

SEX: M | F

DATE OF BIRTH

GENDER OF SEX PARTNERS: M | F | Both | U

RACE: W—White; B—Black; AI—American Indian / AN—Alaskan Native; A—Asian; NHOPI—Native Hawaiian/Other Pacfic Islander; O—Other; U—Unknown

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3. ☐ All partners have been treated. Indicate number treated(_____)

GONORRHEA (lab confirmed)

DIAGNOSIS - ✔ only one
- ☐ Asymptomatic
- ☐ Symptomatic - Uncomplicated
- ☐ Pelvic Inflammatory Disease
- ☐ Ophthalmia
- ☐ Disseminated
- ☐ Other Complications:_____

SITE(S) - ✔ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Urine
- ☐ Rectum
- ☐ Pharynx
- ☐ Ocular
- ☐ Other:_____

TREATMENT - ✔ all given/presc.
- ☐ Cefpodoxime ☐ Ceftriaxone
- ☐ Doxycycline ☐ Azithromycin
- ☐ Levofloxacin* ☐ Ciprofloxacin*
- ☐ Cefixime ☐ Other

Other, specify_____

*Quinlolones not recommended as first choice for GC treatment; see treatment guldelines.

DATE TESTED _____ 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
- ☐ Ocular
- ☐ Other

TREATMENT - ✔ all given/presc.
- ☐ Azithromycin
- ☐ Doxycycline
- ☐ Erythromycin
- ☐ Ofloxacin
- ☐ Levofloxacin
- ☐ Other_____

DATE RX_____

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- ☐ Congenital
- ☐ Neurosyphilis
- ☐ Late

RX GIVEN_____

_____

DATE RX _____

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

Laboratory Confirmation ☐ Yes ☐ No

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

☐ Need Additional Case Report Forms

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FOR HEALTH DEPARTMENT USE

PUBLIC HEALTH EXPEDITED PARTNER THERAPY PROJECT

PHARMACY: _____ **DATE:** _____

TELEPHONE: _____ **FAX:** _____

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 – AZITHROMYCIN, 1 GRAM (ZITHROMAX) **PO stat to be dissolved in water or other drink**, CEFPODOXIME 200 MG (VANTIN) 2 tablets (400mg) **once, PO stat.**

_____ DISPENSE AS WRITTEN

_____ SUBSTITUTION PERMITTED

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PUBLIC HEALTH EXPEDITED PARTNER THERAPY PROJECT

PHARMACY: _____ **DATE:** _____

TELEPHONE: _____ **FAX:** _____

Rx: PATIENT NAME: _____ **DOB:** _____
(INTENDED RECIPIENT)

PERSON PICKING UP MEDS: _____ **DOB**_____

Rx: DISPENSE MEDICATIONS AS CHECKED BELOW AT NO CHARGE TO PATIENT.

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_____ DISPENSE AS WRITTEN

_____ SUBSTITUTION PERMITTED

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Pharmacies providing free Public Health medications for sex partner treatment:

Bartell Drug Stores

Auburn
3902 “A” Street SE
253-939-8563 FAX: 253-939-0869

Bellevue North
1100 Bellevue Way NE
425-646-9369 FAX: 425-646-5477

Bridle Trails (Kirkland)
6619 132nd Ave NE
425-881-5544 FAX: 425-869-2227

Broadway and Pike (Seattle)
1407 Broadway
206-726-3495 FAX: 206-726-3498

Burien
601 SW 150th
206-242-1202 FAX: 206-431-5157

Downtown Seattle 3rd & Union
1404 Third Ave
206-624-1401 FAX: 206-624-3508

Queen Anne (Seattle)
600 1st Ave N
206-284-1354 FAX: 206-378-6060

Redondo (Des Moines)
27055 Pacific Hwy S
253-839-1693 FAX: 253-839-2876

University Village
2700 University Village Place NE
206-525-0705 FAX: 206-525-0740

White Center
9600 15th Ave SW
206-763-2728 FAX: 206-762-7630

Rite Aid Drug Stores

Auburn
1509 Auburn Way S
253-939-1939 FAX: 253-931-1150

Federal Way
32015 Pacific Hwy S
253-945-6011 FAX: 253-946-0258

Kent (Panther Lake)
20518 108th Ave SE
253-854-2999 FAX: 253-850-7631

North Seattle
13201 Aurora Ave N
206-364-7676 FAX: 206-367-2596

Renton
601 S Grady Way, Suite P
425-226-3461 FAX: 425-277-0696

Seward Park
9000 C Rainier Ave S
206-760-1076 FAX: 206-760-2655

South Seattle
2707 Rainier Ave S
206-721-5018 FAX: 206-722-6047

Fred Meyer's Stores

Auburn
801 Auburn Way N.
253-931-5584 FAX: 253-931-5578

Federal Way
33702-21st Ave. SW
253-952-0133 FAX: 253-952-0142

Kent
10201 SE 240th Ave. SW
253-859-5533 FAX: 253-859-5541

For updated pharmacy information, please visit
https://www.metrokc.gov/health/apu/links/sex-partner.htm

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