

STI MEDICATION ADMINISTRATION REPORTING FORM



All publicly-funded STI medication administered to clients MUST be reported to Manitoba Health, Healthy Living and Seniors. Complete this form and send it **monthly** to Communicable Disease Control by **Fax: (204) 948-2040 OR Mail: 4th Floor – 300 Carlton Street Winnipeg, MB R3B 3M9**

Name of Clinic: _____ Name of Doctor: _____

Date: _____

Treatment Recommendations: For more information, please refer to the Sexually Transmitted and Blood-Borne Infections page on the Communicable Disease Control website <http://www.gov.mb.ca/health/publichealth/cdc/sti/index.html>

PHIN (If no PHIN, give MHSC number and date of birth)	Date of Treatment (yyyy/mm/dd)	Diagnosis (Indicate number from list below)	Treatment Provided (Indicate number(s) from list below. More than one treatment can be listed)

List of Diagnoses	List of Treatments (Publicly-funded)	
01 = Suspected case or contact to gonorrhoea or chlamydia	02 = Azithromycin 1.0 gm single dose	12 = Amoxicillin 500 mg po, TID for 7 days
03 = Lab-confirmed chlamydia	03 = Azithromycin 1.0 gm once weekly for three weeks	13 = Bicillin (Benzathine penicillinG) 2.4 MU IM single dose
05 = Lab-confirmed gonorrhoea	04 = Ceftriaxone 250 mg IM, single dose	14 = Bicillin (Benzathine penicillinG) 2.4 MU IM once weekly for three weeks
07 = Lab-confirmed Syphilis	06 = Ciprofloxacin 500 mg single dose	15 = Metronidazole 500 mg BID For 14 days
08 = Suspected case or contact to Syphilis	07 = Doxycycline 100 mg BID for 7 days	18 = Azithromycin 2.0 gm single dose
09 = Pelvic inflammatory disease (PID)	08 = Doxycycline 100 mg BID for 14 days	19 = Doxycycline 100 mg BID for 28 days
10 = Lymphogranuloma Venereum (LGV)	09 = Doxycycline 100 mg BID for 21 days	20 = Cefixime 800 mg single dose
11 = Chancroid	10 = Erythromycin base 500 mg QID for 7 days	17 = Other (Please specify):
12 = Other (Please specify):	11 = Erythromycin base 500 mg QID for 21 days	