

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

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

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 or to provide the information requested on this form.

**Case details**

Provide only the first two letters of the last and first names

Last name	First name	Postcode of residence

Date of birth

Sex  
 Male  
 Female  
 Other, specify >

Identified gender  
 Male  
 Female  
 Non-binary  
 They use a different term, please specify >

Pregnancy status  
 Pregnant, weeks gestation at diagnosis >  estimated due date >   
 Not pregnant  
 Unknown

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

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

Alive/deceased  Alive  Died due to this infection >   
 Died due to other causes >

**Clinical history**

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

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

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

Is this a re-infection  
 Yes, specify past treatment >   
 No  
 Unknown

**Partner notification and treatment is an essential component of the management of gonorrhoea, and it is the responsibility of the treating doctor to discuss this with the patient. For more information about partner notification, visit <https://contacttracing.ashm.org.au/>. If you would like further support with partner notification, DH Partner Notification Officers (PNOs) can be contacted on (03) 9096 3367 or [Contact.Tracers@dhhs.vic.gov.au](mailto:Contact.Tracers@dhhs.vic.gov.au).**

Please indicate below:

I require contact tracing support, please arrange for a PNO to contact me  
 I have already referred this case to a Partner Notification Officer  
 I do not require support with contact tracing

**Risk and exposure history**

Is the case on PrEP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the case a person living with HIV <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Why was the case tested (tick all that apply)

STI screening requested by case  
 STI screening recommended by doctor  
 Case presented with clinical signs and symptoms of gonorrhoea  
 Case presented with clinical signs and symptoms of another STI  
 Case was a contact of an infected individual  
 Antenatal screening  
 Post treatment follow-up/treatment failure  
 Screening for PrEP  
 Other, specify >

This infection was likely acquired from

Person of opposite sex only  
 Person of same sex only  
 People of both sexes  
 Unknown  
 Other, specify >

The sexual partner(s) above were (tick all that apply)

Casual partner  
 Regular partner  
 Client (the case is a sex worker)  
 Sex worker  
 Unknown  
 Other, specify >

Where was the infection probably acquired

Victoria  
 Interstate, specify >   
 Overseas, specify >   
 Unknown

Has the current infection been treated or will be treated

Yes—has been treated, specify treatment >  Tx  
 Yes—will be treated, specify treatment >   
 No—lost to follow-up  
 No—referred to specialist  
 No—other, specify >

**Notifying doctor/hospital/laboratory details**

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City  Postcode

Telephone  Fax  Date