

Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Gonorrhoea

Effective: February 2019

Gonorrhoea

1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Neisseria gonorrhoeae (*N. gonorrhoeae*) detected in an appropriate clinical specimen (e.g., urogenital, rectal or pharyngeal swab)

3.2 Probable Case

Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of Gonorrhea:

- Positive *N. gonorrhoeae* culture
- Positive for *N. gonorrhoeae* nucleic acid amplification test (NAAT)
- Positive Gram stain negative *intracellular diplococci* on urethral smear (in males only)

4.2 Approved/Validated Tests

- Standard culture for *N. gonorrhoeae*
- NAAT for *N. gonorrhoeae*
- Gram-negative diplococci on a smear of urethral discharge (male only)

4.3 Indications and Limitations

- Drug sensitivity testing can only be performed on positive cultures and is not available for NAAT specimens.
- Refer to Ontario Gonorrhea Testing and Treatment Guide, 2nd Edition(2018, or as current) for testing recommendations.

5.0 Clinical Evidence

A clinical consultation is necessary in probable cases for verification of signs and symptoms. Consideration should also be given to laboratory screening of asymptomatic persons who have risk factors for *N. gonorrhoeae*.

Symptomatic females may experience an unusual vaginal discharge or bleeding, painful urination, lower abdominal pain and pain and/or bleeding during vaginal intercourse.

Males may experience urethral discharge, itching and painful urination.

Pharyngeal and rectal infections are mostly asymptomatic, but rectal gonorrhoea can be associated with rectal pain and discharge.

6.0 ICD 10 Code(s)

A54 Gonococcal infection

7.0 Comments

- Conjunctivitis in infants less than or equal to 28 days caused by *N. gonorrhoeae* should be reported as ophthalmia neonatorum.
- Gonorrhoea infections are asymptomatic in up to 50% of females and 10% of males.
- For screening and testing recommendations please refer to the Ontario Gonorrhoea Testing and Treatment Guide, 2nd Edition (2018, or as current).
- When considering re-infection, primary treatment failure and inadequate treatment please consider the following factors:
 - Appropriate treatment provided considering Ontario Gonorrhoea Testing and Treatment Guide, 2nd Edition (2018, or as current);
 - Treatment adherence;
 - Necessary follow up completed (i.e. test of cure undertaken if recommended); and
 - Avoidance of sexual exposure during treatment period and 7 days post treatment.
- For surveillance purposes, if the above factors are met health units may consider 28 days for re-infection.

8.0 Sources

Centers for Disease Control and Prevention. National Notifiable Disease Surveillance System: Gonorrhoea (*Neisseria gonorrhoeae*) - 2014 Case Definition [Internet]. Atlanta, GA: U.S. Department of Health & Human Services; 2014 [cited February 14, 2018]. Available from: <https://www.cdc.gov/nndss/conditions/gonorrhoea/case-definition/2014/>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Gonorrhoea Testing and Treatment Guide, 2nd Edition. Toronto, ON: Queen's Printer for Ontario; 2018. Available from:

<https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/IDLandingPages/Gonorrhoea.aspx>

Public Health Agency of Canada. Gonorrhoea. In: Case Definitions for Communicable Diseases under National Surveillance. Canada Communicable Disease Report. 2009;35S2.

Public Health Agency of Canada. Canadian Guidelines on Sexually Transmitted Infections [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2018 [cited May 15, 2018]. Available from: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html>

9.0 Document History

Table 1: History of Revisions

Revision Date	Document Section	Description of Revisions
December 2014	1.0 Provincial Reporting	Addition of probable cases.
December 2014	5.0 Clinical Evidence	First paragraph changed to include “for verification of signs and symptoms”.
December 2014	7.0 Comments	Fourth bullet re-written and moved to end.
February 2019	General	Minor revisions were made to support the regulation change to Diseases of Public Health Significance.
February 2019	5.0 Clinical Evidence	Addition of: “Consideration should also be given to laboratory screening of asymptomatic persons who have risk factors for <i>N. gonorrhoeae</i> .”

