

SUBJECT: **SEXUALLY TRANSMITTED INFECTIONS REPORTING REQUIREMENTS**

APPROVED BY: VP/COO Acute & Long Term Care \_\_\_\_\_  
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REVIEW DATE: 2008 01 31

**Purpose:**

To ensure consistent Regional Nursing practice in the treatment and Public Health reporting. This will assist in disease surveillance, control and reduce risk of re-infection of the index patient.

**Policy/Standard:**

- When the Regional Nurse is the ordering provider for a newly diagnosed STI, it is their ultimate responsibility to initiate treatment of the index case.
- Regional Nurses treat the index case for the bacterial STI as per the Clinical Practice Guidelines for Nurses in Primary Care.
- In the absence of a PHN, on a short term basis, the Regional Nurse is responsible for the contact tracing and return of the STI Follow-up form to the CDCN indicating names of contacts and treatment given.
- Documentation in the client's medical chart is the responsibility of the primary provider to ensure optimal record of care.

**Materials Required:**

Interagency Referral Form

**Procedure:**

- Positive laboratory results for reportable STI's are also automatically reported to CDCN from the Provincial Public Health lab. CDCN completes a Communicable Disease Control STI Follow-Up report that is mailed to the community PHN/Community Health Nurse.

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- Regional Nurses should complete an interagency referral to the local community Public Health Nurse with the patients and contacts name, DOB, MCP, telephone number and allergies.
- In areas with a standing order from Medical Officer of Health (MOH) for STI treatment, Public/Community Health Nurse will administer post exposure treatment to the sexual partner and record where appropriate.
- Only Chlamydia contacts will be treated by the local PHN.

<b>Sexually Transmitted Infections:</b>	<b>Reporting Partner Notification:</b>
Gonorrhoea	All partners who have had sexual contact with the index case within at least 60 days prior to symptom onset or date of diagnosis where asymptomatic; parents of infected neonates (ie. mother and her sexual partner) and the persons implicated in sexual abuse must be located, clinically evaluated and treated.
Chlamydia	Sexual contact with the index case within 60 days. If no partner during this period, last partner should be tested and treated.
<b>Stage of syphilis:</b>	<b>Time period:</b>
Primary syphilis	3 months prior to the onset of symptoms
Secondary syphilis	6 months prior to the onset of symptoms
Early latent	1 year prior to diagnosis
Late latent	Assess marital or other long-term partners and children as appropriate
Congenital	Assess mother and her sexual partner(s)

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Stage undetermined	Assess/consult with a colleague experienced in syphilis management
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\*More in depth information can be found in the Sexually Transmitted Infection 2006 edition.\*

**Reference:**

Canadian Guidelines of Sexually Transmitted Infections 2006 Edition  
Public Health Agency of Canada, Pp. 21-25 and pp 133