



Gonorrhoea Enhanced Surveillance Form

Version 2.0
CONFIDENTIAL



CIDR ID:

A. Case Details

Patient Clinic ID

Clinic/Practice Name

Lab specimen ID

Laboratory name

Forename

Surname

Date of birth

Sex (at birth)

Male

Female

Unknown

Gender identity

Male

Female

Non-binary

Unknown

Trans male

Trans female

Note: please complete sex (assigned at birth) and gender identity for all cases. A trans male refers to person who identifies as male and was assigned female at birth. A trans female refers to a person who identifies as female and was assigned male at birth. Non-binary refers to a person who does not identify as being exclusively female or male.

Country of birth

County of residence

Ethnicity

White – Irish

Asian or Asian Irish - Chinese

White – Irish Traveller

Asian or Asian Irish – Indian/Pakistani/Bangladeshi

White – Any other white background

Asian or Asian Irish – Any other Asian background

Black or Black Irish - African

Arabic

Black or Black Irish – Any

Roma

Mixed background

Other

Not known

Note: ethnicity should be self-reported and refers to how the individual case identifies themselves.

B. Clinical Details

Mode of transmission

Heterosexual

gbMSM

Vertical transmission (MTCT)

Unknown

Other. If other mode of transmission, please specify

Country of infection

C. Comments

D. Form Completed By

Completed by

Date

Please return the completed form to your local Department of Public Health.

See <http://www.hpsc.ie/NotifiableDiseases/Whotonotify/> for names and contact details. If sending by post, please place form in a sealed envelope marked "Private and Confidential".

See <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/gonorrhoea/casedefinitions/> for gonorrhoea case definition.