

Gonococcal infection requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details

Provide only the first two letters

Last name: _____ First name: _____ Postcode of residence: _____

Date of birth: _____ Sex: Male Female Other, specify > _____

Is the case of Aboriginal or Torres Strait Islander origin
 No Aboriginal Unknown Torres Strait Islander Both Aboriginal and Torres Strait Islander

Country of birth ...country: _____ ...year arrived in Australia: _____
 Australia Overseas > _____ Unknown

Alive/deceased: Alive Died due to this infection > _____ Died due to other causes > _____ ...date of death: _____

Clinical history

At diagnosis, did the case present with signs and symptoms of gonorrhoea
 Yes, specify onset date (first symptom) > _____ No Unknown

Specify diagnosis site/specimen site
 Cervix Eye Pharynx Rectum Urethra Urine Vagina Other, specify > _____

Has laboratory testing been requested
 No Confirmed, specify lab > _____ Pending, specify lab > _____

Is this a re-infection
 Yes No Unknown

Partner notification is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases. If you require assistance or advice, the department's partner notification officers can be contacted on (03) 9096 3367.

Please indicate below:
 I do not require assistance or advice with contact tracing
 I have already referred this case to partner notification officers

Risk/disease history

Is the case a sex worker
 Yes No Unknown

Why was the case tested (tick all that apply)
 STI screening requested by case Antenatal screening
 STI screening recommended by doctor Post treatment follow-up/treatment failure
 Case presented with clinical signs and symptoms of gonorrhoea Screening for PrEP
 Case presented with clinical signs and symptoms of another STI Sex worker screening
 Case was a contact of an infected individual Other, specify _____

Is the case on PrEP
 Yes No Unknown

Is the case HIV positive
 Yes No Unknown

The most likely sexual partner(s) from whom the infection was acquired were
 Person of opposite sex only Person of same sex only
 Persons of both sexes Sexual exposure unknown

The most likely sexual partner(s) above were
 Casual partner Regular partner Sex worker
 Client (the case is a sex worker) Unknown

Where was the infection probably acquired
 Victoria Interstate, specify > _____
 Overseas, specify > _____ Unknown

Has the current infection been treated or will be treated
 Yes, specify treatment > _____ Tx
 No—lost to follow-up
 No—referred to specialist
 No—other, specify > _____ other

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name: _____ Medicare provider no.: _____
 Address: _____
 City: _____ Postcode: _____
 Telephone: _____ Fax: _____ Date: _____

Department use only