MDSS and Sexually Transmitted Diseases (STDs)

STD Morbidity Reporting Issues:

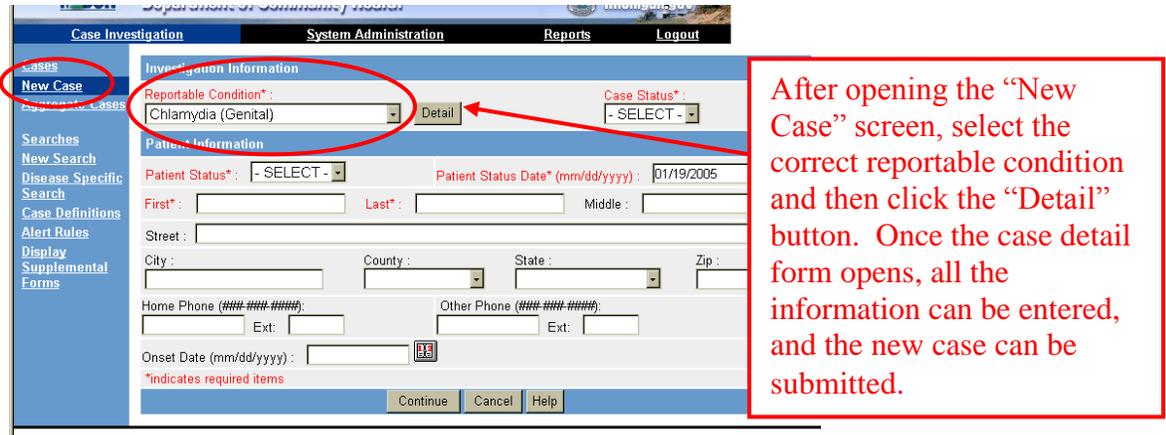### 1. Deduplication and reinfection

a. A repeat report within **28 days** of a gonorrhea (GC) or chlamydia (CT) report should not be counted as a new case in MDSS. A repeat report can occur when there are multiple clinic visits or duplicate lab reports. This repeat may represent an untreated infection or reinfection from the same partner. Therefore, if you receive a report (from a private provider or clinic) from a patient who has had a GC or CT report with a referral date within 28 days of a previous report, please use the deduplication feature to merge both patient (person) and case (disease) with the previous listing (or do not enter it into MDSS). This is only applicable if the repeat report is for the same disease.

- If it is less than 28 days, match it to the existing or previous report.

b. If the new case/lab report is more than 28 days apart, please create a new case into MDSS.

- Please be sure to use the deduplication feature to merge the patient information, but create a new STD case for the person. A person in MDSS should only have one **patient** record, although they can have multiple **cases**, regardless of the reportable condition. Having all STD cases associated with one person will help to accurately track repeat STD infections over time.

2. Jurisdiction

a. STD cases, like all communicable diseases, should be reported by county of patient residence. This means that patients seen in a Local Health Department (LHD) STD clinic should not be counted for that county if they reside in another county.

- For example, a resident of County X travels to County Y's LHD STD clinic for testing and treatment. That disease should be reported in County X – the county of patient residence
- College students living in County Y for the school year should be reported by their school address (in County Y)
- If the Patient Address is not available, please enter the LHD address as a default.

b. This is complicated by the LHD STD clinic having all the testing and treatment information available for their clients, but not being able to enter this data once the case is sent to another LHD. There are three options to address this issue:

1. The LHD STD clinic can enter the case into MDSS using the clinic's address during the new case entry process, fill out the case detail form, and <u>change the address to the patient's address as the final step</u>, or

2. The LHD STD clinic staff can open the case detail form during the new case entry process and enter all the patient, testing and treatment information directly on the form and then submit the new case (see image below), or

After opening the "New Case" screen, select the correct reportable condition and then click the "Detail" button. Once the case detail form opens, all the information can be entered, and the new case can be submitted.

3. The LHD STD clinic can enter the new case with the patient's address and fax the testing and treatment information to the receiving LHD to be filled in by the receiving LHD.

For all of the above options, the receiving LHD will have to close the case (mark it as completed), as the sending LHD will not be able to see the case once it leaves their jurisdiction.

c. The MDSS, as a surveillance system, generally should not be used to demonstrate clinic volume for funding purposes. If there is a desire to determine how many cases of disease were seen in a particular LHD STD clinic, a request can be made of MDCH personnel to search all cases statewide for cases seen by certain providers, if one of the following fields is filled out in a standardized manner: testing provider or treatment provider. For example, all cases seen by the Kent County Health Department STD clinic should be listed as "Kent CHD" in the provider field . . . not "KCHD" and/or "KCHD STD" and/or "Kent STD clinic" and/or "KCHD clinic" etc.

STD Data Fields Issues:

1. Information Source
- "Information Source" is a **required** field. This field is a drop box located at the bottom of the Referral Information section and is often missed. Please make sure you are completing this field:

Referral Information cont.

Primary Physician

First	Last	Phone ###-###-####	Ext.	Email

Street Address

City | County | State | Zip

Information Source:
01=HIV Counseling and Testing Site, 02=STD Clinic, 03=Drug Treatment Clinic, 04=Family Planning/Planned Parenthood, 06=Tuberculosis Clinic, 07=Other Health Department Clinic, 08=Private Physician/HMO, 10=Emergency Room, 11=Correctional Facility, 12=Laboratory, 13=Blood Bank, 14=Labor and Delivery, 15=Prenatal, 16=National Job Training Program, 17=School-Based Clinic, 18=Mental Health Provider, 29=Hospital-Other, 66=Indian Health Service, 77=Military, 88=Other, 99=Unknown

- 01 HIV COUNSELING AND TESTING SITE
- 02 STD CLINIC
- 03 DRUG TREATMENT CLINIC
- 04 FAMILY PLANNING/PLANNED PARENTHOOD
- 06 TUBERCULOSIS CLINIC
- 07 OTHER HEALTH DEPARTMENT CLINIC
- 08 PRIVATE PHYSICIAN/HMO
- 10 EMERGENCY ROOM
- 11 CORRECTIONAL FACILITY
- 12 LABORATORY
- 13 BLOOD BANK
- 14 LABOR AND DELIVERY
- 15 PRENATAL
- 16 NATIONAL JOB TRAINING PROGRAM
- 17 SCHOOL-BASED CLINIC
- 18 MENTAL HEALTH PROVIDER
- 29 HOSPITAL-OTHER
- 66 INDIAN HEALTH SERVICE
- 77 MILITARY
- 88 OTHER
- 99 UNKNOWN

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Laboratory Information

(Phone: ###-###-####, Ext.:, State:, Zip:)

...fication Test (NAAT) ○ Nucleic Acid Hybridization (DNA or RNA Probe)
...Antibody Test (DFA) ○ Other (specify):

2. Laboratory Test

- The "Laboratory Test" field gives two options that can be considered "DNA tests for GC/CT": (1)Nucleic Acid Amplification Test (NAAT) and (2) Nucleic Acid Hybridization (DNA or RNA probe)

Laboratory Information

Name of Laboratory: | Phone: ###-###-#### | Ext.:

Street Address:

City: | County: | State: | Zip:

Laboratory Test:
- ○ Culture
- ○ Enzyme Immunoassay Test (EIA)
- ○ Unknown
- ○ Nucleic Acid Amplification Test (NAAT)
- ○ Direct Fluorescent Antibody Test (DFA)
- ○ Nucleic Acid Hybridization (DNA or RNA Probe)
- ○ Other (specify):

3. Site of Specimen

- "Site of specimen" is also a **required** field. Please mark this field "unknown" if you do not know the site from where the specimen was collected.

4. Co-Infection Information

- The "Co-Infection Information" section presents an option within MDSS: creating a new case of GC or CT directly from the case detail form. This allows the creation of a second MDSS record for a patient with GC who also has CT and vice versa.
    i. If the case was entered as an Electronic Lab Report (ELR) with results for both GC and CT, the MDSS will already know if there should be one or two cases in the system. It will create cases appropriately and no longer allow changes to the fields "Does this patient have a GC/CT co-infection" (the co-infection field) and "If yes, does the GC/CT case need to be created on MDSS" (the create-a-case field).
    ii. If the case was referred to the LHD as an ELR with only one test result or by means other than ELR, the LHD should mark the co-infection field and the create-a-case field appropriately.
    iii. The MDSS has been programmed to only allow these two fields to be manipulated one time . . . it then makes the fields un-editable.
        1. If the co-infection/create-a-case fields are incorrectly filled out with a yes, find the other case in MDSS and mark it "not-a-case" and "canceled."
        2. If the co-infection/create-a-case fields are filled out incorrectly with a no, you must create the new case manually (through the new case entry process, merging the patient information, but creating a new case).

5. Other date field definitions
   a. Referral date – date the case is entered into the MDSS (unless entered, automatically populates with case entry date)
   b. Diagnosis date – date of the laboratory results
   c. Onset date – date of first symptoms (leave it blank if not available)
   d. Date specimen taken – specimen collection date
   e. Date of laboratory results – date lab tests are confirmed (front of V76)
   f. Date of treatment – date medications were administered
   g. Patient status date – associated with the "patient status" field, used to indicate the current status of that patient (inpatient, outpatient, died) as of that date, this date is automatically assigned to the day the case was entered

If the above information is not being filled out, please be aware that Jim Kent has been updating the fields with the information he has available. This has been mainly limited to completing and validating the address fields and information source.

Other STD Issues:

1. V76
   a. With the discontinuation of sending the V76 (aka DCH-0821) form from the LHD and MDCH, questions have arisen regarding the use of the V76 among labs, HCPs, and the LHD. The V76 will still be provided by MDCH for communication among labs, HCPs, and the LHD. However, the V76 should not be sent from the LHD to MDCH as a means of reporting; cases should be entered into MDSS. Remember, LHDs can train HCPs and lab personnel (acting in the HCP role) to report directly into MDSS.
      - If you need more V76s, please contact the STD Program at MDCH
   b. We are aware of the fact that most V76s only have data on the treating physician. If you know the names of doctors to fill in for the for the other provider fields, please fill them in. If not, please enter the treating physician's name in those fields.
   c. Remember that MDSS only replaces the V76; you will still need to handle the V5 and the Field Record for STD cases as you previously did.

2. Electronic Labs
   a. MDCH BOL, Detroit Medical Center, Hurley Medical Center, ARUP Laboratories, Sparrow, Mayo, Quest, and LabCorp electronically report positive labs in MDSS.
   b. These cases only have HTML screens completed. Treatment and other necessary fields need to be completed in the Disease Specific Form if possible.

3. Completeness and Timeliness

a. We request that the form be completed to the best of the LHDs ability. However at a minimum we request that the following information be entered:

- Basic demographics, i.e., name, address, DOB, sex, race, etc…
- Complete address information
- Information source, treatment date, site of specimen, and date of specimen collection

b. If follow-up is limited or stalled we request that cases be closed within 30 days.

- The Michigan STD program is required to report on timeliness of notification and case closure of STDs.

4. Disease Specific Forms

a. For health departments that interview chlamydia and gonorrhea cases, behavioral data can now be entered on the last page of the case details form.

- This adheres with a change in the CDC reporting requirements detailed here: http://www.cdc.gov/std/Program/forms/default.htm

b. If you enter a new CT/GC case via the html screens, and at the end of those screens choose the option "enter lab data" please be aware that this lab data will not be automatically transferred to the case detail form. You will have to re-enter it there. All other MDSS variables, i.e. demographics, etc. will be transferred over.

5. Gonorrhea Treatment that is NO LONGER Recommended

a. **500 mg Ciprofloxacin** is no longer recommended for gonorrhea treatment by the Centers for Disease Control.

- It is, for the time being, still listed in the "Treatment Information" section" in the case detail form.
- If a physician or clinic informs the health department of ciprofloxacin as treatment, we request the LHD follow-up to suggest alternative options.
- New guidelines for GC treatment call for dual treatment
  - Protocol can be found at http://www.michigan.gov/documents/mdch/Documenting_Dual_Therapy_for_Uncomplicated_Gonorrhea_in_MDSS_431857_7.pdf
- Surveillance is also increasing around the area of drug-resistant gonorrhea
  - Protocol can be found at http://www.michigan.gov/documents/mdch/Resistant_Gonorrhea_Surveillance_Protocol_431858_7.pdf

6. Case Completion

a. All GC/CT cases that are completed (i.e., completed demographics and treatment info) should be entered into MDSS as CONFIRMED and COMPLETED. We realize that some LHD use the "Probable" case status to track cases internally. Please be sure that when using the "Probable" case status, the investigation status is "Active" or "New." If you enter a case as probable/completed, it will get transmitted to CDC with the NETSS transmission. All GC/CT cases ready to be transmitted to CDC should be confirmed/completed.

7. Field Record Search
   a. This search will only bring up cases that have a created field record.
   b. If a field record is not completed on a new case, the case will not appear in this search. The 'New Search' must be used to return ALL cases.
   c. Only cases will be returned in the search – you will have to open the individual case field record to find any partner information. Partners cannot be searched in MDSS.

8. Minors
   a. If the case is less than 18 years of age, please enter unk, unk for parent/guardian's first and last name on the html screens. MDSS will require you to enter something in those fields if the case is less than 18 years of age. Unk, Unk for those two fields will meet that requirement.

9. Data Definitions on field record and interview records
   a. These can be found at http://www.cdc.gov/std/Program/forms/