

Gonococcal Isolate Surveillance Project Form 1: Demographic/Clinical Data

Sentinel Site: (3 letter code)	
	(2-4)

Specimens collected during: Year (5-8) Month (9-10)

(SEE CODING INSTRUCTIONS ON BACK) Form approved OMB no. 0920-0307 exp.1/31/2008 Year Month Corresponding date (yyyy/mm) of clinic totals for gonorrhea: Number of gonorrhea episodes diagnosed: Female: Male: Total episodes: (20-22) (Sum of the two) (23-25) (15-16) (11-14) To the state of th # Datient # Date of clinic visit Date of birth (29) Other (mm/dd/yyyy) (mm/dd/yyyy) treatment 1 Zipcode (78-88) 01 02 03 04 05 06 07 08 09 10 11 12 13 15 16 17 18 19 20 21 22 23 24 25

Public reporting burden for this collection of information is estimated to average 11 minutes per client record extracted (for a total monthly burden of 3 hours and 30 minutes per clinic respondent), which includes the time required for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address.

CODING INSTRUCTIONS

Sentinel Site codes:

Albuaueraue AL B Atlanta ATL **Baltimore** BAL Birmingham **BHM** Chicago CHI CIN Cincinnati CLE Cleveland DAL Dallas Denver DEN Detroit DTR Greensboro **GRB** Honolulu HON Las Vegas LVG Long Beach LBC Los Angeles LAX Miami MIA Minneapolis MIN New Orleans NOR Oklahoma City OKC Orange County ORA Philadelphia PHI Phoenix PHX Portland POR San Diego SDG San Francisco SFO

Specimens collected during:

Seattle

Tripler

Enter all four digits of the year, followed by the two digit code corresponding to the month (01 for January, 02 for February, etc) in which the specimens were collected.

SEA

TRP

Monthly clinic totals for gonorrhea:

Enter the year and month to which the clinic totals correspond. (Clinic totals may be submitted for either the current or previous month). Enter the total number of episodes of gonorrhea diagnosed in females at the clinic during that month, the total number of episodes diagnosed in males, and the sum of these two numbers. For sentinel sites using more than one clinic, clinic totals should reflect totals for all clinics submitting GC isolates.

Clinic:

For sentinel sites using more than one clinic, enter the single digit assigned to the clinic from which the GC isolate was obtained.

Sex:

1= male 2= female 9= unknown

Ethnicity:

1= Hispanic or Latino 2= not Hispanic or Latino 9= unknown

Race (check all that apply):

American Indian or Alaska Native:

1=Yes 2=No

Asian:

1=Yes 2=No

Black or African American:

1=Yes 2=No

Native Hawaiian or Other Pacific Islander:

1=Yes 2=No

White:

1=Yes 2=No

Other:

1=Yes 2=No

Date of clinic visit (mm/dd/yyyy):

Enter month, day, and year of clinic visit at which positive GC culture was obtained. If day is unknown, enter "01" for day.

Date of birth (mm/dd/yyyy):

Enter month, day, and year of patient's birth. If year of birth is known, but month and or day of birth is unknown, enter "01" for month and/or day (i.e. "01/01/1973". for a patient born on an unknown month and day in 1973). 99/99/9999= unknown

Age:

(Age in years) Enter only if date of birth is unknown. 99= unknown

Sexual orientation:

1= heterosexual

2= homosexual

3= bisexual

9= unknown

Symptoms:

1= discharge and/or dvsuria

2= no discharge or dysuria

9= symptoms unknown

Reason for visit:

1= volunteer (patient self-referral)

2= contact of gonorrhea patient

3= test of cure

8= other

9= unknown

Previous hx of gonorrhea (ever):

(previous history of gonorrhea in lifetime; may be obtained by patient self-report)

1= yes 2= no 9= unknown

of previous episodes (past year):

Enter the <u>number</u> of previous episodes of gonorrhea documented in the patient's record within the past 12 months.

0= no documented previous episodes in the past 12 months (includes patients for whom this is the initial clinic visit)

99= unknown (patient record not available or clinic staff unable to collect this variable due to record-keeping system)

Zipcode: (residential)

00000= homeless 99999= unknown

HIV status:

Most current HIV status known at time of clinic visit for gonorrhea

1= positive

2= negative

3= indeterminant

9= unknown

Travel history:

Travel outside the state where the sentinel site is located in the previous 60 days

1= yes 2= no 9= unknown

Sex work exposure:

History of giving or receiving drugs/money for sex in the previous 60 days

1= yes 2= no 9= unknown

Previous antibiotic use:

Any antibiotic use during the previous 60 days

1= yes 2= no 9= unknown

IDU:

History of injection drug use in the previous 60 days

1= yes 2= no 9= unknown

Non-IDU:

History of non-injection recreational drug use (excluding alcohol) in the previous 60 days

1= yes 2= no 9= unknown

Treatment 1:

(primary treatment for gonorrhea)

00= no treatment given

03= spectinomycin (Trobicin) 2 gm

04= ceftriaxone (Rocephin) 250 mg

05= ceftriaxone (Rocephin) 125 mg

06= ciprofloxacin (Cipro) 500 mg

07= cefoxitin (Mefoxin) 2 gm

12= cefixime (Suprax) 400 mg

14= cefpodoxime proxetil (Vantin) 200 mg

15= ofloxacin (Floxin) 400 mg

17= ceftizoxime (Cefizox) 500 ma

18= cefotaxime (Claforan) 500 mg

21= azithromycin (Zithromax) 2 gm 22= levofloxacin (Levaguin) 250 mg

23= cefpodoxime proxetil (Vantin) 400 mg

24= ceftibuten (Cedax) 400 mg

25= cefdinir (Omnicef) 300 mg

26= cefdinir (Omnicef) 600 mg 88= other (other primary treatment and

dosage for gonorrhea - please indicate name and dosage)

99= unknown

Other Treatment 1:

If code "88" was entered for Treatment 1, write in the name of the alternative primary antimicrobial therapy for gonorrhea.

Treatment 2:

(treatment for presumptive chlamydial coinfection)

00= none

01= ampicillin/amoxicillin

09= doxycycline (Vibramycin)/

tetracycline

10= erythromycin

11= azithromycin (Zithromax) 1 gm

15= ofloxacin (Floxin)

88= other

99= unknown