



# GONORRHOEAE

## 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 – Infectious Disease (fax: 519-254-0134). **Refer to the *Canadian Guidelines on Sexually Transmitted Infections* for diagnosis and management of STIs.**

DATE REPORTED (YY/MM/DD)		REPORTING PROVIDER NAME		PHONE NUMBER ( ) - ext.	
<b>SECTION A: PATIENT INFORMATION</b>					
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

<b>SECTION B: PRESENTING SYMPTOMS</b>			
✓ 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:			

<b>SECTION C: RISKS FOR INFECTION AND COMPLICATIONS</b>	
✓ RISKS	
<input type="checkbox"/> Sexual contact of a suspected/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: _____

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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 &amp; date below.</p> <p>All confirmed cases need to be treated and suspected cases should be considered for treatment.</p> <p><b>NOTE: Free STIs medications can be ordered from the Health Unit to have in your office for prompt treatment.</b></p>								
	<table border="1"> <thead> <tr> <th>TREATMENT AS REQUIRED BY GUIDELINES</th> <th>DATE GIVEN (YY/MM/DD)</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Ceftriaxone 250mg IM single dose  <b>AND</b>  <input type="checkbox"/> Azithromycin 1 g PO single dose               </td> <td></td> </tr> <tr> <td> <p><b>For anogenital infections if anaphylactic reaction to penicillin or allergy to cephalosporins:</b></p> <input type="checkbox"/> Azithromycin 2g PO single dose  <b>AND</b>  <input type="checkbox"/> Gentamicin 240 mg IM in 2 separate 3-mL injections of 40 mg/mL               </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Other:               </td> <td></td> </tr> </tbody> </table>	TREATMENT AS REQUIRED BY GUIDELINES	DATE GIVEN (YY/MM/DD)	<input type="checkbox"/> Ceftriaxone 250mg IM single dose <b>AND</b> <input type="checkbox"/> Azithromycin 1 g PO single dose		<p><b>For anogenital infections if anaphylactic reaction to penicillin or allergy to cephalosporins:</b></p> <input type="checkbox"/> Azithromycin 2g PO single dose <b>AND</b> <input type="checkbox"/> Gentamicin 240 mg IM in 2 separate 3-mL injections of 40 mg/mL		<input type="checkbox"/> Other:	
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<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: PATIENT EDUCATION	
<input type="checkbox"/>	Counsel client regarding transmission and prevention methods. Advise client/contact(s) to abstain from or have protected intercourse until at least 7 days after completion of <b>appropriate</b> treatment and the clients/contact(s) are asymptomatic.
<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 gonorrhoeae, 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"/>	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 Health Unit 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](http://www.publichealthontario.ca).

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: \_\_\_\_\_

The most current form is available on our website:

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