

Notification of Suspected Gonorrhea Treatment Failure Form for LHJs

Upload this form to the CalREDIE incident's electronic filing cabinet and inform stdcb_argc@cdph.ca.gov within **24 hours**

A patient who resides in the local health jurisdiction (_____) has been identified with a gonorrhea (GC) infection and is suspected of having gonorrhea treatment failure. We are notifying you because after assessing this patient **we have determined reinfection is unlikely**. The patient meets the following criteria for suspected treatment failure:

- Has persistent symptoms 3-5 days despite following appropriate treatment **with no sexual contact reported since treatment**. Other causes of symptoms have been ruled out (e.g., chlamydia, trichomoniasis, *Mycoplasma genitalium*). For those with pharyngeal symptoms, consider testing for common etiologies such as COVID-19 and Group A Streptococcus.
- Has a positive test of cure (TOC) **and reports no sexual contact since treatment**. A positive TOC is defined as the following:
 - A positive culture at least 72 hours after treatment, **or**
 - A positive nucleic acid amplification test (NAAT*) obtained:
 - More than 7 days after treatment for anogenital gonorrhea
 - More than 14 days after treatment for pharyngeal gonorrhea
- Has a positive test of cure **and** there is evidence of decreased susceptibility to cephalosporins on antimicrobial susceptibility testing** (regardless of reported sexual contact since treatment).

*Note: BD Probetec NAAT testing may have false-positive results due to commensal *Neisseria* species in the oropharynx.

**Decreased susceptibility to ceftriaxone = MIC ≥0.125 µg/mL or cefixime = MIC ≥0.25 µg/mL

Table 1. Case Information

CalREDIE ID	Last Name	First Name	Date of Birth (mm/dd/yyyy)	Weight (lbs)	Sex Assigned at Birth

Table 2. Gonorrhea Testing Information (Use a separate line for each specimen tested)

Date of Specimen Collection (mm/dd/yyyy)	Specimen Type (e.g., urethral, endocervical, pharyngeal, rectal, etc.)	Diagnostic Test (Culture vs NAAT) If NAAT, which assay platform (e.g., Aptima Combo 2 Assay)?	Result	Testing Location

Table 3. Treatment Received

Antibiotic	Dose (mg)	Route (IV, IM, PO)	Frequency (Every__ hours)	Duration (Days)	Date Started (mm/dd/yyyy)



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Has antibiotic susceptibility testing (AST) been performed?

- Yes
 - Date submitted: _____ (mm/dd/yyyy)
 - Lab: _____
- No
- Unknown

If results are available, please complete table below

Antibiotic Susceptibility Testing MIC Values:

	Urethral	Pharyngeal	Rectal	Cervical
Ceftriaxone				
Cefixime				
Azithromycin				
Ciprofloxacin				
Tetracycline				
Penicillin				
Ofloxacin				
Other _____				

Additional Case Notes (include information on negative test results for other infections)

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Supplemental Information

Please complete the following questions for the case and submit to STD Control Branch within **5 business days**:

Table 1. Case Information

CaIREDIE ID	Last Name	First Name	Date of Birth (mm/dd/yyyy)	Weight (lbs)	Sex Assigned at Birth

1. Did they engage in oral, vaginal, or anal sex after treatment?

- Yes
- No
- Unknown

2. Did they have any symptoms? (If no, skip to question 7)

- Yes (if yes, answer questions 3-6)
- No
- Unknown

3. Date of symptom onset: _____ (mm/dd/yyyy)

4. Which symptoms (select all that apply)?

- Abnormal vaginal discharge
- Penile discharge
- Rectal symptoms
- Abnormal vaginal bleeding
- Testicular pain/discomfort
- Sore throat
- Pelvic/abdominal pain
- Dysuria
- Unknown
- Other: _____

5. Did they experience full or partial symptom resolution after treatment?

- Yes
 - List symptom(s) that fully or partially resolved: _____
- No
- Unknown

6. Did they experience any symptom reappearance?

- Yes
 - List symptom(s) that reappeared: _____
- No
- Unknown

7. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Supplemental Information

8. Race (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Unknown

9. Sex Assigned at Birth:

- Male
- Female
- Non-binary

10. Current Gender Identity:

- Male
- Female
- Genderqueer or non-binary
- Trans male / Trans man
- Trans female / Trans woman
- Another gender (specify): _____
- Unknown

11. Are they currently pregnant?

- Yes
- No
- N/A

12. Sexual orientation (self-reported):

- Heterosexual or straight
- Bisexual
- Gay, lesbian, same gender loving
- Questioning, unsure, patient doesn't know
- Another sexual orientation (specify): _____
- Unknown

13. Gender of sex partners (select all that apply):

- Male
- Female
- Genderqueer or non-binary
- Trans male / Trans man
- Trans female / Trans woman
- Another gender (specify): _____
- Unknown

Supplemental Information

14. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), how many sexual partners have they had?

- Number partners: _____
- Unknown

15. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), what type of sex have they engaged in (select all that apply)?

- Received* oral sex
- Performed* oral sex
- Insertive* vaginal sex (their penis in partner's vagina)
- Receptive* vaginal sex (partner's penis in their vagina)
- Insertive* anal sex (their penis in partner's rectum)
- Receptive* anal sex (partner's penis in their rectum)
- Unknown

16. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), did they have group sex or attend sex parties?

- Yes
 - If yes, list type of venue (e.g., bathhouse) & name of venue if available: _____
- No
- Unknown

17. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), what type of drug have they used? (Check all that apply)

- Methamphetamine
- Heroin
- Cocaine/crack
- Injection drug use
- Other: _____
- Unknown
- None

18. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), have they exchanged money/food/drugs for sex?

- Yes
- No
- Unknown

19. In the past 12 months prior to symptom onset (or diagnosis, if asymptomatic), have they been unhoused?

- Yes
- No
- Unknown

20. In the past 12 months prior to symptom onset (or diagnosis, if asymptomatic), have they been incarcerated?

- Yes
- No
- Unknown

Supplemental Information

21. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), have they traveled outside the continental United States (including Hawaii) and had sexual partners while traveling?

Yes

○ List location(s) visited: _____

No

Unknown

22. In the past 2 months prior to symptom onset (or diagnosis, if asymptomatic), have they engaged in sex with a person who lives (or recently traveled) outside the continental United States (including Hawaii)?

Yes

○ List location(s): _____

No

Unknown

23. In the past 2 months have they taken any antibiotics besides ones listed in Table 3 above?

Yes

○ If yes, name(s) of antibiotic(s): _____

No

Unknown

24. Have they ever tested positive for HIV?

Yes

No

Unknown

Note: Document all case investigation and partner services findings in case investigation notes in CalREDIE.