

Sexually Transmitted Infection (STI) Notification Form

ATTENTION: Saskatchewan Physicians

The purpose of this letter is to review the process of reporting and follow-up of sexually transmitted infections (i.e. gonorrhoea, chlamydia). Saskatchewan has one of the highest rates of chlamydia in Canada. As part of a strategy to bring down STI rates in the province, we are asking for your assistance.



Steps to remember when a positive lab report is received:

- Notify the client as soon as possible.
- Treat chlamydia and gonorrhoea with medications that are available at no cost through your local Public Health office. Prescriptions are not necessary.
- Give single dose medications by direct observed therapy to guarantee compliance.
- Inform cases to abstain from intercourse for 7 days following treatment and to practice safer sex with all partners to avoid re-infection.
- Ask all positive cases about their sexual contacts in the past three months, including names, addresses and phone numbers. Full information assists public health to locate contacts.
- Complete all sections of the “Confidential Notification of Sexually Transmitted Diseases” form included with the positive lab report.
- Forward the completed “Confidential Notification of Sexually Transmitted Infections” form to your local public health office within 72 hours if possible. Timelines assists public health to do follow up more effectively.

Where can medications be obtained?

- To set up an ordering schedule for your practice, phone your local Public Health office. Keep a supply on hand to ensure timely treatment.

What if the client cannot be reached?

- Notify Public Health as soon as possible. Public Health Nurses are available to assist in the location of cases and their contacts.

Did you know?

- Sexually Transmitted Infection Clinics offer testing and treatment of STIs. Clinics operate in Regina, Saskatoon, Prince Albert and North Battleford. Please call your local public health office for hours.
- Questions regarding the treatment of sexually transmitted infections can be directed to your local public health office or the Sexually Transmitted Infections Clinics.
- The “*Saskatchewan Communicable Disease Control Manual*” is available online at <http://www.ehealthsask.ca/services/manuals/Page/CDCManual.aspx>
- The “*Canadian Guidelines on Sexually Transmitted Infections*” is on line at <http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php>

The successful management of sexually transmitted infections depends on the co-operative efforts of all involved in each step of the process. We appreciate your help in the identification and follow-up of these cases.

Office of the Chief Medical Health Officer
Population Health Branch

September 2015

Confidential Notification of Sexually Transmitted Infections

Please complete all sections. **FORMAT ALL DATES AS DAY/MONTH/YEAR.**

A) CLIENT INFORMATION

B) SERVICE PROVIDER INFORMATION

Last Name		First Name & Initial		Other Name/Alias		For Public Health use only – DATE RECEIVED	
Full Resident Address (include postal code)				Phone #: () Work () cell () home:		Name of Attending Physician or Nurse	
On reserve? () Yes () No If yes, indicate FN Community		Racial Ethnicity		Marital Status: () S () M () Com Law () Sep/Div		Phone number:	
HSN		() M () F		DOB ____/____/____ Age ____ Is client pregnant? () Y () N		Address:	

C) INFECTION INFORMATION (check ALL that apply)

Infection reported: () Chlamydia () Gonorrhoea () Syphilis, indicate STAGING: _____	() Other STI (see list on page 3): _____
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D) LAB TESTING

E) TREATMENT (check ALL that apply)

F) EXPOSURE INFO (check ALL that apply)

Lab Testing Date specimen collected: ____/____/____ Hepatitis B Status Antibody: () pos () neg () unk HIV Status Antibody: () pos () neg () unk Reason client was tested: () Health Provider Recommended () Client Requested () Clinical Sign & Symptoms () Other _____	*DOT – Directly Observed Therapy Date Treated ____/____/____ Treated by whom: _____ () Azithromycin 1gm DOT* () yes () no () Azithromycin 2gm DOT* () yes () no () Cefixime 800 mg DOT* () yes () no () Ceftriaxone 250 mg IM () Amoxicillin 500 mg tid x 7d () Bicillin () 1 st , () 2 nd , () 3 rd dose () Erythromycin 333mg ii tid x 7d or other dosage ____ () Doxycycline 100mg bid x 7d or other dosage ____	Sites Exposed: () vagina/urethra () rectum () pharynx () No condom used () Sex trade worker () Condom failure () Sex with sex trade worker () Injection drug use () Sexual assault () Alcohol/drug use () Internet partnering - indicate site: _____ () New partner within the last 3 months () Unknown/anonymous partner () More than 2 partners in the last 3 months () Unprotected sex with the same sex () Casual sex while travelling outside of Canada () Sex with transgender partner () Sex with a known STI case () Previous STI () Street involved / homeless () Infant born to infected mother
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G) REFERRAL TO PUBLIC HEALTH (check ALL that apply)

() Education () Hepatitis B immunization () Contact follow up - complete Section H () To order STI medications – indicate amount below: () Azithromycin () Cefixime () Ceftriaxone () Amoxicillin () Erythromycin () Doxycycline () Notification Forms
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H) SEXUAL PARTNER INFORMATION ** Please include information on additional contacts on a separate sheet

Last Name / Alias / Maiden Name		First Name		Last Name / Alias / Maiden Name		First Name	
Full Resident Address		Phone # () H () W () C		Full Resident Address		Phone # () H () W () C	
Online handle or e-mail address: _____ DOB ____/____/____ Age ____ () Male () Female Marital Status: () S () M () Com Law () Sep/Div Living with: () Client () Parents () Other _____ Pregnant: () Y () N Place of Employment: _____ Name of School (if student): _____				Online handle or e-mail address: _____ DOB ____/____/____ Age ____ () Male () Female Marital Status: () S () M () Com Law () Sep/Div Living with: () Client () Parents () Other _____ Pregnant: () Y () N Place of Employment: _____ Name of School (if student): _____			
Relationship to client () Marital/CL () Casual () Reg. partner () Sex trade		Exposure Dates: (1st) ____/____/____ to ____/____/____ () Unprotected sex () Protected sex		Relationship to client () Marital/CL () Casual () Reg. partner () Sex trade		Exposure Dates: (1st) ____/____/____ to ____/____/____ () Unprotected sex () Protected sex	
Will the testing Physician/Nurse follow-up this contact? () Yes () No If yes, date contact notified: ____/____/____ Will index case be notifying contact () yes () no				Will the testing Physician/Nurse follow-up this contact? () Yes () No If yes, date contact notified: ____/____/____ Will index case be notifying contact () yes () no			
Comments:				Comments:			

Notifiable Sexually Transmitted Infections

chancroid	human T lymphotropic virus, Types I and II
chlamydia (<i>C. trachomatis</i>)	lymphogranuloma venereum
gonococcal infections	neonatal/congenital herpes
granuloma inguinale	syphilis (all stages)
*HIV/AIDS	**hepatitis B, C & D

***Report HIV on Saskatchewan Ministry of Health's HIV Case Report form.**

***Report AIDS on Public Health Agency of Canada's HIV/AIDS Case Report form.**

****Report Hepatitis B, C & D on Hepatitis B, C & D Notification form.**