

# FAX page 1 to Cowlitz County Health Department's confidential fax line: (360) 425-7531

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

### CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE (STD) CASE REPORT

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

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PATIENT INFORMATION												
Last Name First Na				rst Name N		Middle	Middle Initial		Date of Birth			
Address				City			State	te Zip Code				
Email Address				Telephone			Reason for Exam (check one)  Symptomatic					
Date of Diagnosis							If Female, Pregnant?			_	utine exam – no symptoms	
Month [	Day		Year		☐ Male ☐ Female		Yes No Unknown		า	Exposed to infection		
Ethnicity	Race	check all that a	apply)				Gender of Sex Partne	rs		HIV Te	sted at This Visit?*	
Hispanic	$\square$ W	hite 🔲 Blad	ck 🗌 An	nerican Indi	n Indian/Alaskan Native		☐ Male ☐ Both			Yes No Previous positive		
■ Non-Hispanic	☐ As	ian 🔲 Nat	ive Hawaiian/	Other Pacific Islander			☐ Female ☐ Unknown			* If newly HIV positive, complete and		
Unknown	Ot	her 🔲 Unk	nown					submit the HIV/AIDS Case Report				
DIAGNOSIS—DISEA	SE											
GONORRHEA (Lab Cor	nfirmed	i)							SYPHI	LIS		
Diagnosis (only one)			Sites (all that apply)			Treatment (a	ll prescribed)	bed)		Primary (chancre, etc.)		
☐ Asymptomatic			Cervix			Ceftriaxone			Secondary (rash, etc.)			
Symptomatic, unco	omplica	ited	Urethra			Cefixime			Early latent (less than 1 year)			
Pelvic Inflammator			Urine			Azithromy	rcin		Late latent (longer than 1 year)			
Ophthalmia			Rectum			Doxycyclir			Late symptomatic			
Other complication			Pharynx						$\perp = $ $^{\prime}$ .			
Other complication	13.		Vagina			Other:			☐ Congenital Neurosyphilis ☐ Yes ☐ No			
			Other:						Date Tested:			
								Prescription Given:				
Date Tested:						Date Prescribed:			Date Prescribed:			
CHLAMYDIA TRACHOI	MATIS	(Lab Confirmed	I)			:				ES SIMP		
Diagnosis (only one)			Sites (all that apply)			Treatment (all prescribed)			Genital (initial infection only)			
☐ Asymptomatic			Cervix			Azithromycin Erythromycin			☐ Neonatal			
Symptomatic, unco	omplica	ited	☐ Urethra			☐ Doxycycline ☐ Ofloxacin			Lab Confirmed			
Pelvic Inflammator	y Disea	ise	☐ Urine			Levofloxacin			☐ Yes ☐ No			
☐ Ophthalmia			Rectum			☐ Other:			OTHER			
l			☐ Pharynx						Chancroid			
Vagina								Granuloma Inguinale				
			☐ Other:			Date Prescrib	ed:		Lymphogranuloma Venereum			
PARTNER MANAGEMENT PLAN—Select method of ensuring partner treatment												
									/	-1-1- O'		
=					-		tners or prescribing free			side 2).		
					ailable).	Number to be t	reated:	Turn	over f	or Part	ner Plan Instructions	
2. All partne	ers have	been treated.	Number treat	.ed:				_				
Cowlitz County Health Department investigates ALL Syphilis cases, and certain Chlamydia & Gonnorrhea cases (patients <16 years old, or men having sex with men);												
all other STD cases will NOT be investigated (Herpes Simplex, Chancroid, Granuloma Inguinale, Lymphogranuloma Venereum).												
REPORTING CLINIC	INFOR	MATION										
Date					Diagnosing Clinician							
Facility Name					Person Completing Form							
Address						Telephone						
City State Zip Code						Email						
							2.11011					

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 & Gonnorrhea 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:

#### 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:

#### 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

<sup>\*</sup> Refer to "STD Diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC's) website (<a href="www.cdc/qov/std/treatment">www.cdc/qov/std/treatment</a>) 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

то						
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					
Rx Dispense medications as checked below at no charge to patient.  Medications to be dispensed without childproof safety cap.						
Public Health Pack 1: Azithromycin, 1 gram (Zithromax)	1 PO No known adverse drug reactions					
Public Health Pack 2: Azithromycin, 1 gram (Zithromax) x Cefixime, 400 mg (Suprax) x 1 PO	1 PO Unknown adverse drug reactions					
☐ Dispense as Written	Substitutions Permitted					
Provider Signature	Provider Signature					
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### PARTICIPATING PHARMACIES IN COWLITZ COUNTY

Indicate (✓) Pharmacy To Dispense Medications

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

PRESCRIBING PROVIDER CONTACT INFORMATION				
Name	Fax Number			
Address	Phone Number			

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