



Routine Follow-up of STI Cases and Contacts

Chlamydia, Gonorrhea, Syphilis and HIV

The attached **Lost to Follow-up Flow Chart** outlines the requirements for the number of attempts and time allocated to find those diagnosed with chlamydia, gonorrhea, syphilis, HIV, or their contacts. The process helps to answer the question “when is enough, enough”, and aims to create efficiencies and maintain safe and equitable care.

The flow chart outlines a process with durations for follow-up and outcomes dependent on the sexually transmitted infection (STI). Health care providers (HCPs) may close chlamydia or gonorrhea investigations after 2 months, syphilis investigations must be followed for 12 months and then reported to the Office of the Chief Public Health Officer (OCPHO) before closing and HIV investigations must be forwarded to the OCPHO for further actions. The OCPHO encourages HCPs to use their professional judgment and Health and Social Services Authority (HSSA) standing operating procedures (SOPs) when following up with clients.

At the first communication or encounter, HCPs should confirm and document the client’s preferred method of future contact (e.g. phone, text).

When a client is hesitant to follow-up for care, exploring and addressing possible barriers or concerns may facilitate further assessment. Barriers clients may experience include (but not limited to):

- A perception that they are not at risk for an STI
- Lack of information regarding the infection and treatment
- Concerns around loss of confidentiality or notification of partners
- Feels unsafe accessing service
- Fear that STI notification will result in relationship difficulties or even intimate partner violence
- Unable to commute or take time off of work or school for assessment
- A belief that there is a financial cost

The OCPHO recommends an individualized approach with more vigorous follow-up of clients with unique challenges or risk factors, such as those younger than 15, pregnant women, individuals with eye infections or those deemed very high risk of ongoing transmission of an STI.

Information received after the “lost to follow-up” designation should be reviewed and addressed on a case by case basis.

<https://www.hss.gov.nt.ca/professionals/document-categories/clinical-practice-information-notices>



Flow Chart for Routine Follow-up of STI Cases and Contacts

Chlamydia, Gonorrhoea, Syphilis and HIV

Confirm client's preferred method of contact in EMR

Confirmed case, or contact of a case, as per public health assessment

Week 1

- Using client's preferred method of contact, attempt a minimum of 3 daytime calls (or texts) at different times of the day and on different days of the week. If not applicable go to next step.
- Consider adding an alert to EMR/Medipatient as per HSSA SOP.

Assessment complete?

Reached individual?

YES

NO

NO

YES

Case Closed

Week 2

- Beginning of week 2 send notification letter if address available. If not applicable go to next step.
- End of week 2 assess risk for home visit if attempt is safe, confidential and feasible.**

Reached individual?

YES

NO

Chlamydia & Gonorrhoea

Still unable to contact or access*

Syphilis

Continue to contact as per your professional judgment for up to 2 months

HIV

Continue to contact as per your professional judgment for up to 12 months

2 Months

Consider lost to follow-up

HIV cases or contacts are never considered lost to follow-up notify OCPHO at 867-920-8646 for further guidance

Report to OCPHO using [Syphilis Lost-to-Follow-up Report Form](#) and either fax (867-873-0442) or SFT to CDCU@gov.nt.ca Consider lost to follow-up.

12 Month

Close

Close

*Unable to contact includes:

- No response from messages
- No appointments booked
- No show for appointments
- Unaware of whereabouts