

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT
Report STDs within three working days. (WAC 246-101-101/301)

PATIENT INFORMATION											
Last Name			First Name		Middle Initial	Date of Birth Month Date Year					
Address				City			State		Zip Code		
Telephone		Email		English Speaking <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Language _____			Date of Diagnosis Month Date Year				
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Female <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
Currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	Reason for Exam (check one) <input type="checkbox"/> Exposed to infection <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine exam (No Symptoms)		Gender of Sex Partners (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Female <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Nonbinary/Genderqueer <input type="checkbox"/> Other <input type="checkbox"/> Unknown			HIV Status *Submit HIV/AIDS Case Report <input type="checkbox"/> Previous positive <input type="checkbox"/> New HIV diagnosis this visit* <input type="checkbox"/> Negative HIV test this visit <input type="checkbox"/> Did not test (unknown status)		Currently on PrEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
DIAGNOSIS—DISEASE											
GONORRHEA (Lab Confirmed)					SYPHILIS (check one)						
Diagnosis (check one) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Other Complications: _____		Sites (all that apply): <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		Treatment (check all prescribed): <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 1 g <input type="checkbox"/> Cefixime <input type="checkbox"/> 400 mg <input type="checkbox"/> 800 mg <input type="checkbox"/> Azithromycin <input type="checkbox"/> 1 g <input type="checkbox"/> 2 g <input type="checkbox"/> Doxycycline <input type="checkbox"/> 100 mg BID x 7 days <input type="checkbox"/> Gentamicin <input type="checkbox"/> 240 mg <input type="checkbox"/> Gemifloxacin <input type="checkbox"/> 320 mg <input type="checkbox"/> Other: _____			<input type="checkbox"/> Primary (Chancres, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early latent (<1 year) <input type="checkbox"/> Unknown Duration or Late <input type="checkbox"/> Congenital			MANIFESTATIONS (check all that apply) <input type="checkbox"/> Neurologic <input type="checkbox"/> Otic <input type="checkbox"/> Ocular <input type="checkbox"/> Tertiary	
Date Tested: _____		Date Tested: _____		Date Prescribed: _____			Date Prescribed: _____				
CHLAMYDIA TRACHOMATIS (Lab Confirmed)					TREATMENT (check one)						
Diagnosis (only one) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other complications: _____		Sites (all that apply) <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Vagina <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		Treatment (all prescribed) <input type="checkbox"/> Azithromycin <input type="checkbox"/> 1 g <input type="checkbox"/> Doxycycline <input type="checkbox"/> 100 mg BID x 7 days <input type="checkbox"/> Levofloxacin <input type="checkbox"/> 500 mg BID x 7 days <input type="checkbox"/> Other: _____			Bicillin L-A: <input type="checkbox"/> 2.4 MU IM x 1 <input type="checkbox"/> 2.4 MU IM x 3 Doxycycline <input type="checkbox"/> 100 mg BID x 14 days <input type="checkbox"/> 100 mg BID x 28 days Benzathine <input type="checkbox"/> 50,000 units/kg IM x 1 PCN-G: <input type="checkbox"/> 50,000 units/kg IM x 3 Aqueous: <input type="checkbox"/> 18-24 MU/day IV Crystalline for 10-14 days Penicillin G: Other: _____			Date Prescribed: _____	
Date Tested: _____		Date Tested: _____		Date Prescribed: _____			Date Prescribed: _____				
HERPES SIMPLEX					OTHER DISEASES						
DIAGNOSIS <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal		LABORATORY CONFIRMATION <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum						
Date Tested: _____		Date Tested: _____			Date Prescribed: _____						
PARTNER MANAGEMENT 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).											
<input type="checkbox"/> In-person evaluation - Number of partners treated following medical evaluation: _____ See side 2 for partner plan Instructions											
<input type="checkbox"/> 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): _____ <small>*Patient-delivered treatment is not recommended for men who have sex with men or patients with syphilis</small>											
REPORTING CLINIC INFORMATION											
Date		Facility Name			Diagnosing Clinician						
Address				City		State		Zip Code			
Person Completing Form			Email			Telephone					

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.

Please contact the Tacoma/Pierce County Health Department to report cases and inquire about partner management resources, possibly including EPT medications.

Pierce County 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 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 Tacoma/Pierce County Department of Health STD/HIV program: (253) 649-1418.

OTHER STDS: PARTNER TREATMENT

Genital herpes, chancroid, granuloma inguinale or lymphogranuloma venereum diagnosis: Health Department does not follow up with cases. Advise patient to notify sex partners. Partners should contact their provider for testing and treatment.

All patients with infectious syphilis are routinely contacted by public health staff. 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 CASE REPORTS*

GONORRHEA—UNCOMPLICATED OF THE CERVIX, URETHRA OR RECTUM

Ceftriaxone 500 mg IM as a single dose <150kg. 1 g IM as a single dose >150kg

*Ceftriaxone 500 mg IM as a single dose **PLUS** Doxycycline 100 mg PO BID for 7 days. **If pregnant** Azithromycin 1g PO as a single dose (*if chlamydial infection has not been excluded)

Alternative regimens if ceftriaxone is not available:

Cefixime 800 mg PO as a single dose

*Cefixime 800 mg PO as a single dose...**PLUS** Doxycycline 100 mg PO BID for 7 days. **If pregnant** Azithromycin 1g PO as a single dose (*if chlamydial infection has not been excluded)

For beta-lactam allergic patients:

Gentamicin 240mg IM as a single dose **PLUS** Azithromycin 2g PO as a single dose

Neisseria gonorrhoeae infections have increased 63% since 2014 in the United States. Gonorrhea can severely affect reproductive health and lead to pelvic inflammatory disease, ectopic pregnancy and infertility. Additionally, *N. gonorrhoeae* can quickly become resistant to antibiotics ([MMWR](#)).

GONORRHEA—UNCOMPLICATED OF THE PHARYNX (TEST OF CURE 7-14 DAYS AFTER TREATMENT)

Ceftriaxone 500 mg IM as a single dose <150kg 1 g IM as a single dose >150kg

*Ceftriaxone 500 mg IM as a single dose **PLUS** Doxycycline 100 mg PO BID for 7 days. **If pregnant** Azithromycin 1g PO as a single dose (*if chlamydial infection has not been excluded)

There is no reliable alternative treatment for pharyngeal gonorrhea or for beta-lactum allergic patient. For anaphylactic or other sever reaction (e.g., Stevens Johnson syndrome) to ceftriaxone, consult with an infectious disease or STI clinical expert.

CHLAMYDIA—UNCOMPLICATED

Azithromycin 1g PO as 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 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 ([CDC's Treatment Guidelines for Gonococcal Infections](#)) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.*

DOH 347-102, updated 03/21. 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).