Changing the Way We Work Community of Practice for Ontario Family Physicians

May 2, 2025

Dr. Daniel Warshafsky
Dr. Rachita Gurtu

Infectious Disease and Management of STIs

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Infectious Disease and Management of STIs

Moderator:

- Dr. Eleanor Colledge, Toronto, ON

Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Rachita Gurtu, Mississauga, ON

Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Please note that due to changes to the Cert+ platform, there will be delays in credits being applied to your account.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Message from the Director

In 2023 we started our journey of Reconciliation. Here are some of the steps we have taken to improve our event:

- We renamed our event and worked with local artists and storytellers to give our race a stronger link to the traditional knowledge of this region.
- We obtained a land use permit from the First Nation Land's office as a portion of our race takes place in an area with significant environmental and cultural sensitivity.
- We offer complimentary race entries for any Indigenous registrant.
- A portion of race registration fees and donations help local groups to encourage more youth to walk, hike, ski, and run on Yukon trails fo health and wellness. In 2024 this support was directed towards the Kwanlin Koyotes.
- We have added a 4x 2.5km relay to encourage more youth to get involved in the sport of running.
- We shifted the purchasing of our event to include more Indigenous vendors for food, awards, and other event supplies.
- We work year round with our First Nations partners to bring you a unique racing experience.

Thanks for joining us on this journey – together we fly!

You'll reach alpine where you've got a 360 view of Bonneville Lakes on one side, and Łu Zil Män o on the other. These are settlement lands, which means the land is owned and managed by the First Nations. The Bonneville Lakes were used by Indigenous people as a regular camp for fall hunting and spring fishing. Fish Lake, or Łu Zil Män in Southern Tutchone, is named for the whitefish that spawn here in the fall. The lake is significant to the Kwanlin Dun First Nation, whose people have gathered, hunted and held potlatches here since the end of the last ice age.

Changing the way we work

A community of practice for family physicians

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health

Dr. Rachita Gurtu – Panelist

Family Physician & Medical Director, Healthy Sexuality Clinics
Region of Peel Public Health

Speaker Disclosure

- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: N/A
    - Others: N/A

- Faculty Name: **Dr. Rachita Gurtu**
- Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians, UofT Family Medicine Program - Trillium site
    - Others: N/A

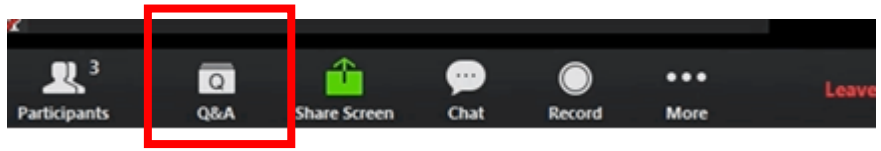
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)

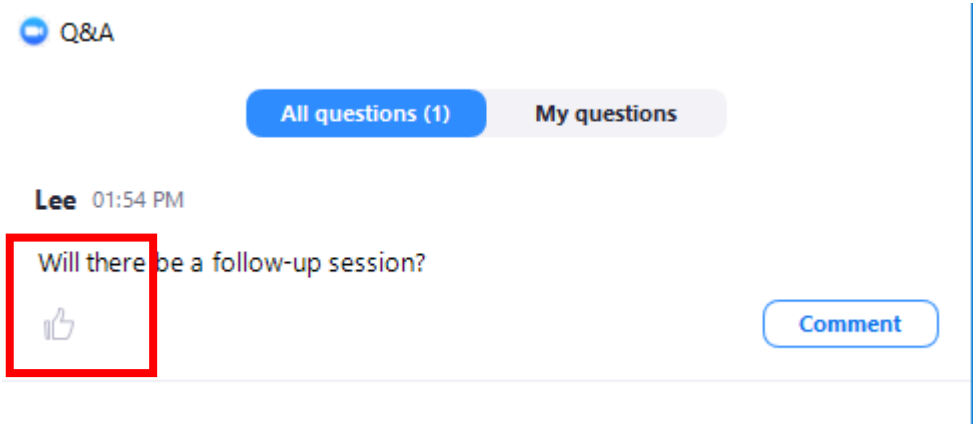
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

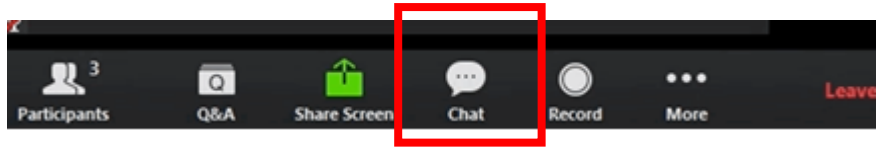
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



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Public Health Update

Changing the Way We Work CoP

Dr. Daniel Warshafsky
Office of the Chief Medical Officer of Health

May 2, 2025

Ontario

Ontario Measles Outbreak Update

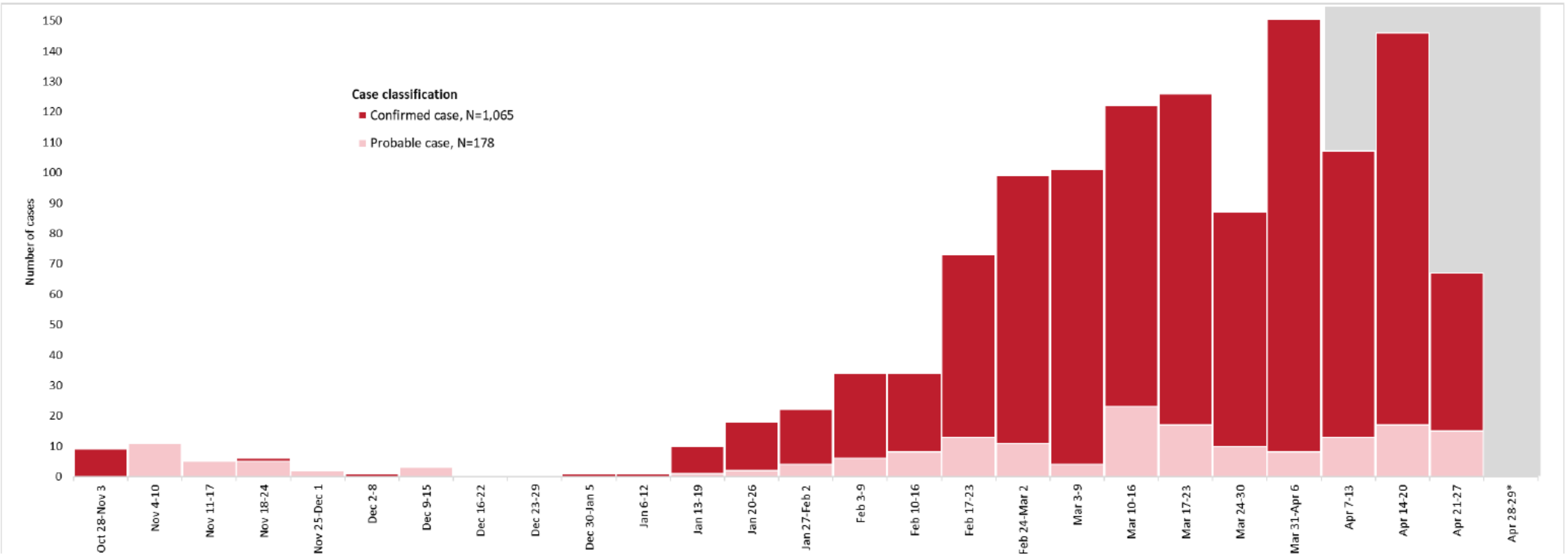
- Measles continues to spread in Ontario due to ongoing exposures and transmission among susceptible individuals

- As of April 29, 2025,
  - 1,243 cases in 17 public health units have been reported in association with this outbreak
    - This represents an increase of 223 cases and 2 new public health units since April 23, 2025
  - 84 hospitalizations
  - 8 ICU admissions
  - 25 pregnant persons

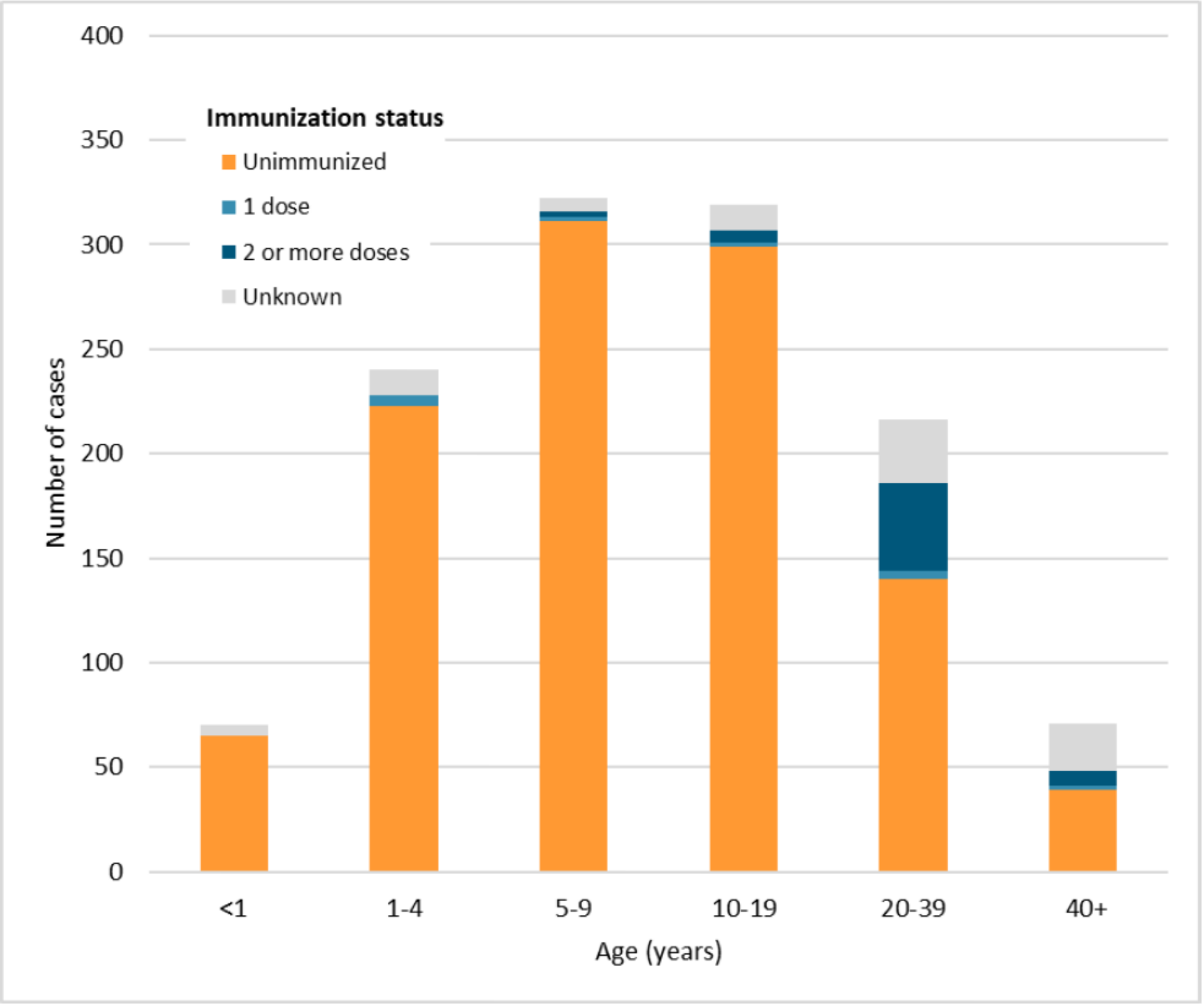
- For more information on place and dates of exposure to measles in Ontario, please visit Public Health Ontario's website

Ontario

Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – April 29, 2025



Week of rash onset	Oct 28-Nov 3	Nov 4-10	Nov 11-17	Nov 18-24	Nov 25-Dec 1	Dec 2-8	Dec 9-15	Dec 16-22	Dec 23-29	Dec 30-Jan 5	Jan 6-12	Jan 13-19	Jan 20-26	Jan 27-Feb 2	Feb 3-9	Feb 10-16	Feb 17-23	Feb 24-Mar 2	Mar 3-9	Mar 10-16	Mar 17-23	Mar 24-30	Mar 31-Apr 6	Apr 7-13	Apr 14-20	Apr 21-27	Apr 28-29*
Confirmed case	9	0	0	1	0	1	0	0	0	1	1	9	16	18	28	26	60	88	97	99	109	77	150	94	129	52	0
Probable case	0	11	5	5	2	0	3	0	0	0	0	1	2	4	6	8	13	11	4	23	17	10	8	13	17	15	0
Total	**9**	**11**	**5**	**6**	**2**	**1**	**3**	**0**	**0**	**1**	**1**	**10**	**18**	**22**	**34**	**34**	**73**	**99**	**101**	**122**	**126**	**87**	**158**	**107**	**146**	**67**	**0**



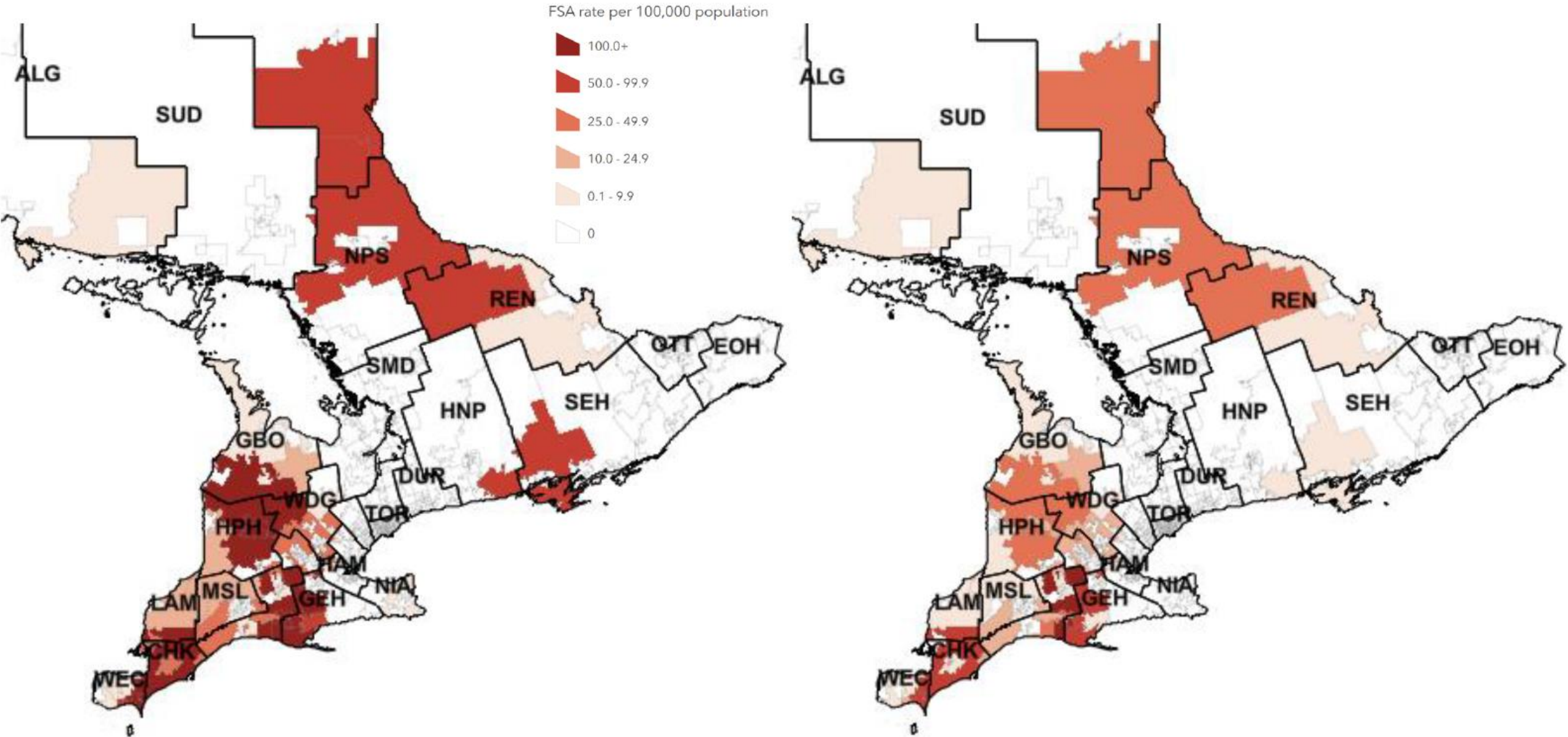
94% of cases in the current measles outbreak were unimmunized or had unknown immunization status

Ontario

Figure 2: Geographic Distribution of the Rate of Measles Outbreak Cases Per 100,000 Population by Forward Sortation Area (FSA) Among Regions in Ontario with Cases:

(A) Cumulative cases: October 28, 2024 – April 29, 2025

(B) Cases with rash onset in the last 21 days: April 8 – April 29, 2025



Testing: Collect specimen from multiple sites and within 7 days of rash onset

- For all suspected measles cases, collect **NP/throat swab and urine and serology (acute and convalescent)**
  - Multiple specimen sites increases diagnostic sensitivity

Test	Specimen Type & Volume	Collection Kit	Timing of Collection
Measles virus detection (PCR)	Nasopharyngeal Swab	Virus Respiratory Kit# 390082	• Within 7 days of rash onset.
Measles virus detection (PCR)	Throat Swab	Virus Culture Kit# 390081	• Within 7 days of rash onset.
Measles virus detection (PCR)	Urine (minimum 10mL)	Sterile container	• Within 14 days of rash onset.
Measles serology (diagnosis) *	Whole Blood (minimum 5mL whole blood or 1mL serum)	Blood, clotted serum separator tube (SST)	• Acute: within 7 days of rash onset • Convalescent: 7 to 10 days after acute; preferably 10 to 30 days after acute

- For laboratory/testing related questions and support, call PHO's Laboratory Customer Service Centre
  - Business hours: 416-235-6556 or toll Free: 1-877-604-4567
  - After hours: 416-605-3113 (duty officer)

Outbreak Immunization Strategy in Impacted Areas

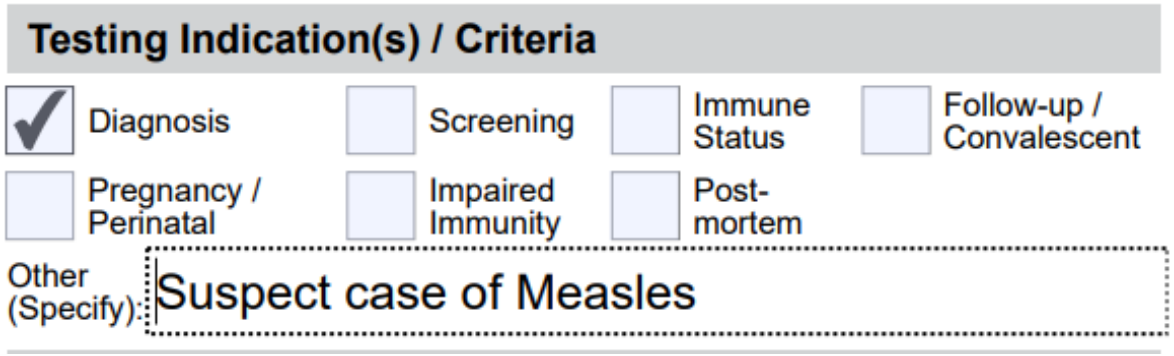
- As part of the outbreak management strategy, **individuals who live, work, travel (e.g., family visit), worship or spend time in affected regions and communities* with active measles cases and where the risk of exposure in the community is higher** are recommended to receive:

Age group	Recommendation
Infants (six to 11 months)	Should receive one dose of the measles, mumps, rubella (MMR) vaccine. Note: **Two** additional doses are required after the age of one year
Children (one to four years)	Children who have received their first dose of MMR vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose)
Adults (18+ years) born on or after 1970	A second dose of MMR vaccine is recommended

** Affected regions refer to southwestern Ontario, specifically Southwestern, Grand Erie and Huron Perth*

Don’t forget clinical information on your requisition!

- Use PHO Laboratory Requisition form - BOTH virus detection (PCR) and diagnostic serology
- **Check “diagnosis” box and clearly mark “Suspect case of measles” in the Testing Indications**



- Include the following information on each requisition:
  - Patient’s **symptoms** and **onset date**
  - **Exposure history**, **travel history** (if applicable), **MMR/V vaccination history**
  - **Outbreak or investigation number** (if applicable)

IPAC Considerations for Measles When Providing Care to Patients with Suspect/Confirmed Measles

- **Only health care workers with presumptive immunity to measles should provide care to patients with suspected/confirmed measles**
  - Evidence of presumptive immunity = **at least two doses of measles-containing vaccine (MMR/V)** after 1 year of age OR **laboratory evidence of immunity**
  - **Consider obtaining staff's evidence of immunity on file** to avoid staff exclusion in the event of a measles exposure

- Health care workers should wear **a fit-tested, seal-checked N95 respirator** when providing care
  - **Additional PPE** such as gloves, gown and eye protection may be added as required based on a point of care risk assessment (PCRA) per Routine Practices

- **If referring patients to other health care settings (e.g., lab, hospital), call ahead prior to patient's arrival** so that appropriate IPAC precautions can be implemented to avoid exposures (i.e., mask upon arrival, arrange for patient to be placed immediately in an appropriate isolation room)

- For more information on IPAC practices, please refer to Public Health Ontario's webpage

Testing for STIs in Primary Care

Dr. Rachita Gurtu MD, CCFP

Objectives

Gain comfort in taking a sexual health history

Review guidelines and practical considerations for chlamydia, gonorrhea, syphilis and herpes testing in a primary care setting

Review treatment guidelines

History taking

Approach should always be respectful, non-judgmental and one based on establishing trust

- Respecting privacy
- Explain the purpose of the questions
- Allow space for the patient to decline to answer if not comfortable

Avoid making assumptions

- Social and/or cultural context
- Sexuality & Gender
- Partners
- Consensual sex

The details are important and can be asked in a respectful way

- Who is/are their partner(s)
- What type of sex are they engaging in
- Are they using condoms

Chlamydia and Gonorrhea

Asymptomatic screening

Consider asymptomatic screening in the following groups:

- All sexually active persons under the age of 30 years
- Adults and adolescents with multiple partners or a new partner
- Pregnant individuals
- Populations or communities experiencing higher prevalence
  - gbMSM
  - HIV+
  - Individuals who are or have been incarcerated
  - Use of substances or access addiction services
  - Some Indigenous communities

PHAC guidance for prevention and management of STBBI

Available tests

- **Nucleic acid amplification tests (NAAT)** - most sensitive and preferred
  - Urine
  - Vaginal
  - Cervical
  - Pharynx
  - Rectal

- **Culture**
  - Gonorrhea - not as sensitive, but provides antimicrobial susceptibilities, which is important in monitoring of antimicrobial resistance (AMR) patterns and trend
  - Chlamydia - available but not used routinely

Which tests should I do?

Female or *trans* male (anyone with a vagina)

Site	NAAT	GC Culture
Urogenital	Vaginal (preferred over urine or cervix) or Urine or Cervix	Consider if any of the following: • Has symptoms at that site • Asymptomatic individual notified as a contact of gonorrhea • When sexual abuse/sexual assault is suspected • If the infection might have been acquired in countries or areas with high rates of AMR
Pharynx	Consider if history of giving unprotected oral sex and any of the following: • Has symptoms of sore throat • New or multiple partners	
Rectal	Consider if history of receiving anal sex	

Which tests should I do?

Male or *trans* female (anyone with a penis)

Site	NAAT	GC Culture
Urogenital	Urine (preferred) or Urethral	Consider if any of the following: • Has symptoms at that site • Asymptomatic individual notified as a contact of gonorrhea • When sexual abuse/sexual assault is suspected • If the infection might have been acquired in countries or areas with high rates of AMR
Pharynx	Consider if history of performing unprotected oral sex and any of the following: • Has symptoms • gbMSM • Multiple sexual partners or sex with a partner who is at high risk of infection	
Rectal	Consider if history of receiving anal sex	

Which swab should I use?

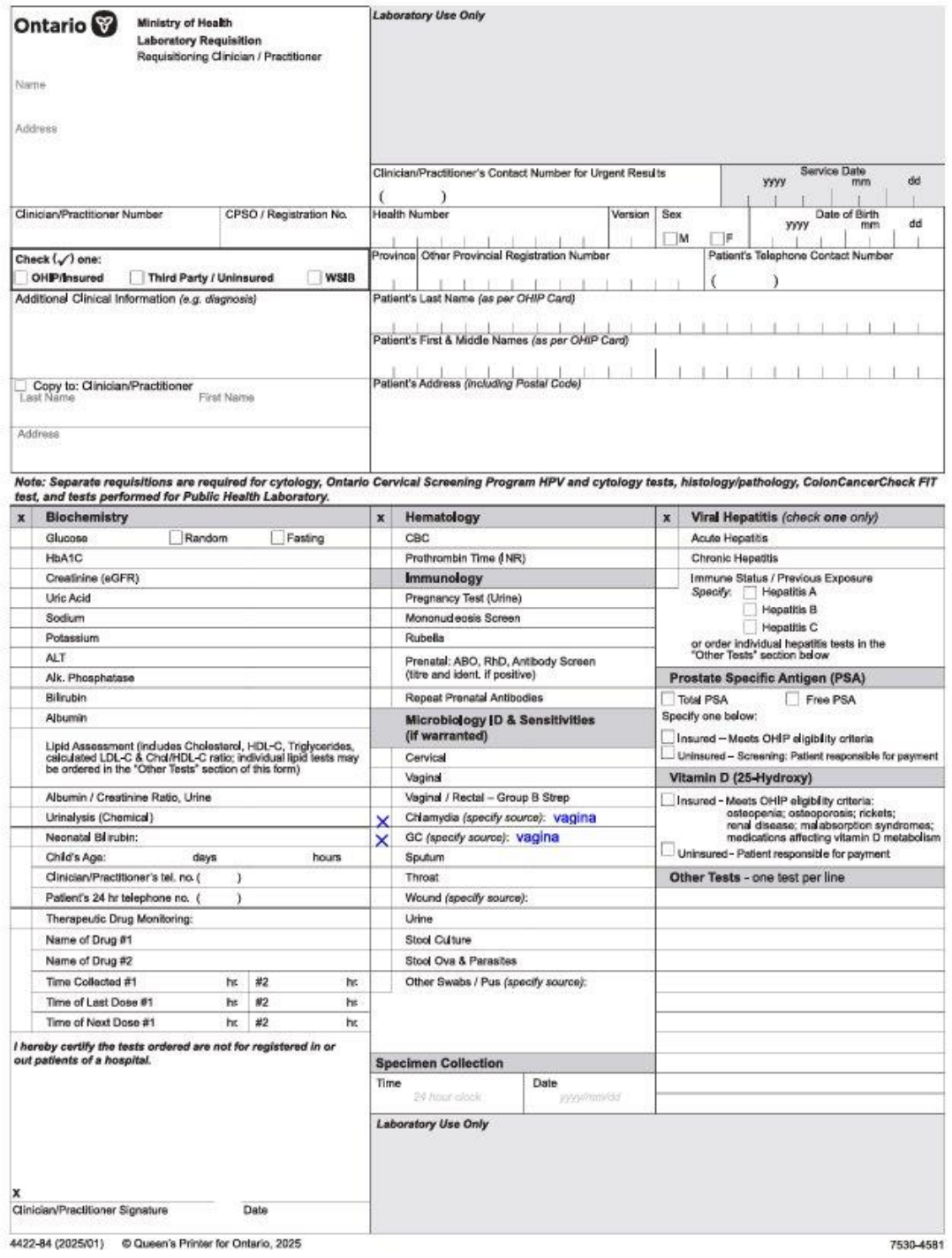
DYNACARE AND LIFELABS

Chlamydia and Gonorrhea NAAT

Hologic Aptima Multitest Swab

- Vaginal (including self-collected)
- Urethral
- *Pharynx
- *Rectal

*preferred for these sites over Unisex swab (Dynacare)



Ontario — Ministry of Health
Laboratory Requisition
Requisitioning Clinician / Practitioner

Name

Address

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results ( )

Service Date yyyy mm dd

Clinician/Practitioner Number | CPSO / Registration No.

Health Number | Version | Sex ☐M ☐F | Date of Birth yyyy mm dd

Check (✓) one: ☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Province | Other Provincial Registration Number | Patient's Telephone Contact Number ( )

Additional Clinical Information (e.g. diagnosis)

Patient's Last Name (as per OHIP Card)

Patient's First & Middle Names (as per OHIP Card)

☐ Copy to: Clinician/Practitioner
Last Name First Name

Address

Patient's Address (including Postal Code)

Note: Separate requisitions are required for cytology, Ontario Cervical Screening Program HPV and cytology tests, histology/pathology, ColonCancerCheck FIT test, and tests performed for Public Health Laboratory.

x	Biochemistry
	Glucose ☐ Random ☐ Fasting
	HbA1C
	Creatinine (eGFR)
	Uric Acid
	Sodium
	Potassium
	ALT
	Alk. Phosphatase
	Bilirubin
	Albumin
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)
	Albumin / Creatinine Ratio, Urine
	Urinalysis (Chemical)
	Neonatal Bilirubin:
	Child's Age: days hours
	Clinician/Practitioner's tel. no. ( )
	Patient's 24 hr telephone no. ( )
	Therapeutic Drug Monitoring:
	Name of Drug #1
	Name of Drug #2
	Time Collected #1 hr #2 hr
	Time of Last Dose #1 hr #2 hr
	Time of Next Dose #1 hr #2 hr

x	Hematology
	CBC
	Prothrombin Time (INR)
	Immunology
	Pregnancy Test (Urine)
	Mononucleosis Screen
	Rubella
	Prenatal: ABO, Rh, Antibody Screen (titre and ident. if positive)
	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
	Cervical
	Vaginal
	Vaginal / Rectal – Group B Strep
X	Chlamydia (specify source): vagina
X	GC (specify source): vagina
	Sputum
	Throat
	Wound (specify source):
	Urine
	Stool Culture
	Stool Ova & Parasites
	Other Swabs / Pus (specify source):

x	Viral Hepatitis (check one only)
	Acute Hepatitis
	Chronic Hepatitis
	Immune Status / Previous Exposure Specify: ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C or order individual hepatitis tests in the "Other Tests" section below
	Prostate Specific Antigen (PSA)
	☐ Total PSA ☐ Free PSA Specify one below: ☐ Insured – Meets OHIP eligibility criteria ☐ Uninsured – Screening: Patient responsible for payment
	Vitamin D (25-Hydroxy)
	☐ Insured – Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism ☐ Uninsured – Patient responsible for payment
	Other Tests - one test per line

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

Specimen Collection: Time (24 hour clock) | Date (yyyy/mm/dd)

Laboratory Use Only

x Clinician/Practitioner Signature Date

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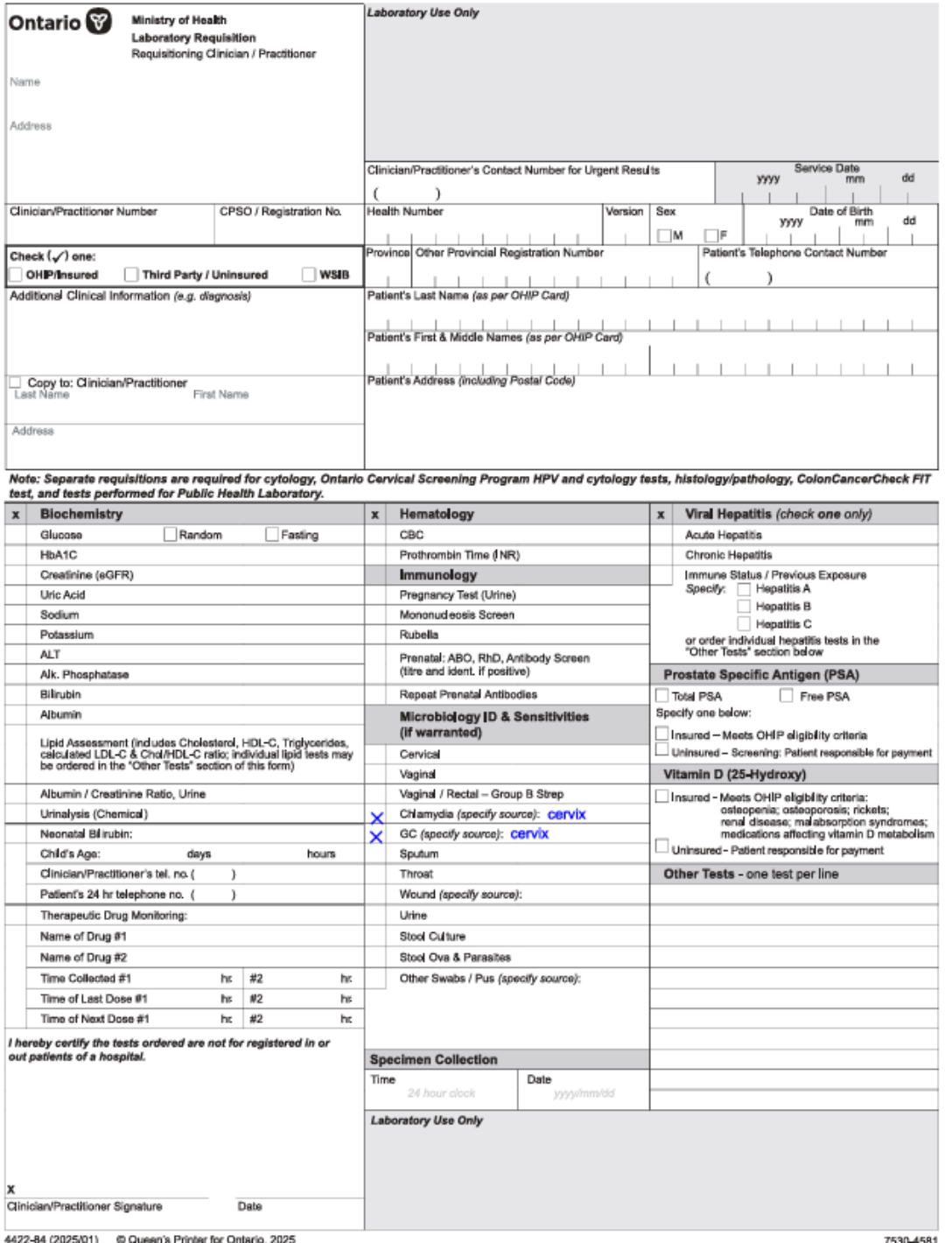
Which swab should I use?

DYNACARE AND LIFELABS

Chlamydia and Gonorrhea NAAT

Hologic Aptima Unisex Swab

- Endocervical
- Urethral
- Pharynx (Dynacare only)
- Rectal (Dynacare only)



Ontario — Ministry of Health
Laboratory Requisition
Requisitioning Clinician / Practitioner

Name

Address

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results ( )

Service Date yyyy mm dd

Clinician/Practitioner Number | CPSO / Registration No.

Health Number | Version | Sex ☐M ☐F | Date of Birth yyyy mm dd

Check (✓) one: ☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Province | Other Provincial Registration Number | Patient's Telephone Contact Number ( )

Additional Clinical Information (e.g. diagnosis)

Patient's Last Name (as per OHIP Card)

Patient's First & Middle Names (as per OHIP Card)

☐ Copy to: Clinician/Practitioner
Last Name First Name

Address

Patient's Address (including Postal Code)

Note: Separate requisitions are required for cytology, Ontario Cervical Screening Program HPV and cytology tests, histology/pathology, ColonCancerCheck FIT test, and tests performed for Public Health Laboratory.

x	Biochemistry
	Glucose ☐ Random ☐ Fasting
	HbA1C
	Creatinine (eGFR)
	Uric Acid
	Sodium
	Potassium
	ALT
	Alk. Phosphatase
	Bilirubin
	Albumin
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)
	Albumin / Creatinine Ratio, Urine
	Urinalysis (Chemical)
	Neonatal Bilirubin:
	Child's Age: days hours
	Clinician/Practitioner's tel. no. ( )
	Patient's 24 hr telephone no. ( )
	Therapeutic Drug Monitoring:
	Name of Drug #1
	Name of Drug #2
	Time Collected #1 hr #2 hr
	Time of Last Dose #1 hr #2 hr
	Time of Next Dose #1 hr #2 hr

x	Hematology
	CBC
	Prothrombin Time (INR)
	Immunology
	Pregnancy Test (Urine)
	Mononucleosis Screen
	Rubella
	Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)
	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
	Cervical
	Vaginal
	Vaginal / Rectal – Group B Strep
X	Chlamydia (specify source): cervix
X	GC (specify source): cervix
	Sputum
	Throat
	Wound (specify source):
	Urine
	Stool Culture
	Stool Ova & Parasites
	Other Swabs / Pus (specify source):

x	Viral Hepatitis (check one only)
	Acute Hepatitis
	Chronic Hepatitis
	Immune Status / Previous Exposure Specify: ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C or order individual hepatitis tests in the "Other Tests" section below
	Prostate Specific Antigen (PSA)
	☐ Total PSA ☐ Free PSA Specify one below: ☐ Insured – Meets OHIP eligibility criteria ☐ Uninsured – Screening: Patient responsible for payment
	Vitamin D (25-Hydroxy)
	☐ Insured – Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism ☐ Uninsured – Patient responsible for payment
	Other Tests – one test per line

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

Specimen Collection

Time (24 hour clock) | Date (yyyy/mm/dd)

X
Clinician/Practitioner Signature Date

Laboratory Use Only

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Which swab should I use?

PHO LAB

Chlamydia and Gonorrhea NAAT

Woven swab (clinician or self-collected):

- Vaginal
- Rectal
- Pharyngeal

Flocked swab:

- Endocervical

Note: Urethral and penile meatal swabs are not included and <u>will not be accepted.</u>

General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that **all testing requirements** are met before collecting a specimen.
For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information

Licence No.: | Lab / Hospital or Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: | Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Setting

☑ Clinic / Community | ☐ ER (Not Admitted / Not Yet Determined) | ☐ ER (Admitted)
☐ Inpatient (Non-ICU) | ☐ ICU / CCU | ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☐ Diagnosis | ☑ Screening | ☐ Immune Status | ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal | ☐ Impaired Immunity | ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☑ No Signs / Symptoms | Onset Date (yyyy-mm-dd): n/a
☐ Fever | ☐ Rash | ☐ STI
☐ Gastrointestinal | ☐ Respiratory | ☐ Hepatitis | ☐ Meningitis / Encephalitis
Other (Specify):

Relevant Exposure(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): | Sex: ☐ Male ☐ Female
Medical Record No.:
Last Name (per health card):
First Name (per health card):
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

Date Collected (yyyy-mm-dd): 2024-03-20 | **Submitter Lab No.:**

☐ Whole Blood | ☐ Serum | ☐ Plasma
☐ Bone Marrow | ☐ Cerebrospinal Fluid (CSF) | ☐ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab | ☐ Sputum | ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab | ☐ Vaginal Swab | ☐ Urethral Swab
☐ Urine | ☑ Rectal Swab | ☐ Faeces

Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. Chlamydia NAAT
2. Gonorrhea NAAT
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A: ☐ Immune Status (HAV IgG) | ☐ Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B: ☐ Immune Status (anti-HBs) | ☐ Chronic Infection (HBsAg + total anti-HBc)
☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) | ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C: ☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(ii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s 1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004-2 (August 2024).

Ontario

Which swab should I use?

PHO LAB

Gonorrhea culture

- Endocervical
- Urethral
- Pharyngeal
- Rectal

Note: Store and ship specimens at room temperature. Culture specimens must be received at the testing laboratory within 72 hours of collection.

General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that **all testing requirements** are met before collecting a specimen.
For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information

Licence No.: | Lab / Hospital or Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: | Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Setting

☑ Clinic / Community | ☐ ER (Not Admitted / Not Yet Determined) | ☐ ER (Admitted)
☐ Inpatient (Non-ICU) | ☐ ICU / CCU | ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☐ Diagnosis | ☑ Screening | ☐ Immune Status | ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal | ☐ Impaired Immunity | ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☑ No Signs / Symptoms | ★ Onset Date (yyyy-mm-dd): n/a
☐ Fever | ☐ Rash | ☐ STI
☐ Gastrointestinal | ☐ Respiratory | ☐ Hepatitis | ☐ Meningitis / Encephalitis
Other (Specify):

Relevant Exposure(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): | Sex: ☐ Male ☐ Female
Medical Record No.:
Last Name (per health card):
First Name (per health card):
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ **Date Collected** (yyyy-mm-dd): 2025-03-24 | **Submitter Lab No.:**

☐ Whole Blood | ☐ Serum | ☐ Plasma
☐ Bone Marrow | ☐ Cerebrospinal Fluid (CSF) | ☐ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab | ☐ Sputum | ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab | ☐ Vaginal Swab | ☐ Urethral Swab
☐ Urine | ☑ Rectal Swab | ☐ Faeces

Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. Gonorrhea culture
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/symptoms info)

Hepatitis B ☐ Immune Status (anti-HBs) ☐ Chronic Infection (HBsAg + total anti-HBc)
☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)

Hepatitis C ☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

The personal health information is collected under the authority of the *Personal Health Information Protection Act*, 2004, s.36 (1)(c)(ii) for the purposes specified in the *Ontario Agency for Health Protection and Promotion Act*, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004.2 (August 2024).

Ontario

Chlamydia treatment

Uncomplicated gonorrhea infections	Treatment
Preferred treatment	**Doxycycline 100 mg PO BID for 7 days (contraindicated in pregnancy)** **OR** **Azithromycin 1 g PO in a single dose** **Note: Azithromycin may be preferred when poor compliance is anticipated.**
Alternative treatment for anogenital infections	Levofloxacin 500 mg PO once a day for 7 days
Alternative for Pregnant or lactating individuals	Amoxicillin 500 mg PO TID for 7 days OR Erythromycin 2 g/day PO in divided doses for 7 days OR Erythromycin 1g/day PO in divided doses for 14 days

Gonorrhea treatment

Uncomplicated gonorrhea infections	Treatment
Preferred treatment	**Ceftriaxone 500 mg IM as a single dose (monotherapy)**
Alternative treatment for anogenital infections	Cefixime 800 mg PO in a single dose PLUS Doxycycline 100 mg PO BID x 7 days
Alternative treatment for pharyngeal infections	Cefixime 800 mg PO in a single dose PLUS Azithromycin 1 g PO in a single dose
Cephalosporin allergy or resistance or severe non-IgE-mediated reaction to penicillins	Azithromycin 2 g PO in a single dose PLUS Gentamicin 240 mg IM in a single dose
Contraindications to macrolides and cephalosporins	Gentamicin 240 mg IM in a single dose PLUS Doxycycline 100 mg orally twice daily for 7 days

Note: Alternative treatment regimens are not recommended in pregnancy.

- In cases of cephalosporin allergy or other contraindications, consult with an infectious disease specialist.
- Doxycycline is contraindicated in pregnant and lactating individuals.
- Combination therapy containing gentamycin is not recommended in pregnancy

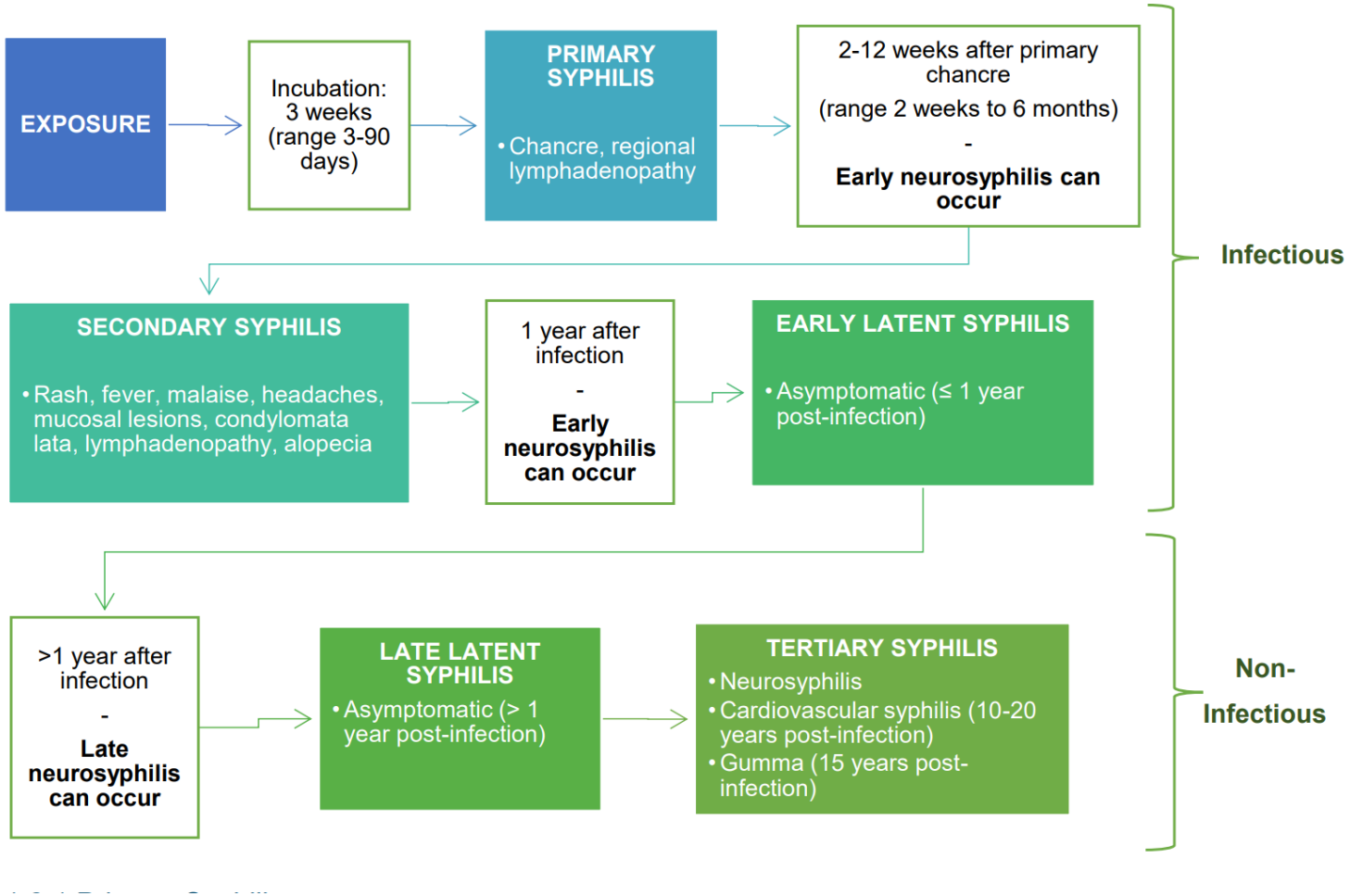
Test of Cure (TOC)

Infection	TOC		Follow up screening
	NAAT	GC Culture	
Chlamydia	• Recommended 3-4 weeks after completion of treatment if: ○ compliance to treatment is suboptimal ○ an alternative treatment regimen was used ○ persisting signs of symptoms post treatment ○ the person is prepubertal or pregnant	n/a	3 months
Gonorrhea	• Recommended for all positive cases 3-4 weeks after treatment	• If need to complete TOC earlier than 3 weeks, then perform gonorrhea culture only (too early for NAAT) • If treatment failure is suspected, and more than 3 weeks after treatment – perform both NAAT and culture	6 months

Syphilis

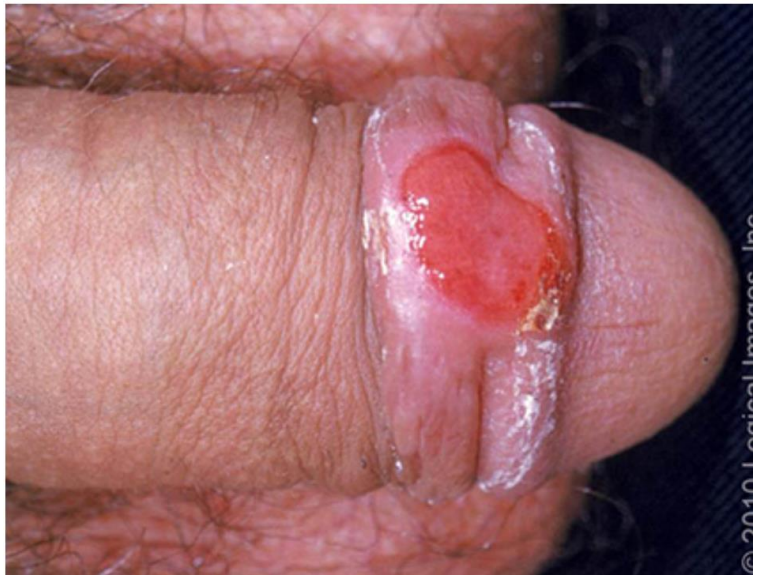
Syphilis Stages

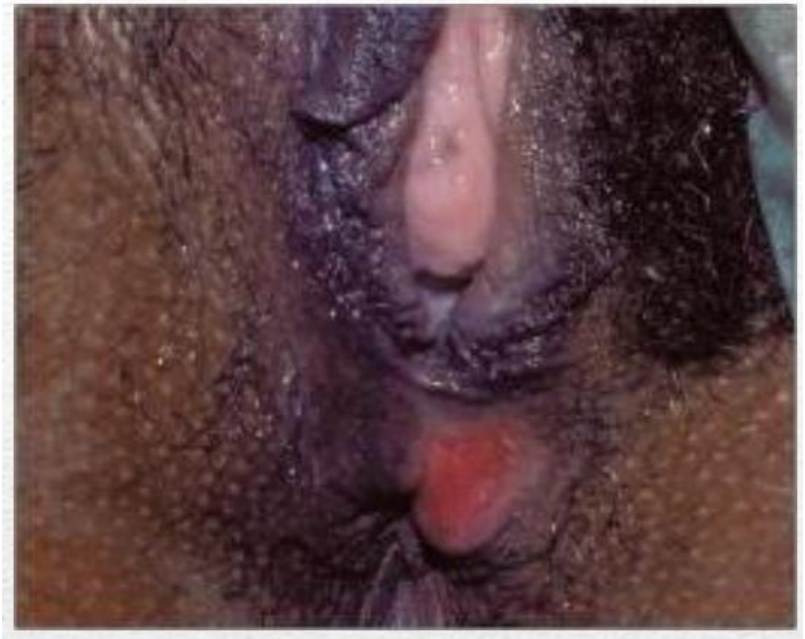
Figure 1. Summary of the natural history of untreated syphilis and its associated clinical manifestations

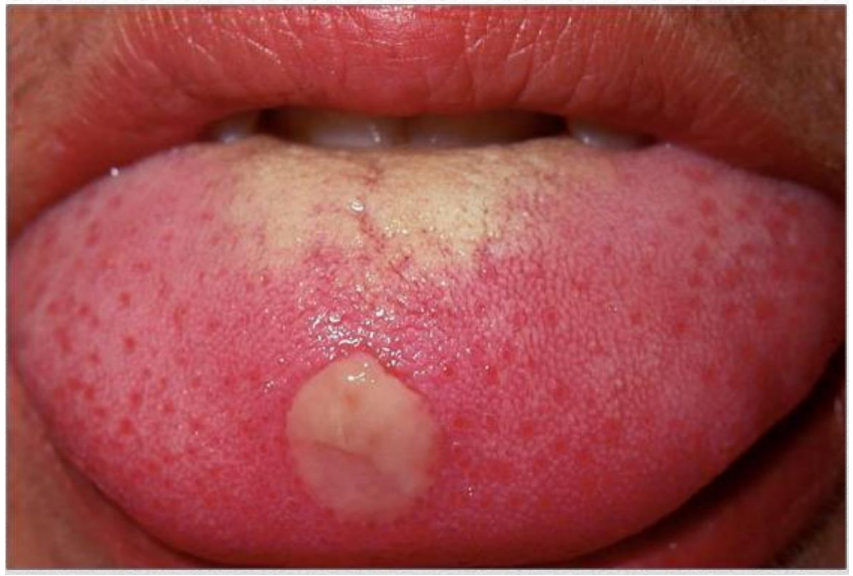


Source: [Syphilis in Canada: Technical report on epidemiological trends, determinants and interventions]

Primary Syphilis

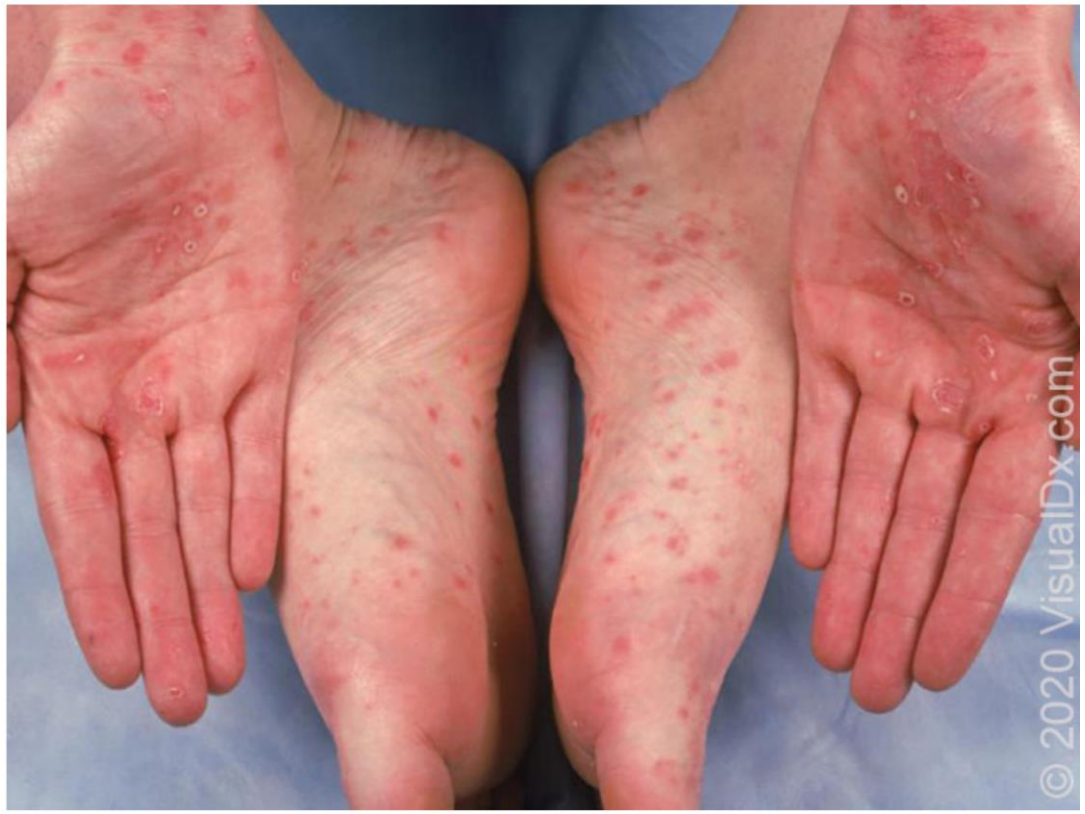


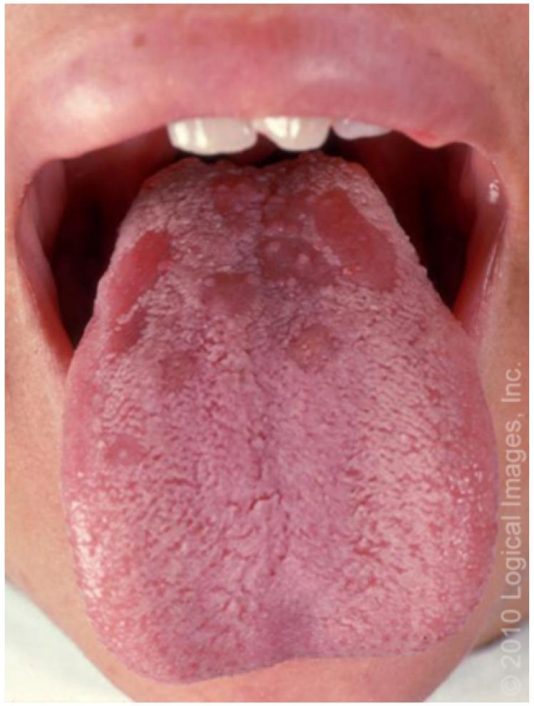




Source: https://thestdproject.wpenginepowered.com/wp-content/uploads/2012/07/std_pictures_of_syphilis_pictures.pdf

Secondary Syphilis

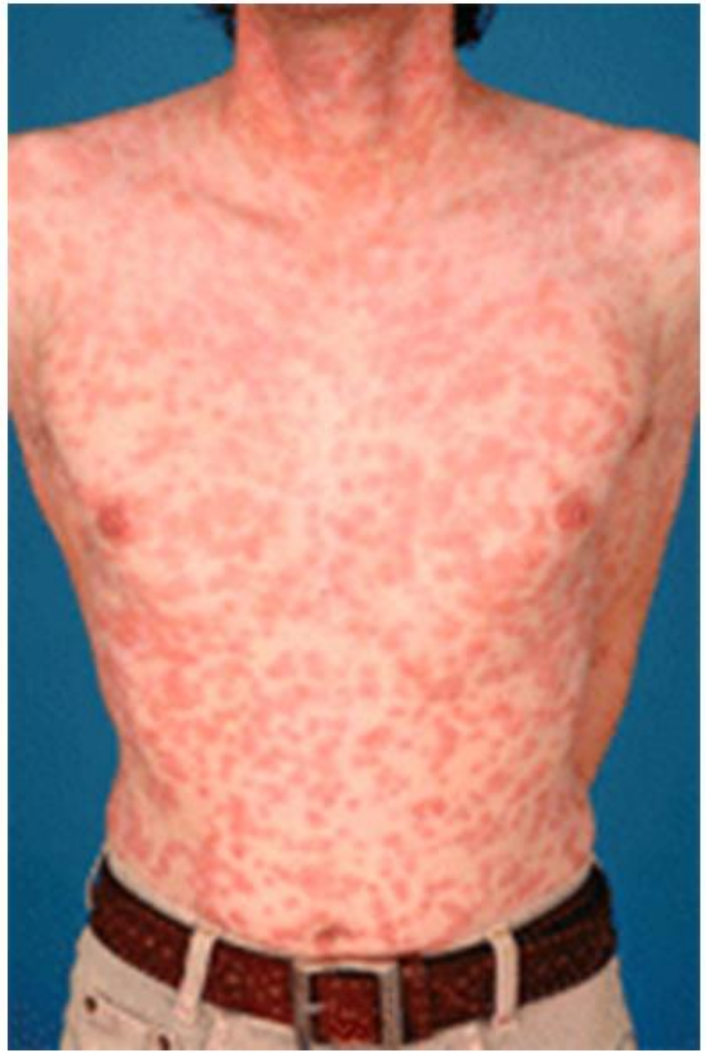


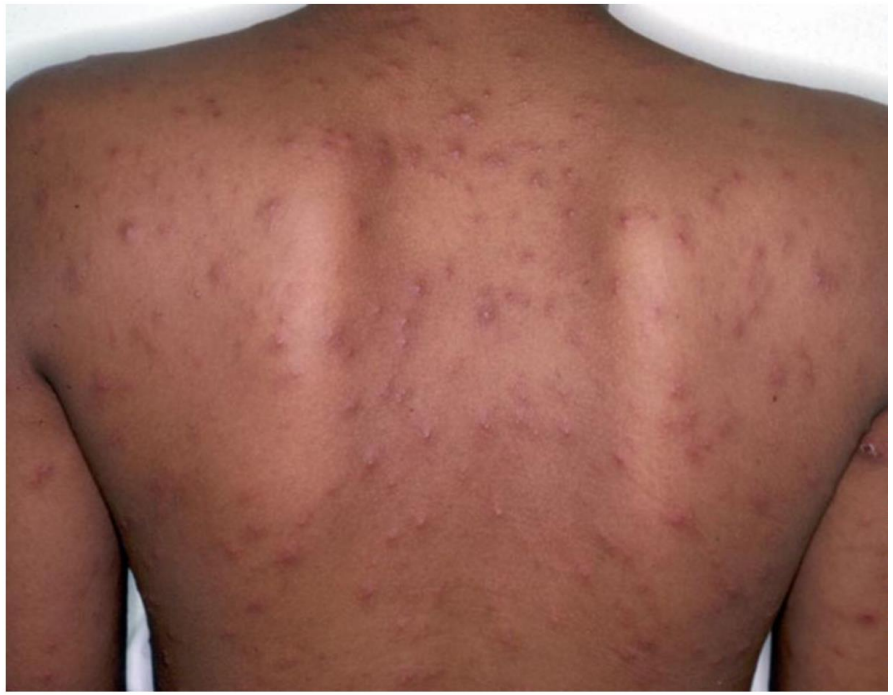


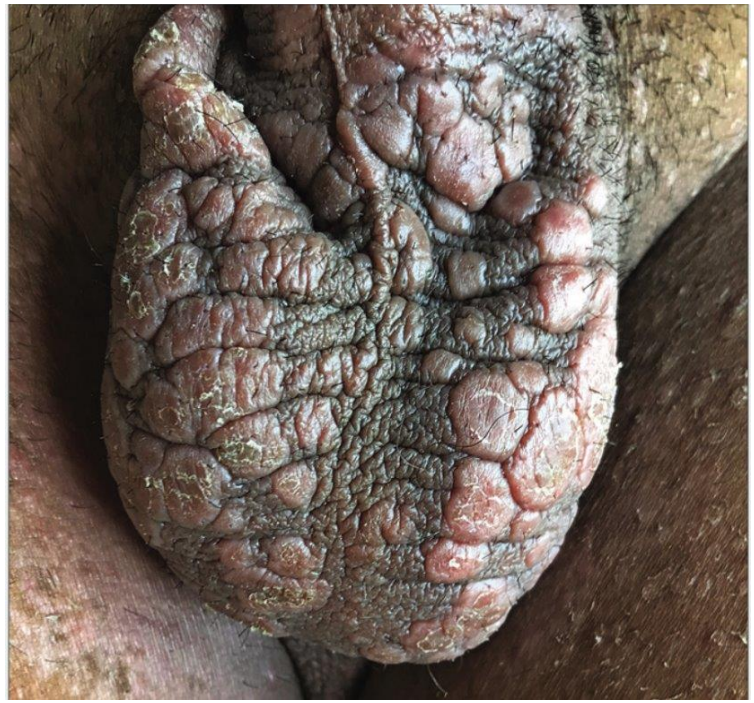
Multiple erosions (mucous patches) are present on the tongue in this patient with secondary syphilis.

Source: UpToDate- Syphilis: Epidemiology, pathophysiology, and clinical manifestations in patients without HIV

Secondary Syphilis







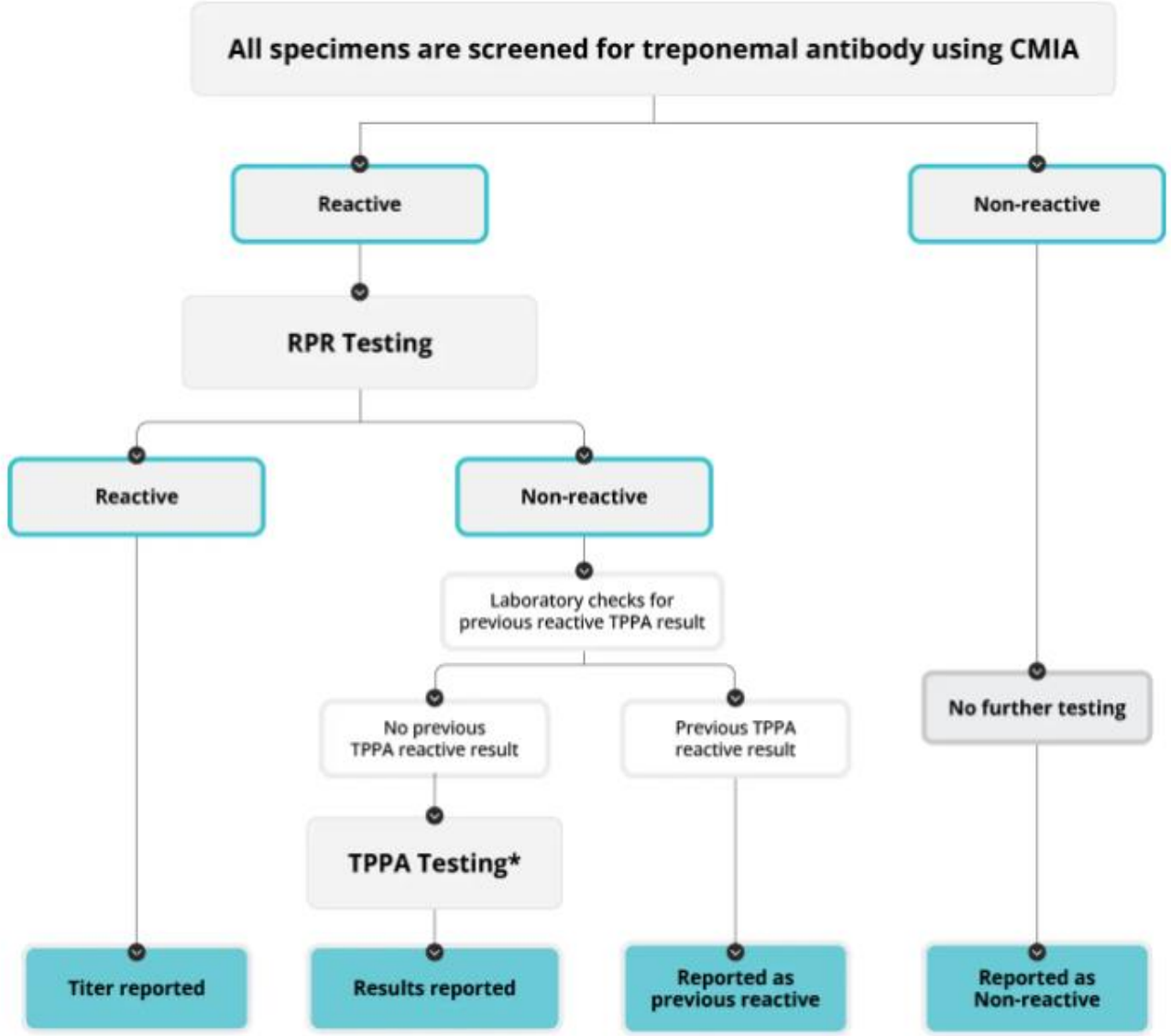
Sources:
UpToDate- Syphilis: Epidemiology, pathophysiology, and clinical manifestations in patients without HIV
https://ijdvl.com/scrotal-plaques-as-a-predominant-presentation-in-a-case-of-secondary-syphilis/

Serological tests for Syphilis

CATEGORY	TEST	COMMENTS
Treponemal	**Treponema pallidum particle agglutination [TP-PA]** **Chemiluminescent immunoassay [CLIA]**	• Detect antibodies specific to *T. pallidum* • Usually will remain reactive for the remainder of patient's life, regardless of adequate treatment or disease activity.
Non-treponemal	**Rapid plasma regain [RPR]**	• Not specific for *T. pallidum* • False-positive results can be associated with multiple medical conditions and factors unrelated to syphilis, including other infections (e.g., HIV), autoimmune conditions, vaccinations, injecting drug use, pregnancy, and older age • Titers might correlate with disease activity and are used for monitoring treatment response

PHO Syphilis serology testing algorithm

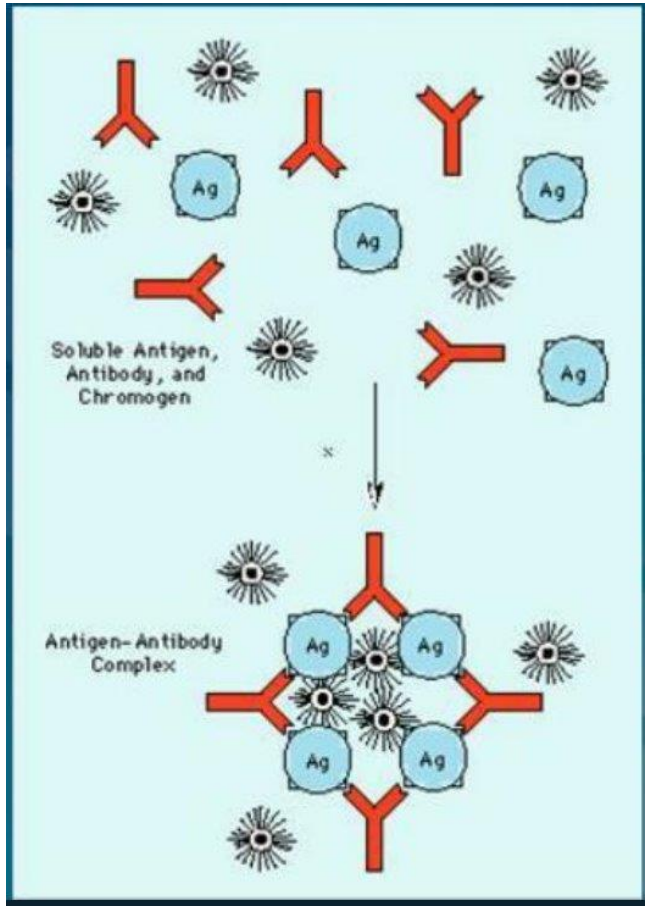
PHO follows a reverse algorithm for syphilis testing

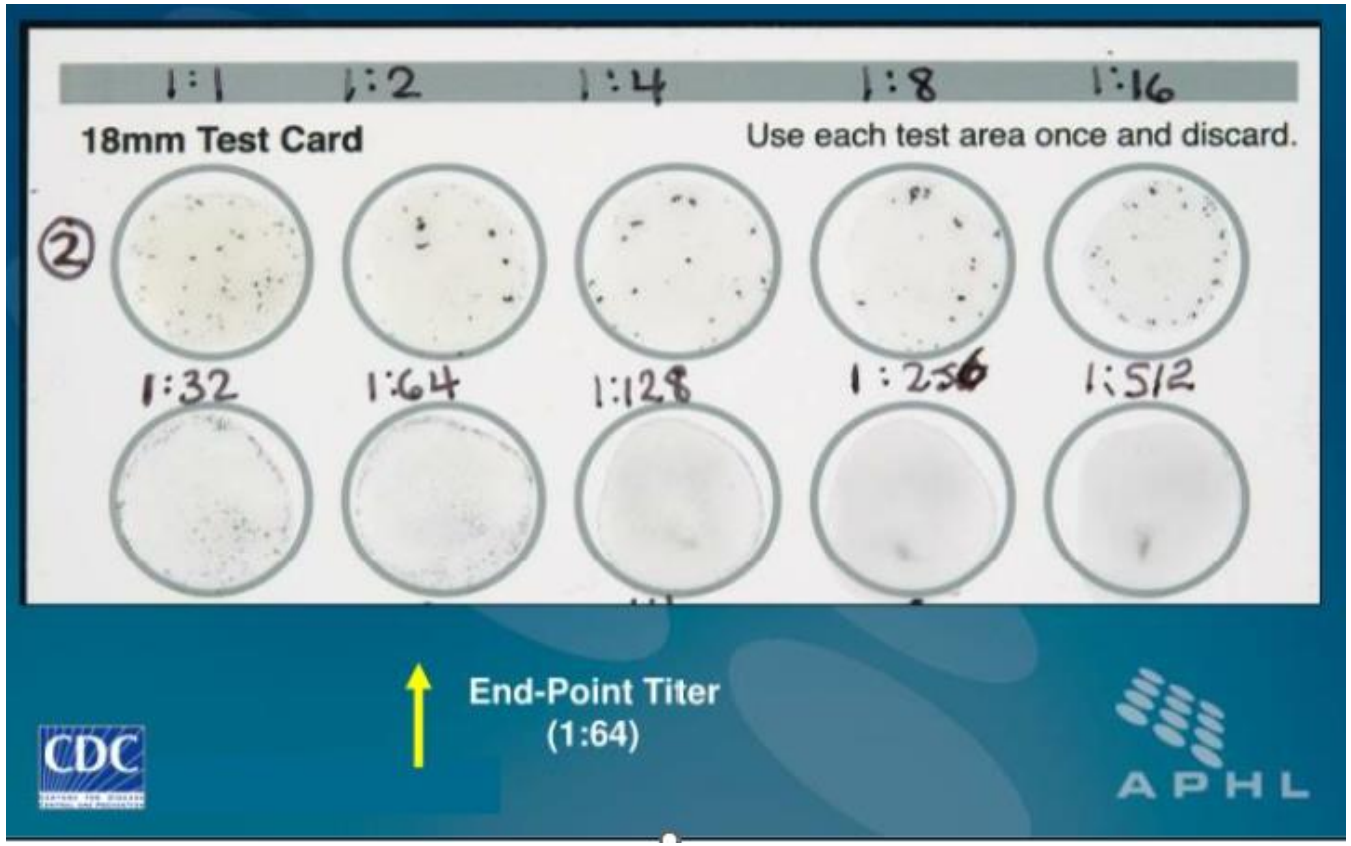


*For infants ≤18 months, TPPA testing is completed regardless of RPR result.

Source: [Syphilis – Serology | Public Health Ontario]

Rapid Plasma Reagin (RPR)

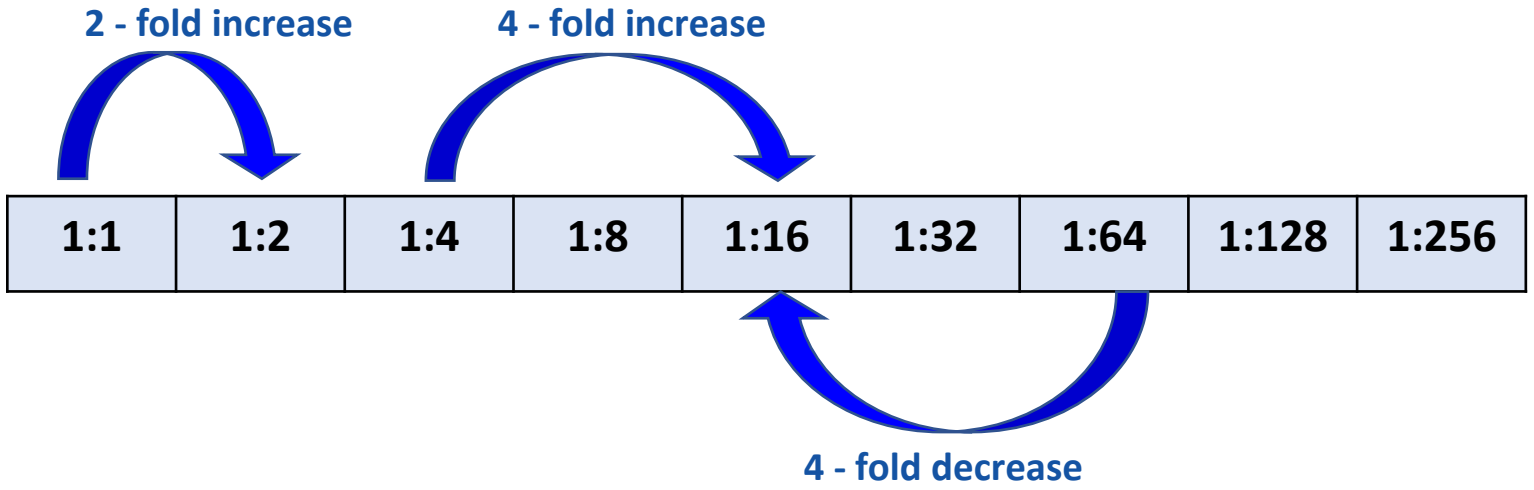




Sources:

- Rapid Plasma Reagin - StatPearls - NCBI Bookshelf (nih.gov)
- RAPID PLASMA REAGIN 18-MM CIRCLE CARD TEST (cdc.gov)
- PPT - STI Update PowerPoint Presentation, free download - ID:960395 (slideserve.com)

Rapid Plasma Reagin (RPR)



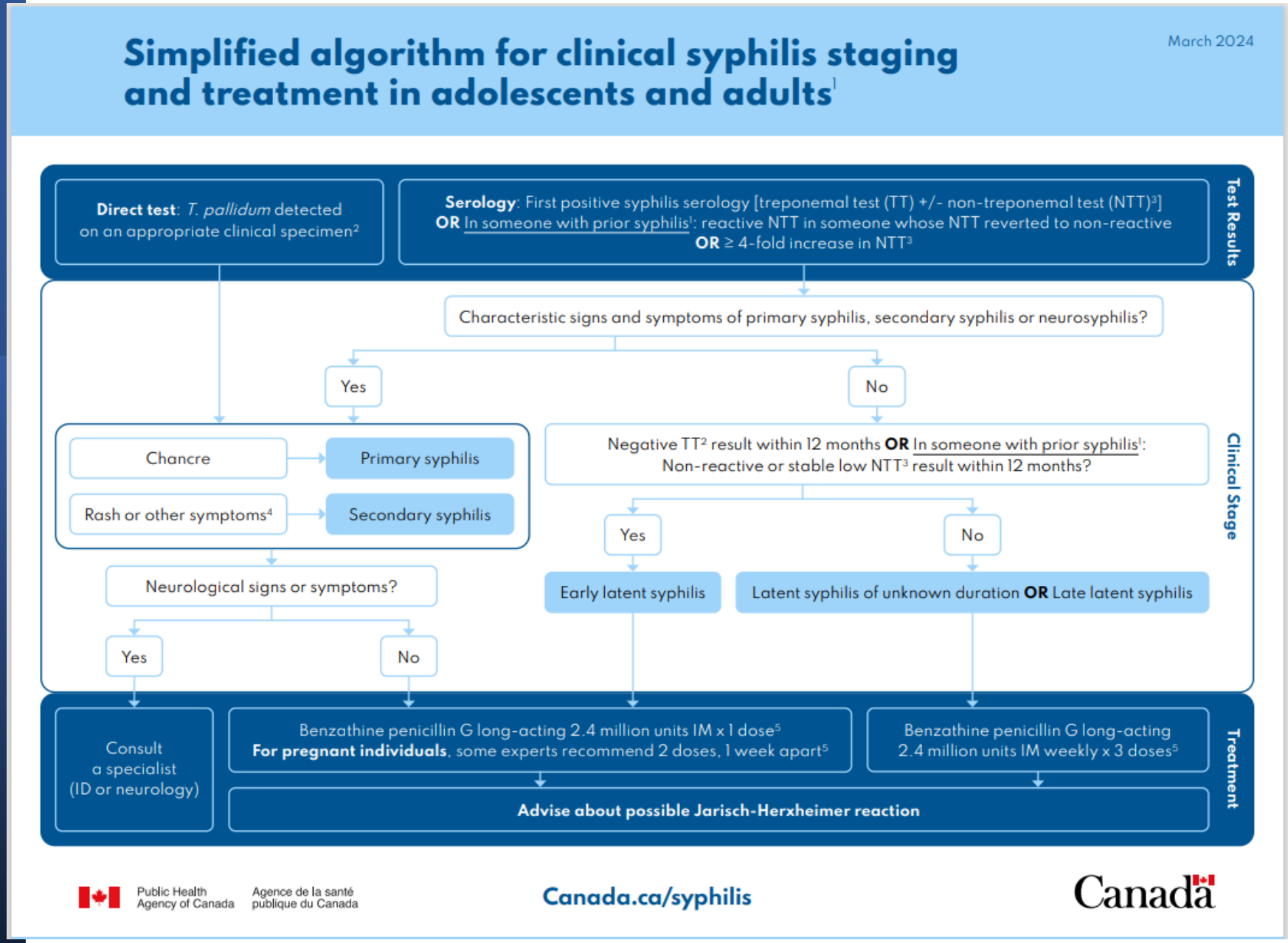
*To be considered a significant rise or decrease, there should be at least a 4-fold change.

Positive results

Syphilis Antibody Screen	Reactive
Syphilis RPR Quantitation	Reactive 1:8
Syphilis Serology Interpretation	**Consistent with recent or prior syphilis infection.**

Syphilis Antibody Screen	Reactive
Syphilis RPR Screen	Non-Reactive
Syphilis TP.PA	Reactive
Syphilis Serology Interpretation	**Consistent with recent or prior syphilis infection.**

Staging algorithm



Source: [syphilis-staging-algorithm-eng.pdf]

Treatment and follow up

Stage	1st Line Treatment	Penicillin allergy	Serology follow up
Primary/Secondary/ Early Latent	Benzathine penicillin G-LA 2.4 million units IM x 1 dose	Doxycycline 100 mg PO BID x 14 days	3, 6, 12 months
Late Latent	Benzathine penicillin G-LA 2.4 million units IM qweekly x 3 doses	Doxycycline 100 mg PO BID x 28 days	12, 24 months

Genital Herpes

Genital Herpes- Counselling

- Can be a devastating diagnosis for many people due to how infection is perceived and the attached social stigma
- Genital herpes is a common condition
  - One analysis estimates that 14% of people between 14 and 59 years of age in Canada have HSV-2
- HSV-1 and HSV-2 can live in your body for a long time undetected or unrecognized
- Genital herpes is a recurrent, chronic infection; however, it is a manageable condition
- Most people who have genital herpes don't know they have the infection because they have mild, short-lived or no symptoms, or they think the symptoms are due to another condition (e.g., yeast infection, boils, bug bites, friction burns).
- Condoms, if used consistently and correctly will reduce, but will not eliminate the risk of HSV transmission or acquisition.

Resource: Canadian STI guidelines- Genital Herpes Counselling Tool

Genital Herpes- Clinical manifestation

Primary Episode	Recurrences
• Usually have more severe and systemic symptoms • Extensive, painful, bilateral vesiculo-ulcerative genital or anal lesions (may involve the exocervix) • Systemic symptoms: fever, malaise, myalgia and headache (about 67% of cases) • Tender inguinal lymphadenopathy (about 80% of cases) • Complications include meningitis (16-26%), extragenital lesions (10-28%)	• Milder symptoms than with primary episode • Prodromal symptoms lasting 1-2 days (43-53% of cases) including focal burning, itching, tingling, hyperesthesia or dysesthesia • Unilateral, localized small erythematous patch, painful genital vesicles and ulcers • Systemic symptoms (5–12% of cases)

Genital Herpes- Testing

- **HSV NAAT**
  - Sample from lesions-approaches sensitivity and specificity of 100%
- **Type Specific Serology (TSS)**
  - Not recommended for screening in asymptomatic individuals
  - When to consider:
    - Signs and symptoms of HSV are present but NAAT is negative or not feasible
      - Note: repeat viral testing of fresh lesions is preferred over TSS
    - To identify the need for preventative measures when sexual partners are suspected to be serodifferent/serodiscordant

Genital Herpes- Testing

General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that **all testing requirements** are met before collecting a specimen.
For **HIV, respiratory viruses, or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:
Date Received (yyyy-mm-dd): | PHO Lab No.:

Ordering Healthcare Provider Information

Licence No.: 001234 | Healthcare Provider Full Name: Dr. R. Gurtu
Org. Name: | Address:
City: | Postal Code: | Province:
Tel: | Fax:

Copy to Lab / Health Unit / Other Authorized Healthcare Provider

Licence No.: | Lab / Health Unit / Other Authorized Provider Name:
Org. Name: | Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Information

Health Card No.: 12345678
Date of Birth (yyyy-mm-dd): 1992-01-20 | Sex: ☐ Male ● Female
Medical Record No.:
Last Name (per health card): Doe
First Name (per health card): Jane
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Patient Setting

☑ Clinic / Community | ☐ ER (Not Admitted / Not Yet Determined) | ☐ ER (Admitted)
☐ Inpatient (Non-ICU) | ☐ ICU / CCU | ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☑ Diagnosis | ☐ Screening | ☐ Immune Status | ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal | ☐ Impaired Immunity | ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms | Onset Date (yyyy-mm-dd): 2023-09-28
☐ Fever | ☑ Rash | ☐ STI
☐ Gastrointestinal | ☐ Respiratory | ☐ Hepatitis | ☐ Meningitis / Encephalitis
Other (Specify):

Relevant Exposure(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☑ None / Not Applicable | Most Recent Date (yyyy-mm-dd):
Travel Details:

Specimen Information

Date Collected (yyyy-mm-dd): 2023-10-02 | Submitter Lab No.:

☐ Whole Blood	☐ Serum	☐ Plasma
☐ Bone Marrow	☐ Cerebrospinal Fluid (CSF)	☐ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab	☐ Sputum	☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab	☐ Vaginal Swab	☐ Urethral Swab
☐ Urine	☐ Rectal Swab	☐ Faeces

Other (Specify type AND body location): LABIA SWAB

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. HSV NAAT
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A	☐ Immune Status (HAV IgG)	☐ Acute Infection (HAV IgM, signs/ symptoms info)
Hepatitis B	☐ Immune Status (anti-HBs)	☐ Chronic Infection (HBsAg + total anti-HBc)
	☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C	☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	

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Ontario

Genital Herpes- Treatment (non-pregnant)

Treatment	Instructions for use	Comments
Primary episode	**Acyclovir** 200 mg PO five times per day for 5-10 days [A-I]- ideally within 7 days after symptom onset or **Famciclovir** 250 mg PO TID for 5 days [A-I]- ideally within 5 days after symptom onset or **Valacyclovir** 1000 mg PO BID for 10 days [A-I]- ideally within 3 days after symptom onset	• Provide antiviral treatment to those experiencing a first episode of genital herpes unless all lesions have already healed.
Episodic treatment	**Valacyclovir** 500 mg PO BID OR 1 g PO once daily for 3 days [B-I] or **Famciclovir** 125 mg PO BID for 5 days [B-I] or **Acyclovir** 200 mg PO 5 times per day for 5 days [C-I]	• Prompt initiation of episodic antiviral therapy at the onset of prodromal symptoms may shorten the severity and duration of lesions
Suppressive Treatment	**Acyclovir** 200 mg PO 3-5 five times per day or 400 mg PO BID [A-I] or **Famciclovir** 250 mg PO BID [A-I] or **Valacyclovir** 500 mg PO OD [A-I] (for people with ≤ 9 recurrences per year) or **Valacyclovir** 1000 mg PO OD [A-I] (for people with >9 recurrences per year)	• Reduces the length, frequency and severity of recurrences, asymptomatic viral shedding and transmission

Genital Herpes- Treatment (in pregnancy)

Treatment	Instructions for use	Comments
Primary episode	**Acyclovir** 200 mg PO QID for 5-10 days [A-I]	• Caesarean delivery can reduce the risk of vertical transmission • Caesarean delivery is recommended in the case of newly acquired genital HSV in the third trimester
Suppressive Treatment	**Acyclovir** 200 mg PO QID [A-I] or **Acyclovir** 400 mg PO TID [A-I] or **Valacyclovir** 500 mg PO BID [A-I]	• Shown to be effective in reducing the risk of symptomatic recurrences and asymptomatic viral shedding at the time of delivery and the need for Caesarean section • Suppressive therapy should be initiated at 36 weeks and continued until delivery for anyone with a history of HSV-2 and for those who had a recurrence of genital herpes within the previous year. Caesarean section is not necessary unless genital lesions are present during labour

Background: Primary Care Action Team

In January, $1.4B in new funding announced by PCAT and provincial government. The announcement included commitments to:

- **Expand team-based primary care**
- Enhance digital tools for providers and patients
- Reduce administrative burden
- Modernize information sharing
- Improve the referral process.

Interprofessional Primary Care Team Expansion

- First round of the proposal process to expand interprofessional primary care teams under PCAT comes to a close today.
- Creating/expanding up to 80 teams in 125 postal codes with lower attachment rates.
- Following last month’s announcement, OCFP met with Dr. Philpott.
- We welcome this opportunity for more family physicians to join or form new interprofessional teams.
- Next round of proposals: expected September 2025.

OCFP Focus

Participate in OCFP's upcoming member survey, focused on:

- Innovative team-based approaches to meet the needs of FPs and your patients.
- And how we can best help you navigate through, and participate in, system changes.

New Investments In Northern Ontario

- Part of arbitrated awards under the Year 1 targeted physician investments in the 2024-2028 Physician Services Agreement negotiated between the OMA and MOH.
- The OCFP has long championed the creation a Coordination Centre for Northern Ontario and we look forward to learning more about what this will entail.

OCFP Leadership Academy for Family Physicians

SPOTS AVAILABLE!

Modules	Dates
Module 1 **(In-Person)**	**June 12-14, 2025 (2.5 days)** • June 12 (evening session): 4:30 – 8 p.m. • June 13-14 (full day sessions): 8:30 a.m. – 4:30 p.m.
Online Module **(half day session)**	**September 18, October 23, November 19, December 17, January 21 and February 19** • 8:30 a.m. – noon.
Module 2 **(In-Person)**	**April 16-18, 2026 (2.5 days)** • April 16 (evening session): 4:30 – 8 p.m. • April 17-18 (full day sessions): 8:30 a.m. – 4:30 p.m.

- Hosted in Toronto at Rotman
- $5000 + HST and travel expenses
- Great opportunity if you have funding available from your PCN/OHT
- Open to family physicians and OHT/PCN administrative leaders

Interested family physicians can contact Leigh Anne Butler: labutler@ocfp.on.ca to confirm your participation by May 13!

Rotman

Ontario College of Family Physicians

OCFP supports for Mental Health, Addictions and Chronic Pain

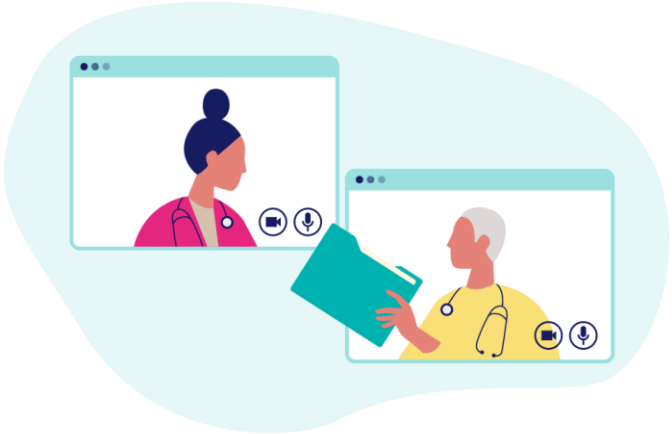
Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice

Join upcoming sessions:

Supporting patients with ADHD and comorbidities (May 28th)

Navigating the Complexities of Opioid Prescribing for Chronic (June 25th)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

RECENT SESSIONS

January 17	**Infectious Disease & Gender Affirming Care**	Dr. Daniel Warshafsky Dr. Tehmina Ahmad
February 21	**Infectious Disease & Navigating Ontario's Disability Support Program**	Dr. Alon Vaisman Dr. Mohamed Alarakhia Norma English
March 7	**Infectious Disease & HPV Cervical Screening Implementation**	Dr. Daniel Warshafsky Dr. Jonathan Isenberg Dr. Rachel Kupets
March 21	**Infectious Disease & Dermatology Treatments**	Dr. Gerald Evans Dr. Juthika Thakur
April 4	**Infectious Disease, Penicillin Allergy (De)labelling & Newcomer Care Resources**	Dr. Daniel Warshafsky Dr. Mariam Hanna Dr. Vanessa Redditt

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

UPCOMING SESSIONS

Month	Date
May 2025	May 23
June 2025	June 6 June 27
July 2025	July 18

SAVE THE DATE

Registration link will be emailed to you closer to the date

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Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: May 23, 2025

Contact us: ocfpcme@ocfp.on.ca

Visit: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources

The Changing the Way we Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.

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