Thunder Bay District
Health Unit

**MAIN OFFICE**
999 Balmoral Street
Thunder Bay, ON
P7B 6E7

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

**FAX**
Sexual Health/
Street Outreach
**(807) 625-4866**

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# Fax

## Sexual Health/Street Outreach

To

Company

Fax

From

Phone

Fax (807) 625-4866

Date

Pages

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Please see the attached reporting form, to be completed for a positive Syphilis case, in accordance with the **Health Protection and Promotion Act, Section 25 and 26**. Please fax the completed form back to (807) 625-4866 within 2 weeks of receiving.

Please note, due to the increase in syphilis cases across the district, we are asking healthcare providers to complete the Risk Factors section of this form. This will aid in evaluating and implementing measures to curtail the spread of syphilis.

If you have any questions regarding completing this form, staging and treating your patient, please a Public Health Nurse at

Health care providers can order free STI meds (including Long Acting Penicillin G Benzathine) by visiting **https://www.tbdhu.com/stimeds**.

Refer to the attached algorithm to assist in staging and treating your patient for syphilis. For more information, visit:
**https://bit.ly/canadasyphillis**

# Syphilis Follow-up Form

Please fax back to: 807-625-4866

| | |
|---|---|
| **Clinic:** | **Clinic Fax:** |
| **Physician/NP/Midwife:** | **Date:** |

**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

| | |
|---|---|
| ☐ **Routine** | ☐ **Prenatal** |
| ☐ **Contact Tracing** | ☐ **Immigration** |

☐ **Symptomatic** (please describe)

**Does the client have a history of previously treated syphilis infection?** ☐ **No** ☐ **Yes**

**If YES, date of treatment:**

**If YES, is reinfection suspected?**
☐ **No** (do NOT complete the rest of the form)
☐ **Yes** (complete form)

**Has the client had previous bloodwork for syphilis?**
☐ **No** ☐ **Yes**

**If YES, date of last test:**

☐ **Difficulty contacting/locating client for recommended follow-up**

| **Risk Factor** *(Select all that apply.)* | **Yes** | **No** | **Unknown** |
|---|---|---|---|
| **Sex with opposite sex** | ☐ | ☐ | ☐ |
| **Sex with same sex** | ☐ | ☐ | ☐ |
| **Pregnant** | ☐ | ☐ | ☐ |
| **No condom used** | ☐ | ☐ | ☐ |
| **New partner in last 2 months** | ☐ | ☐ | ☐ |
| **>1 partner in the last 6 months** | ☐ | ☐ | ☐ |
| **Under housed/homeless** | ☐ | ☐ | ☐ |
| **Substance misuse** | ☐ | ☐ | ☐ |
| **Sex trade work** | ☐ | ☐ | ☐ |
| **Sex with trade worker** | ☐ | ☐ | ☐ |
| **Correctional facility** | ☐ | ☐ | ☐ |
| **Travel outside of province**<br>**If YES, specify:** | ☐ | ☐ | ☐ |

**Other:**

| **Staging & Partner Notification** | **Preferred Treatment** | **Alternative Treatment** |
|---|---|---|
| ☐ Primary<br>*Notify partners from past 3 months*<br>☐ Secondary<br>*Notify partners from past 6 months*<br>☐ Early Latent<br>*Notify partners from past 1 year* | Long-acting benzathine penicillin G 2.4 million units* IM<br>*two separate,1.2 million unit syringes, administered in each gluteal muscle, for a total of 2.4 million units.<br>Administered on: | Doxycycline 100 mg PO BID x 14 days<br>Administered on: |
| ☐ Late Latent<br>*Notify long-term partners and children as appropriate* | Long-acting benzathine penicillin G 2.4 million units* IM weekly for three (3) doses<br>*two separate,1.2 million unit syringes, administered in each gluteal muscle, for a total of 2.4 million units.<br>Administered on:<br>1.<br>2.<br>3. | Doxycycline 100 mg PO BID x 28 days<br>Administered on: |
| Other Stage/Treatment (i.e., neuro): | | |

## Counselling

**Client is aware of diagnosis** ☐ **No** ☐ **Yes**

**Client aware to complete follow-up serology at:**
☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ 24 months
In all cases, clients are to be advised to notify all contacts based on staging as above.

☐ **Client is comfortable notifying partner(s)**

☐ **Client does not know partner(s)**

☐ **Healthcare provider to notify partner(s)**

☐ **Public Health to help notify partner(s)**
(please include partner's name(s), DOB/approx age(s) and contact info).

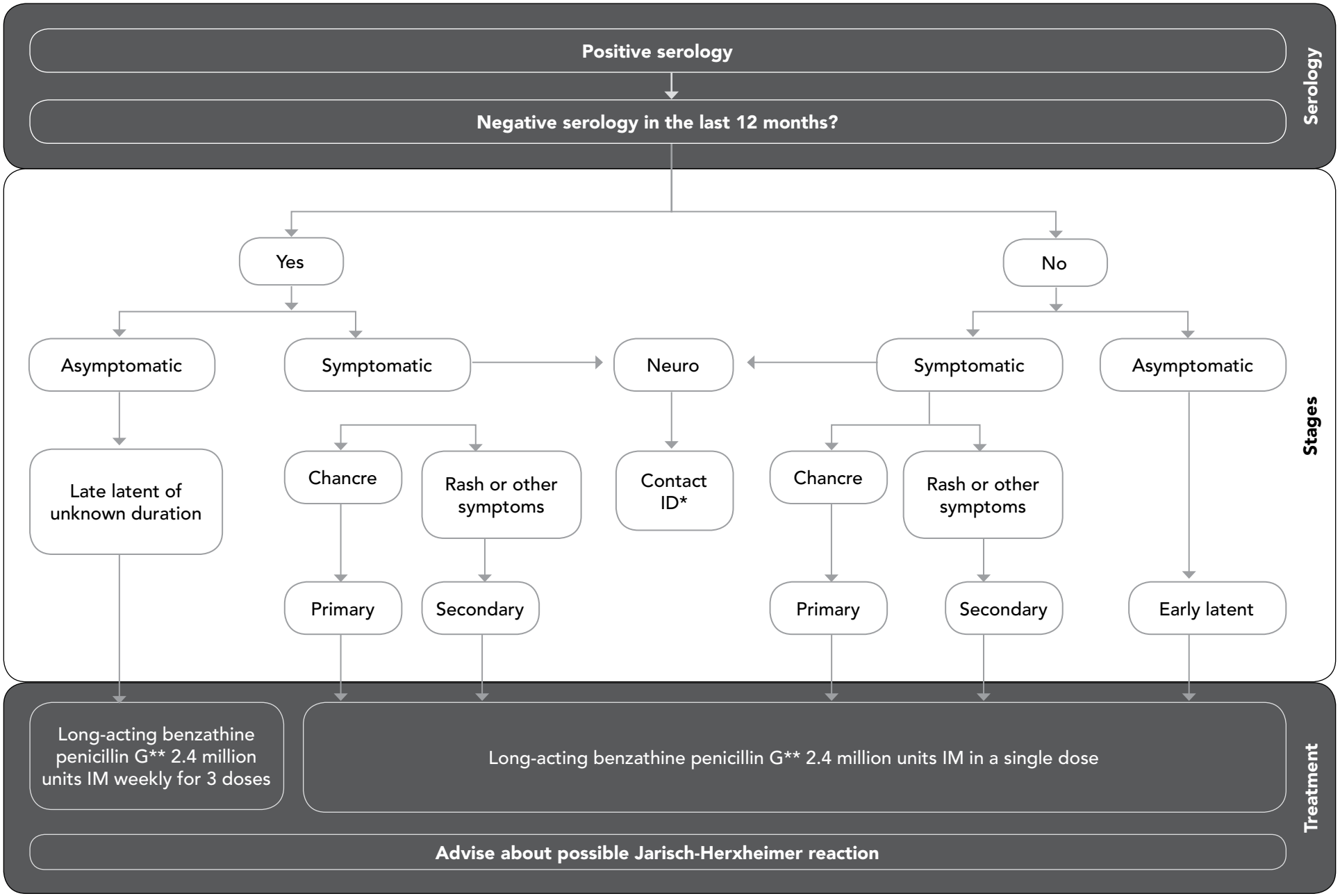
**Advise client of all of the following:**
☐ No sexual contact for 7 days post treatment & until all sores/rashes healed
☐ Transmission and risk factors for other STBBIs Risk reduction with condom use & rescreening in 6 months
☐ **No sexual contact with un-treated partner(s)**

*If you do not have first-line therapy in stock at your facility you can call the Sexual Health Clinic at 807-625-8347 or visit* ***https://www.tbdhu.com/stimeds*** *to obtain medication.*

AUGUST 2026

Thunder Bay District Health Unit

## Algorithm for Syphilis Staging Treatment




**Infectious Disease Specialist*

***Alternative treatment to be considered in case of penicillin allergy. Unless pregnant, only acceptable treatment of syphilis in pregnancy is long-acting benzathine penicillin G. Case would require PCN desensitization.*