



GONORRHEA

HEALTHCARE 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: () -			ALTERNATE PHONE: () -		

<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 gonorrhoea case	<input type="checkbox"/> No condom use
<input type="checkbox"/> Those with street involvement/homeless	<input type="checkbox"/> Condom breakage
<input type="checkbox"/> Anonymous sex partners	<input type="checkbox"/> Unprotected sex while travelling to endemic area
<input type="checkbox"/> Multiple sex partners	<input type="checkbox"/> Sex trade worker
<input type="checkbox"/> New sexual contact in the past 2 months	<input type="checkbox"/> Sex with same sex
<input type="checkbox"/> Alcohol and/or drug use	<input type="checkbox"/> Other, specify: _____

Continued on page 2



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>TREATMENT PER GUIDELINES FOR UNCOMPLICATED ANOGENITAL AND PHARYNGEAL INFECTION IN ADULTS AND YOUTH ≥ 9 YRS OF AGE (Refer to the Canadian Guidelines on STIs for all other cases)</p>	
<p>First-line Treatment</p> <input type="checkbox"/> Ceftriaxone 250mg IM single dose AND <input type="checkbox"/> Azithromycin 1 g PO single dose	<p>DATE GIVEN (YY/MM/DD):</p>
<p>Alternative Treatments (Only if first-line not possible and must have a test of cure)</p> <input type="checkbox"/> Azithromycin 2g PO single dose OR <input type="checkbox"/> Cefixime 400mg PO AND Azithromycin 1g PO OR <input type="checkbox"/> Gentamicin 240mg IM in 2 separate 3-mL injections of 40mg/ml AND Azithromycin 2g PO (Gentamicin only available through special order at the health unit)	<p>DATE GIVEN (YY/MM/DD):</p>
<input type="checkbox"/> Other:	<p>DATE GIVEN (YY/MM/DD):</p>
<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>
<p>#: _____</p>	<p># of sexual partners identified by the client 60 days prior.</p>
SECTION E: CLIENT EDUCATION	
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Inform client to return for a test of cure for all positive sites, especially if symptomatic, treatment compliance is suboptimal, alternative treatment used, treatment failure, contact of antimicrobial resistant case, re- exposure, for all prepubertal children and pregnant women, pharyngeal and complicated/disseminated gonorrhoea, case has pelvic inflammatory disease, and/or case is undergoing therapeutic abortion.</p> <p>Test of cure should be completed by culture 3-7 days after treatment (preferred) or by NAAT 2-3 weeks after treatment (if culture is unavailable).</p>
<input type="checkbox"/>	<p>Inform client that repeat testing for gonorrhoea is recommended 6 months post-treatment, as reinfection is high.</p>
<input type="checkbox"/>	<p>Inform client that a nurse from the WECHU may be contacting them.</p>

* 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 HEALTHCARE 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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