North Bay Parry Sound District Health Unit

Sexual Health
Santé sexuelle
myhealthunit.ca

Chlamydia Reporting Form

Please fax the completed form to our Sexual Health Program at 1-855-247-9031.

Name:	DOB:	Gender: ☐M ☐F ☐Other:
Address:		Phone:
HCN:	Date of testing:	Client aware of results: ☐Yes ☐No

Indicate if: ☐Untreated ☐Co-infected with Gonorrhea, HIV and/or Syphilis
☐Repeat STBBI within the last year

Reason for Testing

☐Routine STI screen ☐Contact of case ☐Sexual assault ☐Pregnant-EDD:

Symptoms

☐Asymptomatic or ☐Symptoms, specify: Date of onset:

Treatment

Date ordered/Provided:	☐Azithromycin 1g po ☐Doxycycline 100 mg po BID x 7 days	☐Other:

Medication from the Health Unit provided to client: ☐Yes ☐No OR Rx provided: ☐Yes ☐No
*Provider can contact 705-474-1400 x 5289 or 1-800-563-2808 to obtain free STI meds to treat cases or their contact(s).

Complications:

☐PID ☐ Epididymitis ☐Other:

Risk Factors

☐Use of alcohol/drugs before/ during sexual encounter ☐Met contact through internet Specify:	☐Sex worker ☐Sex with sex worker ☐Sex with same sex ☐Sex with opposite sex	☐Sex for drugs/shelter/food ☐Underhoused/homeless ☐Other: ☐Unknown

Counselling

- Notify all sexual contacts within 60 days prior to case's symptom onset or testing date (if asymptomatic) to seek testing and treatment. If the case has no partners during this time, notify last partner. Contacts can be tested at the Health Unit, or if eligible, online through GetaKit.ca.
- Inform contacts to consider pharyngeal and/or rectal swabs based on their sexual exposure.
- Recommend that case and their contact(s) abstain from unprotected sex until treatment is complete (i.e. until completion of multi-dose treatment or for 7 days after single-dose treatment).
- STI transmission and prevention strategies.
- Recommend repeat screening 3 months post-treatment, as the risk of re-infection is high.

Test of Cure (TOC)

Recommend NAAT testing at all positive sites 3-4 weeks post-treatment for the following situations:

- Client is pregnant
- Question of compliance
- Unresolved symptoms
- Alternative Tx regime was used
- Prepubertal

Reporting

Name of person reporting:	Phone #:
Agency:	Date:

See Chlamydia and LGV guide: Key information and resources- Canada.ca for additional guidance.

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Lead at the North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563- 2808 or at privacy@healthunit.ca."

CLEAR FORM