



Chlamydia and Gonorrhoea Mandatory Reporting Form

Please fax back to: St. Thomas Site: 519-631-1682
Woodstock Site: 519-539-6206

Report of: Chlamydia Gonorrhoea Health Care Provider: _____

CLIENT INFORMATION:

Name: _____ Date of Birth: _____

Phone: _____ Gender: _____

Address: _____

REASON FOR TESTING:

Routine Screening Prenatal Screening Contact of an STI
Symptoms (describe): _____

Is patient pregnant? Yes No Is patient high risk? Yes No (If yes, please advise client that public health will follow-up.) *Southwestern Public Health will not be providing counselling or partner notification for positive cases with the exception of high risk clients (e.g. pregnant, under 16 years of age, safety or abuse concerns, co-infection with another STI, or >3 STIs in the past 5 years), unless specifically requested by the healthcare provider.*

TREATMENT:

Date of Treatment: _____ Prescription or Office Supply

| Chlamydia Treatment | Gonorrhoea Treatment |
|--|---|
| First-line (adults): Azithromycin 1g PO* <p style="text-align: center;">OR</p> Doxycycline 100mg PO bid x 7 days Pregnant/lactating women: Azithromycin 1g PO* <p style="text-align: center;">OR</p> Amoxicillin 500 mg PO tid x 7 days Other: _____ Reason for Other: _____ | First-line (adults and pregnant/lactating women): Ceftriaxone 250mg IM + Azithromycin 1g PO* Other: _____ Reason for Other: _____ * If vomiting occurs less than one hour post administration, a repeat dose is required. |
| For alternative treatments, refer to the Canadian STI Guidelines. | For alternative treatments, refer to the Public Health Ontario Guidelines for Testing and Treatment of Gonorrhoea in Ontario, 2nd edition, 2018. |

COUNSELLING PROVIDED (check if completed):

- Abstain from sexual activity (oral, vaginal and anal) for 7 days post-treatment and with untreated partner(s).
- Discuss use of condoms/dental dams.
- Re-screen in 6 months.
- **TEST OF CURE: Recommended for pregnant, pre-pubertal children, second-line treatment, pharyngeal/rectal Gonorrhoea, and suspected non-compliance.**

Not applicable

Recommended/patient informed: Chlamydia: NAAT testing minimum 3-4 weeks post treatment
Gonorrhoea: Culture 3-7 days post treatment (preferred) **OR**
NAAT testing 2-3 weeks post treatment (alternative)

PARTNER NOTIFICATION: All partners 60 days prior to diagnosis advised to seek testing and treatment.

Who will notify partners? Patient (Case) Health Care Provider

Please check if Southwestern Public Health needs to follow-up with patient and/or complete partner notification.

Printed Name: _____

Signature/Designation: _____ Date/Time: _____

Personal information is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes by public health or the Ministry of Health and Long-Term Care. The information will be stored according to Southwestern Public Health's retention schedule. Any questions about the collection of this information should be directed to: Privacy Officer, Southwestern Public Health, 1230 Talbot Street, St. Thomas, ON N5P 1G9; Phone 1-800-922-0096.