

SEXUALLY TRANSMITTED INFECTION FOLLOW-UP CHLAMYDIA

Chlamydia is a reportable infection under Ontario Regulation 559/91, as amended, under the Health Protection and Promotion Act.
This information is required for case investigation/management and local surveillance.

INSTRUCTIONS: CONFIRM CLIENT DEMOGRAPHICS and return **COMPLETE FORM** via confidential fax to the EOHU at 613-933-7417

Diagnosing Clinician: _____ Date of Positive Test: _____
(YYYY/MM/DD)

Form Completed By (print): _____ Fax Return Form to: _____

CLIENT DEMOGRAPHICS - CONFIRMED:

Name: _____ DOB: _____ Sex: _____
(YYYY/MM/DD)

Address: _____

Email: _____ Phone: _____

TREATMENT (as per Canadian Guidelines on Sexually Transmitted Infections)

CLIENT RECEIVED:

Azithromycin 1g PO

Date Prescribed (YYYY/MM/DD): _____

OR:

Doxycycline 100 mg PO bid for 7 days
(preferred treatment for *rectal* chlamydia)

Date Prescribed (YYYY/MM/DD): _____

COMPLETED CLIENT COUNSELLING

- Notified of positive result
- Advised to abstain from sexual contact for 7 days after treatment
- Advised to abstain from sexual contact with untreated sexual contact(s)
- Informed that retreatment required if vomiting occurs within 1 hour of taking Azithromycin
- IF APPLICABLE, recommended test of cure*

*Test of cure is **NOT** routinely indicated. Required if:

- Pregnant
- An alternative treatment has been used
- Lack of treatment compliance
- Client is less than 12 years of age
- Suspected or confirmed case of treatment failure

NAAT can be done 4 weeks from treatment date, culture can be done 7 days after treatment.

CONTACT TRACING (from past 3 months or last know if greater than 3 months)

- Client advised to notify sexual contact(s) of need for STI testing and treatment; **AND**
- Client advised EOHU will contact them to collect sexual contact(s) information and complete contact tracing

RISK FACTORS

- | | | |
|--|--|--|
| <input type="checkbox"/> Condom breakage | <input type="checkbox"/> No condom used | <input type="checkbox"/> Same sex partner(s) |
| <input type="checkbox"/> Diagnosed at time of IUD insertion | <input type="checkbox"/> Opposite sex partner(s) | <input type="checkbox"/> Sex trade worker |
| <input type="checkbox"/> Diagnosed at time of therapeutic abortion | <input type="checkbox"/> Parent of a neonate | <input type="checkbox"/> Sexually assaulted |
| <input type="checkbox"/> More than 1 sexual contact in last 6 months | <input type="checkbox"/> Pregnant (Number of weeks: _____) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New sexual contact in past 2 months | <input type="checkbox"/> On PrEP | _____ |

REASON FOR TESTING

- Contact tracing (sexual contact tested positive)
- Symptoms: _____
- Routine

NOTES

THE EOHU WILL CONTACT ALL CLIENTS INFECTED WITH CHLAMYDIA.



EOHU.ca • 613-933-1375 • 1 800 267-7120



If you require this information in an alternate format, please call 1 800 267-7120 and press 0.