



STD PCHD

Strengthening STD Prevention and Control for Health Departments

CDC-RFA-PS19-1901

1. STD PCHD Continuation Application (30 min)
2. Timely Pregnancy Ascertainment (TPA) (60 min)

Program Development and Quality Improvement Branch (PDQIB)

Division of STD Prevention

U.S. Centers for Disease Control and Prevention

June 14, 2019

About this Webinar

- **Intended for current recipients of CDC-RFA-PS19-1901**
 - Strengthening STD Prevention and Control for Health Departments (STD PCHD)
- **Callers are muted until lines are open at the end of all presentations**
- **You may enter questions via the Chat feature on the webinar**
 - Unanswered questions will be addressed and shared in a Q&A document
- **Slides, webinar recordings, and Q&A documentation will be available after the webinar on the STD PCHD website**
<https://www.cdc.gov/std/funding/pchd/default.htm>

But First, Some Organizational Changes

- Farewell to Jennifer Fuld
- PDQIB Acting Branch Chiefs
 - Mary McFarlane (June 6-23)
 - Kyle Bernstein (June 24-September 20)

STD PCHD AGENDA

- › **Review of Application Components**
 - › **Year 1 Mid-Year Work Plan Update**
 - › **Year 2 Work Plan**
 - › **Year 2 Enhanced Activities (Optional)**
 - › **Supporting Materials & Submission Process**
- › **Other STD PCHD Updates**
- › **Performance Measures Update**
- › **Q&A**

STD PCHD AGENDA

- › **Review of Application Components**
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › Year 2 Enhanced Activities (Optional)
 - › Supporting Materials & Submission Process
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

Continuation Guidance Materials



- **By now, you should have received three Grant Notes:**
 1. Continuation Guidance CDC-RFA-PS19-190102CONT20
 2. Continuation Proposed Funding Amount
 3. STD PCHD Year 2 Continuation Work Plan Documents

Changes to STD PCHD Year 2 Funding

- Assumes \$92,500,000 total available for Year 2
- Funding for all recipients based on the funding formula
 - 50% based on population
 - 50% based on morbidity (2012-2016)
 - Includes \$300,000 floor and maximum 5% reduction for each year of performance
- Assumes flat funding; funds subject to availability
- **New:** Enhanced Activities Funding (optional) = 10% Year 2 approved funding amount

STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › Year 2 Enhanced Activities (Optional)
 - › Supporting Materials & Submission Process
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

STD PCHD Year 1 Mid-Year Work Plan



- **About the pre-populated template**
 - Reflects your STD PCHD Year 1 Work Plan submitted as part of Technical Review Response (~Feb 2019)
 - Work Plan content has ***not been changed or modified*** by CDC
- **Additional fields now included to report on Work Plan progress**
 - Work Plan objectives and activities **can be edited** as part of this submission
 - For project period 1/1/2019-6/30/2019

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline

This field will be pre-populated and is editable

Target

This field will be pre-populated and is editable

Activity Description	Activity Timeframe	Output Indicator	Assigned To
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable

Objective Status (please select)

Has the above objective been **updated** or **revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

Baseline	Target
This field will be pre-populated and is editable	This field will be pre-populated and is editable
Activity Description	
This field will be pre-populated and is e	Assigned To
This field will be pre-populated and is e	This field will be pre-populated and is editable
This field will be pre-populated and is e	This field will be pre-populated and is editable
This field will be pre-populated and is e	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable

If you need to revise or update your objective, you can do so **directly** in the editable yellow cells with your previous work plan information

Objective Status (please select)

Has the above objective been **updated** or **revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline	Target
This field will be pre-populated and is editable	This field will be pre-populated and is editable

Activity Description	Activity Timeframe	Output Indicator	Assigned To
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable



Objective Status (please select)

Has the above objective been **updated or revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline

Target

This field will be pre-populated and is editable

This field will be pre-populated and is editable

Activity Description	Activity Timeframe	Output Indicator	Assigned To
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable

Objective Status (please select)

Has the above objective been **updated or revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline

This field will be pre-populated and is editable

Target

This field will be pre-populated and is editable

Activity Description	Activity Timeframe	Output Indicator	Assigned To
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable

Objective Status (please select)

Has the above objective been **updated** or **revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

Tell us what you changed, and why, down here!

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education &	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 1: Mid-Year Update

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline

Target

This field will be pre-populated and is editable

This field will be pre-populated and is editable

Activity Description	Activity Timeframe	Output Indicator	Assigned To
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable
This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable	This field will be pre-populated and is editable

Objective Status (please select)

Has the above objective been **updated or revised** since you submitted your final year 1 workplan? (please

Objective Update: Please provide additional information to support your objective status, including progress to-date, preliminary findings, and/or program impacts. If your objective is not on track to meet, please provide clarification.

If you have revised or modified your objective, please **directly edit** the objective above, and provide the rationale for any changes below.

If no changes needed, include progress updates here



Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Successes Challenges & Support Needed	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

[Spell Check this Sheet](#)

STD PCHD Year 1 Mid-Year Update: Successes, Challenges, and Support Needed

This page is an opportunity for you to describe successes, challenges, and areas where you need support for each of the Strategy Areas.

Surveillance

Successes

Please describe any successes (outside of those already listed in objective-specific updates) that you've accomplished in this Strategy Area during the STD PCHD Y1 reporting period.

Challenges

Please describe any challenges, barriers, or delays (outside of those already listed in objective-specific updates) that have impacted your ability to meet objectives in this Strategy Area during the STD PCHD Y1 reporting period.

Support Needed

Please describe any support, resources, or technical assistance (from CDC or others) that would help you accomplish your stated objectives in this strategy area.

STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › **Year 2 Work Plan**
 - › Year 2 Enhanced Activities (Optional)
 - › Supporting Materials & Submission Process
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

STD PCHD Year 2 Work Plan



- **About the template**
 - Slight modifications to structure (now 5 lines for activities)
 - *Semi-populated* with your submitted Year 1 objectives
- **When preparing your Year 2 Work Plan**
 - Feel free to modify / delete / change / add objectives as needed
 - Consider what's gone well (or not gone well) with Year 1 objectives
- Recipients are **strongly encouraged** to consult with their Project Officer as they develop their Year 2 Work Plan

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Program Context & Partners	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 2 Workplan

Spell Check this Sheet

Conduct Surveillance

Strategy 1: Conduct Chlamydia (CT) surveillance

1A: Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

Objective 1A-1

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline Target

Activity Description	Activity Timeframe	Output Indicator	Assigned To

[\[+\] Create Objective](#)

Applicants can submit up to three objectives for each sub-strategy; click again to hide if not needed

Objective 1A-2

Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format

Description: Briefly describe the baseline and target measures of your objective

This field will be pre-populated and is editable

Baseline Target

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Program Context & Partners	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 2: Strategy Area Context and Partnerships

[Spell Check this Sheet](#)

This page is an opportunity for you to describe some of the cross-cutting issues and partners related to your work plan activities during STD PCHD Year 2.

Surveillance

Strategy Area Point of Contact (if different from Principal Investigator)

Strategy Area Context

Use the space below to describe any contextual factors, cross-cutting issues, changes, or priorities that impact your STD PCHD 2019 Year 2 objectives for

Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy area for STD PCHD 2019 Year 2.

Strategy Area Partnerships

What partners (funded and unfunded) are **key and essential** to meeting the strategies and activities proposed in this area?

Partner Type	Brief Partner Details	Is this a New Partnership for Your Program?

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use for Program Improvement
Program Context & Partners	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
	Syphilis		Partner Services for Men		Priority Pop. Screening & Tx	Policy	

STD PCHD Year 2: Strategy Area Context and Partnerships

Spell Check this Sheet

This page is an opportunity for you to describe some of the cross-cutting issues and partners related to your work plan activities during STD PCHD Year 2.

Surveillance

Strategy Area Point of Contact (if different from Principal Investigator)

Strategy Area Context

Use the space below to describe any contextual factors, cross-cutting issues, changes, or priorities that impact your STD PCHD 2019 Year 2 objectives for

Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives u 19 Year 2.

Consider what has changed (or will change) for Year 2

Strategy Area Partnerships

What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

Partner Type	Brief Partner Details	Is this a New Partnership for Your Program?

Note: Congenital Syphilis Strategies 4b & 4c

b) For applicants with **10 or more cases of congenital syphilis in the previous calendar year**: Improve methods to match vital statistics birth and mortality data with syphilis surveillance data to review syphilis testing practices among women who delivered a stillborn baby, identify missed cases of syphilis-related stillbirth, and strengthen CS case report data

c) For applicants with **10 or more cases of congenital syphilis in the previous calendar year**: Strengthen CS morbidity and mortality case review boards at the local and/or state level to help identify causes of CS and develop interventions to address causes

- If your area has ≥ 10 cases in 2018, these objectives are **now required** in Year 2
- If your area had ≥ 10 cases in 2017, but you have dropped below this threshold in 2018, you are still ***strongly encouraged*** to submit objectives for 4b & 4c in Year 2

STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › **Year 2 Enhanced Activities (Optional)**
 - › Supporting Materials & Submission Process
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

What are “Enhanced Activities (Optional)”?

- Space for recipient to propose expansions, additions, or enhancements to your STD PCHD work, *if more money becomes available*
 - **Above and beyond** what you’re proposing in Year 2 Work Plan
 - Limited to Strategy Area I (Surveillance) and Strategy Area II (Disease Investigation and Intervention)
- This is a non-competitive proposal
 - If more funds become available at any time during the PCHD Year 2 project period, they will be **distributed among all recipients according to the funding formula**

Rationale for this Approach

- Allows DSTDP / PDQIB to distribute funds to recipients more **efficiently** and **effectively** in times of unpredictable funding
 - If no additional funds are available at the time of the Year 2 Notice of Grant Award, activities may be “Approved, but Unfunded”
 - In the event of more funding, approved proposals can be updated/modified, based on funding amount
 - Reduces the risk of short-notice mid-year supplemental funding announcements (which we know isn’t feasible for all areas)

Examples of Enhanced Activities

Not sure?
Consult your
project officer!

- **Strategy 2b: Enhanced Gonorrhea Surveillance**
 - **Year 2 Work Plan:** conduct sampling and provider/patient interviewing in one high-morbidity area
 - **Expanded activity proposal:** expand sampling & follow-up to **three** high-morbidity areas
- **Strategy 6b: Outbreak Response**
 - **Year 2 Work Plan:** conduct webinars to ensure all staff are trained on updated Outbreak Response Plan
 - **Enhanced objective proposal:** conduct a **tabletop exercise** with emergency operations unit, to test and validate revised Outbreak Response Plan

Enhanced Activities Template

- Up to three proposals can be submitted
- Must be tied back to existing STD PCHD strategies

Separate budget narrative
is required

STD PCHD Year 2: Enhanced Activities Proposal Spell Check this Sheet

This page is an opportunity for you to propose expansion, addition, or enhancement to your STD PCHD Year 2 work plan objectives, if additional funding becomes available to support STD PCHD implementation.

Project Area:

Proposal #1
(Please enter in order of priority)

Select Strategy:

[Y/N...] Our program would **expand or enhance** activities related to an existing objective proposed in the Year 2 work plan.
.....Please enter specific objective(s) that would be modified

[Y/N...] Our program would propose **additional or new** objectives/activities not currently listed in the Year 2 work plan.

Use the space below to describe specific changes you would make to your Year 2 work plan if additional funds were available. If this is an expansion/enhancement of existing objectives, please reference the objective number (e.g., 4a-1). If this is a new proposed objective, please describe the related activities, outputs, timeline, and measure(s) of success.

Available Resources

- [Updated Technical Assistance Notes](#)
- [Outbreak Response Guides, templates](#)
- [Budget Preparation Guidance](#)
- [GrantSolutions Help Guides](#)



STD Program Technical Assistance Notes

7 | Disease investigation and intervention for pregnant women and other women of reproductive age with syphilis

PS19-1901 STD PCHD Strategies

7. Conduct health department disease investigation for pregnant women with syphilis and other reproductive-age

CDC's Division of STD Prevention

STD Outbreak Prevention and Control Activities

This document contains a list of control and prevention activities to consider for implementation during STD outbreaks. This is meant to serve as a companion to the STD Outbreak Response Plan

CDC's Division of STD Prevention

Sexually Transmitted Disease Outbreak Response Plan Guide

Purpose And Scope Of This

The purpose of this document is to provide an outline, consider to develop their own STD outbreak response plan. This is a guide to the needs of each jurisdiction. This guide can inform discussion the developing an outbreak response plan. STD program manager section but are encouraged to identify the stakeholders to be reviewed and update their outbreak response plans annually to

We recognize that STD programs are currently strained, as may in recent years. With these increases there have been question STD outbreak. In general, an outbreak is defined as an increase geographic area during a specific period of time. However, specific to the local context. For example, a small increase in congenital reported cases requires critical action, although it may not

While the larger increase in STDs still requires resources and prioritization), this document is meant to address focused and urgent response. The focus of this document is on types of situations this document addresses include individual

- Organisms with clinically significant resistance (e.g., gonorrhea that is unsuccessfully treated with recommended therapy).
- Organisms not previously or recently detected in the jurisdiction (e.g., lymphogranuloma venereum [LGV] or chancroid).
- New/rare clinical presentations of diseases (e.g., ocular syphilis).

Budget Preparation Guidelines Office of Financial Resources (OFR)

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample Budget

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Project Coordinator Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor (Vacant*)	\$27,000	100%	12 months	\$27,000
Total Personnel				\$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, program evaluation and staff performance evaluation. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC. This position relates to all program objectives.

Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › Year 2 Enhanced Activities (Optional)
 - › **Supporting Materials & Submission Process**
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

Supporting Documentation & Materials

- ✓ Budget narrative(s) for Year 2 funding
- ✓ **New:** Performance Progress and Monitoring Report ([PPMR](#))
- ✓ Cover Letter
- ✓ Indirect Cost Rate Agreement
- ✓ Certifications and Assurances
- ✓ SF-LLL Disclosure of Lobbying Activities (online form)
- ✓ SF-424 Application for Federal Domestic Assistance-Short Organizational Form (online form)
- ✓ SF-424B Assurances-Non-Construction (online form)

Note: When Entering Electronic SF-424A....

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

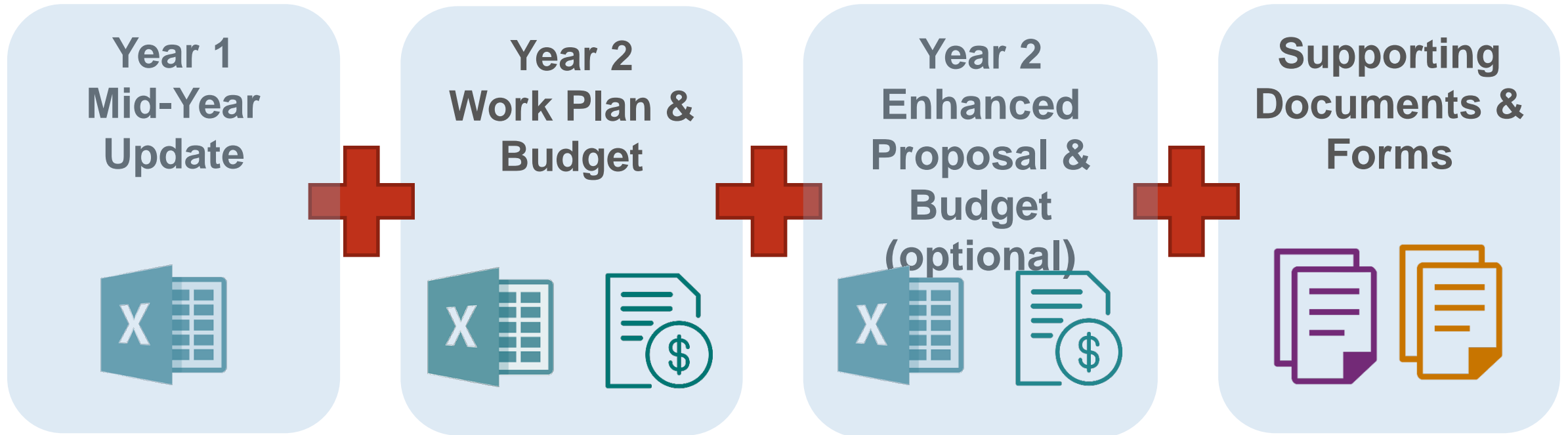
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. STD PCHD Year 2	93.977	\$	\$	\$ 300,000.00	\$	\$ 300,000.00
2. STD PCHD Year 2 Enhanced	93.977			30,000.00		30,000.00

STD PCHD
Year 2

STD PCHD
Year 2
Enhanced

Please enter STD PCHD Year 2 and STD PCHD Year 2 Enhanced budget amounts on separate budget lines, using the naming convention above

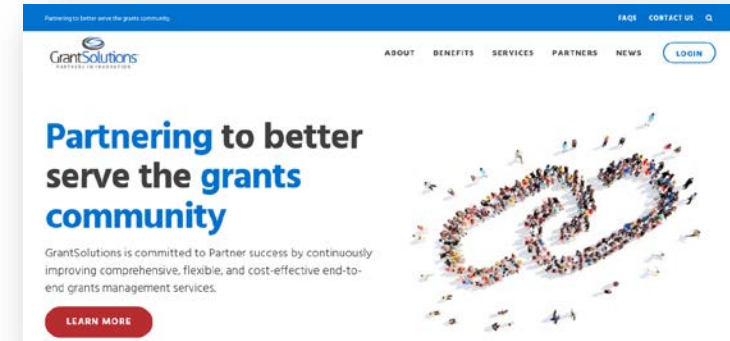
Your Continuation Application Should Include...



Due Date: August 30, 2019

Submission Process

- All materials must be submitted via GrantSolutions
 - Access: My Grants List Screen
 - Select: *“Apply for Non-Competing Award”*
 - Complete: The GrantSolutions Non-Competing Continuation Application Control Checklist
- Need help?
 - Contact Helpdesk at 866-577-0771, or email help@grantsolutions.gov prior to the submission deadline



STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › Year 2 Enhanced Activities (Optional)
 - › Supporting Materials & Submission Process
- › **Other STD PCHD Updates**
- › Performance Measures Update
- › Q&A

Reminder! Targeted Evaluation Project Plans and Data Management Plans due June 30



- **Both due by June 30, 2019**
 - Via “Grant note” in GrantSolutions
 - Also request courtesy copies to DSTDP prevention specialist and TEP TA provider
- **TEP Plan = 1 Excel spreadsheet**
 - Final version, already should have gotten feedback from TEP TA provider and/or (for some) NNPHI coach
- **DMP = 1 Word or PDF doc**
 - See guidance

STD PCHD Recipient Meeting



- **September 17-18th in Atlanta**
 - Registration open through NCSD's website
 - 1-3 key personnel per project area
 - Formal invitation letter and draft agenda distributed already for travel purposes
- **Agenda will be centered around STD PCHD Strategy Areas & Strategies**
 - Especially Surveillance, Disease Intervention and Investigation, and Promotion of Scn/Dx/Tx
 - Mix of CDC presentations, project area presentations, peer-to-peer discussions, and some workshops
 - Aim to have a more detailed agenda to field within a few weeks for review and feedback

Recipient Meeting, con't



- **Agenda will feature (among others):**
 - Enhanced GC surveillance
 - Outbreak response
 - Congenital syphilis & CS SIG meeting
 - Data use for program improvement
 - NNPTC collaboration

- **NNPHI Evaluation and Program Improvement Capacity building project participants will meet on September 19th**
 - Registration through same portal; otherwise managed separately

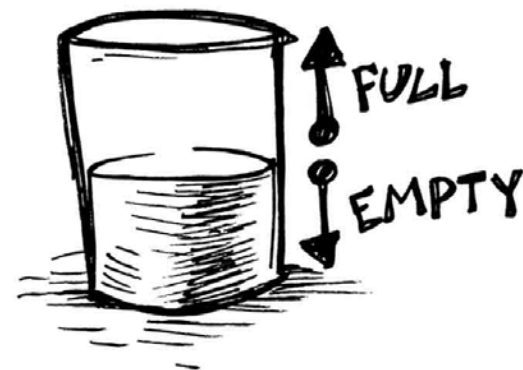
STD PCHD AGENDA

- › Review of Application Components
 - › Year 1 Mid-Year Work Plan Update
 - › Year 2 Work Plan
 - › Year 2 Enhanced Activities (Optional)
 - › Supporting Materials & Submission Process
- › Other STD PCHD Updates
- › Performance Measures Update
- › Q&A

STD PCHD Performance and Associated Measures: Summary

After a lot of discussion and feedback

- Within DSTDP
- Among Performance Measure Workgroup
- Over 9+ months



We currently have approximately 15 core key measures in latest draft proposal

- Other process measures and contextual data will be collected as well
- Most should look familiar to STD AAPPS measures and feel in your wheelhouse
- We will use data already submitted to DHAP or DSTDP through other means

STD PCHD Performance & Related Measures: Update on SA I Surveillance

CT, GC, Syphilis and CS Surveillance

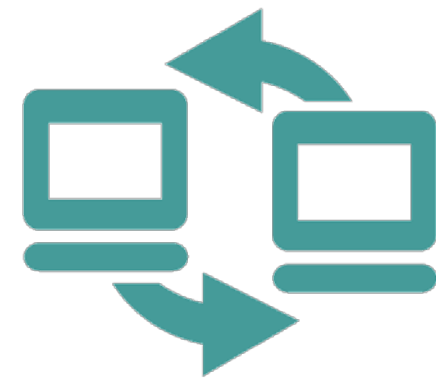
- 5 data completeness measures
- 1 data submission measure (CS cases)
- 1 measure related to successful implementation of enhanced GC surveillance

Many calculated with data you all already send to us

CS Outcomes

Among areas with 10+ cases of congenital syphilis in prior year

- Potential CS cases averted
- CS “cascade” (same as POM 8 under STD AAPPS)



STD PCHD Performance & Related Measures: Update on SA II: Disease investigation and intervention

Outbreak response

- Few questions about response plan initiation and staff involvement



Disease intervention & investigation

For pregnant women, women of reproductive age, MSW, and MSM with early syphilis:

- Partner services cascade
- Partners brought to treat

For areas that conduct disease investigation and partner services for any GC cases

- [same as above, optional]

STD PCHD Performance & Related Measures: Update on SA III: Promotion of recommended scn/dx/tx

GC and Syphilis TX

- Cases treated with recommendation medications in timely way

Safety net assistance

- Description of providers that benefited, for what services and which populations
- As available: clients screened/texted and positivity

STD-related HIV prevention

In STD clinics and in course of syphilis disease investigation:

- New HIV diagnoses, Linkage to care, & PrEP referrals (& PrEP delivery?)
- For areas that conduct disease investigation and partner services for any GC cases (optional)

This all still needs serious piloting



STD PCHD Performance & Related Measures: Update on SA IV (Policy and prevention) and V (Data use)

- **No performance measures**
 - No common, quantitative metrics that can be compared
 - Strategies too diverse, outcomes not amenable to quantification
- **Other ways to monitor performance**
 - Work plan objective monitoring
 - Qualitative reports
 - Special projects



STD PCHD Performance and Associated Measures: Next Steps

Next steps

- Finalize most measures
- Pilot some measures
- Submit proposals for formal approval by Office of Management and Budget (OMB)

Nothing is final until this approval is obtained

You ask, "When will I have to submit these data?"

- Maybe Spring 2020, TBD
- Template and process will be similar to that for STD AAPPS (annually, Excel workbook)

STD PCHD AGENDA

- › **Review of Application Components**
 - › **Year 1 Mid-Year Work Plan Update**
 - › **Year 2 Work Plan**
 - › **Year 2 Enhanced Activities (Optional)**
 - › **Supporting Materials & Submission Process**
- › **Other STD PCHD Updates**
- › **Performance Measures Update**
- › **Q&A**

Q&A (5 minutes)

Poll: Before it was defined at the beginning of this webinar, what did you think TPA was?

- **an airline**
- **a retirement account**
- **a CS prevention activity**
- **a new pale ale beer**



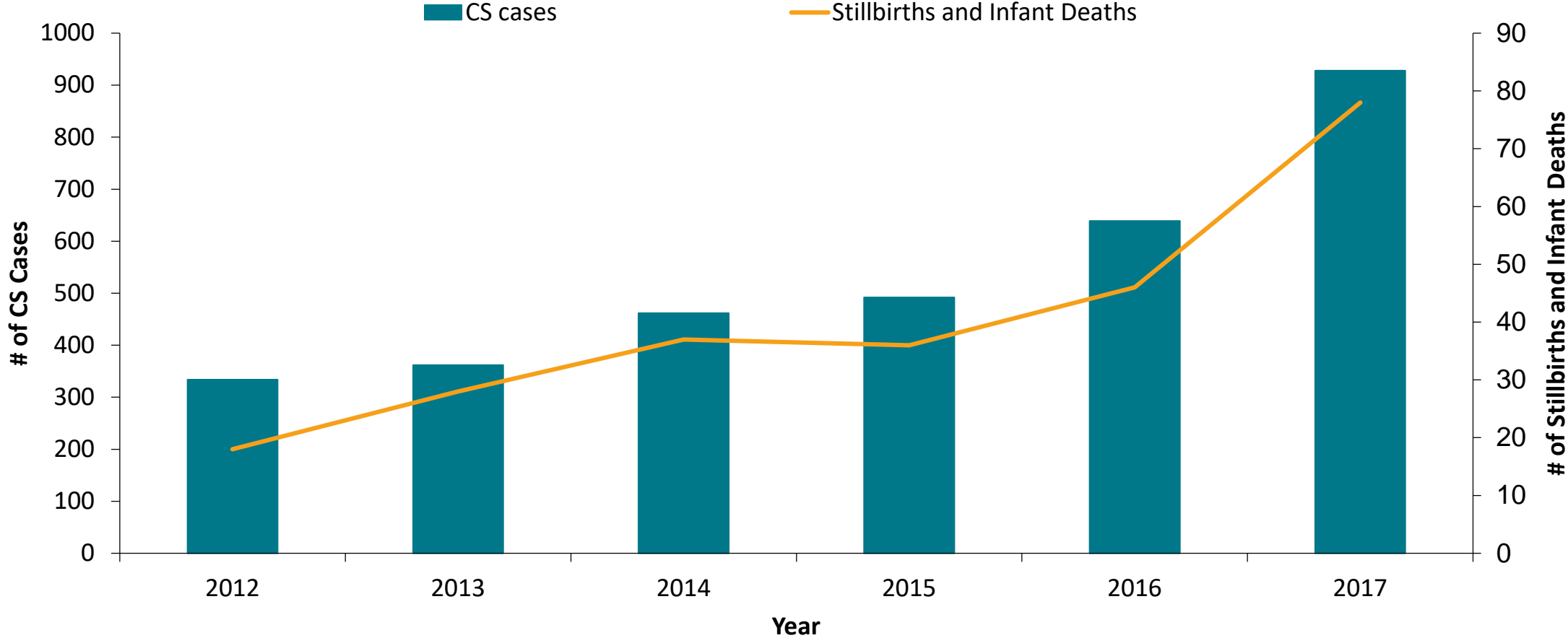
Timely Pregnancy Ascertainment (TPA): Why Does It Matter and What Can We Do to Improve It?

June 14, 2019

Today's Objectives

- **Have a better understanding of why TPA is an important part of effective Congenital Syphilis prevention and control**
- **Have a better understanding of potential challenges with TPA and some possible solutions**
- **Learn about systems approaches that have had a positive impact on TPA**

Syphilitic stillbirths and CS infant deaths have quadrupled since 2012



Data from surveillance case reports

What do you *mean* by Timely Pregnancy Ascertainment?

- **Timely...**
 - Within 14 days of specimen collection for a trep or non-trep test
- **Pregnancy Ascertainment**
 - Knowing and documenting that a woman is pregnant (Yes or No)
 - Does *not* include documenting pregnancy status as 'unknown'

Why is TPA important?

- **Allows the STD Program to prioritize pregnant women with syphilis as the highest priority for follow-up**
 - Faster time-to treatment for pregnant women
 - Earlier initiation of partner services
- **Allows disease investigators to implement targeted interview questions when a woman is known to be pregnant**
 - Access to prenatal care, access to social services, mental health
 - Front-loading questions related to pregnancy during the initial interview may prove helpful later if the case goes to a Review Board

Why is TPA important?

- **Allows the STD Program to triage pregnant women to appropriate case management opportunities**
 - Treatment verification
 - Assurance of re-testing throughout pregnancy
 - Referral to Title V (MCH) or in-house case managers/home nurses
 - Linkage to care for mental or behavioral health issues
- **Primes the STD Program to follow up around the due date, which may improve CS surveillance**

Potential Challenges with TPA

A Pulse Check on TPA from CS Supplement sites

	July - December 2018
Female Syphilis Cases - All Stages	2583 (21-873)
Pregnancy Status Documented	94% (82-100)
Pregnancy Status Documented in 14 days	47%* (35-83)
*Only 5 of 9 CS Supplement areas are included in the reporting period because 4 areas are not able to date stamp documentation	

- **In general, there was an improvement in pregnancy documentation and documentation within 14 days between earlier reporting periods and the final reporting period.**

Potential Challenges with TPA

- No pregnancy status field on Lab or Provider report forms
- Forms have pregnancy status field, but status left blank
- Reactor grid doesn't prioritize pregnant women or WRA for case investigation
- Pregnancy status and other maternal case information not collected by surveillance staff upon receipt, but after initiation for follow-up to DIS, resulting in delays
- Pregnancy status determined but not documented by staff
- No date field/date stamp in data systems or on forms to allow for measurement of timeliness for QA purposes

System Interventions to Improve TPA

Jim Matthias, MPH Florida Department of Health, CDC Assignee

Tim Liao, MPH New York City Department of Health



Using an Email Alert to Improve Identification of Pregnancy Status for Women With Syphilis— Florida, 2017–2018

James Matthias, MPH
Field Epidemiologist

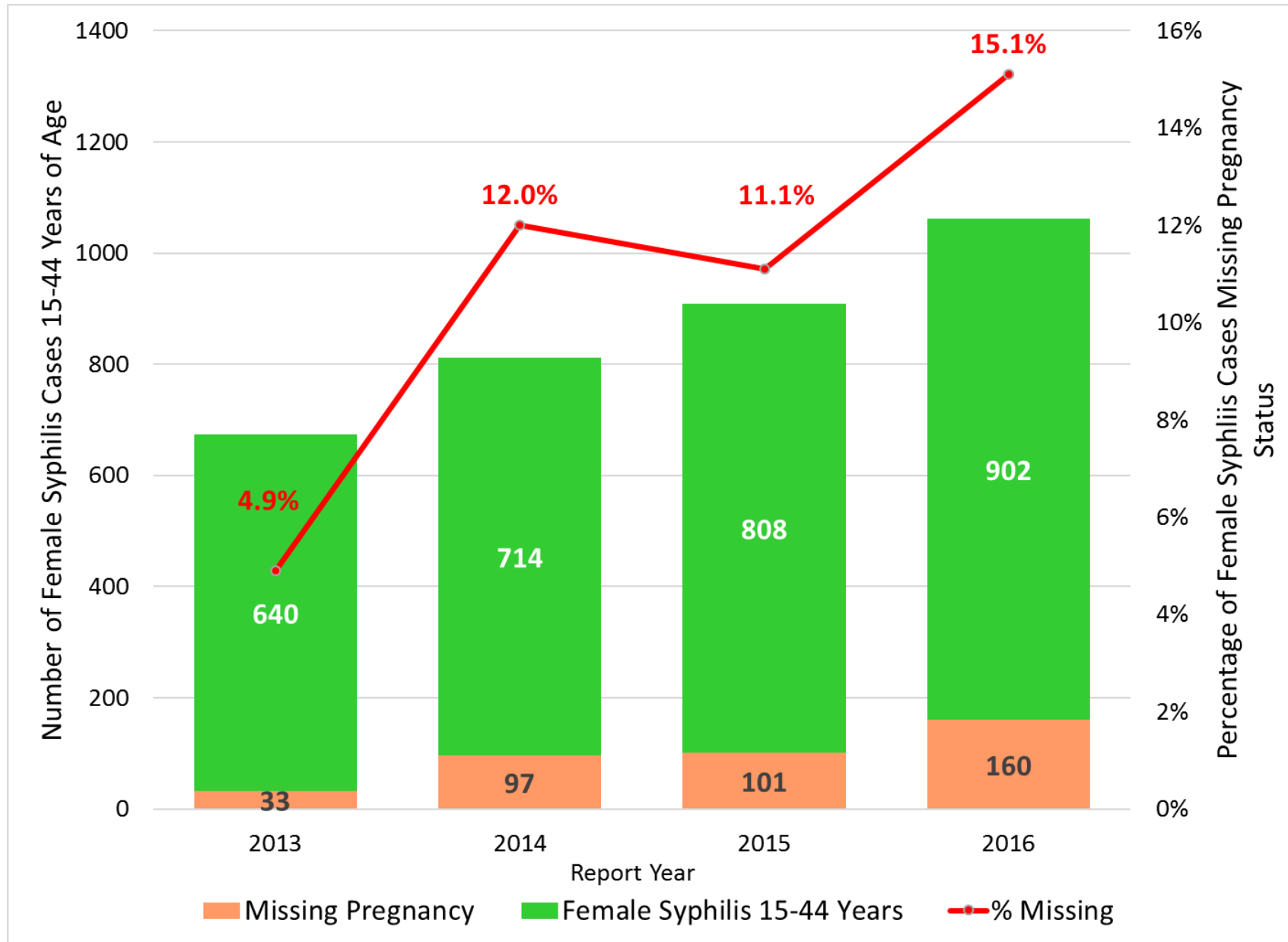
Thank you to Gayle Keller, Dan George, Craig Wilson, and Tom Peterman



Pregnancy Ascertainment

- **CDC's 2017 Call to Action for Syphilis:**
 - “improve CS Surveillance. ...obtain pregnancy status...on female syphilis cases.”
- **2013 and 2014 pregnancy ascertainment**
 - Florida: 90%
 - Louisiana: 56%
- **2016 United States pregnancy ascertainment at 80%**

Syphilis Cases with Missing Pregnancy Status, Florida 2013-2016



Intervention Task List

- **A weekly email alert to program managers, regional coordinators, and state-level staff**
- **Highlights records missing key data**
 - delays in timely investigations for pregnant females
 - inadequately treated pregnant females
 - high-titer infections
 - investigations open beyond 30 days
 - others

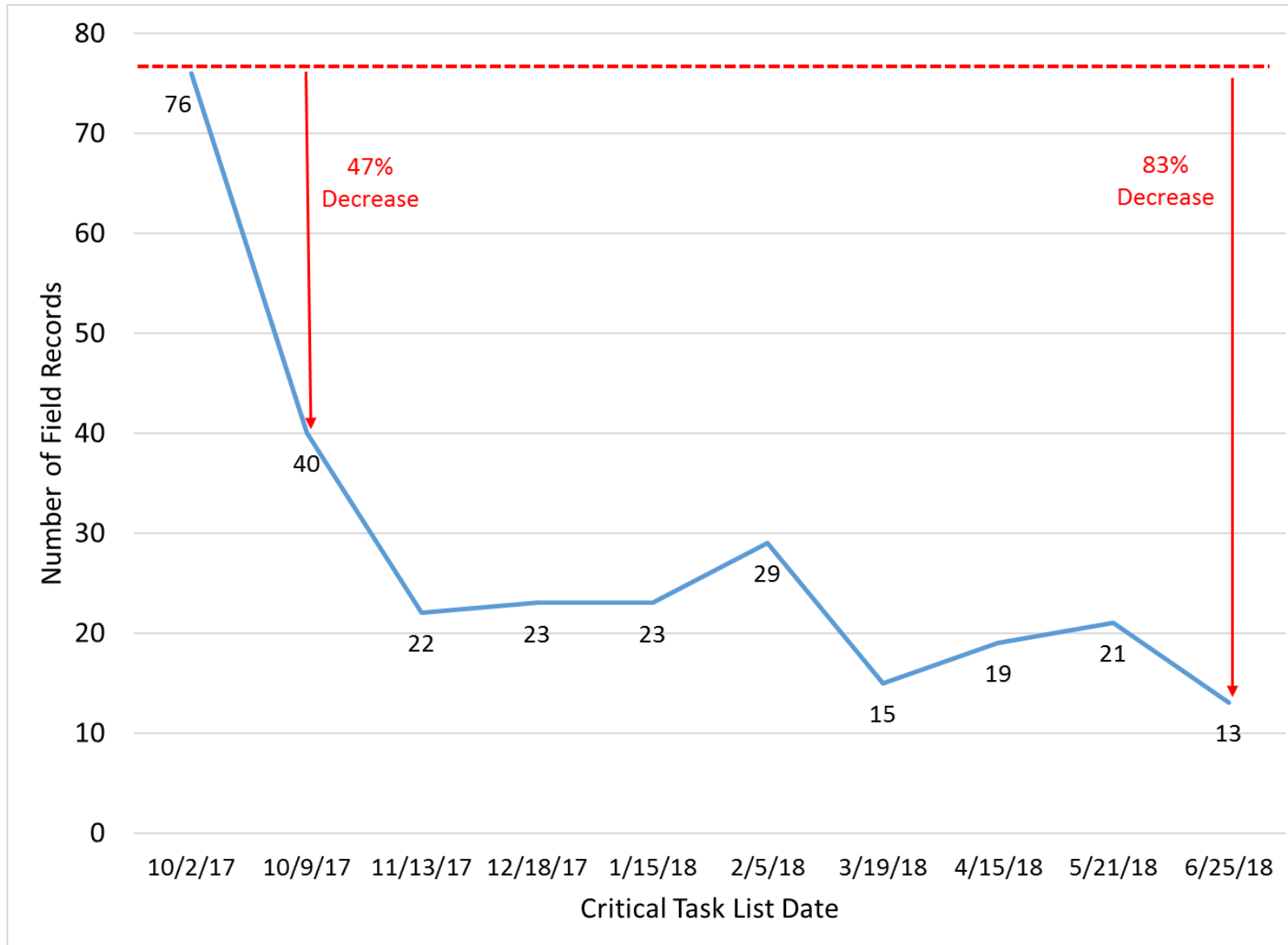
Expanded List

- **Women with potential syphilis or HIV and missing or unknown pregnancy status**
 - Added October 2nd, 2017:
 - Initial list: 76 syphilis **field records**

Example of Critical Intervention Task List

Area	Priority Reason	Profile ID	Field Record ID	Disease	Pregnant	EDD	Congenital
2	700/900, Over 30 days	-	-	HIV			
3	Pregnant, 700/900, Over 14 days	-	-	Syphilis	Y	11/12/2018	
3	Pregnant, 200/300, Over 14 days, CHD	-	-	Chlamydia	Y	1/2/2019	
3	700/900, Over 30 days	-	-	HIV			
3	High Titer, Over 14 days	-	-	Syphilis			
4	Pregnant, 700/900, Over 14 days	-	-	Syphilis	Y		
4	700/900, Female with No Pregnancy Status	-	-	Syphilis	U		
4	700/900, Female with No Pregnancy Status	-	-	HIV			
4	700/900, Female with No Pregnancy Status	-	-	Syphilis			
4	700/900, Over 30 days	-	-	Syphilis	N		

Records on Critical Task List Missing Pregnancy Status

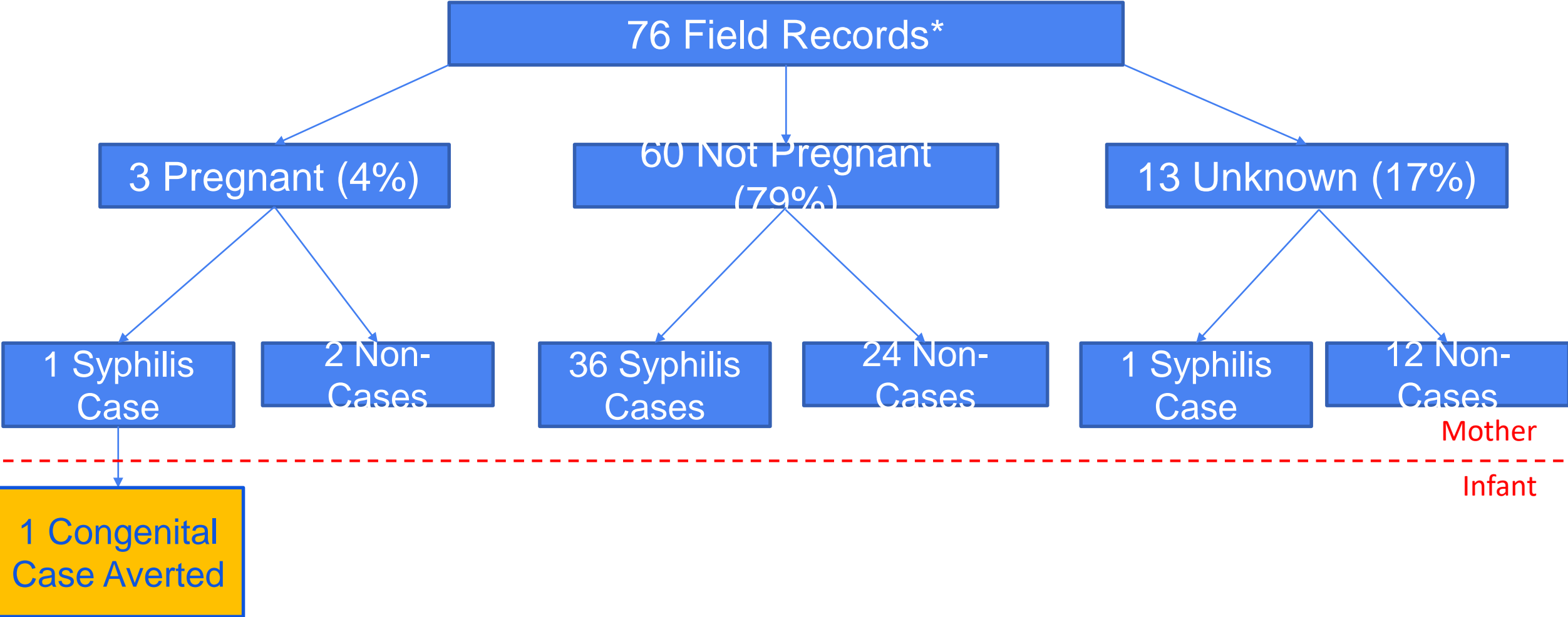


Most recent task list from 5/20/2019 is 20 field records missing pregnancy status, still a 74% decrease from week 1.

Change in Task List from Week to Week (Timeliness)

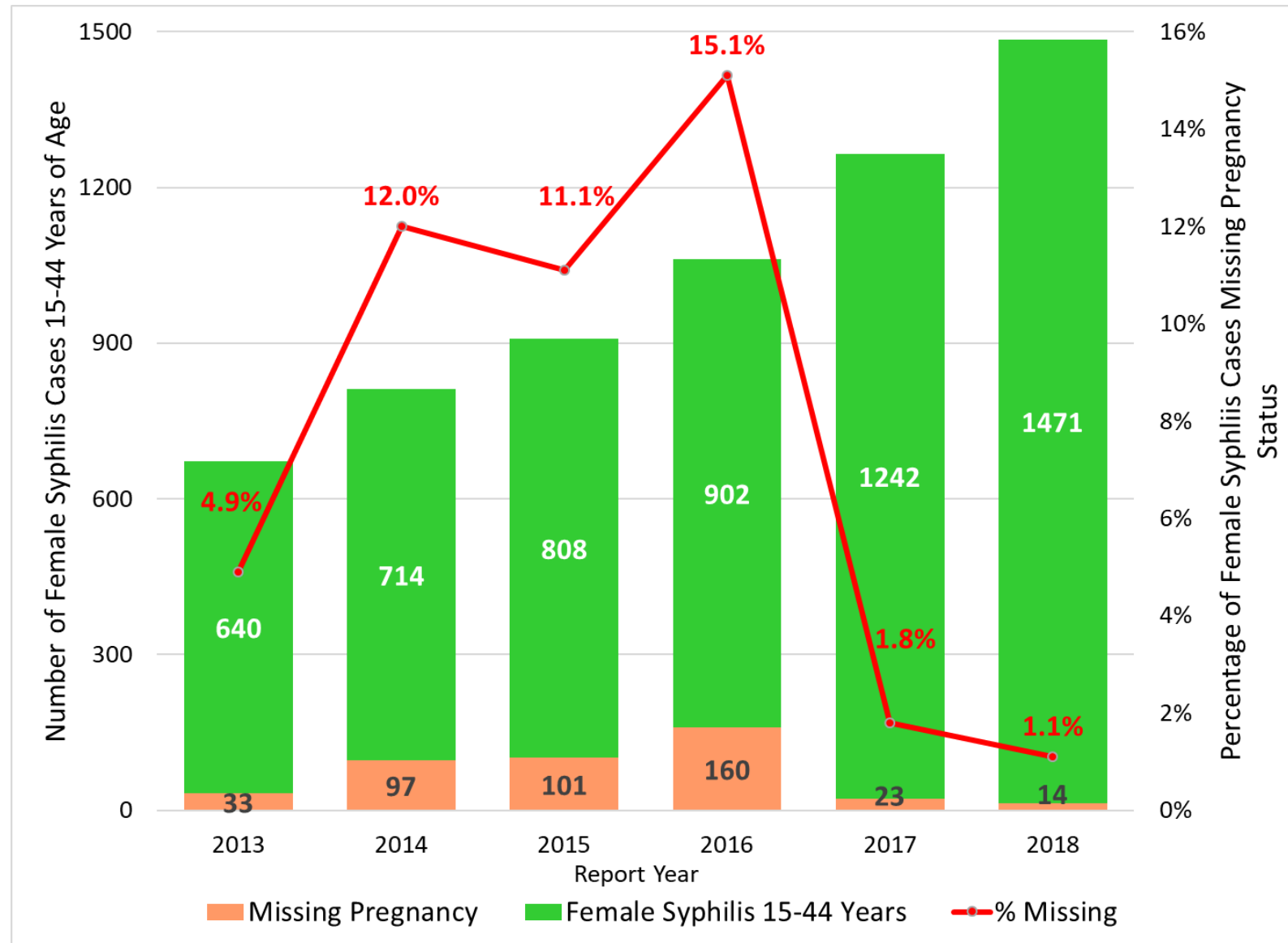
- **38 of 76 (50%) field records were updated in Week 1**
 - 18 of remaining 38 (74% of total) updated by Week 2
- **2 new field records added Week 2 (5% of remaining volume)**
- **4 new field records added Week 3 (17% of remaining volume)**
 - Both of Week 2's new field records were updated by Week 3

Outcome of Field Records Missing Pregnancy Status



*The starting point for this analysis was 76 field records missing pregnancy status on Oct 2, 2017; syphilis case status had not yet been determined.

Impact on Missing Pregnancy Status



Current data for 2019 as of 5/24/2019 (subject to change) is 13 missing pregnancy status from 537 cases or 2.4%.

How was this done in conjunction with our surveillance system?

- Developed a SQL query to extract field records (events) of female syphilis and HIV with *unknown* or *missing* pregnancy status
- Used this SQL query to create a SQL report
- Determined stakeholders needing to see this report
- Scheduled the report as an automatic job to run every Monday morning
- Sent the report to stakeholders by program area every Monday morning



Impact

- **Adding women with missing pregnancy status to the Critical Intervention Task List improved pregnancy status ascertainment**
- **Additional pregnant women were identified**
- **Most women with syphilis and missing pregnancy status were determined not to be pregnant**
- **Sustained reduction in Task List volume suggests timely ascertainment of pregnancy status**
- **Vital stats verification aides in ensuring data quality**
- **Low resource intervention**



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Pregnancy Status on Test Results for Syphilis Submitted by Clinical Laboratories

New York City, January 2013 – June 2018

Tim Liao, MPH

City Research Scientist

Bureau of Sexually Transmitted Infections

NYC Department of Health and Mental Hygiene





- Background on congenital syphilis
- Syphilis testing and reporting requirements in New York
 - New York City Health Code Amendment
 - Implementation and guidance to laboratories
- Evaluation of the new amendment
- Conclusions and Next Steps

Congenital Syphilis (CS)



- Occurs in infants whose mothers have untreated syphilis during pregnancy
 - Can cause stillbirth, perinatal death, and a range of developmental abnormalities
- CS can be prevented by screening and treating mothers with syphilis during pregnancy
 - Timely identification of syphilis infection is critical for prevention



Testing and Reporting Requirements

- New York State Public Health Law mandates prenatal testing, provider reporting, and laboratory reporting for syphilis
- In New York City
 - Provider reporting for syphilis is poor
 - Electronic Laboratory Reporting (ELR) has been mandated since 2006 and nearly 100% of lab reports to the Bureau of STI are transmitted via ELR
- In order to improve timely identification of maternal syphilis, to prevent CS:
 - In 2008, NYC Health Code §13.03(a) was amended to require laboratories to report pregnancy status if known and indicated for relevant conditions like syphilis and hepatitis B



New Health Code Amendment

- While successful, the 2008 amendment had limitations
 - Some laboratories would not report pregnancy via ELR unless it was explicitly indicated on the requisition, or if there was direct evidence of pregnancy (+HCG)
- In 2014, the Health Code was amended again to require labs to report pregnancy status if known and indicated OR when pregnancy is probable (i.e., test is part of a prenatal panel)

NYC Health Code Amendment for Hepatitis B and Syphilis in Pregnancy



“.....paragraph (1) of Health Code §13.03(a) currently requires the pregnancy status to be indicated if known and if clinically relevant (e.g., for hepatitis B and syphilis) ... Although the laboratory may not know the patient’s pregnancy status based on information provided by the requesting health care provider, the laboratory would know that a pre-natal panel of laboratory tests was ordered. **Therefore, this provision only applies to situations in which pregnancy status is known and indicated or when pregnancy is probable (e.g., a pre-natal panel is ordered).**”

Guidance to Laboratories: Identification / Reporting Pregnancy



- Indicators of when to report pregnancy:
 - Prenatal panel or individual panel test ordered by providers
 - Pregnancy-related diagnostic code (ICD-10) or pregnancy status indicated on requisition
 - Specimen sent (stat) from the Labor and Delivery Unit of the hospital
 - Specimen submitted by a free-standing birthing center or prenatal/obstetric clinic where only pregnant women are seen
- Insert the text “pregnant” or “prenatal” into the [Relevant Clinical Information] field of the HL7 message (OBR-13)



Implementation and compliance

- NYC DOHMH Informatics team is responsible for onboarding laboratories to ELR, monitoring quality and timeliness of reporting, and working with labs to implement Health Code changes
- As of June 2019:
 - 91% (41/45) laboratories that test for syphilis and report results to the NYC DOHMH have implemented reporting of pregnancy
 - Mayo Medical Laboratory, LabCorp, Quest, ARUP, BioReference, etc.
 - Informatics team continues to work with the remaining 4 laboratories

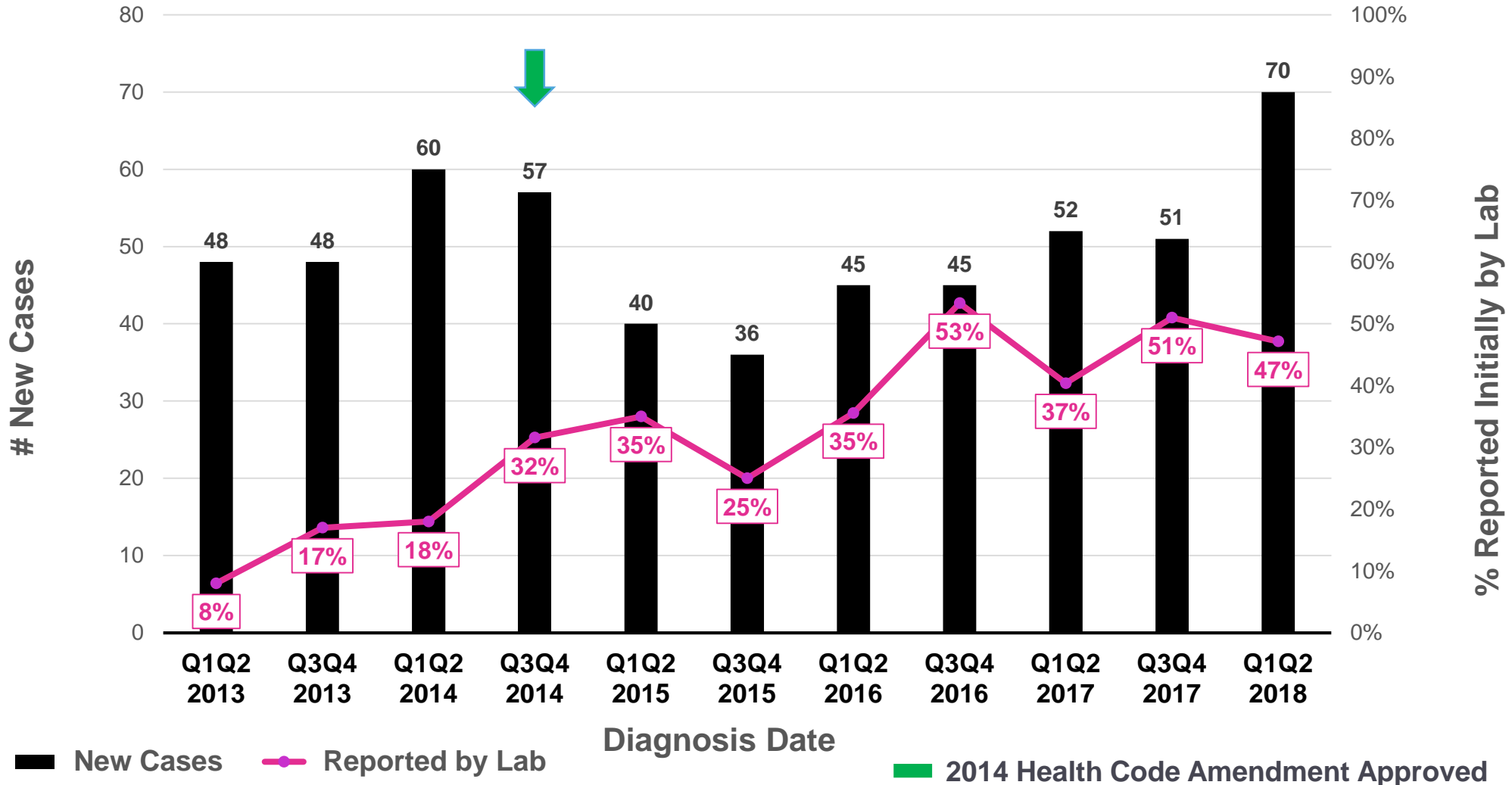


Evaluation Methods

- Data Source: Bureau of STI (BSTI) surveillance and case management system (MAVEN)
 - Laboratory reports, provider reports, case investigation activities, etc.
- Population: new cases of syphilis among pregnant women, reported to BSTI between January 2013 and June 2018
- Measurement:
 - Proportion of new cases of syphilis among pregnant women where:
 - The FIRST report of pregnancy was received via ELR
 - The ONLY report of the case AND pregnancy was received via ELR
 - Timeliness of ELR report of with pregnancy compared to other reports

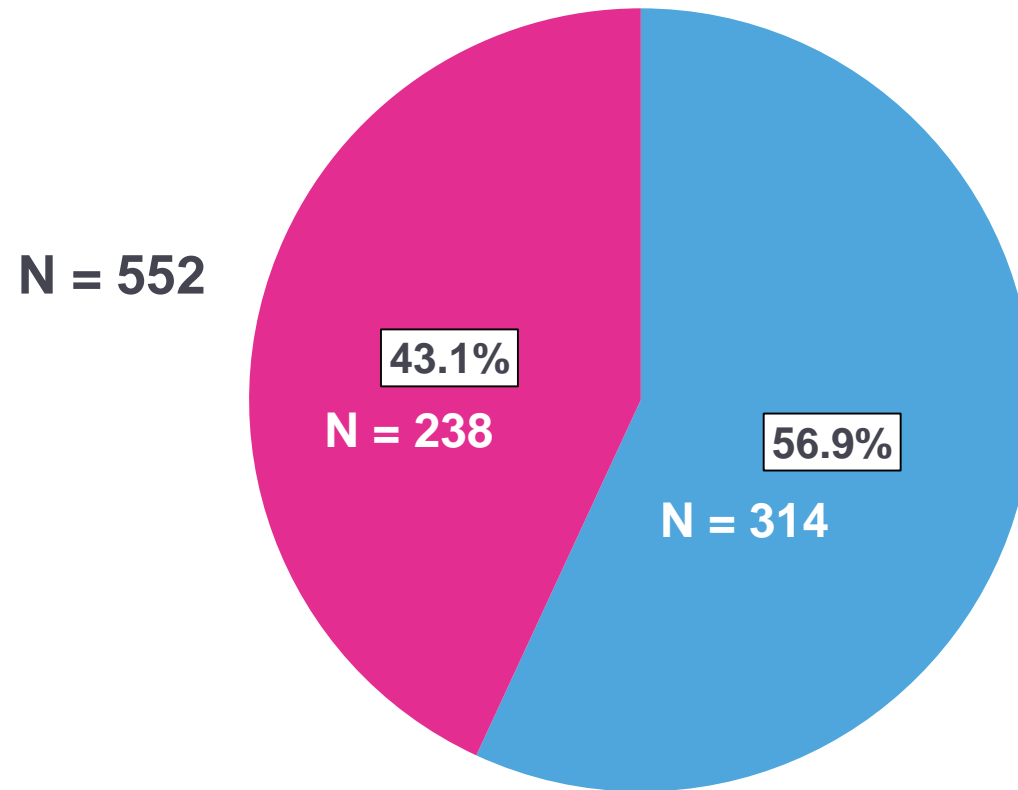
Number of Syphilis-Infected Pregnant Women, and Proportion Initially Reported as Pregnant by ELR

(January 2013 – June 2018)



Number of Syphilis-infected Pregnant Women where the ONLY Report of the Case AND Pregnancy were received by ELR

(January 2013 – June 2018)



- Reported by Other Sources (including labs)
- Reported by Lab Only

Timeliness of ELR reporting of syphilis-infected women

(January 2013 – June 2018)



- Days between receipt of the first ELR report with pregnancy status and a subsequent non-ELR report
 - Mean: 23.6
 - Median: 9

Challenges



- Onboarding of laboratories
 - Dedicated health department staff
 - Collaboration with disease surveillance programs
- Laboratory staff time and financial resources
 - Plan, test, and implement updates to lab requisition and lab reporting systems
- Pregnancy data may not be available
 - Laboratories may not offer prenatal panels or may not receive ICD-10 codes
 - Providers must order prenatal panels or include ICD-10 codes
- NYC DOHMH must update disease registries to receive and process data

Successes



- Laboratory reporting of pregnancy in accordance with NYC health code amendment is high (91%)
- By the end of June 2018, nearly 50% of all syphilis cases among pregnant women were first reported to the NYC DOHMH as pregnant by a laboratory
- Laboratory reports were the only source of report and pregnancy status for 43% of syphilis cases among pregnant women

Next Steps



- Continue monitoring pregnancy reporting by laboratories and enforce compliance
- Encourage laboratories to work with their providers to improve capture of pregnancy data on requisitions including:
 - ICD-10 codes for pregnancy
 - Prenatal panels
- Conduct impact analysis of this amendment
 - Has the time to treatment for syphilis cases among pregnant women decreased?

Conclusions



- The 2014 Health Code Amendment:
 - Increased lab reporting of pregnancy status
 - Improved case identification among pregnant women
 - Efficient disease intervention and case management
 - Valuable for other infections with mother-to-child transmission:
 - Zika, hepatitis C, HIV, etc.
- Laboratories have demonstrated they can implement this, so they may be able to implement it for your jurisdiction

How can the NYC experience help you?



DOHMH Informatics team can:

- Share implementation guide given to laboratories
- Provide technical assistance
 - Pamela Evans Lloyd, pevans@health.nyc.gov

Acknowledgements



- CDC, DSTDP / Bureau of STI
 - Robin R Hennessy
 - Julie Schillinger
- Perinatal Hepatitis B Program
 - Ariba Harshini
 - Julie Lazaroff
 - Jennifer Rosen
- Informatics / ELR Implementation Team
 - Afua Sanders Kim
 - Pamela Evans Lloyd
 - Veronica Culhane
 - Eileen Jacobs
 - Paula Durongwong
 - Nicketa Nusum
 - Youseline Cherfilus

Contact Information:
Tim Liao, Data Analyst
tliao@health.nyc.gov



Other Potential Solutions to TPA Challenges

- **Try to improve the number of women with known pregnancy status *at time of initial syphilis report***
 - Ensure it is clear to providers & labs *how and where* they should be reporting pregnancy status (which field on the provider report form, which part of the HL7 message)
 - If your area relies heavily on lab reports, work with labs—through regulations, if needed—to improve reporting of ‘probable’ pregnancy
 - If your area still relies on provider reports, identify key providers not documenting pregnancy status and reach out to them to improve via provider detailing
- **Explore cost-effective ways to ascertain pregnancy status if the initial syphilis report does not contain pregnancy status**
 - Explore read-only EMR access for large hospital systems in the area

Other Potential Solutions to TPA Challenges

- **Make timeliness a priority and set goals for improvement**
 - Establish TPA as a priority in STD Program SOPs, including 14-day metric
 - Explore how your surveillance information system can help you measure TPA
 - Clarify where pregnancy ascertainment will occur in the surveillance workflow to maximize timeliness
 - Perform regular QA to ensure adherence
- **Revise reactor grid to establish pregnant females as the top priority for initiation and case management follow-up**

Special thanks to:

Jim Matthias, MPH James.Matthias@flhealth.gov

Tim Liao, MPH tliao@health.nyc.gov

CDC CS SIG Team

Tawanda Asamaowei (Tasamaowei@cdc.gov)

Ginny Bowen (Vbowen@cdc.gov)

Dayne Collins (DCollins@cdc.gov)

Brandy Maddox (BMaddox1@cdc.gov)

Kenya Taylor (KTaylor3@cdc.gov)

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



**Questions on STD PCHD Year 2
Continuation Application or TPA?**