

**CASE INVESTIGATION FORM FOR GONOCOCCAL INFECTIONS
WITH CRITICAL ANTIMICROBIAL RESISTANCE OR DECREASED
SUSCEPTIBILITY TO CEFTRIAXONE**



This form is to be completed in conjunction with the **SEXUALLY TRANSMISSIBLE INFECTIONS NOTIFICATION FORM**. Please complete this form only for cases requiring enhanced public health follow-up under the Standard Operating Procedures for gonococcal infections with critical antimicrobial resistance or decreased susceptibility to ceftriaxone

NCIMS no:

PHU:

PHU Fax No:

CASE DETAILS

Last Name:

First Name:

Date of birth: ___/___/___

1. Is the case currently under the care of a specialist sexual health service?

Yes (specify service) _____

No- referral made or planned (specify service and referral date) _____

No (state reasons) _____

2. Did the case report any signs or symptoms (select all that apply)?

No symptoms

Urethral discharge

Vaginal discharge

Dysuria

Abdominal pain

Cervical excitation/adnexal tenderness

Proctitis/tenesmus

Pharyngitis

Other (please specify) _____

3. Diagnostic test results for current episode of infection (please include negative test results where known)

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

Specimen site	Specimen date	Test	Result	Testing laboratory
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5. 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 ¹	MIC value (where known)	Testing laboratory	Notes
ceftriaxone				
azithromycin				
ciprofloxacin				
penicillin				
gentamicin				
ertapenem				
spectinomycin				
tetracycline				

¹ Susceptibility interpretative criteria are not currently available for all antibiotics.

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6. 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).

Note that 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 case investigation as required.

Contact	Type of sexual partner <i>(e.g. regular, occasional/casual, one-night stand, sex worker)</i>	What is the gender identity of the partner? <i>(e.g. male, female, non-binary)</i>	If not a regular partner- where did the case meet this contact? <i>(e.g. dating app or website, bar/club, specific event, brothel, beat, massage, sex on premises venue)</i>	Where did the case have sex with this partner? <i>(e.g. NSW, interstate, overseas - please list all that apply and be as specific as possible)</i>	What type of sex did the case have with this partner? <i>(Vaginal intercourse, anal intercourse, giving oral sex, receiving oral sex, kissing - please list all that apply)</i>
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Contact 1

Contact 2

Contact 3

etc

7. 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)

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)

Case (specify date/s of interview)

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ADDITIONAL NOTES