

CHLAMYDIA AND GONORRHEA CASE REPORT

Fax completed form to York Region Public Health at 905-940-4541

HEALTH CARE PROVIDER, CLIENT INFORMATION AND COLLECTION DETAILS

Name, Address, Phone, Fax:	
Client information (Name, DOB, phone, address, client's identified name / gender / pronoun):	
Collection Details:	Date: Site:

Please indicate if client has been informed of STI and received health teaching Yes No

York Region Public Health recommends health teaching include:

- Transmission of Sexually Transmitted Infections (STIs) and reinforce measures for protection from future STIs including safer sex practices and condom use.
- Advise to abstain from having sexual activity for 7 days following treatment of client and all current partners.
- Instruct clients to have Test of Cure as recommended
- Schedule repeat STI screening and discuss additional STI screening, including HIV noting HIV window period.
- Discuss contact notification, all partners within 60 days prior to diagnosis to be notified

TREATMENT

Chlamydia Treatment	Treatment Date:
<input type="checkbox"/> Azithromycin 1 g single dose PO **First line treatment**	
<input type="checkbox"/> Doxycycline 100 mg BID x 7 days PO **First line treatment**	
<input type="checkbox"/> Other:	

Gonorrhea Treatment	Treatment Date:
<input type="checkbox"/> Ceftriaxone 500 mg IM **NEW First line treatment**	
<input type="checkbox"/> Ceftriaxone 250 mg IM + Azithromycin 1 g PO (previous regimen)	
<input type="checkbox"/> Other:	

TEST OF CURE (TOC)

TOC recommendations include:

- **ALL** gonorrhea cases

Public Health

1-877-464-9675

TTY 1-866-512-6228

york.ca/SexualHealth



- Prenatal
- Did NOT receive first line treatment
- Persistent symptoms
- Post therapeutic abortion
- Prepubertal clients
- Clients with LGV

Chlamydia: If using NAAT TOC perform \geq 3-4 weeks to reduce false positive results.

Gonorrhea: For asymptomatic use NAAT TOC \geq 3-4 weeks. For culture TOC perform \geq 3 days. If treatment failure suspected more than 3 weeks post treatment: do both NAAT and culture.

Client advised to have a test of cure Yes No
Date planned:

CONTACT NOTIFICATION RESPONSIBILITY

Number of contacts:

Client has taken responsibility to inform all contacts(s)

- Health Care Provider** will provide each contact with STI health information, testing and treatment
- Public Health** to provide *anonymous* notification of contact(s)
- Unable to follow** - client does not have sufficient information to notify contact(s)
- Not discussed with client**

Contact(s) details (provide all available information including name, phone number, address, age, gender):

Is contact high risk (e.g., prenatal)? Yes No

REASON FOR TESTING

- Routine Screening
- Symptoms
- Contact Tracing
- Immigration Screening
- PrEP screening
- Sexual Assault
- Therapeutic Abortion
- Prenatal – EDD:
- Other:

SYMPTOMS

Start date (yy/mm/dd):

End date (yy/mm/dd):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Discharge Purulent | <input type="checkbox"/> Urination Difficulty | <input type="checkbox"/> Urinary Frequency |
| <input type="checkbox"/> Urethral Irritation | <input type="checkbox"/> Abnormal Vaginal Bleeding | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Painful Intercourse |
| <input type="checkbox"/> Rectal Pain | <input type="checkbox"/> Scrotal Pain | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Other Symptom(s): |

ASSESSMENT OF RISK FACTORS

Exposure Setting	Behavioural Social Factors	Medical Risk Factors
<input type="checkbox"/> Bath house <input type="checkbox"/> Correctional facility <input type="checkbox"/> Travel to: <input type="checkbox"/> Underhoused / Homeless <input type="checkbox"/> Social Venue / Event: <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	<input type="checkbox"/> No condom used <input type="checkbox"/> Condom breakage <input type="checkbox"/> Anonymous sex <input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> Sex with transgender person <input type="checkbox"/> Sex with sex trade worker <input type="checkbox"/> Sex trade worker <input type="checkbox"/> Sex for drugs / shelter / food /survival <input type="checkbox"/> Judgement impaired by alcohol / drugs <input type="checkbox"/> New contact in past 2 months <input type="checkbox"/> More than one sex contact in last 6 months: # <input type="checkbox"/> Met contact through internet sites: <input type="checkbox"/> Contact visiting from outside province: <input type="checkbox"/> Other: <input type="checkbox"/> Unknown	<input type="checkbox"/> Co-Infection with: <input type="checkbox"/> Repeat STI <input type="checkbox"/> Pregnant <input type="checkbox"/> On HIV Pre-Exposure Prophylaxis <input type="checkbox"/> Unknown <input type="checkbox"/> Other:

ADDITIONAL INFORMATION

Is this patient currently on HIV Pre-Exposure Prophylaxis (PrEP)? Yes No

PrEP is a highly effective HIV prevention medication regime. For more information, or to learn how to prescribe PrEP in your clinical practice visit ontarioprep.ca.

Have other STI tests been done?

Chlamydia Gonorrhoea Hepatitis B Hepatitis C Syphilis HIV Other

Results:

To order free STI Medications: York Region Health Care Providers can order a one-time STI treatment or become a stock clinic provider by contacting Sexual Blood Borne Infections On Duty Line at **1-877-464-9675 Ext. 74214**, or complete the [STI medication order form](#) and fax to 905-940-4541. For Health Care Providers outside York Region, contact your local Health Unit.

To order free hepatitis A and/or B vaccine for clients meeting eligibility criteria: For York Region Health Care Providers send completed [High Risk vaccines order form](#) and/or [High Risk Hepatitis B vaccine order form](#) via fax to **(905) 830-0578**, via email to vaccineinventory@york.ca or call **1-877-464-9675 Ext. 74033**. For Health Care Providers outside York Region, contact your local Health Unit.

Signature of Health Care Provider:	Date:
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