



GONORRHEA

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any **disease of public health significance** to the Medical Officer of Health.

Completion of both pages of this form is required. The form is to be faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132). Refer to the *Canadian Guidelines on Sexually Transmitted Infections (STIs)* for diagnosis and management of STIs.

DATE REPORTED (YY/MM/DD)		REPORTING PROVIDER NAME	PHONE NUMBER () - ext.	
SECTION A: PATIENT INFORMATION				
PATIENT NAME (FIRST) (MIDDLE) (LAST)		SEX	DATE OF BIRTH (YY/MM/DD)	AGE
ADDRESS (STREET) (CITY) (POSTAL CODE)				
HOME PHONE: () -		LANGUAGE SPOKEN:		

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been notified of the laboratory result, indicating infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant? If yes, indicate gestational age: _____ weeks

SECTION B: PRESENTING SYMPTOMS			
✓ FEMALES	Onset Date (YY/MM/DD)	✓ MALES	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic (most common)		<input type="checkbox"/> Asymptomatic	
<input type="checkbox"/> Lower abdominal pain		<input type="checkbox"/> Dysuria	
<input type="checkbox"/> Deep dyspareunia		<input type="checkbox"/> Testicular pain	
<input type="checkbox"/> Dysuria		<input type="checkbox"/> Urethral discharge	
<input type="checkbox"/> Rectal pain/discharge and proctitis		<input type="checkbox"/> Urethral itch	
<input type="checkbox"/> Abnormal vaginal bleeding		<input type="checkbox"/> Rectal pain/discharge and proctitis	
<input type="checkbox"/> Vaginal discharge		<input type="checkbox"/> Other, specify:	
<input type="checkbox"/> Other, specify:			

SECTION C: RISKS FOR INFECTION AND COMPLICATIONS	
✓ RISKS	
<input type="checkbox"/> Sexual contact of a confirmed gonorrhea case <input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> No condom use <input type="checkbox"/> Condom breakage <input type="checkbox"/> Anonymous sex partners <input type="checkbox"/> Multiple sex partners	<input type="checkbox"/> New sexual contact in the past 2 months <input type="checkbox"/> Alcohol and/or drug use <input type="checkbox"/> Those with street involvement/homeless <input type="checkbox"/> Unprotected sex while traveling to endemic area (specify country): _____ <input type="checkbox"/> Sex trade worker

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SECTION D: INFECTION MANAGEMENT			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Was treatment provided to the client? If yes, specify medication & date below.</p> <p>All confirmed cases need to be treated and suspected cases should be considered for treatment.</p> <p>NOTE: <i>Free</i> STIs medications can be ordered from the WECHU to have in your office for prompt treatment.</p> <p>** NEW - TREATMENT PER GUIDELINES FOR UNCOMPLICATED GONORRHEA INFECTIONS IN ADULTS</p>		
	<table border="1"> <tr> <td> First-line Treatment <input type="checkbox"/> Ceftriaxone 500mg IM single dose (monotherapy) </td> <td>DATE GIVEN (YY/MM/DD):</td> </tr> </table>	First-line Treatment <input type="checkbox"/> Ceftriaxone 500mg IM single dose (monotherapy)	DATE GIVEN (YY/MM/DD):
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<input type="checkbox"/> Other:	DATE GIVEN (YY/MM/DD):		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Advise client to inform sexual partners to see a health care provider for testing and treatment. Inform client that WECHU can assist with anonymous partner notification.</p>		
#: _____	# of sexual partners identified by the client 60 days prior.		
SECTION E: CLIENT EDUCATION			
<input type="checkbox"/>	Counsel client regarding transmission and prevention methods. Advise client/contact(s) to abstain from or have protected intercourse of all types (anal, oral, and vaginal) until at least 7 days after completion of <i>appropriate</i> treatment and the clients/contact(s) are asymptomatic.		
<input type="checkbox"/>	<p>**NEW - Test of Cure (TOC) is recommended for all positive Gonorrhea sites in all cases. This is particularly important when regimens other than ceftriaxone 500mg IM are used.</p> <p>Obtain NAAT three to four weeks after completion of treatment OR obtain culture at least three days after completion of treatment. If treatment failure is suspected more than three weeks after treatment (e.g., when symptoms persist or recur after treatment), complete both NAAT and Culture.</p>		
<input type="checkbox"/>	Inform client that repeat testing for gonorrhea is recommended 6 months post-treatment, as reinfection is high.		
<input type="checkbox"/>	Inform client that a nurse from the WECHU may be contacting them.		

* The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding specimen collection. An online test information index is also available at www.publichealthontario.ca.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

The most current form is available on our website:

<https://www.wechu.org/forms/>

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention

www.wechu.org

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