


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

PATIENT INFORMATION				
LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS		CITY		STATE
TELEPHONE ()		EMAIL		ENGLISH SPEAKING? <input type="checkbox"/> Yes <input type="checkbox"/> No (Lang. _____)
SEX ASSIGNED AT BIRTH		GENDER IDENTITY		ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Refused		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary/Genderqueer		<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Other: _____
				<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"/> Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander
DATE OF BIRTH		MO		DAY
				YR
				DIAGNOSIS DATE
				MO
				DAY
				YR
CURRENTLY PREGNANT?	REASON FOR EXAM (check one)	GENDER OF SEX PARTNERS (check all that apply)		HIV STATUS <small>*Submit HIV/AIDS Case Report</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	<input type="checkbox"/> Exposed to Infection <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam (No Symptoms)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary / Genderqueer		<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Other <input type="checkbox"/> Unknown
				<input type="checkbox"/> Previous positive <input type="checkbox"/> New HIV diagnosis at this visit* <input type="checkbox"/> Negative HIV test at 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	
DIAGNOSIS (check one)	SITES (all that apply):	TREATMENT (check all prescribed):		STAGE (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: _____	<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: _____	<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 (Chancre, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early Latent (< 1 year) <input type="checkbox"/> Unknown Duration or Late Latent <input type="checkbox"/> Congenital
Date Tested: _____		Date Prescribed: _____		MANIFESTATIONS (check all that apply): <input type="checkbox"/> Neurologic <input type="checkbox"/> Otic <input type="checkbox"/> Ocular <input type="checkbox"/> Tertiary
CHLAMYDIA (lab confirmed)			TREATMENT (check one):	
DIAGNOSIS (check one)	SITES (all that apply):	TREATMENT (check all prescribed):		Bicillin L - A: <input type="checkbox"/> 2.4 MU IM x 1 <input type="checkbox"/> 2.4 MU IM x 3
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other Complications: _____	<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: _____	<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 daily x 7 days <input type="checkbox"/> Other: _____		Doxycycline: <input type="checkbox"/> 100 mg BID x 14 days <input type="checkbox"/> 100 mg BID x 28 days
Date Tested: _____		Date Prescribed: _____		Benzathine <input type="checkbox"/> 50,000 units/kg IM x 1 PCN-G: <input type="checkbox"/> 50,000 units/kg IM x 3
HERPES SIMPLEX			OTHER DISEASES	
DIAGNOSIS	LABORATORY CONFIRMATION	<input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum		Aqueous <input type="checkbox"/> 18-24 MU/day IV Crystalline for 10-14 days
<input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal	<input type="checkbox"/> Yes <input type="checkbox"/> No			Penicillin G: Other: _____ Date Prescribed: _____
PARTNER TREATMENT 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: _____				
<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): _____ *Patient-delivered treatment is not recommended for men who have sex with men or patients with syphilis				
----- Turn over for Partner Treatment Plan Instructions ----- 				
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 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.

King 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 Public Health - Seattle & King County: Krystal Machado (206) 744-2345

Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV, or granuloma inguinale are routinely contacted by public health staff. 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. 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 REPORTS*

GONORRHEA -- Uncomplicated

Ceftriaxone 500 mg IM

**For persons weight >150 kg (~300 lbs), the ceftriaxone dose should be 1g IM

Alternatives for uncomplicated urethral, vaginal or rectal infection:

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

OR

Cefixime 800 mg PO as a single dose

****NOTE: There is no recommended alternative therapy for pharyngeal gonorrhea. Contact a local infectious disease or STD expert for assistance.**

CHLAMYDIA -- Uncomplicated

Doxycycline 100 mg PO BID for 7 days (preferred) **OR**

Azithromycin 1g PO as a single dose

Alternatives:

Erythromycin (base) 500 mg PO QID for 7 days **OR**

Erythromycin 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 (<http://www.cdc.gov/std/tq2015/default.htm>) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.

DOH 347-102, updated 03/08/2021. For persons with disabilities or 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).