

Report of Notifiable Conditions Sexually Transmissible Infections or Related Death

South Australian Public Health Act 2011

CHLAMYDIA • GONORRHOEA • DONOVANOSIS • CHANCROID

FAX completed Sexually Transmissible Infections or Related Death form to the Communicable Disease Control Branch (CDCB) on (08) 7425 6696.

or

PHONE 1300 232 272 (Monday–Friday 8:30am–5pm) as soon as practicable and in any event within 3 days of suspecting or confirming a diagnosis.

A CASE DETAILS Print clearly and tick all applicable boxes

Last name _____

Given name _____

Date of birth / / Date of death (if applicable) / /

Residential address _____

Suburb _____ Postcode

Contact number _____

Sex assigned at birth Gender at notification

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Man/Male |
| <input type="checkbox"/> Female | <input type="checkbox"/> Woman/Female |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Non-binary |
| | <input type="checkbox"/> Other – <i>Specify:</i> |

Is the person of Aboriginal or Torres Strait Islander origin?

- Persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes
- Yes, Aboriginal
- Yes, Torres Strait Islander
- No

Where was the person born?

- Australia
- Overseas – *Specify country:*

Is the case pregnant?

- Not applicable
- Not known
- No
- Yes – *Specify gestation:*

B DISEASE TO NOTIFY Tick all that apply

- Chlamydia** (16 years or younger)
- Gonorrhoea**
- Donovanosis**
- Chancroid**

C LABORATORY AND CLINICAL DETAILS

Current pathology results received from

- Abbots
- Australian Clinical Labs
- Clinpath
- SA Pathology
- Point of care test
- Other – *Specify:*

Date of specimen collection / /

Specify diagnosis site /specimen TICK ALL THAT APPLY

- | | | |
|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Urethra | <input type="checkbox"/> Pharynx | <input type="checkbox"/> Other – <i>Specify:</i> |
| <input type="checkbox"/> Vagina | <input type="checkbox"/> Cervix | |
| <input type="checkbox"/> Urine | <input type="checkbox"/> Rectum | |

Signs or symptoms at time of specimen collection

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Proctitis/tenesmus |
| <input type="checkbox"/> Urethral or vaginal discharge | <input type="checkbox"/> Pharyngitis |
| <input type="checkbox"/> Dysuria | <input type="checkbox"/> Genito-anal lesion |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Other – <i>Specify:</i> |
| <input type="checkbox"/> Orchitis | |

Why was the person tested? TICK ONE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Presented with clinical symptoms | <input type="checkbox"/> Antenatal screening |
| <input type="checkbox"/> Contact of a person with the same disease | <input type="checkbox"/> Prison screening |
| <input type="checkbox"/> STI screening (incl. health checks) | <input type="checkbox"/> HIV PrEP screening |
| | <input type="checkbox"/> Screening for other purposes – <i>Specify:</i> |

D EPIDEMIOLOGICAL INFORMATION

Sexual partner/s in the last 12 months TICK ALL THAT APPLY

- Male Female Non binary/gender diverse

Has the person engaged in sex work in the past 12 months?

- Yes No Not asked

Has the person had sex with a sex worker in the past 12 months?

- Yes No Not asked

Where was this infection likely to have been acquired? TICK ONE ONLY

- South Australia
- Interstate – *Specify state:*
- Overseas – *Specify country:*

At the time of specimen collection, was the person taking pre-exposure prophylaxis for HIV (PrEP)?

- Yes No

E CHILD PROTECTION

Medical practitioners are reminded of their legal obligations under the *Children and Young People (Safety) Act 2017* regarding the diagnosis of a sexually transmitted infection in a child. Complete this section for any case aged 16 years or younger at the time of diagnosis.

Do you hold any child protection concerns in relation to this diagnosis?

- Yes No

If yes, have you made a notification to the Child Abuse Report Line 131 478 or www.reportchildabuse.families.sa.gov.au?

- Yes No

F SEXUAL PARTNER NOTIFICATION

Chlamydia and gonorrhoea: Partner notification is the responsibility of the treating doctor and an essential component of the clinical management of cases. Refer to the Australasian Contact Tracing Guidelines at contacttracing.ashm.org.au.

Web resources for patients to anonymously inform partners include: letthemknow.org.au, thedramadownunder.info/notify and bettertoknow.org.au.

Donovanosis or chancroid: Please advise the person that a Partner Notification Officer may be in contact to facilitate partner notification.

Adelaide Sexual Health Centre offers **specialist advice** on sexually transmissible infections and partner notification and can be contacted on (08) 7117 2800.

G COMPREHENSIVE STI TESTING

A diagnosis of chlamydia or gonorrhoea indicates that the person is at risk of other sexually transmissible infections (STI), including syphilis and HIV. If not done at the time of initial testing, recommend syphilis and HIV screening to all patients diagnosed with another STI or presenting as an STI contact.

H DOCTOR DETAILS (stamp acceptable)

Name _____

Address of practice/hospital _____

Postcode

Contact number _____

Signature _____ Date / /

Please inform the person you have notified SA Health