

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)
- 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 3 months for chlamydia cases, in 6 months for gonorrhoea cases and consider STI bloodwork



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.

Number of partners in last 60 days _____

Name	Delivery/Due Date (if applicable)	Address	Phone #	Age/DOB	Other

***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

Gonorrhea Treatment

First line:

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

Tx Date: _____

First line:

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

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 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
- there is gonorrhea 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

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

Gonorrhea: **Culture** is preferred for TOC (particularly if clinical failure or resistance to treatment is suspected), taken **3-7 days** post treatment.

TOC by **NAAT** (swab or urine) taken **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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