Adapted from WA DOH Form 347-102

Fax page 1 to
Whatcom County Health Department
confidential fax line: (360) 778-6103

Whatcom County **HEALTH** Department

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 NAME	DATE OF BIRTH

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE	ALTERNATIVE TELEPHONE	ENGLISH SPEAKING ☐ Yes ☐ No (Lang.______________)	DIAGNOSIS DATE

SEX ASSIGNED AT BIRTH
☐ Male
☐ Female
☐ Intersex

GENDER IDENTITY
☐ Male
☐ Female
☐ Nonbinary / genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other:_____________

ETHNICITY
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

RACE
☐ White
☐ Black
☐ Asian
☐ Other
☐ American Indian / Alaskan Native
☐ American Indian / Alaskan Native
☐ Unknown

CURRENTLY PREGNANT?
☐ Yes
☐ No
☐ Unknown

REASON FOR EXAM (check one)
☐ Exposed to infection
☐ Symptomatic
☐ Routine Exam

GENDER OF SEX PARTNERS (check all that apply)
☐ Male
☐ Female
☐ Nonbinary / genderqueer
☐ Transgender MTF
☐ Transgender FTM
☐ Other
☐ Unknown

HIV STATUS
☐ Previous positive
☐ New HIV diagnosis at visit
☐ Negative HIV test at this visit
☐ Did not test

CURRENTLY ON PrEP?
☐ Yes
☐ No

GONORRHEA

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

Date Tested:_______________

SITES
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular

TREATMENT*
☐ Ceftriaxone ☐ 250 mg ☐ 500 mg ☐ 1 g
☐ Azithromycin ☐ 1 g ☐ 2 g
☐ Doxycycline ☐ 100 mg BID x 7 days

☐ Other:_________________________
*Recommended treatment: 250mg ceftriaxone, 1g azithromycin

Date Prescribed:____________________

CHLAMYDIA

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

Date Tested:_______________

SITES
☐ Cervix
☐ Urethra
☐ Urine
☐ Rectum
☐ Pharynx
☐ Vagina
☐ Ocular

TREATMENT*
☐ Azithromycin ☐ 1 g
☐ Doxycycline ☐ 100 mg BID x 7 days

☐ Other:_________________________
*Recommended treatment: 1g azithromycin

Date Prescribed:____________________

SYPHILIS

STAGE (Check One)
☐ Primary
☐ Secondary
☐ Early Latent (<1 Year)
☐ Unknown Duration Or Late
☐ Congenital
Neurosyphilis ☐Yes ☐No

SYMPTOMS (check all that apply)
☐ Lesion (genital, rectal, oral)
☐ Rash
☐ Change in vision
☐ Change in hearing
☐ Ringing in the ears
☐ Other :

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

Date Prescribed:_____________

HERPES SIMPLEX

DIAGNOSIS
☐ Genital (initial infection only)
☐ Neonatal

LABORATORY CONFIRMATION
☐ Yes
☐ No

OTHER DISEASES

Please call the Whatcom County Health Department to discuss 360-778-6100

PARTNER TREATMENT PLAN

☐ **Provider will ensure all partners are treated. Indicate number to be treated (_____). Indicate number already treated (_____)**
☐ **Health Department to assume responsibility for partner treatment.**

REPORTING CLINIC INFORMATION

DATE	FACILITY NAME	DIAGNOSING CLINICIAN

ADDRESS	CITY	STATE	ZIP

PERSON COMPLETING FORM	CLINIC BACKLINE NUMBER

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

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Updated 10/17/2019.

PARTNER MANAGEMENT PLAN INSTRUCTIONS

PARTNER TREATMENT

Gonorrhea and Chlamydia

- Advise all patients to notify their most recent sex partner and all partners from the 60 days prior to diagnosis.
- All potentially exposed partners should be treated without waiting for laboratory confirmation of infection.
- Attempt to see and treat partners whenever possible. If you plan to have a patient with gonorrhea or chlamydia return to your office or clinic for treatment, ask them to bring a partner with them to be treated at the same time.
- Offer all heterosexual patients medication to give to their sex partners if you cannot otherwise assure their treatment.
  - **Whatcom County Health Department can provide you with FREE medication packs** for your heterosexual patients to give to their sex partner(s).
- **Advise all patients that the health department may call them.**

Infectious syphilis

- Advise patients to notify their partners from the 90 days prior to onset of symptoms. Depending on the patient's syphilis stage, additional partners may require evaluation and treatment.
- **Inform patients that Whatcom County Health Department will contact them to assist with partner treatment.**

OTHER STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV, or granuloma inguinale are routinely contacted by Whatcom County Health Department. 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 if they have symptoms.

RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS*

GONORRHEA -- Uncomplicated

Ceftriaxone .... 250 mg IM as a single dose **PLUS** Azithromycin 1g 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 as a single dose OR Gemifloxacin 320mg PO as a single dose

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 (http://www.cdc.gov/std/tg2015/default.htm) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.*

Updated 10/17/2019.