



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Clinical Prevention Services
Provincial TB Services
655 West 12th Avenue
Vancouver, BC V5Z 4R4

Tel 604.707.5600
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www.bccdc.ca

Date: November 8, 2018 Administrative Circular: 2018:16

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**RE: Revisions to the Communicable Disease Control (CDC) Manual –
Chapter 6: Surveillance of Reportable Conditions,
Disease-Specific Provincial Surveillance Forms,
Sexually Transmitted & Blood Borne Infections,
Gonorrhoea and Chlamydia (HLTH208)**

Please note the HLTH208 (Confidential Notification of Sexually Transmitted Infection) provincial surveillance form has been revised:

- The HLTH208 form is to be completed for the reporting of gonorrhoea and/or chlamydia infection(s)
- Due to varying jurisdictional reporting requirements, two versions of the HLTH208 form are available:
 - Fraser and Vancouver Coastal Health Authorities (with a return address to BCCDC)
 - Interior, Northern, and Vancouver Island Health Authorities (with a return address left blank to accommodate regional health authority information)

The two versions of the HLTH208 form can be found on the BCCDC website:

<http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms>

The revised HLTH208 is no longer to be completed for the reporting of syphilis

All syphilis cases are centrally managed by the Syphilis Nursing team, including the follow up of cases to ensure adequate treatment and coordination of partner notification. Information regarding partner testing and treatment can be provided directly to the BCCDC by contacting the Syphilis Nursing team at 604-707-5607, or by faxing the Bicillin Reporting form (included in all Bicillin shipped by the BCCDC pharmacy) to 604-707-5604 (see Appendix 1).

Please note the following key changes to the revised HLTH208 form:

- The addition of “gender identity” to recognize and include all genders in the context of chlamydia and gonorrhea surveillance
- The addition of “sex/gender listed on BC Services Card or CareCard” to secure linkage with other data systems (e.g., Panorama and CD Mart)
- The addition of “reason for testing” to better understand and evaluate screening and partner notification practices
- The addition of “Is the client on HIV PrEP” to monitor any future potential association of HIV PrEP and chlamydia and/or gonorrhea infection(s) rates
- The removal of the following data variables given low completion rates and subsequent data quality concerns: sex worker and patron of a sex worker; language spoken; steady partner; and infection acquired outside of Canada
- Re-phrased contact follow-up question to clarify who will notify sexual partners

If you have questions regarding these changes, please contact Geoff Ford, HIV/STI Senior Practice Lead, Clinical Prevention Services or Monica Durigon, Nurse Educator, Clinical Prevention Services via their contact information below.

Geoff Ford 604-707-5616 or geoffrey.ford@bccdc.ca
Monica Durigon 604-707-2435 or monica.durigon@bccdc.ca

Sincerely,



Dr. Mark Gilbert, MD, FRCPC
Medical Director, Clinical Prevention Services
BC Centre for Disease Control

pc: Dr. Bonnie Henry
Provincial Health Officer

Dr. Mark Tyndall
Executive Medical Director
BC Centre for Disease Control, and
Deputy Provincial Health Officer

BC Ministry of Health, Population & Public Health
Division:

Craig Thompson
Director, Immunization

Wendy Trotter
Executive Director, Public Health Services

Appendix 1: Bicillin Reporting Form



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STI/HIV PREVENTION AND CONTROL

BCCDC is providing you with Bicillin® Penicillin G Benzathine [1.2 MU per unit (2.4 MU per dose)] for your patient. Please complete this form for each patient treated and fax back to STI/HIV Prevention and Control at BCCDC as soon as possible.

Please fax the **COMPLETED** form to: **STI/HIV PREVENTION AND CONTROL
BC CENTRE FOR DISEASE CONTROL**
▶ **FAX: (604) 707-5604**

PATIENT INFORMATION:

	Surname	Given Name	Date of Birth (yyyy/mm/dd)	Sex	Date of Administration (yyyy/mm/dd)	Batch Lot # (L: BCXXXX)
Dose 1 {						
Dose 2 {						
Dose 3 {						

Physician's Name:

Address:

City:

Postal Code:

Telephone:

Fax:

▶ **Physician's Signature:** _____ **Date:** _____

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October 2008

A research and teaching centre affiliated with UBC

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