

SURVEILLANCE LETTER FO	R:	CHLAMYDIA	GONO	RRHEA	
Dear	,				
We have received a positive lab rep back within one week to: 613 968-1		or	the following clie	ent. Please complete this form and fax	
Name:		Date Of Birth: (YY/MM/DD)			
Address:					
Phone:		Cell		Work	
REASON(S) FOR TESTING:					
Routine Screening	Symptoms	Conta	ct Tracing	Immigration Screening	
Prenatal Screening (EDD:	YY / MM / DD	)			
SIGNS AND SYMPTOMS:					
Asymptomatic	🗌 Abdomir	Abdominal Pain		Discharge Purulent	
Urethral Irritation	Urination	Urination Difficulty (Dysuria)		🗌 Urine, Bloody (Hematuria)	
Urine, Frequency	🗌 Rectal P	Pain	🗌 Pain	ful Intercourse (Dyspareunia)	
Abnormal Vaginal Bleeding	🗌 Other / 0	Complications			

## CHLAMYDIA:

 Treatment	Dose	Unit	Frequency	Route	Treatment Date
Azithromycin (Zithromax)	1	g	single dose	PO	
Doxycycline (Vibramycin)	100	mg	bid x7 days	PO	
Ofloxacin	300	mg	bid x7 days	PO	
Erythromycin	2	g	divided doses x7 days	PO	
Other					

## GONORRHEA:

	Treatment		Treatment Date
	Ceftriaxone 250 mg IM plus Azithromycin 1g PO	**Recommended first line treatment**	

If the client is allergic to Ceftriaxone or Azithromycin, please contact Public Health to discuss alternative options. A test of cure is required if an alternate treatment is used.

## NOTE:

It is preferred to conduct culture for GC TOC  $\geq$  four (4) days post treatment. If using Nucleic Acid Amplification Test (NAAT) for TOC, perform one (1) month post treatment.

Advise your client to abstain from having sexual activity for 7 days following treatment. Please advise client that health unit will provide partner notification, and that all partners within 60 days prior to diagnosis must be notified. If the client has had no partners within 60 days then the last sexual partner is notified.

If you have any questions or would like to order **free STI medications** for this client, please call (613) 966-5500 ext.243. To order **free hepatitis A** vaccine (available for persons with chronic liver disease; including hepatitis C, injection drug users and men who have sex with men) for this client, and/or **free hepatitis B vaccine** for this client and sexual contact(s), fax vaccine order form to (613) 966-1813.

Date:	
YY / MM / DD	

The personal information on this form is collected under the authority of the Health Protection and Promotion Act, R..S.O..1990,c.H.7, and will be used for assessment, management, treatment and reporting purposes. Questions concerning this collection of personal information should be directed to the Privacy Officer at 179 North Park Street, Belleville, Ontario K8P 4P1 613 966-5500

Hastings Prince Edward Public Health is committed to making our publications and information accessible to all. To request this or any other publication in an alternative format, please contact the Sexual Health Program) at 613 966 5500 extension 243 or email at accessibility@hpechu.on.ca