Government of
Northwest Territories

Instructions for Sexually Transmitted Infections Case Investigation Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the NWT *Public Health Act* (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the *Disease Surveillance Regulations* (2009, R-096-2009). This information is used for territorial and national surveillance and informs public health planning and interventions. This reporting by the HCPs is accomplished by submitting the Sexually Transmitted Infections (STI) case investigation and contact tracing form to the Office of the Chief Public Health Officer (OCPHO). Information on cases of the following diseases is reportable within specific time frames:

STI	Timeline for submitting *Case Investigation Form* to OCPHO after making a diagnosis or opinion	Sections of *Case Investigation Form* to complete
Chlamydial infection	24 hours	All (Sections 1-6) and contact tracing form
Gonococcal infection	24 hours	All (Sections 1-6) and contact tracing form
Syphilis	24 hours	All (Sections 1-6) and contact tracing form
HIV infection	24 hours	Sections 1, 2, & 6 and contact tracing form; contact OCPHO for additional reporting requirements

In addition to case information, HCPs shall make reasonable efforts to initiate contact tracing within 24 hours of reportable disease diagnosis and provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out, as outlined the *Reportable Disease Control Regulations* (R-128-2009).

What to Report

Case information (pages 1-2 of STI case investigation and contact tracing form):

- Sections 1 to 3: Case's confirmed address and telephone number, reason for healthcare visit, and results of physical exam.
  - Physical exam findings help practitioners to stage syphilis infections. For example, if a newly diagnosed syphilis case presents with a rash on their palms or soles of the feet, the infection is likely in its secondary stage[1]. Information from this section can also be analyzed for surveillance purposes.
- Sections 4 and 5: Specimen collection information and treatment administered
- Section 6: Risk factors
  - Information in this section is used for surveillance. It can help track the progression of an outbreak through different sub-populations (i.e., gbMsM, underhoused persons, heterosexual persons, sex workers). Data from this section is also used to fulfill reporting requirements (i.e., sex and gender are both reported to federal partners).

Sexual contact information (pages 3-4 of STI case investigation and contact tracing form):

- Identified sexual partners, newborns or children of the case and their best available contact information.
- The *Notes* section should contain advice given with respect to specific control measures, specimens collected, date of collection, results and treatments administered. If the contact is identified as a case, specify this and initiate an STI case investigation form.
- Who to identify as a contact and the advice given will vary for the reportable disease as outlined in the respective Communicable Disease Manual chapter.

Where to find Reporting Forms

Case Investigation Form

Report STI cases and contacts to OCPHO utilizing the STI case investigation form. Cases and/or contacts who cannot be followed-up after a specific number of attempts are to be reported to OCPHO using the Syphilis & HIV Lost-to-Follow-up Report Form.

Contact Tracing Form

If additional space to document contact tracing information is required, the STI Contact Tracing Form can be used.

Important!

A Case investigation and contact tracing form, even if not fully complete, must still be reported (submitted) to the OCPHO within the timeframes identified above. It is expected that HCPs submit an *updated* investigation and contact tracing form as new information is received. For example, it is unlikely that partner notification will be fully complete within the initial reporting timeframe but will be completed as per the Routine Follow-up of STI Cases and Contacts chart and these updates need to be reported (submitted) (https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/routine-follow-up-sti-cases-contacts.pdf).

Completed report forms (initial forms and updates) should be sent to OCPHO by
Medical Confidential Fax: 867-873-0442
OR
Secure File Transfer to: CDCU@gov.nt.ca

[1] See Syphilis chapter of NWT Communicable Disease Control Manual

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SEXUALLY TRANSMITTED INFECTIONS CASE INVESTIGATION FORM

SECTION 1 – PATIENT INFORMATION

Infection(s) to report: ☐ **Chlamydia Trachomatis** ☐ **Gonorrhea** ☐ **HIV**[2] (complete sections 1, 2, 6, and contact tracing form; contact OCPHO for additional reporting requirements) ☐ **Syphilis**

Affix Label

Last Name:	**Penicillin allergy?** ☐ Yes ☐ No ☐ Unknown ☐ Not asked
First Name:	**What is client's gender?** ☐ Man ☐ Woman ☐ Other ☐ Not asked
HCN:	**Are the client's sexual partner(s) (select all that apply):** ☐ Men ☐ Women ☐ Gender diverse ☐ Prefer not to answer ☐ Not asked
Birthdate (dd/mmm/yyyy):	**Is the client HIV positive?** ☐ Yes ☐ No (*Negative test within the past year*)
Sex at Birth: ☐ Male ☐ Female ☐ Intersex	☐ Unknown ☐ Prefer not to answer ☐ Not asked
Current Address:	**Is the client currently pregnant?** ☐ Yes; how many weeks: _____ ☐ No ☐ Unknown[3] ☐ Prefer not to answer ☐ Not asked

SECTION 2 – REASON FOR VISIT/TEST

☐ Contact of a case	☐ Test of cure	☐ Unprotected sex
☐ Prenatal visit/screen	☐ Re-exposure or re-infection	☐ Routine screening
☐ Suspected gonococcal[4] or chlamydial[5] treatment failure	☐ Self-reported sexual assault	☐ Public health outreach
	☐ Symptomatic	☐ Other: _____

SECTION 3 – HISTORY AND PHYSICAL EXAM – REQUIRED FOR SYPHILIS

A) HISTORY

Prior syphilis? ☐ Yes (date diagnosed):_____	☐ No ☐ Unknown ☐ Prefer not to answer ☐ Not asked
Rash ☐ Yes (mmm/yyyy): _____	☐ No ☐ Unknown ☐ Prefer not to answer ☐ Not asked
Chancre ☐ Yes (mmm/yyyy): _____	☐ No ☐ Unknown ☐ Prefer not to answer ☐ Not asked

B) PHYSICAL EXAM FINDINGS ☐ Patient declined physical exam

Oral (*chancre, lesions):* _____	☐ Yes ☐ No ☐ Not examined
Skin (*rash- general, palms, soles):* _____	☐ Yes ☐ No ☐ Not examined
Genital (*chancre, lesions – **please swab lesions**):* _____	☐ Yes ☐ No ☐ Not examined
Perianal (*chancre, lesions – **please swab lesions**):* _____	☐ Yes ☐ No ☐ Not examined
Lymph nodes (*cervical, inguinal, generalized):* _____	☐ Yes ☐ No ☐ Not examined
Neurological (*headache, vertigo, ataxia, ocular, personality changes):* _____	☐ Yes ☐ No ☐ Not examined

C.) STAGING

Stage of syphilis: _____ ☐ Test pending ☐ Uncertain (consult ID specialist to complete staging)

SECTION 4 – TESTING INFORMATION

A) SPECIMEN COLLECTION – CHLAMYDIA & GONORRHEA

Date of collection (dd/mmm/yyyy): _____	**Type of specimen:** ☐ NAAT ☐ Culture *(charcoal swab)*

Collection site(s): ☐ Urethra ☐ Pharynx ☐ Urine ☐ Rectum ☐ Endocervix ☐ Eye ☐ Other (*specify):* _____

[2] Additional information required. Physician or nurse practitioner to contact OCPHO Communicable Disease Unit for supplemental report form.
[3] Do a pregnancy test if syphilis is suspected.
[4] See sections 5-6 of Canadian Guidelines on Sexually Transmitted Infections
[5] True antimicrobial resistance to *C. trachomatis* is rare. Consult OCPHO or an infectious disease (ID) specialist if repeat serologic response to treatment is inadequate.

B) SYPHILIS TESTING	
Syphilis serology taken: ☐Yes ☐ No ☐ Patient refused ☐Requsition given ☐ No ability to test, reason:_____	**Swab of chancre/lesions?** ☐Yes ☐Not offered ☐Patient refused ☐N/A (no chancre or lesions present)
POCT done? ☐Yes ☐ No	**Date of collection (dd/mmm/yyyy):** _____
Pregnancy test? ☐N/A (male patient) ☐ No ☐ Yes, result:_____	Date (dd/mmm/yyyy): _____

SECTION 5 - TREATMENT

A) CHLAMYDIA	B) GONORRHEA
Treatment date (dd/mmm/yyyy): _____	Treatment date (dd/mmm/yyyy): _____
☐Azithromycin 1gm PO ☐ Empiric treatment	☐Ceftriaxone 500mg IM ☐ Empiric treatment
☐Other: _____	☐ Other: _____
☐ Refused treatment	☐ Refused treatment

B) SYPHILIS *Consultation with a communicable disease specialist or colleague experienced in this area is recommended to assist with staging, treatment, and follow-up of infectious syphilis.*

Preferred treatment for all non-pregnant adults[7] staged as primary, secondary or early latent syphilis (<1 year duration) is
- ☐ **Penicillin G benzathine (Bicillin L-A™) 2.4 million units deep IM injection as a single dose (DRUG NAME ALERT) OR**
- ☐ **Penicillin G benzathine (Lentocilin S 1200™) 2.4 million units deep IM injection as a single dose** _____
- ☐ Alternate treatment if penicillin allergy (drug/dose/frequency): _____

Tx Date 1 (dd/mmm/yyyy): _____	**Lot Number:** _____	**Was patient empirically[6] treated?** ☐Yes ☐No
[8]Tx Date 2 (dd/mmm/yyyy): _____	**Lot Number:** _____	☐ **Treatment refused**
[8]Tx Date 3 (dd/mmm/yyyy): _____	**Lot Number:** _____	☐ **Treatment deferred; reason:** _____

Serologic follow-up after treatment is required for all stages of syphilis[7]. Primary, secondary and early latent syphilis are to be monitored at 1, 3, 6 and 12 months after treatment.

SECTION 6 – RISK FACTORS

How many sex partners has the client had in the last 12 months? _____

Type(s) of sex: ☐Oral sex ☐Anal sex ☐Vaginal sex ☐Prefer not to answer ☐Not asked

Does client use barriers (i.e. condom, dental dam) when you have sex? ☐No ☐Yes: How often? ☐ Always ☐Sometimes ☐ Rarely

Where/how does the client report meeting sex partners?

☐ Bars ☐ Online or dating apps ☐ Other, specify: _____
☐ At house parties or through friends ☐ On the street ☐ Prefer not to answer ☐ Not asked

Risk Factor	Yes	No	Prefer not to answer	Not asked
Has the client had any sex partners outside the NWT in the last 12 months?	☐	☐	☐	☐
Has the client had any sex partners outside of Canada in the last 12 months?	☐	☐	☐	☐
Has the client had a fixed (stable, permanent) address for the past 12 months?	☐	☐	☐	☐
Has the client been incarcerated in the last 12 months?	☐	☐	☐	☐
In the last year, has client received goods (i.e. drugs, shelter, money) in exchange for sex?	☐	☐	☐	☐
In the last year, has client given goods (i.e. drugs, shelter, money) in exchange for sex?	☐	☐	☐	☐

How often was the client's sexual decision-making compromised by alcohol or drugs in the last 12 months?

☐None of the time ☐Some of the time ☐Most of the time ☐All of the time ☐Prefer not to answer ☐Unknown ☐Not asked

What substance(s) have affected the client's sexual decision-making in the last 12 months (check all that apply):

☐ Alcohol ☐Injection drugs ☐ Crack cocaine ☐ Other, specify: _____ ☐ Prefer not to answer ☐ Not asked

[6] Empiric treatment refers to antibiotic therapy that is administered prior to receipt of lab results that confirm disease diagnosis.
[7] See Canadian Guidelines on Sexually Transmitted Infections – Syphilis guide: Treatment and follow-up
[8] More than one dose may be required to sufficiently treat pregnant persons and those diagnosed with late latent syphilis. See CDN Guidelines on STIs.

Are the client's partner(s) in the last 12 months (select all that apply):

☐ **Known**	☐ **Unknown/Anonymous**
How many partners is the client not willing to provide contact information for? ____ Record contact information for all other known partners in contact tracing section.	If contact is anonymous, record any descriptive information (i.e., gender, age, location, distinct physical characteristics, online/social media username or handle) in contact tracing section.

SECTION 7 – REPORTING INFORMATION

Office of the Chief Public Health Officer | Department of Health and Social Services Box 1320, Yellowknife NT X1A 2L9 | Phone: (867) 920-8646 | **Medical Confidential Fax: (867) 873-0442**

Completed by:	**(Sign):**
Phone:	**Date (dd/mmm/yyyy):**

Comments:

Report is: ☐ Initial ☐ Update **If update, new information provided on:** ☐ Syphilis staging ☐ Treatment ☐ Other

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Report is: ☐ Initial ☐ Update	Index Case HCN:

MUST PRINT: SEXUALLY TRANSMITTED INFECTIONS (STI) CONTACT TRACING REPORT FORM[9]

Instructions: As per the *Reportable Disease Control Regulations* (R-128-2009), HCPs shall make reasonable attempts to initiate contact tracing within 24 hours of reportable disease diagnosis. Please submit initial available contact information with the case investigation form. HCPs are also to provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out. Please submit an updated contact tracing form whenever:

1. A new contact has been identified
2. A contact has been treated

SEXUAL CONTACT INFORMATION

Contact Tracing

Contact of a case of (check all that apply): ☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ HIV

Affix Label		
	Last Name:	**LAST EXPOSURE TO CASE**
	First Name:	Date (dd/mmm/yyyy):_____ Location *(NWT community or out of territory)*:_____
	HCN:	**Relationship to case** *(check all that apply):*
	Age: **Birthdate (dd/mmm/yyyy):**	☐ Steady partner ☐ Ex-partner ☐ Casual unknown
	Sex: ☐ Male ☐ Female ☐ Unknown ☐ Prefer not to answer	☐ Casual known ☐ Sex worker
	Current Address:	
	Confirmed Phone Number(s):	

☐ Health care professional will follow-up with contact **OR**
☐ Contact information forwarded to _____ for follow up

Follow up information

Date contact notified (dd/mmm/yyyy): _____

Date contact treated (dd/mmm/yyyy): _____

Specify drug, dosage, and route: _____

If contact is lost-to-follow-up, report using Syphilis & HIV Lost-to-Follow-up Report Form

Notes:

Report date (dd/mmm/yyyy):	**Clinic name:**	**Community:**
Report completed by (print):	**Reported completed by** (signature):	

[9] Contact Tracing Report Form is not to be scanned into Electronic Medical Record (EMR). Fax to the Office of the Chief Public Health Officer (OCPHO).

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Affix Label

Last Name:

First Name:

HCN:

Age: **Birthdate (dd/mmm/yyyy):**

Sex: ☐ Male ☐ Female ☐ Unknown ☐ Prefer not to answer

LAST EXPOSURE TO CASE

Date (dd/mmm/yyyy):_____

Location *(community or out of territory)*: _____

Relationship to case *(check all that apply)*:

☐ Steady partner ☐ Ex-partner ☐ Casual unknown

☐ Casual known ☐ Sex worker

Current Address:

Confirmed Phone Number(s):

☐ Health care professional will follow-up with contact **OR**

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	First Name:	Date (dd/mmm/yyyy):_____ Location *(NWT community or out of territory)*:_____
	HCN:	**Relationship to case** *(check all that apply):*
	Age: **Birthdate (dd/mmm/yyyy):**	☐ Steady partner ☐ Ex-partner ☐ Casual unknown
	Sex: ☐ Male ☐ Female ☐ Unknown ☐ Prefer not to answer	☐ Casual known ☐ Sex worker
	Current Address:	
	Confirmed Phone Number(s):	

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Affix Label

Last Name:

First Name:

HCN:

Age: **Birthdate (dd/mmm/yyyy):**

Sex: ☐ Male ☐ Female ☐ Unknown ☐ Prefer not to answer

LAST EXPOSURE TO CASE

Date (dd/mmm/yyyy):_____

Location *(community or out of territory)*: _____

Relationship to case *(check all that apply)*:

☐ Steady partner ☐ Ex-partner ☐ Casual unknown

☐ Casual known ☐ Sex worker

Current Address:

Confirmed Phone Number(s):

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