

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, DATE OF BIRTH, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE, EMAIL, ENGLISH SPEAKING?, DIAGNOSIS DATE, SEX ASSIGNED AT BIRTH, GENDER IDENTITY, ETHNICITY, RACE, CURRENTLY PREGNANT?, REASON FOR EXAM, GENDER OF SEX PARTNERS, HIV STATUS, CURRENTLY ON PrEP?, DIAGNOSIS - DISEASE: GONORRHEA (lab confirmed), CHLAMYDIA (lab confirmed), HERPES SIMPLEX, OTHER DISEASES, PARTNER TREATMENT PLAN (check one or more options), 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.

PRIVILEGED AND CONFIDENTIAL COMMUNICATIONS: 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.

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.

Walla Walla County Health Department may be able to provide free medication to your patient to give to his or her partner(s), if resources permit. Please contact your local health jurisdiction to report cases and inquire about partner management resources, possibly including EPT medications.

Walla Walla County Health Department 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 **Walla Walla County Health Department: (509) 524-2650**.

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 as a single dose for persons weighing < 150 kg (300 lbs), or 1 g IM as a single dose for persons weighing > 150 kg (300 lbs)[†]

Alternatives for uncomplicated infections of the cervix, urethra, or rectum:[‡]

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

Cefixime 800 mg orally as a single dose[†]

[†] If treating with ceftriaxone or cefixime, and chlamydia infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg PO BID for 7 days. During pregnancy, azithromycin 1 g PO as a single dose is recommended to treat chlamydia.

[‡] Ceftriaxone is the only recommended treatment for pharyngeal gonorrhea. Consult an infectious disease provider or other STD expert for assistance if alternative treatment is required.

CHLAMYDIA -- Uncomplicated

Doxycycline 100 mg PO BID for 7 days **OR**

Azithromycin 1g PO as a single dose

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

DOH 347-102, updated 4/23/2021. 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).