

STI Surveillance Case Definitions for ESR

Chlamydia	<p><i>Confirmed</i> Laboratory detection of <i>Chlamydia trachomatis</i> in a clinical specimen. Cases should be classified as:</p> <ol style="list-style-type: none"> 1. uncomplicated infection of the lower anogenital* tract * Includes urogenital and anorectal infection. 2. PID (pelvic inflammatory disease) or epididymitis 3. infection of another site (eg, eye or pharynx) <p><i>Probable</i> Cases must be <u>all</u> of the following:</p> <ul style="list-style-type: none"> • symptomatic, and • a contact of a confirmed case, and • non-laboratory confirmed (test negative or test not done).
Gonorrhoea	<p><i>Confirmed</i> Laboratory isolation of <i>Neisseria gonorrhoeae</i> from a clinical specimen. Cases should be classified as:</p> <ol style="list-style-type: none"> 1. uncomplicated infection of one or both of the following: <ol style="list-style-type: none"> a) urogenital tract b) anorectal area (proctitis) 2. PID (pelvic inflammatory disease) or epididymitis 3. extra-genital infection of one or both of the following: <ol style="list-style-type: none"> a) pharynx b) other site not listed <p><i>Probable</i> Cases must be <u>all</u> of the following:</p> <ul style="list-style-type: none"> • symptomatic, and • a contact of a confirmed case, and • non-laboratory confirmed (test negative or test not done).
Anogenital Herpes	<p>First diagnosis for the person at your clinic, with either</p> <ol style="list-style-type: none"> 1. laboratory detection of herpes simplex virus (HSV) from a clinical specimen, <p style="text-align: center;">or</p> <ol style="list-style-type: none"> 2. a clinically compatible illness in the lower anogenital and buttock area (syphilis should be considered as a cause of genital ulceration)
Anogenital Warts	<p>First diagnosis for the person at your clinic, with <u>visible</u>* typical lesion(s) on internal or external genitalia, perineum, or perianal region. * Do not include persons for whom there is <u>only</u> demonstration of human papillomavirus (HPV) on cervical cytology or other laboratory method.</p>
Syphilis	<p>Infectious syphilis (primary, secondary, and early latent) as diagnosed or confirmed by a venereologist, and early congenital syphilis as diagnosed or confirmed by a paediatrician or venereologist.</p>
Non-Specific Urethritis (NSU) (males only)	<p>Urethral discharge in a sexually active male with laboratory exclusion of gonorrhoea and chlamydia, who does not meet the definition of a probable case of gonorrhoea or chlamydia.</p>
Chancroid	<p><i>Confirmed</i> Isolation of <i>Haemophilus ducreyi</i> from a clinical specimen.</p> <p><i>Probable</i> Typical 'shoal of fish' pattern on gram stain of a clinical specimen, where syphilis, granuloma inguinale (GI) and anogenital herpes have been excluded, or A clinically compatible illness in a patient who is a contact of a confirmed case.</p>
Granuloma inguinale (GI)	<p><i>Confirmed</i> Demonstration of intracytoplasmic Donovan bodies on Wright or Giemsa stained smears or biopsies of clinical specimens.</p> <p><i>Probable</i> A clinically compatible illness in a patient who is a contact of a confirmed case.</p>
Lymphogranulom a venereum (LGV)	<p><i>Confirmed</i> Laboratory detection of <i>Chlamydia trachomatis</i> serotype L₁, L₂ or L₃ from a clinical specimen.</p> <p><i>Probable</i> A clinically compatible illness with complement fixation titre of > 64 and other causes of ulcerations excluded, or A clinically compatible illness in a person who is a contact of a confirmed case.</p>