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Gonorrhea (Neisseria gonorrhoeae infection) 2023 Case Definition | CDC  
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Gonorrhea (  
Neisseria gonorrhoeae  
infection)  
2023 Case Definition  
Gonorrhea (  
Neisseria gonorrhoeae  
infection)  
Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
22-ID-03  
Background  
Gonorrhea is a common sexually transmitted disease caused by the bacterium  
Neisseria gonorrhoeae  
, which can be transmitted during vaginal, anal, or oral sex and at birth to a newborn. Gonorrhea can be effectively treated by antibiotics; however, infection can result in painful symptoms and adverse sequelae, including reproductive health complications  
1  
.  
Clinical Description  
Gonorrhea is a sexually transmitted infection caused by the bacterium  
Neisseria gonorrhoeae.  
Gonococcal infection can result in urethritis, epididymitis, cervicitis, acute salpingitis, proctitis, pharyngitis, or other syndromes when sexually transmitted; however, infections at the endocervix, pharynx, and rectum are often asymptomatic. Perinatal exposure to endocervical infection may result in gonococcal conjunctivitis in newborns. Disseminated gonococcal infection (DGI) is an additional syndrome caused by  
Neisseria gonorrhoeae  
.  
DGI occurs when  
Neisseria gonorrhoeae  
from a mucosal site infection (urogenital, pharyngeal, rectal) invades the bloodstream and spreads to distant sites in the body. Clinical manifestations of DGI include petechial or pustular acral skin lesions, tenosynovitis, asymmetric polyarthralgia, bacteremia, oligoarticular septic arthritis, or, on rare occasions, endocarditis, osteomyelitis, or meningitis.  
Laboratory Criteria  
Confirmatory laboratory evidence:  
Isolation of  
Neisseria gonorrhoeae  
by culture of a clinical specimen, minimally with isolation of typical gram-negative, oxidase-positive diplococci,  
OR  
Detection of  
Neisseria gonorrhoeae  
by nucleic acid amplification (e.g., Polymerase Chain Reaction [PCR]) or hybridization with a nucleic acid probe in a clinical specimen  
Presumptive laboratory evidence:  
Observation of gram-negative intracellular diplococci in a urethral or an endocervical smear  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
Criteria to Distinguish a New Case from an Existing Case  
For surveillance purposes  
2  
, a new case of  
Neisseria gonorrhoeae  
infection meets the following criteria:  
There is no evidence of a prior  
Neisseria gonorrhoeae  
infection that has been reported as a case;  
OR  
There is evidence of a prior  
Neisseria gonorrhoeae  
infection that has been reported as a case, but the prior infection’s specimen collection date or treatment date was >30 days prior to the current infection’s specimen collection date;  
OR  
There is evidence of a prior  
Neisseria gonorrhoeae  
infection that has been reported as a case with a treatment date ≤30 days from the current infection’s specimen collection date,  
AND  
there is evidence of re-infection.\*  
\* Reinfection can occur from condomless sexual intercourse with a new partner, with an untreated partner, or with a treated partner prior to eradication of partner’s infection (seven days post-treatment and after resolution of symptoms, if present).  
Case Classification  
Probable  
Meets presumptive laboratory evidence in the absence of confirmatory laboratory evidence.  
Confirmed  
Meets confirmatory laboratory evidence.  
Case Classification Comments  
The following provides guidance for health departments to use for the classification and notification of cases of  
Neisseria gonorrhoeae  
infection that result in DGI. Cases should be reported to the Centers for Disease Control and Prevention (CDC) through voluntary notification as  
Neisseria gonorrhoea  
e infection and should be marked as DGI in the CDC case notification data, as defined below.  
Classification of  
Neisseria gonorrhoeae  
infection cases to identify DGI:  
Verified:  
Isolation or detection of  
Neisseria gonorrhoeae  
from a disseminated site of infection (e.g., skin, synovial fluid, blood, or cerebrospinal fluid [CSF]) by culture or nucleic acid amplification test (NAAT).  
Likely:  
Clinical manifestations of DGI without other known causes  
AND  
isolation or detection of  
Neisseria gonorrhoeae  
from a mucosal site of infection by culture or nucleic acid amplification test (NAAT).  
References  
Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR. Vol. 70 No. 4.  
Centers for Disease Control and Prevention. De-Duplication Guidance for Gonorrhea and Chlamydia Laboratory Reports.  
Related Case Definition(s)  
Gonorrhea (  
Neisseria gonorrhoeae  
) | 2014 Case Definition  
Gonorrhea (  
Neisseria gonorrhoeae  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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