GONOCOCCAL NOTIFICATION FORM FOR ANTIMICROBIAL INFECTIONS OF PUBLIC HEALTH SIGNIFICANCE*

Please complete this form only for gonococcal cases requiring enhanced public health follow-up under Appendix D: Standard Operating Procedures for gonococcal infections of public health significance.

SUMMARY

NCIMS ID:	**PHU:**

Source of information: ***Select all that apply***

☐ Diagnosing doctor (specify name of medical practitioner and date/s):

☐ Sexual health service (specify name of medical practitioner and date/s):

☐ Patient (specify date/s of interview):

SECTION 1: Patient details

First name:

Last name:

Date of birth: Age (years):

Sex at birth: ☐ Male ☐ Female ☐ Another term (specify):

Current gender: ☐ Male ☐ Female ☐ Non-binary ☐ Another term (specify):

If female, was you patient pregnant at the time of diagnosis or is currently pregnant?

☐ Yes (requires urgent follow-up) ☐ No ☐ Unknown (requires urgent follow-up)

Street address:

Suburb: **Postcode:**

Country of birth:

Main language other than English spoken at home?

Does the patient identify as being of Aboriginal and/or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Non-Indigenous

Where was the patient initially diagnosed?

☐ Public hospital ☐ General practice ☐ S100 GP

☐ Private hospital ☐ Sexual health clinic ☐ Family planning

☐ Other (specify):

Is the patient currently under the care of a specialist health service?

☐ Yes (specify service):

☐ No – referral made or planned (specify service and referral date):

☐ No (state reason):

Why did the patient initially present?

☐ Screening ☐ Symptoms ☐ Contact tracing (specify disease):

☐ Other (specify):

SECTION 2: Surveillance information

Were any of the following signs or symptoms present? ***Select all that apply***

☐ No symptoms ☐ Dysuria ☐ Urethral discharge

☐ Sore throat / pharyngitis ☐ Vaginal discharge ☐ Cervical excitation/adnexal tenderness

☐ Lower abdominal pain ☐ Anal discharge / proctitis ☐ Other (specify):

Onset date of symptoms (if known):

*If requested, medical practitioners may provide further information concerning transmission, the medical condition and risk factors for the notification provided by laboratories (Part 5 Section 55 of the *Public Health Act 2010*)

Was treatment commenced?

☐ Yes If yes, date treatment commenced:

☐ No If no, specify why?

Treatment details for current episode of infection

Date given	Drug	Dose	Route	Comments

Follow-up

Has the patient been booked for a Test of Cure (ToC) or completed a ToC?

☐ Yes, scheduled Date ☐ No ☐ Unknown

☐ Yes, completed Date If completed, specify outcome (positive or negative):

SECTION 3: Risk information

SECTION 3A: Travel

Did your patient travel overseas and/or interstate in the last two months?

☐ No recent travel ☐ Yes, overseas (list countries):

☐ Unknown ☐ Yes, interstate (list states/territories):

Where was the infection most likely acquired?

☐ NSW ☐ Interstate (specify state/territory):

☐ Unknown ☐ Overseas (specify country):

SECTION 3B: Sexual exposure

Did your patient report any of the following sexual exposures* during the exposure period?

based on patient's sex at birth

☐ Unknown ☐ Male only ☐ Female only ☐ Male & Female ☐ Other (specify):

From whom was this infection most likely acquired? *Select all that apply*

☐ Regular partner ☐ Partner from NSW

☐ Casual partner ☐ Partner from interstate (specify state/territory):

☐ Unknown ☐ Partner from overseas (specify country):

In the 12 months before diagnosis of this infection, was the patient paid* for sex?

☐ Unknown ☐ Yes ☐ No

In the 12 months before diagnosis of this infection, did this patient pay* for sex?

☐ Unknown ☐ Yes ☐ No

How many sexual partners did the patient report having in the last 2 months?

Of these sexual partners, how many were anonymous?

**Payment could be in the form of illicit substances and/or material goods*

SECTION 4: Contact tracing

Has contact tracing been initiated? *Select all that apply*

☐ Yes (specify all providers/services involved):

☐ No - referral made or planned (specify provider/service and referral date):

☐ No (state reasons):

Refer to APPENDIX for contact tracing line list

SECTION 5: Laboratory investigations				
Current episode of infection				
Diagnostic test results for current episode of infection (please include negative test results where known)				
Specimen date	**Specimen site**	**Test**	**Result**	**Testing laboratory**
Susceptibility test results for current episode of infection (please add additional antibiotics if results are available, and note any differences in susceptibility between sites of infection)				
Antibiotic	**Susceptibility category***	**MIC value (where known)**	**Testing laboratory**	**Notes**
Azithromycin				
Ceftriaxone				
Ciprofloxacin				
Ertapenem				
Gentamicin				
Penicillin				
Spectinomycin				
Tetracycline				

**Susceptibility interpretative criteria are not currently available for all antibiotics.*

Previous testing history				
Gonorrhoea test results in the 12 months prior to current episode of infection (please include positive and negative test results)				
Specimen date	**Specimen site**	**Test**	**Result**	**Testing laboratory**

SECTION 6: Additional notes

APPENDIX: Contact tracing

Additional exposure details (at a minimum, cover all sexual contacts in the 2 months prior to symptom onset, date of diagnosis, or date of last sexual contact- whichever is later).

Contact tracing is the responsibility of the managing clinician.

If you require assistance with contact tracing or any other aspect of the public health management of your patient, please contact your local Sexual Health Clinic.

https://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx

In most cases, this information will be collected by specialist sexual health services during contact tracing conducted to enable partner notification and testing and treatment of all partners. The information collected for this purpose should include additional details such as contacts' addresses, DOB or age, Aboriginal status, and any social media handles that might assist with partner notification. This level of detail does not need to be provided in the summary table below but should be documented and made available to aid the investigation as required.

Contact name	**Date of exposure**	**Type of sexual partner** e.g. regular, occasional/ casual, one-night stand, sex worker	**What is the gender identity of the partner?** e.g. male, female, non-binary	**If not a regular partner- where did the patient meet this contact?** e.g. dating app or website, bar/club, specific event, brothel, beat, massage, sex on premises venue	**Where did the patient have sex with this partner?** e.g. NSW, interstate, overseas – please list all that apply and be as specific as possible	**What type of sex did the patient have with this partner?** e.g. Vaginal intercourse, anal intercourse, giving oral sex, receiving oral sex, kissing – please list all that apply	**Has this contact been notified?** e.g. Yes / No / Unknown