



Antimicrobial Resistance Surveillance Form for Probable & Confirmed Cases of Gonorrhoea Treatment Failure v1.1 03/07/2018



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Section A: Patient Information

1. Patient Clinic ID:

2. Clinic/Practice Name/Service:

3. Patient Firstname:

4. Patient Second name:

5. County / Postcode of residence:

6. HSE Area:

7. Sex (at birth): M F

8. Date of birth:

9. Country of birth:

10. Gender identity (This refers to a person's internal sense of themselves as being male, female, transgender or otherwise. This may be different or the same as a person's assigned sex at birth):

Male Female Transgender male Transgender female Other

11. Ethnic group (This should be self-reported and is that to which the individual case identifies him or herself):

White: Irish Irish Traveller Any other white background

Black or Black Irish: African Any other black background

Asian or Asian Irish: Chinese Any other Asian background

Roma Other, including mixed background

If other ethnic group or mixed background, please specify:

12. Mode of transmission: Heterosexual Men who have sex with men Other Unknown

Section B: Treatment Failure Classification

13. Treatment failure classification:

Probable treatment failure Confirmed treatment failure

<p>Case definition for probable treatment failure:</p> <p>A gonorrhoea patient who returns for test of cure or who has persistent genital symptoms after having received treatment for laboratory-confirmed gonorrhoea with a recommended cephalosporin regimen (ceftriaxone or cefixime in appropriate dose)</p> <p>AND</p> <p>remains positive for one of the following tests for N. gonorrhoeae:</p> <ul style="list-style-type: none"> • presence of intracellular Gram-negative diplococci on microscopy taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • isolation of N. gonorrhoeae by culture taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • positive nucleic acid amplification test (NAAT) taken two to three weeks after completion of treatment <p>AND</p> <p>denies sexual contact during the post-treatment follow-up period.</p>	<p>Case definition for confirmed treatment failure:</p> <p>A gonorrhoea patient who returns for test of cure or who has persistent genital symptoms after having received treatment for laboratory-confirmed gonorrhoea with a recommended cephalosporin regimen (ceftriaxone or cefixime in appropriate dose)</p> <p>AND</p> <p>remains positive for one of the following tests for N. gonorrhoeae:</p> <ul style="list-style-type: none"> • presence of intracellular Gram-negative diplococci on microscopy taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • isolation of N. gonorrhoeae by culture taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • positive nucleic acid amplification test (NAAT) taken two to three weeks after completion of treatment <p>AND</p> <p>denies sexual contact during the post-treatment follow-up period</p> <p>AND</p> <p>decreased susceptibility to cephalosporin used for treatment*:</p> <ul style="list-style-type: none"> • cefixime: MIC>0.12 mg/L** • ceftriaxone: MIC>0.12 mg/L**
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14. Did the patient have any type of sexual contact between the start of treatment and the test of cure (second visit)?



Section C: Description of the event

15. Please provide a short description of the circumstances of the event:

Section D: Diagnosis and treatment - first visit

16. Clinical service where the patient was first seen:

- General practice Family planning clinic Student/Youth clinic
 STI clinic Other hospital setting Other

17. Date of first visit:

18. Site(s) of infection: Genital Pharyngeal Other
 Ano-rectal Unknown

If other, please specify:

19. Is the patient symptomatic? Yes No

20. If yes, please describe:

21. Diagnostic test(s):

	Genital	Pharyngeal	Ano-rectal	Other
Microscopy:				
Culture:				
PCR:				
DNA probe (direct):				
DNA probe (culture confirmation):				

22. If culture was performed, please provide MICs:

	Genital	Pharyngeal	Ano-rectal	Other
Ceftriaxone:				
Cefixime:				
Azithromycin:				
Gentamicin:				
Ciprofloxacin:				
Spectinomycin:				
Other antibiotic tested:				

23. Treatment provided: Ceftriaxone 500 mg intramuscularly (IM) as a single dose **together with** azithromycin 1g as single oral dose

Other - please specify: Antibiotic: Route: Dose:
 Antibiotic: Route: Dose:

24. Date of treatment:

Section E: Test of cure - Second visit

25. Date of second visit: 26. Did patient complete treatment? Yes No Unknown

27. Is the patient symptomatic? Yes No 28. If yes, please describe:

29. Test for cure? Yes No Unknown 30. If yes, date of test

31. If yes, test(s) done:

	Genital	Pharyngeal	Ano-rectal	Other
Microscopy:				
Culture:				
PCR:				
DNA probe (direct):				
DNA probe (culture confirmation):				

32. If culture was performed, please provide MICs:

	Genital	Pharyngeal	Ano-rectal	Other
Ceftriaxone:				
Cefixime:				
Azithromycin:				
Gentamicin:				
Ciprofloxacin:				
Spectinomycin:				
Other antibiotic tested:				

33. Treatment provided: Antibiotic: Route: Dose:
 Antibiotic: Route: Dose:

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Section F: HIV status

34. HIV Status: Positive Negative Unknown
 35. If positive, year of diagnosis:

Section G: Contacts

36. Is the patient a contact of another case of antimicrobial resistant gonorrhoea?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Total number of sexual contacts in the last 3 months (prior to diagnosis)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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38. Places and number of recent sexual contacts:

39. How many of the patient's sexual contacts were tested for N. gonorrhoeae?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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40. How many of the patient's sexual contacts tested positive for N. gonorrhoeae?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section H: Travel history

41. Has the patient had sexual contacts abroad in last 3 months?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If yes, country:

42. Have any of the patients sexual partners had sexual contacts abroad in the last 3 months?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If yes, country:

43. Probable country of infection:

Section I: Risk factors

44. Is the patient a commercial sex worker?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Has the patient had contact with a commercial sex worker?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Has the patient used illicit drugs (injection or non-injection) in the last 12 months?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. If yes, please specify drug, frequency of use and whether injection or non-injection?

Section J: Comments

Section K: Form completed by

48. Date first reported to public health:

49. Completed by:
 50. Date:

51. Position:

52. Public Health Lead: