


TECHNICAL APPENDIX

HPA:LG6



LGV Enhanced Surveillance Pilot Form

To be completed for confirmed/suspected cases of male rectal chlamydia

Clinic patient attended: Reported by:

Patient clinic number: Patient lab number: Date:/...../.....

CONFIDENTIAL

1 Age **2** Country of birth **3** Country of residence

4 Sexuality Homosexual Heterosexual Bisexual Unknown

5 Date of attendance (dd/mm/yy)/...../.....

6 Reason(s) for attending Symptoms Referral Contact tracing Unknown Routine STI screen
Other (please specify):

7 Proctitis symptoms Yes No

8 Antibiotic treatment

	Dose (mg)	Course (days)
Doxycycline	<input type="text"/>	<input type="text"/>
Azithromycin	<input type="text"/>	<input type="text"/>
Erythromycin	<input type="text"/>	<input type="text"/>
Other (please specify):	<input type="text"/>	<input type="text"/>

Not treated

9 Previous HIV diagnosis Yes No Unknown

ADDITIONAL RISK FACTOR INFORMATION TO BE COLLECTED IF AVAILABLE

10 Other STI(s) diagnosed at presentation (on date in Question 5)

None Gonorrhoea NSU Syphilis Genital warts
 Genital herpes Hepatitis B Hepatitis C HIV

Other (please specify):

11 Previous chlamydia diagnosis in the past 12 months Yes No Unknown

12 Country/countries where the patient has had sex in the previous 3 months
Specify if known e.g. City, country:

13 Number of sexual contact involving receptive anal intercourse in the last 3 months Unknown

14 Recreational drug use immediately before or during sex (chemsex) in the last 3 months Yes No
If yes, please tick all applicable: Unknown

Crystal meth Mephedrone/M-CAT GHB/GBL Other (please specify):

If you want to report any further information relevant to LGV surveillance please tick this box and write on the other side of this sheet