



Gonorrhoea enhanced surveillance

Completed by: Date of follow up:
 Position and PHU/Clinic:
 Case lost to follow up: Yes No

Case details: Telephone: First name: Last name:
 Date of birth (DD/MM/YYYY): Country of Birth: Australia Other – *specify*
 Sex: Male Female Other – *specify*
 For Female cases: Not pregnant Pregnant (specify gestation weeks: / 40 weeks) Unknown
 Aboriginal and Torres Strait Islander status:
 Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Non-Indigenous Unknown
 Current Sex Worker (sex work in last 12 months): Yes No Unknown

Clinical details:

Type of diagnosing clinic:
 Public hospital Private hospital Sexual health clinic Family planning GP
 Aboriginal health service Prison/detention centre Public/Community health clinic Other

Reason for gonorrhoea testing (please tick all which apply):

Symptomatic – *see below* STI screening Sexual contact of gonorrhoea Sexual contact of other STI
 Antenatal care Other – *specify*

If symptoms present please tick all which apply:

Urethral / vaginal discharge Genital lesion Dysuria Abdominal pain Orchitis
 Proctitis / tenesmus Cervical excitation / adnexal tenderness Conjunctivitis
 Lymphadenopathy Other – *specify*

Treatment:

Current gonorrhoea treatment status: Treated - *see table below* Not treated, referred to specialist Not treated, lost to follow up
 Not treated, other reason - *specify*

| Date given (dd/mm/yyyy) | Name of antibiotics | Dosage | Route | Comments |
|-------------------------|---------------------|--------|-------|----------|
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Risk exposure:

Exposure period: From date: to date
 (onset/test date - 2 months) (commencement of treatment + 48 hours)

Type of sex partner in the exposure period:

Opposite sex Same sex Both sexes Unknown Not sexually acquired

How and where did the patient meet the sex partner from whom the infection was most likely acquired?

| Context | State/territory/overseas | Details (locations, interactions, alcohol) |
|----------------------------|--------------------------|--------------------------------------------|
| Beat | | |
| Sex on premises venue | | |
| Massage parlour/sex worker | | |
| Sex party | | |
| Drug party | | |
| Regular partner | | |
| Other (specify) | | |

Contact tracing:

| Contact name | Age | Phone | Type of sexual contact (opposite, same, or both sexes) | Tested (Date Result) | Treatment (No / Yes Date |
|--------------|-----|-------|--------------------------------------------------------|----------------------------------|--------------------------------|
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| 2 | | | | | |
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