



Thunder Bay District
Health Unit

Fax

To:
Company:
Fax:

From: **Sexual Health Clinic**
Phone: (807) 625-5976
Fax: (807) 625-4866
Date:
Pages:

MAIN OFFICE
999 Balmoral Street
Thunder Bay, Ontario
P7B 6E7

Toll free
in 807 area code
1-888-294-6630

Fax
Nurse Practitioner,
Sexual Health, Dental,
Septic, Library Service,
Speech and Audiology
(807) 623-2369

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www.tbdhu.com

Please see the attached reporting form, to be completed for positive _____ results in accordance with the **Health Protection and Promotion Act, Section 25 and 26**. Please fax the completed form back to (807)625-4866 within 4 weeks of receiving.

Free STI Medication

To order free medication to treat STIs, please visit:
www.tbdhu.com/contact/sti_medication_order_form

Free Hepatitis A, Hepatitis B, and HPV-9 Vaccines

We provide free High Risk Immunizations for clients that meet the high risk criteria. For more information and to order vaccines for your clinic, please call 625-5900 or visit:
www.tbdhu.com/professionals/health-care-providers/immunization-resources-for-vaccine-providers

PrEP

For information about prescribing PrEP in your clinic, visit
www.ontarioprep.ca

Chlamydia & Gonorrhoea Follow-up Form

Please fax back to: 807-625-4866

Date:	Clinic:
Physician/NP/Midwife:	Clinic Fax:

Client demographics: please confirm current address and telephone number(s)/e-mail by filling in information below or affixing label.

Name:	Telephone #:
Gender: AFFIX LABEL HERE	Email:
DOB (yyyy/mm/dd):	Address:

Reason for Testing		
<input type="checkbox"/> Routine	<input type="checkbox"/> Contact Tracing	<input type="checkbox"/> Prenatal
<input type="checkbox"/> Symptoms:		

Risk Factors	
<input type="checkbox"/> No condom used	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Condom breakage	<input type="checkbox"/> Repeat infection
<input type="checkbox"/> New partner in last two months	<input type="checkbox"/> Substance misuse
<input type="checkbox"/> More than 1 partner in last 6 months	<input type="checkbox"/> Under housed
<input type="checkbox"/> Sex with opposite sex	<input type="checkbox"/> Sex trade work
<input type="checkbox"/> Sex with same sex	<input type="checkbox"/> Not discussed with client
<input type="checkbox"/> Other:	

When to Consider a Test of Cure?

Chlamydia: 3 to 4 weeks post-treatment (NAAT or culture)

Indicated when: poor compliance suspected, second-line therapies used, for prepubertal children (culture only) and pregnancy

Gonorrhoea: 3-7 days (culture) post-treatment. 2-3 weeks post-treatment (NAAT) if no culture available.

Recommended for all positive sites in all cases. Refer to Canadian STI Guidelines for clients <19 years.

Chlamydia positive treatment (as per Canadian STI Guidelines)	
Date given:	
First-line	<input type="checkbox"/> Azithromycin 1 g PO <input type="checkbox"/> Doxycycline 100 mg PO bid for 7 days
Second-line	<input type="checkbox"/> Levofloxacin 500mg PO OD for 7 days <input type="checkbox"/> Erythromycin 2g/day PO for 7 days <input type="checkbox"/> Erythromycin 1g/day PO for 14 days <input type="checkbox"/> Amoxicillin 500 mg PO tid for 7 days
Reason for giving second-line treatment:	

Gonorrhoea positive treatment (as per Public Health Ontario Guidelines)	
Date given:	
First-line	<input type="checkbox"/> Ceftriaxone 250mg IM AND Azithromycin 1g PO
Second-line	<input type="checkbox"/> Azithromycin 1g PO AND Cefixime 400mg PO <input type="checkbox"/> Azithromycin 2g PO AND Gentamycin 240mg IM <input type="checkbox"/> Azithromycin 2g PO (least preferred)
Reason for giving second-line treatment:	

Counselling	
Client is aware of diagnosis:	<input type="checkbox"/> YES <input type="checkbox"/> NO
In all cases, clients are to be advised to notify all sexual partner(s) in the last 60 days.	
<input type="checkbox"/> Client is comfortable notifying partner(s)	<input type="checkbox"/> Healthcare provider to notify partner(s).
<input type="checkbox"/> Client does not know partner(s).	<input type="checkbox"/> Public Health to help notify partner(s).
LIST PARTNER INFO HERE	LIST PARTNER INFO HERE
LIST PARTNER INFO HERE	LIST PARTNER INFO HERE
Advise client of <u>all</u> of the following:	
<input type="checkbox"/> No sexual contact for 7 days post treatment	<input type="checkbox"/> No sexual contact with un-treated partner(s)
<input type="checkbox"/> Transmission and risk factors for other STIs and BBIs	<input type="checkbox"/> Test of cure (if recommended)
<input type="checkbox"/> Risk reduction with condom use & rescreening in 6 months	