	Gonorrhea		☐Confirmed ☐ Presumptive ☐ Suspect		
ORPHEUS ID		Date of report/ Assigned to:			
ame_			County		
Last, First, Initials ddress		(a.k.a)			
Street		City /	Zip		
Home	(H), work(W), cell(C), messa _l	ge(M)	Home (H), work(W), cell(0	C), message(M)	
Last, First, Initials			Home (H), work(W), cell(C), message(M	
DEMOGRAPHICS					
	DOB unk, AGE Sex: D			Pregnancy ☐ Y ☐ N ☐ Unk Due date// or (# wks)	
Past year housing (ch	unck anal: \square Stably boused	□ Unstably bouses	N□ Hamalass □ Incarcars	stad [] Dadinad [] Link	
ast year nousing (cr	eck one): □ Stably housed	☐ Unstably housed	d ∐ Homeless ∐ Incarcera	ited Li Declined Li Unk	
Housing at Diagnosis	(check one): ☐ Stably hous	sed □ Unstably hou	used 🗆 Homeless 🗀 Incard	cerated □ Declined □ Unk	
	NGUAGE, AND DISABILITY	· · · · · · · · · · · · · · · · · · ·			
ow do you identify y	our race, ethnicity, tribal a	affiliation, country	of origin, or ancestry?		
/hich of the following	g best describes your racia	al or ethnic identit	ry? Check all that apply		
Amer Indian/ Alaska	Asian	Native Hawaii	an/ Pacific Islander	Middle Eastern Northern	
Native	☐ Asian Indian	☐ Guamanian		African	
☐ American Indian	☐ Chinese	☐ Chamorro		☐ Northern African	
☐ Alaska Native	☐ Filipino/a		n/Marshallese/Palaun	☐ Middle Eastern	
☐ Canadian Inuit, Mo	etis 🗌 Hmong	(COFA)		White	
First Nation	☐ Japanese	☐ Native Haw	raiian	☐ Eastern European	
☐ Indigenous Mexica	□ Norean	☐ Samoan		☐ Slavic	
Central American So	uth □ Laotian	☐ Tongan		☐ Western European	
American	☐ South Asian	☐ Other Pacif		☐ Other White	
Hispanic or Latino/a/	X ☐ Vietnamese	Black or Africa	ın American	Other Categories	
☐ Central American	If you selected more than one r	☐ African A		☐ Other (please list)	
⊔ iviexican	or ethnic identity, circle the one	e that	•		
	best represents your racial or e		an (Black)	☐ Don't know	
·	identity. If you have more than			☐ Don't want to answer	
	primary racial or ethnic identity please check here \square	/,			
'	JICUSE CHECK HEICE				
	ES AND LABS (COMPLETE A	ALL THAT APPLY)			
PROVIDERS, FACILITI	a / Dhana:				
	e / Phone:				
Reporter Type / Nam	different)				
Reporter Type / Nam	different)				
Reporter Type / Nam Ordering provider (if	different)				
Reporter Type / Nam	different)				

LABORATORY DATA			
Lab Name:		Collection date:/	/ Result date://
Specimen Type: □Urine □ Cervical □Vaginal □	Urethral □Th	roat/Oropharyngeal □Re	ectal □Ocular □Oral Fluid
□Blood □Other specify			
Test Type: □Antigen □Aptima □ Culture □NAA	λΤ □ Gram Sta	in \square Other specify	
Result: □Positive □Negative □ Equivocal □Oth	er specify		
CLINICAL DATA			
CLINICAL DATA	+ do+		
Symptomatic? □yes □no □unknown If yes, onse Common symptoms of gonorrhea	t date (first s/s	·)/	
□Y □N □U If yes, where			
Notes	_		
Notes			
DATIENT TREATMENT (FROM A DROVINGER OR CACE			
PATIENT TREATMENT (FROM PROVIDER OR CASE TREATMENT	INTERVIEW)		
Treatment 1 Date//	Size (mg)	Dose	Frequency/duration
Drug: □Ceftriaxone □Azithromycin □Cefixime	Size (ilig)	D03C	Trequency, duration
☐Gentamicin ☐Cefotaxime ☐Ceftizoxime			
☐ Erythromycin			
Treatment 2 Date//	Size (mg)	Dose	Frequency/duration
Drug: □Ceftriaxone □Azithromycin □Cefixime	3.20 (11.8)	2000	Trequency, adracion
☐Gentamicin ☐Cefotaxime ☐Ceftizoxime			
☐ Erythromycin			
Treatment 3 Date//	Size (mg)	Dose	Frequency/duration
☐Gentamicin ☐Cefotaxime ☐Ceftizoxime			
☐ Erythromycin			
,	1	l .	
DATIFALT EVENOUINES AND DISVE / DANCED ON CASE	INITED VIEW OF	D 50014 DD0\#D50 I5 4\	A.U. A.D.I. 5\
PATIENT EXPOSURES AND RISKS (BASED ON CASE			AILABLE)
Interviewed? \square Y \square N \square R 1 st call try $_/_/_$ Dat	te Interviewed	:/ by	
If not, reason □ not indicated □ unable to reach □ out of juris		d □ wetweed □ we	dical managed was insert.
physician interviewed	saiction \square dec	ceased 🗀 refused 🗀 me	edical records review 🗀
Do you know your HIV status?			ositivo 🖂 Inknown
Date of last test? / /		☐HIV Negative ☐HIV P	OSITIVE MOTIVITOMIT
Was person tested for syphilis?		□Y □N □R	
Date of last test?/			
Have any of your partners in the past 12 months k	peen?	□Female □male □TGN	M □TGF □R □U
Total number of sex partners, in the past 12 mont	ths	The sum all sexual parti	ners #

 \square Y \square N \square R \square U

Had sex with an anonymous partner in past 12 months?

Had sex with a person known to him/her to inject drugs (PWID) within the past 12 months?	
Had sex while intoxicated and/or high on drugs withing past 12 months?	□Y □N □R □U
Engaged in injection (recreational) drug use within past 12 months?	□Y □N □R □U If yes, name(s)
Engaged in non-injection (recreational) drug use within past 12 months?	☐Y ☐N ☐R ☐U If yes, name(s)
Had this person been incarcerated within the past 12 months?	
Have you exchanged sex for a need within the past 12 months?	□Y □N □R □U
If yes, □money □drugs □paid bills □material goods □place to care security/protection other need(s)	stay/sleep □food vehicle/transportation □dependent
Had this person find partners through the internet apps, in the	
past 12 months?	If yes, name(s):
Have you ever taken PrEP for HIV prevention?	□Y □N □R □U if yes, date//
Are there challenges to continue PrEP?	
	If yes, what:
Are there challenges to start PrEP?	
	If yes, what:
Have you taken PEP for HIV prevention?	
CONTACTS Ask about contacts (sexual, needle-sharing, etc.) within the appropriate and contact information for all contacts. Duplicate this page contact interview form (page 4). No contacts elicited No	
Date partner named _/_/_ Partner age or date or birth _/_/_	tacts initiated

Hair color □Brown □Blond □Red □Black □Bald □Other	
Skin color □Brown □Black □White □Other	
Date partner named//_ Partner age or date or birth//	Hispanic □Yes □No □Unk □Ref
Sex □female □TGF □TGM □unknown Email	Пізрапіс штез шпо шопк шпет
Name Phone(s)	Race (check all that apply)
AKA(s)	□White □Black □Asian
Address	
	□American Indian/Alaska Native
Exposure: 1 st contact/ Most recent contact:/	□Pacific Islander Refused
Partners type: □sex □needle □both Frequency: □once □<5 times □>5 times	
Referred by □patient □provider □both Place/setting/location (club, bar, party, etc.)	
Approx ht Approx wt School/work:	
Hair color □Brown □Blond □Red □Black □Bald □Other	
Skin color □Brown □Black □White □Other	
Data partner named / / Dartner age as data as histh / /	
Date partner named//_ Partner age or date or birth//	Hispanic □Yes □No □Unk □Ref
Sex □female □male □TGF □TGM □unknown Email	
Name Phone(s)	Race (check all that apply)
Address	□White □Black □Asian
Address	□American Indian/Alaska Native
Exposure: 1 st contact/ Most recent contact://	□Pacific Islander Refused
Partners type: \square sex \square needle \square both Frequency: \square once \square <5 times \square >5 times	
Referred by \square patient \square provider \square both Place/setting/location (club, bar, party, etc.)	
Approx. ht Approx. wt School/work:	
Hair color □Brown □Blond □Red □Black □Bald □Other	
Skin color □Brown □Black □White □Other	
Skiii color Ebrown Eblack Ewillice Eother	<u> </u>
Date partner named//_ Partner age or date or birth//	Hispanic □Yes □No □Unk □Ref
Sex □female □male □TGF □TGM □unknown Email	
Name Phone(s)	Race (check all that apply)
Address	□White □Black □Asian
Address	□American Indian/Alaska Native
Exposure: 1st contact// Most recent contact://	□Pacific Islander Refused
Partners type: ☐sex ☐needle ☐both Frequency: ☐once ☐<5 times ☐>5 times	
Referred by \square patient \square provider \square both Place/setting/location (club, bar, party, etc.)	
Approx. ht Approx. wt School/work:	
Hair color □Brown □Blond □Red □Black □Bald □Other	
Skin color □Brown □Black □White □Other	
Skill color Librowit Librack Livellite Librate	1
Notes	

PARTNER'S NAME	
PANTINEN 3 NAIVIE	

nterviewed? Y N R 1 st call try/ Date Interviewed://_ by who: who:	PARTNERS EXPOSURES AND RISK (BASED ON CASE INTERVIEW OR	FROM PROVIDER IF AVAILABLE)
Tested for CT/GC Yes No if yes, Date _ _ Tested for Syphilis Yes No if yes, Date _ _ Tested for HIV Yes No if yes, Date _ _ _ _ _ _ _ _ _		
Tested for HIV	If no, reason	
Tested for HIV	Tested for CT/GC □Yes □No if yes, Date// Tested for Sy	yphilis □Yes □No if yes, Date//
Total number of sex partners, in the past 12 months Had sex with an anonymous partner within past 12 months? Had sex with a person known to him/her to inject drugs (PWID) within the past 12 months? Had sex while intoxicated and/or high on drugs withing past 12 months? Engaged in injection (recreational) drug use within past 12 months? Engaged in non-injection (recreational) drug use within past 12 months? Engaged in non-injection (recreational) drug use within past 12 months? Had this person been incarcerated within the past 12 months? Had this person been incarcerated within the past 12 months? Have you exchanged sex for a need within the past 12 months? If yes, land this person find partners through the internet apps, in the gast 12 months? Had this person find partners through the internet apps, in the gast 12 months? Have you ever taken PrEP for HIV prevention? Are there challenges to continue PrEP? Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Have you taken PEP for HIV prevention? Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date: / Result date: /		· — — — —
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Engaged in injection (recreational) drug use within past 12		□Y □N □R □U
Engaged in non-injection (recreational) drug use within past 12 months? Engaged in non-injection (recreational) drug use within past 12 months? Had this person been incarcerated within the past 12 months? Have you exchanged sex for a need within the past 12 months? Have you exchanged sex for a need within the past 12 months? If yes, money drugs paid bills material goods place to stay/sleep food vehicle/transportation dependent care security/protection other need(s). Had this person find partners through the internet apps, in the past 12 months? Have you ever taken PrEP for HIV prevention? Are there challenges to continue PrEP? Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Have you taken PEP for HIV prevention? Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what: Are there challenges to start PrEP? Y N R U If yes, what:		
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months? If yes, name(s)		name(s)
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Had this person been incarcerated within the past 12 months?	months?	
Have you exchanged sex for a need within the past 12 months? If yes, \(\) money \(\) drugs \(\) paid bills \(\) material goods \(\) place to stay/sleep \(\) food vehicle/transportation \(\) dependent care security/protection other need(s). Had this person find partners through the internet apps, in the past 12 months? Have you ever taken PrEP for HIV prevention? Are there challenges to continue PrEP? Are there challenges to start PrEP? Are there challenges to start PrEP? Have you taken PEP for HIV prevention? LABORTATORY TESTS (FROM PROVIDER OR PARTNERS INTERVIEW) Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date: \(\) Result date: \(\) Result date: \(\)		name(s)
If yes, \ money \ drugs \ paid bills \ material goods \ place to stay/sleep \ food vehicle/transportation \ dependent care security/protection other need(s) \\ Had this person find partners through the internet apps, in the past 12 months? \ If yes, name(s): \\ Have you ever taken PrEP for HIV prevention? \ Y \ N \ R \ U \ If yes, date \ / \\ Are there challenges to continue PrEP? \ Y \ N \ R \ U \ If yes, what: \ Are there challenges to start PrEP? \ Y \ N \ R \ U \ If yes, what: \ Have you taken PEP for HIV prevention? \ LABORTATORY TESTS (FROM PROVIDER OR PARTNERS INTERVIEW) Complete a copy of this page for every partner interviewed Partner's Name Lab Name: \ Collection date: \ / _ Result date: \ / _ \		□Y □N □R □U
Care security/protection other need(s) Had this person find partners through the internet apps, in the past 12 months? Have you ever taken PrEP for HIV prevention? Are there challenges to continue PrEP? Are there challenges to start PrEP? Are there challenges to continue PrEP	Have you exchanged sex for a need within the past 12 months?	\square Y \square N \square R \square U
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Have you taken PEP for HIV prevention? LABORTATORY TESTS (FROM PROVIDER OR PARTNERS INTERVIEW) Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date:/ Result date:/	Are there challenges to start PrEP?	□Y □N □R □U
LABORTATORY TESTS (FROM PROVIDER OR PARTNERS INTERVIEW) Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date:// Result date://		If yes, what:
Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date:// Result date://	Have you taken PEP for HIV prevention?	
Complete a copy of this page for every partner interviewed Partner's Name Lab Name: Collection date:// Result date://		
Partner's Name Lab Name: Collection date:// Result date://	LABORTATORY TESTS (FROM PROVIDER OR PARTNERS INTERVIEW	()
Lab Name: Collection date:// Result date://	Complete a copy of this page for every partner interviewed	
	Partner's Name	
Specimen Type: □Urine □ Cervical □Vaginal □ Urethral □Throat/Oropharyngeal □Rectal □Ocular □Oral Fluid		
	, , , , , , , , , , , , , , , , , , , ,	, , , ,
☐Blood ☐Other specify	☐Blood ☐Other specify	
Test Type: □Antigen □Aptima □ Culture □NAAT □ Gram Stain □Other specify		Other specify
Result: □Positive □Negative □ Equivocal □Other specify	Result: □Positive □Negative □ Equivocal □Other specify	
Notes	Notes	

DARTHER TREATMENT (FROM A RROUGER OR BARTA	ED INITEDVIEWA			
PARTNER TREATMENT (FROM PROVIDER OR PARTN		Doso	Fragua pay/duration	
Treatment 1 Date//	Size (mg)	Dose	Frequency/duration	
Drug: □Ceftriaxone □Azithromycin □Cefixime				
☐Gentamicin ☐Cefotaxime ☐Ceftizoxime				
☐ Erythromycin Treatment 1 Date//			- //	
	Size (mg)	Dose	Frequency/duration	
Drug: □Ceftriaxone □Azithromycin □Cefixime				
☐Gentamicin ☐Cefotaxime ☐Ceftizoxime				
☐ Erythromycin				
DISPOSTION	COMMENTS			
□A – Preventive Treatment	COMMITTION			
□B – Refused Preventive Treatment				
□C – Infected, Brough to Treatment				
□D – Infected, Not Treated				
□E – Previously Treated for this Infection				
□F – Not infected				
$\Box G$ – Insufficient Information to Begin Investigation				
☐H – Unable to Located	ı			
□J – Located, Refused Examination □K – Out of Jurisdiction				
□L – Other				
☐M – Reverse Contact Link				
☐EPT – Expedited Partner Therapy Case report sent to OHA on/ `Invest	igation cont to OUA on	1 1		
Completed by	Date	Phone		
Public Health HIV, STD, TB – STD Prevention				
Contact Us				
E-mail: <u>yuritzy.a.gonzalez-pena@oha.oregon.gov</u>				
Communicable Disease Case Forms				
$\underline{\text{https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPO}}$				
RTINGFORMS/Pages/index.aspx				
Phone: 503-269-0305 FAX: 971-673-0178				
FAX: 9/1-0/3-01/6				

TTY: 711

ADMINISTRATION

6

Updated 2023