Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Fax page 1 to
Tacoma-Pierce County Health Department
(253) 649-1389 (confidential fax line)

Adapted from WA DOH Form 347-102

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

Report STDs within three working days. (WAC 246-101-101/301)

Use this form to report positive lab results only.

PATIENT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth Month Date Year

Address	City	State	Zip Code

Telephone	Email	English Speaking ☐ Yes ☐ No If no, Language	Date of Diagnosis Month Date Year

Sex Assigned at Birth
☐ Male
☐ Intersex
☐ Female
☐ Unknown

Gender Identity
☐ Male ☐ Transgender MTF
☐ Female ☐ Transgender FTM
☐ Nonbinary/Genderqueer ☐ Other

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Race (check all that apply)
☐ White ☐ Asian
☐ Black ☐ Other
☐ American Indian/Alaskan Native ☐ Unknown
☐ Native Hawaiian/Other Pacific Islander

Currently Pregnant?
☐ Yes
☐ No
☐ Unknown
☐ NA

Reason for Exam (check one)
☐ Exposed to infection
☐ Symptomatic
☐ Routine exam (No Symptoms)

Gender of Sex Partners (check all that apply)
☐ Male ☐ Transgender MTF
☐ Female ☐ Transgender FTM
☐ Nonbinary/Genderqueer ☐ Other
☐ Unknown

HIV Status ***Submit HIV/AIDS Case Report**
☐ Previous positive
☐ New HIV diagnosis this visit*
☐ Negative HIV test this visit
☐ Did not test (unknown status)

Currently on PrEP?
☐ Yes
☐ No
☐ NA

DIAGNOSIS—DISEASE

GONORRHEA (Lab Confirmed)

Diagnosis (check one)
☐ Asymptomatic
☐ Symptomatic, Uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia
☐ Disseminated
☐ Other Complications: _____

Date Tested: _____

Sites (all that apply):
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular
☐ Other: _____

Treatment (check all prescribed):
☐ Ceftriaxone ☐ 250 mg ☐ 500 mg ☐ 1 g
☐ Cefixime ☐ 400 mg ☐ 800 mg
☐ Azithromycin ☐ 1 g ☐ 2 g
☐ Doxycycline ☐ 100 mg BID x 7 days
☐ Gentamicin ☐ 240 mg
☐ Gemifloxacin ☐ 320 mg
☐ Other _____

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
☐ Ocular
☐ Other: _____

Treatment (all prescribed)
☐ Azithromycin ☐ 1 g
☐ Doxycycline ☐ 100 mg BID x 7 days
☐ Levofloxacin ☐ 500 mg BID x 7 days
☐ Other: _____

Date Prescribed: _____

HERPES SIMPLEX

DIAGNOSIS	LABORATORY CONFIRMATION
☐ **Genital (initial infection only)**	☐ Yes
☐ Neonatal	☐ No

OTHER DISEASES

☐ Chancroid
☐ Granuloma Inguinale
☐ Lymphogranuloma Venereum

SYPHILIS (check one)

☐ Primary (Chancre, etc.)
☐ Secondary (Rash, etc.)
☐ Early latent (<1 year)
☐ Unknown Duration or Late
☐ Congenital

MANIFESTATIONS (check all that apply)
☐ Neurologic ☐ Otic ☐ Ocular ☐ Tertiary

TREATMENT (check one)

Bicillin L-A:
☐ 2.4 MU IM x 1
☐ 2.4 MU IM x 3

Doxycycline
☐ 100 mg BID x 14 days
☐ 100 mg BID x 28 days

Benzathine PCN-G:
☐ 50,000 units/kg IM x 1
☐ 50,000 units/kg IM x 3

Aqueous Crystalline Penicillin G:
☐ 18-24 MU/day IV for 10-14 days

Other: _____

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).

See side 2 for partner plan Instructions

☐ In-person evaluation - Number of partners treated following medical evaluation: _____

☐ 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

REPORTING CLINIC INFORMATION

Date	Facility Name	Diagnosing Clinician

Address	City	State	Zip Code

Person Completing Form	Email	Telephone

Thank you for reporting a STD. All information will be managed with the strictest confidentiality.

PRIVILEGED AND CONFIDENTIAL COMMUNICATION: The information contained in this message is privileged, confidential or otherwise exempt from disclosure and is intended solely for the use of the individual(s) named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone and destroy the original facsimile. **(2/14)**

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).