



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 1-2 month process with duration of follow-up and outcome dependent on the sexually transmitted infection (STI). Health care providers (HCPs) may close chlamydia or gonorrhea investigations after 2 months but must forward syphilis and HIV investigations to the Office of the Chief Public Health Officer (OCPHO) for further actions after one month. 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>



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