Region Gävleborg

REMINDER – You need to be tested for Gonorrhoea

Hello …….

You have previously received a letter requesting that you be tested for gonorrhoea. I have no record that you have undergone testing. There is a risk that you have an infection even if you do not have any symptoms.

Under the Communicable Diseases Act, you are required to undergo testing.

Please contact your nearest youth health clinic (up to age 24), midwifery clinic, or the Sexual Health Clinic to book an appointment for testing. Contact details can be found at www.1177.se/gavleborg/hitta-vard.
Alternatively, you can order a convenient home test through 1177.se (search for "online gonorrhoea testing") or via the Min Vård Gävleborg app.

All healthcare staff are bound by strict confidentiality, and all information disclosed during your visit is protected by medical confidentiality laws.

Gonorrhoea is a bacterial infection that is transmitted through sexual contact. It is often asymptomatic but may cause discharge and a burning sensation when urinating, and it can lead to infertility. Using a condom during sexual activity provides good protection. Gonorrhoea is treated with antibiotics, and testing and any necessary treatment are provided free of charge.
Protect your sexual contacts until you have been tested and, if necessary, received treatment.

- The test should be taken no earlier than 7 days after the potential exposure.
- If you have a penis, you will provide a urine sample (you should not urinate for at least 1 hour before the test).
- If you have a vagina, you will provide a swab sample (the sample should not be taken during menstruation).
- Testing is also available if you have had oral or anal sex.

If we have not heard from you within two weeks, your case will be referred to the Communicable Disease Control Physician, as you are legally required under the Communicable Diseases Act to undergo testing.

If you have any questions regarding this letter, or if you have already been tested, please contact us using the telephone number below.

Kind regards,

Name: …… Date: ……

Clinic: …… Telephone: ……

Under the Communicable Diseases Act, we are required to find out if you have sought medical care. Please bring this letter when you are visiting a healthcare facility.

Till vederbörande vårdgivare
Kontakta ovanstående partnerspårare för bekräftelse att patienten har blivit undersökt beträffande klamydia.