CONFIDENTIAL SEXUALLY TRANSMITTED INFECTION CASE REPORT

PUBLIC HEALTH
COMMUNICABLE DISEASE

Lane County Public Health
151 W 7th Avenue
Room 310
Eugene, OR 97401
(541) 682-4041
(541) 682-2455 (Fax)

First Name:	**Middle Name:**	**Last Name:**		
Address		**City:**	**State:**	**Zip:**
Phone Number:	**Alternate Phone Number:**	**Email Address:**		

DOB:

Gender: ☐ F ☐ M ☐ Trans Male ☐ Trans Female ☐ Non-Binary ☐ Unknown ☐ Refused

Race:

☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander

Additional/Other: ___________________________

Ethnicity:

☐ Hispanic ☐ Non-Hispanic

Reason for Exam:

☐ Routine Exam ☐ Symptomatic ☐ Exposed to Infection ☐ Pregnant ____# of Weeks (if pregnant)

Sexually Transmitted Infection Reported:

☐ Chlamydia

☐ Gonorrhea

Name of Lab: ______________________________

Date Tested: ______________________________

Clinical Presentation:

☐ Asymptomatic ☐ Ophthalmia
☐ Symptomatic ☐ Epididymitis
☐ PID

Other Complications:

____

Sites:

☐ Cervix ☐ Ocular
☐ Pharynx ☐ Rectum
☐ Urethra ☐ Vagina

TX/RX Date: ______________________________

PLEASE CHECK ALL THAT APPLY:

1. **GC Treatment:**
   - ☐ Ceftriaxone 500 mg IM for persons weighing <300 lbs
   - ☐ Ceftriaxone 1 g IM for persons weighing ≥300 lbs
   - ☐ Gentamicin 240mg IM PLUS Azithromycin 2 g PO as a single dose (NOT for pharyngeal gonorrhea)
2. **Added-on Treatment** (If chlamydia has **not** been ruled out):
   - ☐ Doxycycline 100 mg orally twice daily for 7 days
   - ☐ Azithromycin 1g PO in a single dose (If pregnancy, doxycycline allergy, or adherence issues are present)
3. **CT Treatment:**
   - ☐ Azithromycin 1g PO in a single dose
   - ☐ Doxycycline 100 mg PO BID for 7 days

Other Treatment: ______________________________

Sexual Partner Information:

Name:__________________________________

Address:________________________________

Phone:__________________________________

DOB: _________________**Sex:**______________

Does the patient want LCPH to confidentially notify this partner of exposure to an STI?
☐ Yes ☐ No

Expedited Partner Tx: ☐ Yes ☐ No
*Provide prescription for "EPT" to all partners in last 90 days.
Count:___________________

Partner Medication Prescribed:
GC treatment:
☐ Cefixime 800mg PO x1(Add Doxycycline if CT has not been excluded)
CT treatment:
☐ Azithromycin 1g PO in a single dose
OR
☐ Doxycycline 100 mg PO BID for 7 days

Provider Name:	**Provider Phone:**	**Is the patient aware they may be contacted?** ☐ **Yes** ☐ **No**

→ New CDC Treatment Guidelines for Gonococcal Infection can be downloaded from: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf

ONE DAY CRITERIA FOR REPORTING: OAR 333-018, each Case or Suspected Case is reported to the local health department within one day.

This form can be downloaded from: https://lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4244603 Rev. 2/10/2021