

Communicable Disease Reporting Form

Chlamydia Gonorrhoea

All information requested below is required.

Please complete and return to SMDHU by fax to (705) 733-7738

Reported by _____ **Form Completed on** yy/mm/dd

Health Care Provider (HCP): _____ Phone #: _____

Family HCP (if different): _____ Phone #: _____

Patient Demographics

Name _____ DOB: _____ M F X
last name, first name *yyyy/mm/dd*

Address _____ Phone: _____ Home Cell Text Other

_____ Phone: _____ Home Cell Text Other

Primary Language: English French Other:

Reason for Testing

Routine screen Contact of case Sexual assault Prenatal screen **due date:** _____

Resistance suspected Resistance confirmed Therapeutic abortion

Symptomatic **Onset date:** _____

Tick all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Rectal pain | <input type="checkbox"/> Abnormal vaginal bleeding |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Painful intercourse | <input type="checkbox"/> Scrotal pain |
| <input type="checkbox"/> Urinary frequency | <input type="checkbox"/> Urinary difficulty | <input type="checkbox"/> Urethral irritation |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Discharge, purulent |
| | | <input type="checkbox"/> Fever |

Asymptomatic

NOTE: Rectal and/or pharyngeal NAAT testing is recommended with receptive exposures at these sites in the following individuals:
MSM, sex trade workers and their sexual contacts, contacts of a gonorrhoea case or based on clinical evaluation of symptoms or sexual behaviors

Risk Factors

Tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> No condom/barrier used | <input type="checkbox"/> Anonymous sex |
| <input type="checkbox"/> Condom/barrier breakage | <input type="checkbox"/> Sex trade worker |
| <input type="checkbox"/> New contact in past 2 months | <input type="checkbox"/> Sex with sex trade worker |
| <input type="checkbox"/> >1 partner in last 6 months (# _____) | <input type="checkbox"/> Met partner through internet |
| <input type="checkbox"/> Sex with opposite sex | <input type="checkbox"/> Judgement impaired by alcohol/drugs |
| <input type="checkbox"/> Sex with same sex | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Sex with trans | <input type="checkbox"/> HIV positive <input type="checkbox"/> If HIV positive, taking Antiretroviral treatment (ART) |

Health Teaching

Patient has been informed of their infection and provided with the following health teaching: yes no

- Encouraged to use condom/barriers
- Advised to abstain from sexual activity for 7 days following treatment of patient and sex partner(s)
- Informed that all sex partners within the last 60 days need to be notified. If none in last 60 days, then last sex partner(s)
- Advised to rescreen in 6 months and consider STI bloodwork prn

 **Please complete page 2**

Partner Notification

Number of partners in last 60 days _____

- Patient to notify partner(s)
 Health Care Provider to test and treat partner(s)
 Untraceable partner(s): anonymous partner(s) or insufficient contact information
* Patient requests that Public Health notify partner(s), anonymously and confidentially.

* **Partner is pregnant** yes no **Patient or partner: has delivered baby in last 90 days** yes no n/a

* Enter contact information below

Name	M / F / X	Address	Phone #	Age/DOB	Other

N.B. If you would like free STI medications for this patient please call (705) 721-7520 x 8376 or 1 877 721-7520 x 8376

Chlamydia Treatment

First line:

- Doxycycline 100 mg PO BID x 7 days **or**
 Azithromycin 1 g PO single dose

Tx Date: _____

Medication provided Rx provided

Alternate Therapeutic Treatment:

Test of Cure required

For alternate treatment options, refer to the Canadian Guidelines on Sexually Transmitted Infections, 2016 - Chlamydia chapter

Tx: _____

Tx Date: _____

Gonorrhea Treatment

First line:

- Ceftriaxone 250 mg IM + Azithromycin 1 g PO single dose to be administered/taken same day

Tx Date: _____

Medication provided/Administered Rx provided

Alternate Therapeutic Treatment:

Use only when first-line is not possible. Test of Cure required.

For alternate treatment options, refer to Public Health Ontario, Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition

Tx: _____

Tx Date: _____

Please indicate reasons for alternate treatment used:

- Allergic to first line Medication contraindication(s)
 Refusal of IM injection Other _____
 First line unavailable

Test of Cure (TOC)

Patient advised to have TOC yes no

TOC required when:

- first line treatment not used
- patient is pregnant
- compliance is uncertain
- re-exposure to untreated partner
- gonorrhea pharyngeal infection
- suspected/confirmed treatment failure for patient and/or partner(s)
- reduced susceptibility to cephalosporins reported for patient/partner(s)
- PID or disseminated infection
- therapeutic abortion
- child ≤ 12 years of age

*The optimal specimen for TOC is **culture** and should be performed **1 - 2 weeks** post treatment. If culture is not available, TOC by NAAT will also be accepted.*

TOC by **NAAT** (swab or urine) for **Chlamydia**: perform ***3-4 weeks** post treatment

TOC by **NAAT** (swab or urine) for **Gonorrhea**: perform **2-3 weeks** post treatment

*genetic material may persist longer than 4 weeks and therefore must be considered when interpreting positive TOC results

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