

Report of Chlamydia or Gonorrhea

* Please use this form for reporting LAB CONFIRMED cases of Chlamydia or Gonorrhea only

Fax completed form to 905-898-5213

Health care provider information: (Name, Address, Phone#)	
Client information: (Name, Sex, DOB, Address, Phone#, Marital Status, Language Spoken)	

REASON(S) FOR TESTING:

- Routine screening Symptoms Contact tracing Immigration screening Therapeutic Abortion
 Prenatal – EDD (yy/mm/dd): _____ Sexual Assault Other: _____

SYMPTOMS:

- Asymptomatic Symptomatic (please specify): _____
 Start Date (yy/mm/dd): _____ End Date (yy/mm/dd): _____

TREATMENT:

TREATMENT DATE (YY/MM/DD): _____

Chlamydia Treatment
<input type="checkbox"/> Azithromycin (Zithromax) 1g single dose PO <input type="checkbox"/> Doxycycline (Vibramycin) 100 mg bid x7 days PO <input type="checkbox"/> Amoxicillin 500 mg tid x 7 days PO <input type="checkbox"/> Other:

Gonorrhea Treatment
FIRST LINE TREATMENT <input type="checkbox"/> Ceftriaxone 250 mg IM AND Azithromycin 1g single dose PO (on the same day)
Alternative treatment: <input type="checkbox"/> Cefixime 400mg PO and Azithromycin 1g single dose PO <input type="checkbox"/> Azithromycin 2g single dose PO

TEST OF CURE (TOC):

Chlamydia: If client not treated with preferred regime (Azithromycin or Doxycycline), follow for TOC. If using Nucleic Acid Amplification Test (NAAT), perform ≥ 1 month post treatment to reduce false positive results.

Gonorrhea: If client not treated with first line treatment (ceftriaxone plus azithromycin) follow for TOC. Culture preferred for Gonorrhea TOC perform ≥ 3-7 days post treatment or if using NAAT for TOC ≥ 2-3 weeks. TOC is recommended for prenatal, alternative treatments, post therapeutic abortion, pelvic inflammatory disease and pharyngeal gonorrhea.

- Client advised to have a test of cure, planned date:** _____

PARTNER NOTIFICATION:

Number of contacts: _____

Who will notify all partner(s)?

- Client - Client has taken responsibility to inform partner(s)
 Health Care Provider - Health care provider will provide each partner with STI information regarding prevention, testing, and treatment
 Public Health - Client has requested anonymous notification of partner(s). Please provide any known identifying information about each partner(s) including name, gender, address, telephone number, age/date of birth.
 Unable to Follow - Client does not have sufficient information to contact partner(s)
 Not discussed with client

Public Health

4261 Highway 7 East, Suites B6 – 9, Unionville, ON L3R 9W6

1-877-464-9675 • TTY 1-866-512-6228

www.york.ca/sexualhealth



ASSESSMENT OF RISK FACTORS:

Exposure Setting

- Bath house
- Correctional facility
- Underhoused/homeless

Travel outside province/country (specify):

Unknown

Other: _____

Medical Risk Factors

- Co -infection (specify): _____
- Positive HIV status
- Repeat STI

Pregnant

Unknown

Other: _____

Behavioural/Social Factors

- | | | |
|---|---|--|
| <input type="checkbox"/> Anonymous sex | <input type="checkbox"/> No condom used | <input type="checkbox"/> Sex trade worker |
| <input type="checkbox"/> Condom breakage | <input type="checkbox"/> New contact in past 2 months | <input type="checkbox"/> Sex with opposite sex |
| <input type="checkbox"/> Judgement impaired by drugs/alcohol | <input type="checkbox"/> Contact visiting from outside province | <input type="checkbox"/> Sex with same sex |
| <input type="checkbox"/> Met contact through Internet | <input type="checkbox"/> Sex for drugs/shelter/food/survival | <input type="checkbox"/> Sex with sex trade worker |
| <input type="checkbox"/> More than one sex contact in last 6 months – specify#: _____ | <input type="checkbox"/> Sex with trans | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Shared sex toys | <input type="checkbox"/> Other |

Have other STI tests been done (indicate results)?

- Chlamydia _____ Gonorrhea _____ Hep B _____ Hep C _____ Syphilis _____
- HIV _____ Other _____

HEALTH TEACHING: Client has been informed of their infection and provided with below noted health teaching?

- Yes No

York Region Public Health recommends that your health teaching include:

- Transmission of Sexually Transmitted Infections (STIs) and reinforce measures for protection from future STIs including **safer sex practices and condom use**
- Advising your client to **abstain from having sexual activity for 7 days following treatment** and/or not to resume sexual activity with any partner(s) until 7 days following the treatment of all those involved
- Follow up for **STI re-screening at 6 month intervals (or 3 month intervals for those with ongoing risk)**
- Discussion on **partner notification, notifying all partners within 60 days prior to diagnosis** or any partners at risk
- Discuss additional STI screening including HIV and the HIV window period

Comments: _____

Signature of Health Care Provider: _____ Date (yy/mm/dd): _____

To order **free hepatitis A and/or B vaccine** for clients meeting eligibility criteria (www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf), please fax a completed vaccine order form to Fax#: **(905) 830-0578**. If you are a health care provider who practices **outside** of York Region, please order your vaccine through your local vaccine provider.