

# 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  Sexual health clinic  General practice  S100 GP  
 Private hospital  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.

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