

OMB 0920-0307

Attachment 3a

Form approved:
 OMB No. 0920-0307
 Exp. Date __xx/xx/20xx

Gonococcal Isolate Surveillance Project
Form 1: Demographic/Clinical Data

Sentinel Site: (3 letter code) _____ (2-4)
 Specimens collected during: Year ____ / Month ____ / Day ____ (4-6)
 Form approved OIG # 0920-0307 exp. 12/1/2008

SEE CODING INSTRUCTIONS ON BACK)

Corresponding date (yy/mm) of clinic totals for gonorrhea: Year ____ / Month ____ / Day ____ (11-14) (15-18)

Number of gonorrhea episodes diagnosed: Female: ____ Male: ____ Total episodes: ____ (Sum of the two) (23-25)

Patient #	Clinic	Sex	Ethnicity	Age	Sexual orientation	Symptoms	Reason for visit	# of previous episodes (last 12 mos.)	Zenitide	HIV status	Travel history	Sex work exposure	Previous antibiotic use	IDU	Non-IDU	Treatment 1 (gonorrhea)	Other	Treatment 2 (chlamydia)
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02																		
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Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time 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, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send this completed form to this address.

CDC 28.004, Rev. 11/2005

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Sentinel Site codes:
 Albuquerque ALB
 Atlanta ATL
 Baltimore BAL
 Birmingham BHM
 Chicago CHI
 Cincinnati CNL
 Cleveland CLE
 Dallas DAL
 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
 Seattle SEA
 Tampa TRP

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=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

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.

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

Sex:
 1= male
 2= female
 9= unknown

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

Previous tx 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.
 9= 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 recordkeeping 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= indeterminate
 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 (Trochan) 2 gm
 04= ceftriaxone (Rocephin) 250 mg
 05= ceftriaxone (Rocephin) 125 mg
 06= ciprofloxacin (Cipro) 500 mg
 07= ceftriaxone (Rocephin) 2 gm
 12= cefixime (Omnicef) 400 mg
 14= cefepime (Maxipime) 200 mg
 15= ofloxacin (Floxan) 400 mg
 17= ceftriaxone (Rocephin) 500 mg
 18= ceftriaxone (Rocephin) 500 mg
 21= azithromycin (Zithromax) 2 gm
 22= levofloxacin (Levaquin) 250 mg
 23= cefepime (Maxipime) 400 mg
 24= ceftazidime (Ceftaz) 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 "98" was entered for Treatment 1, write in the name of the alternative (antibiotic/antibiochemical therapy) for gonorrhea.

Treatment 2:
 (treatment for presumptive chlamydia coinfection)
 00= none
 01= ampicillin/amoxicillin
 09= doxycycline (Vibramycin)/tetracycline
 10= erythromycin
 11= azithromycin (Zithromax) 1 gm
 13= ofloxacin (Floxan)
 88= other
 99= unknown