

# Reporting Suspect or Probable Cephalosporin-Resistant Neisseria Gonorrhoeae (Ceph-R NG) - Surveillance Protocol (V.1: February, 2013)

All suspect or probable cases of Ceph-R NG should be reported as soon as possible to the local health department, who in turn is to report the case to the Michigan Department of Community Health Sexually Transmitted Disease Epidemiologist immediately.

The following protocol should be followed to report suspect or probable Ceph-R NG cases in the Michigan Disease Surveillance System.

## Definition/Case Classifications

### ***Suspect Case***

A suspect case fulfills either the clinical criteria or laboratory criteria described below: ***Suspect Case: Clinical Criteria***

The patient experienced possible cephalosporin treatment failure (symptomatic or asymptomatic) with the following specific components:

- Patient had laboratory-confirmed *N. gonorrhoeae* infection, and
- Patient received CDC-recommended cephalosporin-based antimicrobial regimen as treatment, and
- Patient subsequently had a positive *N. gonorrhoeae* test result (positive culture  $\geq 72$  hours after treatment or positive NAAT  $\geq 7$  days after treatment), and
- Patient did not engage in sexual activity after treatment

### ***OR Suspect Case: Laboratory Criteria***

AST of pre-treatment or post-treatment isolate of *N. gonorrhoeae* demonstrates:

- Cefixime MIC  $\geq 0.25$   $\mu\text{g/ml}$ , or
- Ceftriaxone MIC  $\geq 0.125$   $\mu\text{g/ml}$

### ***Probable Case***

A probable case fulfills the clinical and laboratory criteria described below or fulfills the elevated laboratory criteria described below: ***Probable Case: Clinical Criteria and Laboratory Criteria***

The patient experienced possible cephalosporin treatment failure (symptomatic or asymptomatic) with the following specific components:

- Patient had laboratory-confirmed *N. gonorrhoeae* infection, and
- Patient received CDC-recommended cephalosporin-based antimicrobial regimen as treatment, and
- Patient subsequently had a positive *N. gonorrhoeae* test result (positive culture  $\geq 72$  hours after treatment or positive NAAT  $\geq 7$  days after treatment), and
- Patient did not engage in sexual activity after treatment

**AND**

AST of pre-treatment or post-treatment isolate of *N. gonorrhoeae* demonstrates:

- Cefixime MIC  $\geq 0.25$   $\mu\text{g/ml}$ , or
- Ceftriaxone MIC  $\geq 0.125$   $\mu\text{g/ml}$

**Identification**

- Once a suspect or probable case of resistant gonorrhea is identified, 'RESISTANTGC' should be entered in the 'Outbreak Name' field. This is located under the 'Investigation Information' section. Adding 'RESISTANTGC' to 'Outbreak Name' allows others to search for all the cases that had an instance of resistant gonorrhea infection and easily identify them.
- On the 'Outbreak Y/N' field, 'Y' should be selected from the list. This is also located under the 'Investigation Information' section.

**Investigation Address**

Street : Geocode Source : MDSS Zip Code

City : DETROIT County : Detroit City State : Michigan Zip : 48223

Jurisdiction : Detroit City

**Investigation Information**

Outbreak Y/N : Yes

Outbreak Name : RESISTANTGC

Referral Date (mm/dd/yyyy) : 12/10/2012

Case Entry Date (mm/dd/yyyy) : 12/10/2012

\*indicates required items

## Adding Labs

- In the 'Lab Reports' tab, all laboratory tests related to the gonorrhea case need to be documented. This includes electronic and non-electronic labs. Information such as culture and any associated susceptibilities should be noted.

Case Reporting | Address History | Demographics | Referrer | **Lab Reports** | Notes | Map | Audit | Person History | Field Record | Interview Record

Patient [REDACTED] Locked by BROUSSEAug (GEOFF BROUSSEAU)

Lab Reports Create New Lab Report Help

Date Received	Ordered Test Name	Electronic
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## Documenting Treatment

- Case report forms should be filled out as completely as possible.

Case Reporting | Address History | Demographics | Referrer | **Lab Reports** | Notes | Map | Audit | Person History | Field Record | Interview Record

Patient [REDACTED] Locked by BROUSSEAug (GEOFF BROUSSEAU)

Reportable Condition\*: Gonorrhea Detail ← Case Status\*: Confirmed Investigation Status\*: New

Patient Information

Patient Status\*: OutPatient Patient Status Date\* (mm/dd/yyyy): 12/10/2012

First\*: [REDACTED] Last\*: [REDACTED] Middle: [REDACTED]

Onset Date (mm/dd/yyyy): [REDACTED] MMWR: 50-2012 Patient Id: 4276138519

Diagnosis Date (mm/dd/yyyy): [REDACTED] Dedup

- Additional details of the treatment and/or partner information should be documented

Treatment Information				
Has patient been treated for THIS infection?			If yes, date of treatment:	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			mm/dd/yyyy	
Specify DRUG/DOSAGE:				
<input type="radio"/> 400mg Cefixime <input type="radio"/> 125mg IM Ceftriaxone <input type="radio"/> 250mg IM Ceftriaxone <input type="radio"/> 500mg Ciprofloxacin <input type="radio"/> 250mg Levofloxacin <input type="radio"/> 2g IM Spectinomycin <input type="radio"/> Other (specify): _____ <input type="radio"/> Unknown				
Treated by Provider (report contact information only if different than primary provider)				
First:	Last:	Phone: ###-###-####	Ext.:	Email:
Street Address:				
City:	County:	State:	Zip:	

in the 'Notes' tab

Patient [REDACTED] Locked by BROUSSEAU (GEOFF BROUSSEAU)

New Note :

Previous Case Notes :

Case Documents

Date	Name	Description

Buttons: Save Note, Attach New Document, Cancel, Help

### Surveillance Notes

- According to the Centers for Disease Control and Prevention (CDC) published the 2010 STD Treatment Guidelines, <http://www.cdc.gov/std/treatment/2010/>, dual treatment is now standard treatment for uncomplicated gonorrhea.
- The MDSS gonorrhea treatment area still reflects mono-therapy for data collection. To record dual therapy, please note the cephalosporin treatment with the radio buttons and note Azithromycin or Doxycycline dual therapy in the "other" field. The other radio button will not populate but the data will be recorded in the text field. MDCH is working to update this form and to add an option for dual therapy. This document will be updated at that time.

Treatment Information				
Has patient been treated for THIS infection? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			If yes, date of treatment: <small>mm/dd/yyyy</small> 02/20/2013	
Specify DRUG/DOSAGE: <input type="radio"/> 400mg Cefixime <input type="radio"/> 125mg IM Ceftriaxone <input checked="" type="radio"/> 250mg IM Ceftriaxone <input type="radio"/> 500mg Ciprofloxacin <input type="radio"/> 250mg Levofloxacin <input type="radio"/> 2g IM Spectinomycin <input type="radio"/> Other (specify): <u>1 G Zithromax</u> <input type="radio"/> Unknown				
Treated by Provider (report contact information only if different than primary provider)				
First:	Last:	Phone: <small>###-###-####</small>	Ext.:	Email:
Street Address:				
City:	County: <small>▼</small>	State: <small>▼</small>	Zip:	
Case Management Data				
Method of Case Detection: <input type="radio"/> Screening <input type="radio"/> Self-referred <input type="radio"/> Patient Referred Patient			Is the patient pregnant? - - -	