



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 Initial, Date of Birth
Address, City, State, Zip Code
Email Address, Telephone, Reason for Exam (check one)
Date of Diagnosis, Sex, If Female, Pregnant?
Ethnicity, Race (check all that apply), Gender of Sex Partners, HIV Tested at This Visit?
DIAGNOSIS—DISEASE
GONORRHEA (Lab Confirmed), SYPHILIS
CHLAMYDIA TRACHOMATIS (Lab Confirmed), HERPES SIMPLEX
PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment
REPORTING CLINIC INFORMATION

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

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PARTNER MANAGEMENT PLAN INSTRUCTIONS

PARTNER TREATMENT

Chlamydia & Gonorrhea

Providers are to manage partner treatment by either treating partners or prescribing free medication.

All partners should be treated as if they are infected.

- Examine and treat all the patient’s sex partners from the previous 60 days. If this is **not** possible, offer medication for all sex partners whom patients are able to contact.
- **FREE medication** for your patient’s partner(s) is available from **participating pharmacies only**. A **prescription FAX form** and list of participating pharmacies can be found on the following page.

Cowlitz County Health Department investigates ALL Syphilis cases, and certain Chlamydia & Gonorrhea cases (patients <16 years old, or men having sex with men).

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.

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

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

Fluoroquinolones (Levofloxacin or Ciprofloxacin, etc.) are no longer recommended for the treatment of gonorrhea due to increased prevalence of quinolone-resistant Neisseria gonorrhoeae (QRNG).

CHLAMYDIA—UNCOMPLICATED

Azithromycin..... 1g PO as a single dose

OR

Doxycycline 100 mg PO BID for 7 days (Preferred for rectal chlamydia infection)

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 LATENT, LATENT OF UNKNOWN DURATION, TERTIARY (NOT NEUROSYPHILIS)

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



**Washington State
STD Expedited Partner Therapy Project
Fax Rx for STD Tx Packs**

Adapted from Washington State
Department of Health Form DOH 347-102

TO	
Pharmacy Check (✓) pharmacy in table below	Date
Rx Patient Name (intended recipient)	Date of Birth
Person Picking Up Meds (if different than above)	Date of Birth
<p>Rx Dispense medications as checked below at no charge to patient. Medications to be dispensed without childproof safety cap.</p> <p><input type="checkbox"/> Public Health Pack 1: Azithromycin, 1 gram (Zithromax) x 1 PO <input type="checkbox"/> No known adverse drug reactions</p> <p><input type="checkbox"/> Public Health Pack 2: Azithromycin, 1 gram (Zithromax) x 1 PO <input type="checkbox"/> Unknown adverse drug reactions Cefixime, 400 mg (Suprax) x 1 PO</p> <p><input type="checkbox"/> Dispense as Written <input type="checkbox"/> Substitutions Permitted</p>	
_____	_____
Provider Signature	Provider Signature

PARTICIPATING PHARMACIES IN COWLITZ COUNTY

Indicate (✓) Pharmacy To Dispense Medications

PHARMACY	FAX NUMBER	ADDRESS	PHONE NUMBER
<input type="checkbox"/> Rite Aid #5287	(360) 636-5041	230 Kelso Drive, Kelso, WA 98626	(360) 577-2693
<input type="checkbox"/> Rite Aid #5288	(360) 636-0901	364 Triangle Shopping Center, Longview, WA 98632	(253) 588-3666
<input type="checkbox"/> Castle Rock Pharmacy	(360) 274-7825	117 – 1 st Avenue SW, Castle Rock, WA 98611	(360) 274-8211

PRESCRIBING PROVIDER CONTACT INFORMATION	
Name	Fax Number
Address	Phone Number

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