



MULTNOMAH COUNTY, OREGON

STI Reporting Form. Please provide the requested information for our public health activities. Fax: 503-988-5533 Provider Line: 503-988-3702

This is a request from the Multnomah County Health Department, Epidemiology section, which is housed in the Sexually Transmitted Disease Clinic at **619 NW 6th Avenue | Portland, OR 97209**. As specified in OAR 333-19, each case or suspected case shall be reported to the local health department within one day from time of identification for the following infections: Chlamydia, Chancroid, Gonorrhea, Lymphogranuloma, Venereum, Syphilis

Last Name	First Name	MI	AKA	Date of Birth	
Address (including apartment #)			Phone Number		
City	State	Zip Code	County		
Reason for exam			Date of Diagnosis	Tested for HIV at Visit?	
Race	Ethnicity	Language	Sex assigned at birth	Gender	Pronouns
Pregnant?	How many weeks?		Prenatal care?		

<input type="checkbox"/> GONORRHEA	<input type="checkbox"/> CHLAMYDIA	<input type="checkbox"/> SYPHILIS	TREATMENT
Date tested: _____ <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic – Uncomplicated <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Pelvic inflammatory disease <input type="checkbox"/> Other complications: _____ <u>Please describe any gonorrhea symptoms:</u> Sites: <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		Stage: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent <input type="checkbox"/> Congenital <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Late/Unknown duration Serology: <input type="checkbox"/> RPR <input type="checkbox"/> RPR titer: _____ <input type="checkbox"/> VDRL <input type="checkbox"/> FTA <input type="checkbox"/> TPPA <input type="checkbox"/> Treponemal AB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Azithromycin 1 g <input type="checkbox"/> Benzathine Penicillin G 2.4 x 1 <input type="checkbox"/> Benzathine Penicillin G 2.4 x 3 <input type="checkbox"/> Cefixime <input type="checkbox"/> Ceftriaxone 250 mg <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Doxycycline/Tetracycline <input type="checkbox"/> Erythromycin <input type="checkbox"/> Gemifloxacin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Metronidazole <input type="checkbox"/> Spectinomycin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Dose: _____ Date(s) of Rx: _____

PROVIDER INFORMATION	EXPEDITED PARTNER TREATMENT
Provider name: Facility name: Address: Phone number:	How many EPT's? Rx date and medication: If known, partner(s) name and DOB:

The STD Case Report is designated for health care providers to report sexually transmitted diseases that are designated by the Oregon Health Division as legally reportable. These diseases are of such major public health concern that surveillance of their occurrence is in the public interest. All information will be managed in the strictest confidence. Your cooperation is both encouraged and appreciated.

CDC Treatment Guidelines

**Refer to "STD Diagnostic and Treatment Guidelines" or the Centers for Disease Control and Prevention's (CDC's) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.*

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.....240 mg IM as as single dose

OR Gemifloxacin.....320 mg 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** Levofloxacin500 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

Alternatives:

Doxycycline..... 100 mg PO BID for 14 days

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

Alternatives

Doxycycline..... 100 mg PO BID for 28 days

Expedited Partner Treatment (EPT) for Chlamydia and Gonorrhea Infection

All partners should be treated as if they are infected.

Multnomah County Health Department strongly encourages providers to take responsibility to ensure partner treatment 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 heterosexual sex partners whom patients are able to contact. Free medication is available for your patient's partner(s). To obtain **FREE medication** for your patient's partner(s), call or fax a prescription to one of the pharmacies participating in your area. For Multnomah county Pharmacies please call, **Westside Pharmacy: 503-988-5267, Southeast Health Center Pharmacy: 503-988-5558, Mid County Health Center Pharmacy: 503-988-3601.**

Multnomah 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, 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.