

Annex 1.

Template for report of treatment failure



Alert concerning *Neisseria gonorrhoeae* treatment failure

Reporting form

Please read the following instructions:

This form should be completed when a case of probable or confirmed *N. gonorrhoeae* treatment failure is identified at national level. It is important that the form is submitted in a timely manner, so kindly report even if some data are not yet available. The form can be updated when additional confirmation or epidemiological information becomes available.

- Please complete one report form for each treatment failure detected.
- Please attach this report form by a notification in EPIS-STI within two weeks of being informed of the treatment failure.

1. General information

Reporter details

Name		
Country reporting		
Name of reporting centre		
Telephone:		Email:

Treatment failure classification

Probable treatment failure	Confirmed treatment failure
<p>Case definition for probable treatment failure: A gonorrhoea patient who returns for test of cure or who has persistent genital symptoms after having received treatment for laboratory-confirmed gonorrhoea with a recommended cephalosporin regimen (ceftriaxone or cefixime in appropriate dose) AND remains positive for one of the following tests for <i>N. gonorrhoeae</i>:</p> <ul style="list-style-type: none"> • presence of intracellular Gram-negative diplococci on microscopy taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • isolation of <i>N. gonorrhoeae</i> by culture taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • positive nucleic acid amplification test (NAAT) taken two to three weeks after completion of treatment <p>AND denies sexual contact during the post-treatment follow-up period.</p>	<p>Case definition for confirmed treatment failure: A gonorrhoea patient who returns for test of cure or who has persistent genital symptoms after having received treatment for laboratory-confirmed gonorrhoea with a recommended cephalosporin regimen (ceftriaxone or cefixime in appropriate dose) AND remains positive for one of the following tests for <i>N. gonorrhoeae</i>:</p> <ul style="list-style-type: none"> • presence of intracellular Gram-negative diplococci on microscopy taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • isolation of <i>N. gonorrhoeae</i> by culture taken at least 72 hours after completion of treatment; <p>OR</p> <ul style="list-style-type: none"> • positive nucleic acid amplification test (NAAT) taken two to three weeks after completion of treatment <p>AND denies sexual contact during the post-treatment follow-up period AND decreased susceptibility to cephalosporin used for treatment*:</p> <ul style="list-style-type: none"> • cefixime: MIC>0.12 mg/L** • ceftriaxone: MIC>0.12 mg/L**
<p>Did the patient have any type of sexual contact between the start of treatment and the second visit?</p>	

Description of the event	
Please provide a short description of the circumstances of the event:	
Date of first notification of the treatment failure to the reporting centre:	

Case details	
Age	
Gender	
Sexual orientation	
Is the case likely to have acquired the infection in the country of diagnosis/reporting?	
If no, in which country?	

Diagnostics and treatment – first visit	
Was the case symptomatic?	
Site of infection	
Date of first visit	
Which tests at which anatomic sites were used for diagnosis (include results)?	
If culture was performed, please list available MICs for:	Ceftriaxone: Cefixime: Azithromycin: Gentamicin: Ciprofloxacin: Spectinomycin: Other antibiotics tested:
What was the treatment prescribed on initial diagnosis (drug, route of administration, dosage)?	

Diagnostics and treatment – second visit	
Date of return to clinic	
Which tests at which anatomic sites were used for diagnosis (include results)?	
If culture was performed, please list available MICs for:	Ceftriaxone: Cefixime: Azithromycin: Gentamicin: Ciprofloxacin: Spectinomycin: Other antibiotics tested:
What treatment was prescribed following the second visit (drug, route of administration, dosage)?	
Was a test of cure performed after re-treatment?	
If yes, which test was used and what was the result?	
Is any support required from the STI network for further laboratory investigations?	