

## Questions and Answers for STD PCHD Recipients for Enhanced Gonorrhea Surveillance Webinar

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### Questions about selecting high morbidity areas and random sample

1. **Should it also focus on providers in high morbidity area, in terms of treatment and data reporting?**
  - a. Determination of your well-defined geographic area should be informed by your project area's current morbidity and/or other important characteristics, such as bordering communities with other states, college towns, and towns with international airports. Additionally, you could consider selecting an area with providers who report a significant proportion of your gonorrhea morbidity. However, when actually taking the random sample, you should ensure that the sample is selected from ALL reported cases in the geographic area, regardless of provider type. Random sampling decreases the chance for bias in your data.
2. **Could the current emphasis on MSM as the current group most at risk for HIV infection be the result of 'biased' data analysis?**
  - a. It is important to always consider possible sources of bias when looking at trends in reported disease. For HIV, most reported cases are able to be investigated locally, so complete information on sex of sex partners is usually available. However, if there is unmeasured bias resulting from cases not able to be contacted (e.g., if MSM are more likely to provide risk information during case investigation), then bias may occur. Current HIV data suggest that even after accounting for cases reported with unknown risk factors, most new HIV infections are among MSM. <https://www.cdc.gov/hiv/group/msm/index.html>. For gonorrhea, estimates of MSM gonorrhea are based on data from the STD Surveillance Network (SSuN) which uses a random sample methodology to develop representative estimates of gonorrhea by sex and sex of sex partners. Data from SSuN jurisdictions suggest that rates of reported gonorrhea are highest among MSM and have increased in recent years.

### Questions about receiving additional funding to conduct enhanced gonorrhea surveillance activity

1. **Will CDC provide additional funding to states that are under staffed and cannot support enhanced GC surveillance as currently staffed?**
  - a. As a reminder, all strategies in STD PCHD are required and at this time there is no additional funding available. Funding for your project area for 2019 was provided in the NoA sent out in late December 2018 and total funding amounts are also available on the CDC DSTDP STD PCHD webpage. We realize that many project areas have staffing challenges and encourage you to work with your Prevention Specialist to discuss how to manage all STD PCHD strategies and how best to address any staffing challenges.
2. **The successful examples are project areas that are able to follow-up on GC, and project areas that received extra funding to conduct the project.**
  - a. Please note that no STD AAPPS recipient received extra funding for enhanced GC surveillance activities. In April 2017, we sent out information to STD AAPPS recipients with OGS guidance to request approval for carryover FY14 and FY15 unobligated funds to submit a proposal for activities to increase completion of key clinical and demographic variables for reported cases of gonorrhea.

### Questions about how enhanced gonorrhea surveillance activities in STD PCHD and SSuN relate

1. **The enhanced GC webinar was helpful in understanding this activity. We are preparing an application for the next SSuN funding cycle. If we are funded under SSuN, could you help us understand what the enhanced GC activity under PCHD will look like? Will we be required to complete separate activities or can we meet PCHD requirements with SSuN activities and data? We know the SSuN funding decisions won't be prepared until fall. How is enhanced GC surveillance different from SSuN grantees?**
  - a. SSuN activities are supplemental to strategy 2b in STD-PCHD and will implement expanded activities. For an independently funded city-level recipient, the enhanced gonorrhea surveillance in STD PCHD is the baseline required activity and this baseline will continue to be funded with STD-PCHD funding. Those implementing enhanced gonorrhea surveillance through SSuN will expand this activity to include a larger sample fraction, provider and health department, lookback investigations and require standardizing all activities by implementing the SSuN data management and data collection protocols. Project areas will not have to submit separate data for SSuN and for the STD-PCHD activity; SSuN will collaborate with STD PCHD Prevention Specialists to provide information needed for Strategy 2b.

#### **Questions about core epidemiological variables**

1. **Should HIV status come from a cross-match with HIV surveillance?**
  - a. Matching cases with your HIV registry is a best practice in determining HIV/STD co-infection and we would encourage all project areas to conduct frequent, routine registry matching if HIV data are not already integrated in your surveillance data management system. However, information on HIV status can also be obtained through patient interviews (either partner services or enhanced GC or SSuN) as well as through provider case reporting.
2. **Since we know private providers don't take a sexual health history, why are we counting on their information about sex of sex partners?**
  - a. Enhanced surveillance requires a multi-step process which means data will likely come from multiple sources including laboratory reports, providers, and brief patient interviews. If sex of sex partner data are not available from providers, then project areas should conduct brief patient interviews to capture this information. Patient interviews are NOT disease intervention activities, but rather brief interviews to gather core surveillance data. If they are needed, they are intended to be brief and can be done over the phone. If a project area has complete sex of sex partner information from providers, but are concerned about the validity of the data, a possible evaluation project could be to compare provider reported sex of sex partner with data from patient interviews.

#### **Questions about data reporting and data systems**

1. **Don't states need to build an entirely new database to hold these responses? This is not feasible.**
  - a. Not necessarily. The good news is that most of the variables considered core for the enhanced surveillance strategy are already in Version 5.0 of the NETSS record layout as well as the STD Message Mapping Guide. There are only a few core variables (see slide 16 of the webinar slides) that are NOT able to be transmitted to CDC at this time. These variables should be used locally to inform your epidemiology but they can be added to your local information systems if they are already not included. We encourage you to work with your IT staff and information system vendor to better understand what is currently there and what needs to be modified. We also encourage project areas to participate in user group calls to ask about modification and/or to inquire if other project areas have already included some of these variables. Alternatively, you could consider creating a separate and locally-maintained database, such as Excel or Access, with the enhanced surveillance data. Your project area will still need to get your core

information to CDC but having a separate database will ensure for local analysis and interpretation of all results.

**2. How will this data be sent to CDC?**

- a. Most of the variables considered core for the enhanced surveillance strategy are already in Version 5.0 of the NETSS record layout as well as the STD Message Mapping Guide and can be transmitted to CDC via routine weekly reporting. There are only a few core variables that are NOT able to be transmitted to CDC at this time. These variables should be used locally to inform your epidemiology but they can be added to your local information systems if they are already not included. There is also a new variable in the STD MMG and NETSS record layout that will allow your project area to record whether this case was randomly selected for enhanced surveillance. With the completion of the already-present core epidemiological variables and this new “case sample” variable, we should be able to look at more information from your project area when it’s transmitted to CDC. Additionally, CDC is currently discussing how project areas can and will summarize their enhanced surveillance in a standardized fashion. Some ideas under discussion include reporting status updates in progress reports, as well as reporting updates in your work plans and using your targeted evaluation plans (TEPs) to evaluate implementation. We ask that you stay tuned as we finalize the best methods for this.

**3. How will the data be analyzed if the state lacks an STD epidemiologist or someone who can prepare reports from the data?**

- a. The STD PCHD Strategy V highlights the importance of conducting regular analyses of trends in STDs, along with using data-driven planning and analysis for program improvement. Additional TA materials will be available later this year that will provide additional guidance on how to analyze data from enhanced surveillance to generate representative estimates. We encourage project areas to reach out to their prevention specialist if you have questions or concerns about your staffing plan.

**4. Will NBS be modified to include ALL of these variables?**

- a. At this time, there are no plans to modify NBS to include all of the enhanced variables. However, most of the variables considered core for the enhanced surveillance strategy are already in Version 5.0 of the NETSS record layout as well as the STD Message Mapping Guide and can be transmitted to CDC via routine weekly reporting. There are only a few core variables that are not able to be transmitted to CDC at this time. These variables should be used locally to inform your epidemiology but they can be added to your local information systems if they are already not included.

**Questions about Maryland Department of Public Health’s experience implementing enhanced gonorrhea surveillance**

**1. How did you use PRISM to generate a randomized sub-set of GC cases?**

- a. If you are a jurisdiction with an active contract with the PRISM developer, you'll have a more recent version of the program that allows you to create your own "projects" within the system. Within these projects, you are able to set your own sampling method. You will likely need to work with the developer to add sampling options that are right for you, but once they are added to the system, you can set any project you create to use that selection method.

**2. The Texas example just outlined doesn’t seem to meet the requirement to do a random sample of GC cases. Did we miss something?**

- a. You are correct in noticing that some of the methods used for selection in the other project area examples didn't quite line up with the STD PCHD guidance. Because these project areas were

doing this work on their own before STD PCHD and without specific guidance, it's expected that things won't line up perfectly.

3. **Won't exclusion criteria [described in some of the examples] add bias to the data samples?**
  - a. So, you may be asking why it was used as an example. While there may be some small recommended tweaks for these project areas, these were still examples of successful implementation of enhanced surveillance in project areas of differing sizes.
4. **All of the examples provided (WY, MD, TX) utilized their DIS. Were the DIS doing full partner service interviews or simply collecting the core variables?**
  - a. In cases where the client is only infected with gonorrhea and does not require full partner services follow up, the DIS would not be conducting full partner services interviews. Instead, the DIS would focus solely on collecting the enhanced core variables specific to your jurisdiction. In other cases where the client would require a full partner service interview (i.e. syphilis or HIV positive), the DIS can "double-dip" and use the information from the partner services interview to fill the gonorrhea enhanced surveillance core variables.