

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 - The following are health teaching points for patients:

- Encouraged to use condom/barriers
- Advised to abstain from sexual activity for 7 days following treatment of patient and sex partner(s)
- Advised to rescreen in 3 months for chlamydia cases, in 6 months for gonorrhoea cases and consider STI bloodwork
- 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)

Number of partners in last 60 days _____

Please complete page 2 

Partner Notification

If patient is requesting Public Health notify their partner(s), anonymously and confidentially, please add contact information in table below or direct patient to contact SMDHU at 1-877-721-7520 extension 8376.

Name	Delivery/Due Date (if applicable)	Address	Phone #	Age/DOB	Other
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***Partners meeting the following criteria will be followed up by public health.

- Pregnant contacts
- Newly delivered baby (within the last 90 days)
- Index case lab (culture) shows antibiotic resistance to cefixime (suprax), ceftriaxone or azithromycin
- All partners of cases under 16
- Case is HIV positive with unknown viral load

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: _____

Gonorrhea Treatment

First line:

- Ceftriaxone 500 mg IM single dose

Tx Date: _____

Alternate Therapeutic Treatment:
Test of Cure required

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

Tx: _____

Tx Date: _____

Alternate Therapeutic Treatment:
Use only when first-line is not possible.

For alternate treatment options, refer to [National Advisory Committee on Sexually Transmitted and Blood-Borne Infections \(NAC-STBBI\)](#)

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

Chlamydia TOC is required when:

- first line treatment not used
- patient is pregnant
- compliance is uncertain
- re-exposure to untreated partner
- persistent symptoms post-treatment
- NAAT is recommended 3-4 weeks post-treatment

Gonorrhea TOC:

- is recommended or all positive sites
- Culture is the preferred method using the charcoal swab
- Obtain cultures 3 to 7 days after treatment is complete
- If culture is not available and NAAT is used as a TOC, it should be performed at **earliest 2 to 3 weeks** after completion of treatment.

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

January 29, 2025