

## NOTIFICATION OF SUSPECTED GONORRHEA TREATMENT FAILURE FORM FOR NEVADA LOCAL HEALTH AUTHORITIES

Upload this form to the corresponding EpiTrax record, and email form to [dpbhepi@health.nv.gov](mailto:dpbhepi@health.nv.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 for 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  $\geq$  0.125  $\mu$ g/mL or cefixime = MIC  $\geq$  0.25  $\mu$ g/mL*

Has the following have been notified or reached out:

- ☐ State of Nevada, Office of State Epidemiology
- ☐ Southern Nevada Public Health Laboratory

**TABLE 1. CASE INFORMATION**

EpiTrax CMR #	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__hour)	Duration (Day)	Date Started (mm/dd/yyyy)

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:

	<i>Urethral</i>	<i>Pharyngeal</i>	<i>Rectal</i>	<i>Cervical</i>
Ceftriaxone				
Cefixime				
Azithromycin				
Ciprofloxacin				
Tetracycline				
Penicillin				
Ofloxacin				
Other				

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

## SUPPLEMENTAL INFORMATION

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**TABLE 1. CASE INFORMATION**

EpiTrax CMR #	Last Name	First Name	Date of Birth (mm/dd/yyyy)	Weight (lbs)	Sex Assigned at Birth

- Did they engage in oral, vaginal, or anal sex after treatment?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown
- Did they have any symptoms? *(If no, skip to question 7)*
  - ☐ Yes *(if yes, answer questions 3-6)*
  - ☐ No
  - ☐ Unknown
- Date of symptom onset: \_\_\_\_\_ (mm/dd/yyyy)
- 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: \_\_\_\_\_
- Did they experience full or partial symptom resolution after treatment?
  - ☐ Yes
    - List symptoms(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

☐ No Hispanic or Latino

☐ Unknown

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): \_\_\_\_\_

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 partner(s) (select all that apply):

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

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
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 encounter notes in EpiTrax.

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