Leeds, Grenville & Lanark District HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

Community STI Case Reporting
Chlamydia (CT)/Gonorrhea (GC) Follow-up

RETURN TO CONFIDENTIAL FAX: 613-345-2566

For Public Health use
iPHIS Client Number:

REPORTING SOURCE

Diagnosing clinician:	Agency:	
Form completed by:	Phone:	Fax:

CLIENT INFORMATION

Name:	DOB (yyyy-mm-dd):	Gender (M/F/T):
Phone:		
Address:	City:	Postal Code:

DIAGNOSIS & REASON FOR TESTING

☐ CT ☐ GC | Test Date (yyyy-mm-dd): ☐ Routine test ☐ Prenatal screening ☐ Contact tracing

☐ Symptoms: Onset Date (yyyy-mm-dd):

RISK FACTORS (Check all that apply)

☐ > 1 sexual contact in the past 6 months ☐ new sexual contact in the past 2 months ☐ Sharing drug use equipment
☐ no condom used ☐ sexually assaulted ☐ sex trade worker ☐ other:

TREATMENT & CLIENT COUNSELLING

Chlamydia as per Canadian Guidelines on STIs

☐ Azithromycin 1 g PO

☐ Doxycycline 100 mg PO bid for 7 days (preferred treatment for rectal chlamydia)

☐ Alternative Treatment:
(dose / route / frequency / duration)

Date prescribed (yyyy-mm-dd):

☐ Client notified of positive result
☐ No sexual contact for 7 days post treatment
☐ No sex with untreated sexual contact(s)
☐ Retreatment required if emesis occurs within 1 hour
☐ Test of cure (> 3 weeks post treatment)

Gonorrhea as per Public Health Ontario Guidelines

First-line (strong preference)
☐ Ceftriaxone 250 mg IM + Azithromycin 1g PO

Second-line (use only if required, preform test of cure)
☐ Cefixime 400 mg PO + Azithromycin 1 g PO; or
☐ Azithromycin 2 g PO

☐ Alternative Treatment:
(dose / route / frequency / duration)

Date prescribed (yyyy-mm-dd):

☐ Client notified of positive result
☐ No sexual contact for 7 days post treatment
☐ No sex with untreated sexual contact(s)
☐ Retreatment required if emesis occurs within 1 hour
☐ Test of cure (culture 3 to 7 days or NAAT ≥ 2 weeks post treatment) required if Second-line treatment prescribed; Client pregnant; or Pharyngeal infection

PARTNER NOTIFICATION & PUBLIC HEALTH FOLLOW-UP (Check all that apply) *Public Health will contact **ALL** gonorrhea cases

☐ Client will notify sexual contact(s) in past 2 months (or last known if > 2 months) of need for testing and treatment
☐ Client requires Public Health to notify sexual contact(s) *Clinician to inform client that contact tracing is done in a confidential manner and the client's privacy is protected
☐ Diagnosing clinician will collect client's sexual contacts and submit to Public Health for follow-up (see reverse)
☐ Diagnosing clinician would like Public Health to follow-up
☐ Client has not been notified, is untreated or inadequately treated

Notes:

SEXUAL CONTACT/PARTNER NOTIFICATION		Notified by Client:
Name:	Gender (M/F/T):	DOB (yyyy-mm-dd):
Phone:		
Address:	City:	Postal Code:
Date of last sexual contact (yyyy-mm-dd):		
Symptomatic:	List:	
Tested:	Result:	
Treated:	Antibiotic (dose/route/frequency/duration):	
Notes:		

SEXUAL CONTACT/PARTNER NOTIFICATION		Notified by Client:
Name:	Gender (M/F/T):	DOB (yyyy-mm-dd):
Phone:		
Address:	City:	Postal Code:
Date of last sexual contact (yyyy-mm-dd):		
Symptomatic:	List:	
Tested:	Result:	
Treated:	Antibiotic (dose/route/frequency/duration):	
Notes:		

SEXUAL CONTACT/PARTNER NOTIFICATION		Notified by Client:
Name:	Gender (M/F/T):	DOB (yyyy-mm-dd):
Phone:		
Address:	City:	Postal Code:
Date of last sexual contact (yyyy-mm-dd):		
Symptomatic:	List:	
Tested:	Result:	
Treated:	Antibiotic (dose/route/frequency/duration):	
Notes:		

SEXUAL CONTACT/PARTNER NOTIFICATION		Notified by Client:
Name:	Gender (M/F/T):	DOB (yyyy-mm-dd):
Phone:		
Address:	City:	Postal Code:
Date of last sexual contact (yyyy-mm-dd):		
Symptomatic:	List:	
Tested:	Result:	
Treated:	Antibiotic (dose/route/frequency/duration):	
Notes:		