SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL CASE REPORT

CRITERIA FOR REPORTING – *Reported by county of residence as specified in OAR 333-19*, each case of Chlamydia -- Chancroid -- Gonorrhea -- Lymphogranuloma Venereum -- Early Syphilis **shall be reported to the local health department within one day from time of identification**. Acute Pelvic Inflammatory Disease (PID) is reported within one week.

USE OF THE CONFIDENTIAL STD CASE REPORT

The **STD Case Report is designed for health care providers to report sexually transmitted diseases that are designated by the Oregon Health Division as legally reportable (see OAR 333-19).** 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. Please call if you have any questions about the information required to complete the form.

REPORTING INSTRUCTIONS

Confidential case reports must be reported to the local health department of patient's residency by fax, telephone or mail. The report should include all the information below.

For Marion County residents:

Marion County Confidential Fax: (503) 566-2920

Phone: Marion County Clinic (503) 588-5342

CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

Last Name, First, MI		Pregnant: ☐ Y es ____ weeks, ☐ No ☐ Unk								
Address		Phone Number								
City/Town	State	Zip Code	County							
Date of Diagnosis	Race **W** **B** **AP** **AI** **O**	Ethnicity **H** **NH**	Sex **M** **F**	Marital Status **S** **M** **D**	Age	DOB

RACE: **W**-White; **B**-Black; **A**-Asian/**PI**-Pacific Islander; **AI**-American Indian/**AN**-Alaskan Native; **O**-Other/U-Unknown

GONORRHEA (lab confirmed)

Diagnosis - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic – Uncomplicated
- ☐ Pelvic Inflammatory Dis. (PID)
- ☐ Ophthalmia
- ☐ Disseminated
- ☐ Other Complications:

Site(s) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Rectum
- ☐ Pharynx
- ☐ Ocular
- ☐ Urine
- ☐ Other _____

DATE TESTED _____

TEST TYPE _____

CHLAMYDIA TRACHOMATIS (lab confirmed)

Diagnosis - ✓ only one
- ☐ Asymptomatic
- ☐ Symptomatic – Uncomplicated
- ☐ Pelvic Inflammatory Dis. (PID)
- ☐ Ophthalmia
- ☐ Disseminated
- ☐ Other Complications: _____

Site(s) - ✓ all that apply
- ☐ Cervix
- ☐ Urethra
- ☐ Rectum
- ☐ Pharynx
- ☐ Ocular
- ☐ Urine

Other _____

DATE TESTED _____

TEST TYPE _____

TREATMENT/DOSE CHECK ALL

Date of Treatment _____

DOSE
- ☐ Ceftriaxone _____
- ☐ Cefixime _____
- ☐ Spectinomycin _____
- ☐ Ciprofloxacin _____

# of Days _____

- ☐ Benzathine Pen G

Dose ____ # of Doses _____

Date_____

Date_____

Date_____

DOSE
- ☐ Tetracycline/Doxy _____
- ☐ Azithromycin _____
- ☐ Erythromycinn _____
- ☐ Metronidazole _____

# of Days _____

- ☐ Other _____

DOSE _____

# of Days_____

OTHER SEXUALLY TRANSMITTED DISEASES
- ☐ Chancroid
- ☐ Lymphogranuloma Venereum

SYPHILIS

☐EIA/CIA POS
- ☐RPR _____
- ☐VDRL _____
- ☐TP-PA _____
- ☐FTA-ABS _____
- ☐OTHER _____

DATE _____

REASON FOR EXAM (CHECK ONE)
- ☐ Symptomatic ☐ Pregnant
- ☐ Routine Exam – No Symptoms-
- ☐ Exposed to infection

REPORTABLE SYNDROME

(No laboratory confirmation of gonorrhea or Chlamydia)

☐☐ ACUTE PELVIC INFLAMMATORY DISEASE (PID) Date Diagnosed_____

Note date of treatment and treatment in middle column.

Lab information (If available)

Lab Used: _____

Collection Date: _____

Reported Date: _____

Provider	
Address	
City and State	Phone:

Was patient told that partner needed to be treated? _____

Was partner treated, given an Rx or Expedited Partner Therapy by you? _____

If yes, what is partner's name _____ Date of TX _____Medication _____

If client or partner cannot afford treatment, please refer them to Marion County Health Department (503) 588-5342