

Completion of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit – Sexual Health (fax: 226-783-2132). **Refer to *Canadian Guidelines on Sexually Transmitted Infections* for diagnosis and management of STIs, including complex cases.**

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: () -			ALTERNATE PHONE: () -		

SECTION B: INFECTION MANAGEMENT	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been notified of the laboratory result, indicating infection? Ensure sufficient time is available to spend with the individual to offer support when providing a client with a positive test result.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been referred to Windsor Regional Hospital's HIV Care Program (519-254-6115)?
SECTION C: PATIENT EDUCATION	
<input type="checkbox"/>	Counsel client regarding how HIV is transmitted and prevention methods. Inform client how HIV can progress to AIDS. Focus on positive messages by highlighting advances in HIV care, treatment and support. Make individuals aware that HIV is now considered a chronic illness, and with the right treatment and support, people living with HIV can live long, active, and healthy lives.
<input type="checkbox"/>	Discuss the need to disclose HIV status to sexual and drug-equipment sharing partners. Advise client to inform sexual partners to follow up with a health care provider to get testing and treatment. The Health Unit can assist with contact tracing and anonymous partner notification. HIV Care Program also provides point-of-care testing (519-254-6115).
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them. They may also call the Health Unit directly at 519-258-2146 ext. 1420.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

Information about symptoms and diagnostic testing can be found on page 2.

The most current form is available on our website: <https://www.wechu.org/forms/>

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.

The following checklists can assist you in making a diagnosis.

PRESENTING SIGNS AND SYMPTOMS			
√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	√ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Mucosal ulceration	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Nausea	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Sore throat	
<input type="checkbox"/> Fever		<input type="checkbox"/> Thrush	
<input type="checkbox"/> Headache		<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Lymphadenopathy		<input type="checkbox"/> Other, specify:	
<input type="checkbox"/> Myalgia			

RISK FACTORS
 It is recommended that consideration and discussion of HIV testing be part of periodic routine medical care. Unless already known to be positive, clinical indications for HIV testing include individuals:

- requesting an HIV test;
- having signs and symptoms of HIV infections;
- with illnesses associated with a weakened immune system or a diagnosis of tuberculosis;
- having unprotected anal/vaginal intercourse or using shared drug equipment with partner whose HIV status is positive;
- who are pregnant or planning a pregnancy (and their partners as appropriate); and
- who are victims of sexual assaults.

√ Risks	√ Risks
<input type="checkbox"/> Sexually active but no history of being tested for HIV.	<input type="checkbox"/> Sexual activity, sharing of drug-use equipment, or receipt of blood or blood products for people originating from, or who have travelled to, regions where HIV is endemic.
<input type="checkbox"/> Unprotected anal or vaginal intercourse with a partner whose HIV status is unknown.	<input type="checkbox"/> Receipt of blood or blood products in Canada prior to November 1985.
<input type="checkbox"/> Multiple and/or anonymous sexual partnering.	<input type="checkbox"/> Use of shared drug equipment with a partner whose HIV status is unknown.
<input type="checkbox"/> For men, a history of sex with other men.	<input type="checkbox"/> Child of mother whose HIV status is positive.
<input type="checkbox"/> Diagnosis of other STI, hepatitis B or C.	<input type="checkbox"/> Other, specify:

Guided by clinical suspicion, the following test can be completed for diagnosis:

SPECIMEN COLLECTION			
√	Specimen Type / Date Collected	Collection Kit*	Lab Requisition Form
<input type="checkbox"/>	Blood specimen 5mL Date Collected (YY/MM/DD): ___/___/___	Blood, clotted – vacutainer tubes (SST)	Fully complete “HIV and HTLV I/HTLV II Serology and HIV PCR Test Requisition”, including ethnicity, risk factors.
<input type="checkbox"/>	Rapid point-of-care HIV test (INSTI HIV-1/HIV-2 Antibody Test) is available locally through the HIV Care Program (519-254-6115). Date Collected (YY/MM/DD): ___/___/___	Rapid HIV Testing Kit	N/A

*Refers to collection kits that Public Health Ontario Laboratory requires the specimen to be collected with. The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding specimen collection.