



Communicable Disease Case Reporting and Investigation Protocol **GONORRHEA**

I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** A sexually transmitted bacterial disease (STD) caused by *Neisseria gonorrhoeae*. In males it is usually characterized by a purulent urethral discharge and dysuria. In females, initially there is a urethritis or cervicitis, often so mild it may pass unnoticed. Pharyngeal and anorectal infections are not uncommon as a result of sexual practices that may result in oral and/or rectal exposure. In males, the urethral infection is usually self-limiting; however, it may progress to epididymitis and in rare cases, it can disseminate into an arthritis-dermatitis syndrome, endocarditis, and meningitis. Twenty percent of women infected with gonorrhea may progress to uterine infection that may lead to endometritis or salpingitis (PID) and the subsequent risk of infertility.
- B. **Laboratory Criteria:** Laboratory-confirmed gonorrhea shall be defined as:
- Bacteriological confirmation of isolates of *N. gonorrhoeae* from a clinical specimen through standard culture, **OR**
 - Detection of *N. gonorrhoeae* in a clinical specimen through molecular methods such as nucleic acid amplification testing (NAAT)
- C. **Wisconsin Surveillance Case Definition:** A laboratory confirmed infection.

II. REPORTING

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04\(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report [F-44243](#) or other means within 24 hours of the identification of a case or suspected case.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** None.
- D. **Laboratory Criteria for Reporting:** Laboratory confirmed evidence of infection by bacteriological confirmation of isolates of *N. gonorrhoeae* from a clinical specimen through standard culture **OR** detection of *N. gonorrhoeae* in a clinical specimen through molecular methods such as nucleic acid amplification testing (NAAT). All positive results should be reported.

III. CASE INVESTIGATION

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
- B. **Required Documentation:**
1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
 2. Upon completion of investigation, set WEDSS disease incident process status to "Final" and resolution status to "Confirmed."
- C. **Additional Investigation Responsibilities:** Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Patients should be counseled on methods to reduce their risk for STDs, including HIV. Patients treated for gonorrhea should also be tested and treated for chlamydia and have a syphilis serology done.
- C. Treated patients and sex partners should be advised to avoid sex at least seven days following the completion of treatment and symptoms cease. A test of cure (TOC) is only recommended in specific circumstances, including for patients whose symptoms persist 5 days after completion of treatment, or patients who have not received the recommended treatment (*Sexually Transmitted Diseases Treatment Guidelines, 2015*).
- D. Centers for Disease Control and Prevention (CDC) treatment recommendations indicate that high rates of reinfection strongly support protocols to retest individuals who test positive for gonorrhea within the year at greater than 30 days post treatment, preferably at three months following completion of treatment, and is not for the purpose of a test of cure (*Sexually Transmitted Diseases Treatment Guidelines, 2015*).
- E. *N. gonorrhoeae* has progressively acquired resistance to each of the antimicrobial agents that have been recommended for treatment over the past 70 years. Recently, there has been an increase in the number of strains of *N. gonorrhoeae* demonstrating resistance or reduced susceptibility to the currently recommended antibiotics for treating *N. gonorrhoeae*. These strains are of special concern for the LHD and may require more extensive testing for antibiotic susceptibility. Most suspected treatment failures in the United States are likely to be reinfections rather than actual treatment failures. However, in cases where reinfection is unlikely and treatment failure is suspected, in consultation with the Bureau of Communicable Diseases Sexually Transmitted Disease Control Section, clinical specimens should be obtained for culture, and antibiotic susceptibility testing performed (if *N. gonorrhoeae* is isolated). **Cases of gonorrhea demonstrating significant decreased susceptibility to multiple antibiotic agents should be intensively followed and every attempt should be made to interview contacts and confirm their test results and treatment.**
- F. Gonococcal infection may occur in newborns exposed to their mother's infected cervical exudate. The ophthalmia neonatorum caused by gonorrhea can lead to blindness and the infant may develop a disseminated infection. Instillation of prophylactic agent into the eyes of newborns is recommended to prevent gonococcal ophthalmia and is mandated by law. Gonococcal ophthalmia can lead to blindness and, untreated, can progress to disseminated gonococcal infection.
- G. Source investigation should be conducted by the LHD. Patients should be interviewed for all sexual partners in the 60 days prior to the onset of symptoms or positive test.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies:
<https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Sexually Transmitted Disease Control Section: 608-266-7365
- C. Wisconsin State Laboratory of Hygiene / Bacteriology: 608-262-1616
- D. Milwaukee Health Department Laboratory: 414-286-3526

VI. RELATED REFERENCES

- A. Heymann DL, ed. Gonorrhea. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 237-242.

- B. Pickering LK, ed. Gonorrhea. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 356-367.
- C. Centers for Disease Control and Prevention, CDC Sexually Transmitted Diseases Treatment Guidelines 2015: <https://www.cdc.gov/std/tg2015/gonorrhea.htm>
- D. Wisconsin Administrative Code, [Chapter DHS 145.14 – DHS 145.22](#)
- E. Wisconsin State Statute [252.11](#)
- F. Centers of Disease Control and Prevention, National Prevention Information Network: <https://npin.cdc.gov/disease/stds>

VII. DISEASE TRENDS

Wisconsin STD Control Section Surveillance and Statistics: <https://www.dhs.wisconsin.gov/std/data.htm>