

Dear colleague,

Please complete the enclosed **Chlamydia/Gonorrhea Clinician Reporting Form** (previously known as the H208 form) and return it via fax to the Communicable Disease Unit (CDU). This patient has tested positive for Chlamydia and/or Gonorrhea, which are reportable under Schedule A of the Public Health Act.

**PLEASE ENSURE YOUR PATIENT IS TESTED FOR SYPHILIS & HIV**  
There is a **provincial outbreak of syphilis** in BC  
On-Demand testing is available for patients at IH and Valley Medical Labs

**Section A2: Client Information**

- Please complete the following required fields: current address and phone number
- Please indicate whether the patient is known to be pregnant

**Section B: Testing**

- Indicate the status of testing your patient for syphilis and HIV and the reason for initial STI testing
- If possible, please place a re-call on your patient to re-test in 3–6 months, which is recommended by the Canadian STI Guidelines due to high re-infection rates

**Section C: Treatment**

- Please indicate the status of providing treatment to your patient
- BC Centre for Disease Control (BCCDC) supplies free medication to treat Chlamydia and Gonorrhea. Keep enough medication on hand to treat five patients. To order medication, please call (604) 707-2580

**Section D: Partner Notification**

In order to promote testing of sexual partners, please review the following information with your client:

- Recommend your client notify their recent sexual partners.
  - All sexual partners in the last 60 days need to be tested and treated as a sexual contact.
  - If no sexual partners in the last 60 days, last sexual partner needs to be tested and treated as a sexual contact.
- Patients and their partners should abstain from sexual activity for 7 days after commencing treatment

**QR Code to access Interior Health's Sexual Health page, which includes information on syphilis and HIV on-demand testing under STI testing & resources:**  
<https://www.interiorhealth.ca/health-and-wellness/sexual-health>



**For addition information from BCCDC please see:** [www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections)

Thank you for helping us reduce the spread of sexually transmitted infections in our communities.



Dr. Jonathan Malo, MBBS, FRCPC  
Medical Health Officer – Sexual Health & Communicable Diseases

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépmc, St'át'imc, Syilx, and Tšilhqot'in Nations where we live, learn, collaborate and work together.



# CONFIDENTIAL NOTIFICATION OF SEXUALLY TRANSMITTED INFECTION

Chlamydia/Gonorrhoea Clinician Reporting Form  
Interior Health Communicable Disease Unit Tel: (250) 549 – 6315

## Interior Health

<b>FAX form to IH CD Unit 250-549-6310</b>		<b>Please ensure patient's address and phone number are provided</b>	
<b>Not part of the patient's permanent health record. For communication purposes only.</b>			
<b>A1. PATIENT INFORMATION</b> <i>(To be completed by the CD Unit)</i>			
Name <i>Last</i>		First	Middle
Date of Birth <i>DD/MM/YYYY</i>		Gender	PHN
<b>INFECTION DETAILS:</b>		Collection date: <i>DD/MM/YYYY</i>	Diagnosis site(s):
<b>A2. PATIENT INFORMATION</b> <i>(To be completed by the ordering provider/clinic)</i>			
Home Address			City
Province	Postal Code	Phone Number (primary)	
Is the patient currently pregnant? <input type="checkbox"/> Yes _____ weeks <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>B. TESTING</b>			
<b>Has the patient also been tested for SYPHILIS and HIV?</b>			
<input type="checkbox"/> Yes – testing for SYPHILIS and HIV has been completed ↳ Thank you	<input type="checkbox"/> In progress – a lab requisition for SYPHILIS and HIV has been provided but the patient has not yet been tested ↳ Thank you – please follow-up to ensure your patient completes testing for SYPHILIS and HIV	<input type="checkbox"/> No ↳ Please attempt to arrange testing for SYPHILIS and HIV for your patient	
<b>What was the reason for testing for chlamydia/gonorrhoea in this patient:</b>			
<input type="checkbox"/> Routine STI screening	<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Sexual partner diagnosed with STI	<input type="checkbox"/> Other: _____
<b>If possible, please place a re-call on your patient for re-testing in 3–6 months due to high rates of re-infection:</b>			
<input type="checkbox"/> I/we have added a re-call for the patient to be re-tested in 3–6 months	<input type="checkbox"/> I/we are unable to re-call the patient but have advised them to be re-tested in 3–6 months		
<b>C. TREATMENT</b>			
<b>Please indicate whether the patient has/is being treated:</b>			
<input type="checkbox"/> Yes – treatment for chlamydia and/or gonorrhoea has been completed or initiated	<input type="checkbox"/> In progress – patient has been re-called for treatment, but it has not been initiated	<input type="checkbox"/> Patient has been lost to follow-up and unable to initiate treatment	
<b>D. PARTNER NOTIFICATION</b>			
<b>Please indicate whether a discussion about notifying the patient's sexual partner's has occurred:</b>			
<input type="checkbox"/> Yes – I have discussed with the patient and advised them:	<input type="checkbox"/> Patient has been lost to follow-up and unable to discuss notifying sexual partners		
<ul style="list-style-type: none"> <li>To notify all sexual partners in the last 60 days that they need to be tested and treated as a sexual contact.</li> <li>If they have not had any sexual partners in the last 60 days, to notify their last sexual partner that they need to be tested and treated as a sexual contact.</li> </ul>			
<b>E. TESTING PROVIDER / AGENCY</b>			
Testing Provider Name (please print)		Clinic or Agency Name	Testing / Clinic provider billing (MSP) number
Address		Phone	Fax
City	Postal Code	Date form completed <i>DD/MM/YYYY</i>	