

Gonorrhoea Questionnaire Example

Record ID _____

This is a Schedule 1, Section C disease notifiable to the Medical Officer of Health under Sections 74 and 74AA of the Health Act 1956 using non-identifiable data. Please complete the questionnaire below. Timely completion is a legal requirement.

Complete the first sections of the following questionnaire (health provider details, case details, demographics, basis of diagnosis, clinical and laboratory criteria) and assign a case classification. If 'not a case', then there is no need to complete the rest of the form.

Name and contact details of notifying health provider

Name of health provider _____

Name of organisation/clinic _____

Reporting health practitioner - Primary _____

Other reporting health practitioner – Primary _____

Organisation/clinic reporting case – Primary _____

Other reporting organisation/clinic – Primary _____

Email address of reporter _____

Phone number of reporter _____

District Health Board of reporting organisation/clinic _____

Sex _____

Date of Birth _____

NHI (National Health Index) _____

Case Code _____

(First two letters of the surname (do not include the letters 'Mac', 'Mc', 'van der' if the surname starts with these), the first initial of the given name, sex, and date of birth. For example, a person called James McCallum born 2 June 1956 would appear as CAJM020656. For new-born or still birth, if names unknown, use "Baby" as first name and mother's surname.)

For sexual health clinic cases, enter Clinic Patient ID _____

City/town of residence at time of diagnosis. _____

District Health Board area where case resided at time of diagnosis _____

Ethnicity (Specify ethnicity) _____

Basis of Diagnosis**INITIAL TESTING**

Site of initial gonorrhoeae testing _____

Primary reason for gonorrhoea testing

- Gonorrhoea contact
- Clinical symptoms or suspicion
- Antenatal screening
- Asymptomatic screening including PrEP
- Contact of another STI / HIV
- Other
- Unknown

Please specify other _____

Date patient presented _____

Uncomplicated infection (site) (*tick all that apply*)

- Urogenital
- Anorectal
- Throat / pharynx
- Conjunctivitis

CLINICAL PRESENTATION

Complicated infections (*tick all that apply*)

- Pelvic inflammatory disease (PID)
- Epididymitis
- Other

Please specify other _____

LABORATORY CRITERIA

Specimen site (tick all with positive results)

	Culture	NAAT / PCR
Anorectal	<input type="checkbox"/>	<input type="checkbox"/>
Penis	<input type="checkbox"/>	<input type="checkbox"/>
Vagina	<input type="checkbox"/>	<input type="checkbox"/>
Urine	<input type="checkbox"/>	<input type="checkbox"/>
Eye	<input type="checkbox"/>	<input type="checkbox"/>
Cervix	<input type="checkbox"/>	<input type="checkbox"/>
Urethra	<input type="checkbox"/>	<input type="checkbox"/>
Throat/pharynx	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Specify other site _____

Please use the data you have entered under clinical and laboratory criteria and the surveillance case definitions to decide on the case classification

CASE CLASSIFICATION

- Under investigation
 Confirmed
 Not a case

Date of onset _____

- Date approximate
 Date unknown

Risk Factors

Current gender identity (self-reported by patient):

- Male
 Female
 Transgender
 Other
 Please specify gender identity

Please specify gender identity _____

Please specify gender identity _____

Please specify

- Transgender male to female
 Transgender female to male
 Unknown

HIV serostatus at the time of gonorrhoea diagnosis

- Negative
 Positive
 Unknown

Was the case using HIV infection pre-exposure prophylaxis (PrEP)?

- Yes
 No
 Unknown

Date of HIV diagnosis (use 1/1/xxxx if only year is known)

- _____
 Date approximate
 Date unknown

Was the case on HIV antiretroviral treatment at the time of gonorrhoea diagnosis?

- Yes
 No
 Unknown

Other concurrent diagnoses at time of gonorrhoea diagnosis (*tick all that apply*)

- Chlamydia
- Infectious syphilis
- Trichomoniasis
- Genital herpes
- Genital warts
- Mycoplasma genitalium
- Lymphogranuloma venereum (LGV)
- Other

Specify other _____

Sexual behaviour in the previous 12 months

- Opposite sex partners only
- Same sex partner only
- Both opposite and same sex partners
- Unknown
- Not applicable (e.g. conjunctivitis in an infant)

Number of male sex partners in the past 3 months

_____ (enter an integer)
 Approximate

Number of female sex partners in the past 3 months

_____ (enter an integer)
 Approximate

Is the case a sex worker?
 (includes receiving money or drugs in exchange for sexual services)

- Yes
- No
- Unknown

From whom was this infection probably acquired?

- Casual partner(s)
- Regular partner(s)
- Client(s) (if sex worker)
- Sex worker(s)
- Unknown

Management

Current infection treated as per the New Zealand Sexual Health Society Guidelines?
 For guidance please see NZSHS Guideline

- Yes
- No
- Unknown

Do you consider this current infection is due to treatment failure of a previous infection?

- Yes
- No
- Unknown

Had the case completed treatment for the previous

- Yes

infection as per the New Zealand Sexual Health Society Guidelines?

- No
- Unknown

For guidance please see NZSHS Guideline

Was the initial infection previously notified?

- Yes
 - No
 - Unknown
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CONTACT MANAGEMENT

Contact tracing of partners is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases.

For guidance please see NZSHS Guideline

(tick all that apply)

- I have already initiated, or plan to undertake, contact tracing
 - I have already referred this case to another service for contact tracing as per local protocols/processes
 - Contact tracing incomplete due to anonymous contacts (e.g. sex onsite venue, internet-based App, internet dating)
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Comments