



Gonococcal Isolate Surveillance Project

Form 1: Demographic/Clinical Data

(1)

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

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

Form approved OMB no. 0920-0307 exp. 11/30/2004

(SEE CODING INSTRUCTIONS ON BACK)

Corresponding date (yyyy/mm) of clinic totals for gonorrhea:		Year		Month		Number of gonorrhea episodes diagnosed:										Female:		Male:		Total episodes:								
		____ / ____		____ / ____												____ (17-19)		____ (20-22)		____ (Sum of the two) (23-25)								
Patient # (26-27)	Clinic	Sex	Ethnicity	American Indian / Alaskan Native	Asian	Black	Native Hawaiian / Pacific Islander	White	Other	Date of clinic visit (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)	Age	Sexual orientation	Symptoms	Reason for visit	Previous hx of gonorrhea (ever)	# of previous episodes (past 12 mos.)	Zipcode	HIV status	Travel history	Sex work exposure	Previous antibiotic use	IDU	Non-IDU	Treatment 1 (Gonorrhea)	Other treatment 1	Treatment 2 (Chlamydia)	
	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37-46)	(47-56)	(57-58)	(59)	(60)	(61)	(62)	(63-64)	(65-69)	(70)	(71)	(72)	(73)	(74)	(75)	(76-77)	(78-88)	(89-90)	
01										____/____/____	____/____/____																	
02										____/____/____	____/____/____																	
03										____/____/____	____/____/____																	
04										____/____/____	____/____/____																	
05										____/____/____	____/____/____																	
06										____/____/____	____/____/____																	
07										____/____/____	____/____/____																	
08										____/____/____	____/____/____																	
09										____/____/____	____/____/____																	
10										____/____/____	____/____/____																	
11										____/____/____	____/____/____																	
12										____/____/____	____/____/____																	
13										____/____/____	____/____/____																	
14										____/____/____	____/____/____																	
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 7 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 D-24, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address.

CODING INSTRUCTIONS

Sentinel Site codes:

Albuquerque	ALB
Anchorage	ANC
Atlanta	ATL
Baltimore	BAL
Birmingham	BHM
Chicago	CHI
Cincinnati	CIN
Cleveland	CLE
Dallas	DAL
Denver	DEN
Fort Bragg	FBG
Honolulu	HON
Long Beach	LBC
Miami	MIA
Minneapolis	MIN
New Orleans	NOR
Orange County	ORA
Philadelphia	PHI
Phoenix	PHX
Portland	POR
San Diego	SDG
San Francisco	SFO
Seattle	SEA
St. Louis	STL
Tripler	TRP

Specimens collected during:

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.

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 dysuria
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 number 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 to Hawaii or outside U.S. 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= none
03= spectinomycin (Trobicin)
04= ceftriaxone (Rocephin) 250 mg.
05= ceftriaxone (Rocephin) 125 mg.
06= ciprofloxacin (Cipro)
07= cefoxitin (Mefoxin)
12= cefixime (Suprax)
14= cefpodoxime proxetil (Vantin)
15= ofloxacin (Floxin)
17= ceftizoxime (Cefizox)
18= cefotaxime (Claforan)
21= azithromycin (Zithromax) 2 gm
22= levofloxacin (Levaquin)
88= other (please indicate by name in next column)
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