



Doctor Name _____

Practice _____

Address _____

Postcode _____

Office Use Only	
DoH ID:	2008 -
Date Sent:	___ / ___ / ____
Date Received:	___ / ___ / ____
Data Updated by PHU:	<input type="checkbox"/>

GONOCOCCAL ENHANCED SURVEILLANCE

Dear Doctor,

I understand that you have recently diagnosed **gonococcal infection** in the following patient:

Name: _____ **Sex:** Male Female

Date of Birth: **Postcode:**

It would be appreciated if you could provide further information about this case to assist in the surveillance of gonococcal disease. The additional information will enable the detection of changes in the epidemiology of the disease and therefore guide prevention and control programs.

Your assistance in completing the questionnaire on the reverse side of this form is greatly appreciated. A self-addressed pre-paid envelope is enclosed for your convenience. If this case has not already been notified to the Department of Health, completion of the questionnaire will satisfy your legal requirement to do so.

Because of the public health importance of gonococcal infections, a community nurse or doctor from a Public Health Unit may have already contacted you, or will do so shortly, to offer assistance with contact tracing. In the metropolitan area, community nurses are available for advice and assistance on: ☎ **9224 1663** (North Metropolitan Public Health Unit). In rural areas, please contact your regional Public Health Unit.

Your patient will not be contacted without your knowledge.

Yours sincerely

Dr Gary Dowse
MEDICAL EPIDEMIOLOGIST
COMMUNICABLE DISEASE CONTROL DIRECTORATE



Gonococcal Infection ~ Enhanced Surveillance Form

DoH ID:

2008-

Please tick one or more boxes/circles where applicable.

1. Please indicate all sites from which specimens

were taken .

- Urine (PCR/LCR)
- Urethra
- Cervix / vagina
- Pharynx / throat
- Rectum
- Eye
- Other - *specify* _____
- Unknown

5. Where was the infection most probably acquired?

- Western Australia
- Interstate (*specify*) _____
- Overseas (*specify*) _____
- Unknown

2. Sexual exposure for this infection:

- Person(s) of opposite sex only
- Person(s) of same sex only
- Person(s) of either sex
- No sexual contact
- Unknown

6. Country of birth:

- Australia
- Other (*specify*) _____
- Unknown

3. Is the patient a current sex worker?

(sex work in last 12 months)

- No
- Yes
- Unknown

7. Ethnicity:

- Aboriginal/Torres Strait Islander
- Other
- Unknown

8. Language mostly spoken at home:

- English
- Other (*specify*) _____
- Unknown

4. Treatment prescribed for this infection:

- Amoxicillin/Probenecid
- Ceftriaxone
- Ciprofloxacin
- Other drugs (*specify*) _____

9. Type of clinical facility where the diagnosis was made:

- Public hospital
- Private hospital
- Sexual health clinic
- Family planning clinic
- General practice
- Aboriginal medical service
- Prison/detention centre
- Public health/community health (includes remote areas)
- Other (*specify*) _____

Thank you for completing this questionnaire

Comments:

Reporting Doctor/Nurse Details:

Name _____

Address _____

Postcode _____

Nurse / Doctor signature

Date