



Guidelines for using the Michigan Disease Surveillance System (MDSS) for Sexually Transmitted Diseases (STDs)

Click to navigate to:

[Chlamydia and Gonorrhea case completion](#)

[Deduplication and re-infection](#)

[Contact Information for MDHHS Staff](#)

Overview of STD Surveillance

- **Reportable conditions include Chlamydia, Gonorrhea, Lymphogranuloma venereum, Chancroid, Syphilis, and Granuloma inguinale.**
- Chlamydia and gonorrhea are the two most common reportable conditions in Michigan and, along with other reportable sexually transmitted infections (STIs) and communicable diseases, often appear as coinfections or repeat infections in the same patient. Correctly managing investigation and patient data in the Michigan Disease Surveillance System (MDSS) is crucial for ensuring adequate treatment of patients and partners as well as reliable epidemiologic data to inform public health interventions. Below is a brief guide for local health department (LHD) staff for managing STI cases within MDSS.
- [Additional STD resources can be found here](#)
- [Additional MDSS resources can be found here](#)

Red = Required information

Purple = Supplemental information

Green = Note or comment

When referral date is much later than disease onset (specimen date), use **onset date** to correctly date the case.

Investigation Information

Investigation ID	Onset Date (mm/dd/yyyy)	Diagnosis Date (mm/dd/yyyy)	Referral Date (mm/dd/yyyy)	Case Entry Date (mm/dd/yyyy)
				10/24/2019
Investigation Status	Case Status			
New	<input type="radio"/> Confirmed <input type="radio"/> Not a Case <input type="radio"/> Probable <input type="radio"/> Suspect <input type="radio"/> Unknown <input type="radio"/> Non-Michigan			
Patient Status	Patient Status Date (mm/dd/yyyy)	Case Disposition	Part of an outbreak?	Outbreak Name
Alive	10/24/2019			

Case Definitions:

A **Confirmed case** is one which has laboratory evidence of infection

A **Probable case** is one which has symptoms, but no laboratory results

Not a Case indicates that the patient is confirmed not infected

Patient Information

Patient ID	First	Last	Middle
Street Address			
City	County	State	Zip
Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.
Parent/Guardian			
First	Last	Middle	

In most cases, patient information, including demographics, is reported by the laboratory initially

Demographics

Sex	Date of Birth mm/dd/yyyy	Age	Age Units
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown			<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years
Race (Check all that apply)			
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown
Hispanic Ethnicity		Arab Ethnicity	
<input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Unknown	<input type="radio"/> Arab <input type="radio"/> Non-Arab <input type="radio"/> Unknown		
Worksites/School	Occupations/Grade	MDOC ID	

Very little data entry is required on these sections unless the lab report comes in with missing information

Referral Information

In most cases, referral information is reported by the laboratory initially

Person Providing Referral

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

Primary Provider

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

Street Address

City 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

Information Source is the type of facility which diagnosed the STI. ***This is required.***

Laboratory Information

Name of Laboratory: Phone: Street Address:

City: State: Zip:

Specimen Collection Date: (mm/dd/yyyy) Lab Result Date (mm/dd/yyyy)

Site of Specimen:

Blood/Serum Lesion-Extra Genital Ophthalmia/Conjunctiva Urethra
 Cerebrospinal Fluid CSF Lesion-Genital Rectal/Anal Urine Unknown
 Cervix/Endocervix Lymph Node Aspirate Throat/Oropharynx Vaginal

Lab Test Type If Other Test, Specify:

Specimen Collection Date: (mm/dd/yyyy) Lab Result Date (mm/dd/yyyy)

Site of Specimen:

Blood/Serum Lesion-Extra Genital Ophthalmia/Conjunctiva Urethra Other, specify:
 Cerebrospinal Fluid CSF Lesion-Genital Rectal/Anal Urine Unknown
 Cervix/Endocervix Lymph Node Aspirate Throat/Oropharynx Vaginal

Lab Test Type If Other Test, Specify: Lab Result

Specimen collection date is required.

Specimen site is the source of the specimen collected for testing. This is required.

If a patient has multi-site testing (multiple specimens collected), enter up to two in this section

If Culture Performed, enter Antimicrobial Susceptibility Testing Results for Gonorrhea

Antimicrobial:	Minimum Inhibitory Concentration (MIC) ug/ml:	Interpretation:
Azithromycin	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant
Cefixime	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant
Ceftriaxone	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant
Ciprofloxacin	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant
Gentamicin	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant
Penicillin	<input type="text"/>	<input type="radio"/> Susceptible <input type="radio"/> Intermediate <input type="radio"/> Resistant

Drug resistance (gonorrhea only)
 If a culture and susceptibility testing is completed, enter the results of that here.

Clinical Information

Signs and Symptoms:
 Gonorrhea-related sequelae present? Pelvic inflammatory disease (PID) Disseminated

STD History:
 Patient has history of CT infection? Yes No
 Patient has GC co-infection? Yes No
 Patient has Syphilis co-infection? Yes No

Clinical Information
 This section is used to mark any sequelae of infection as well as patient history of STDs.

Treatment Information

Has patient been treated for THIS infection?
 Yes No Unknown

If yes, date of treatment: (mm/dd/yyyy)

Specify DRUG/DOSAGE (Check all that apply):

<input type="checkbox"/> Azithromycin (Zithromax, Zmax, Z-pak) 1 gram	<input type="checkbox"/> Azithromycin (Zithromax, Zmax, Z-pak), Other or Unknown
<input type="checkbox"/> Ceftriaxone (Rocephin) 250mg	<input type="checkbox"/> Ceftriaxone (Rocephin), Other or Unknown
<input type="checkbox"/> Doxycycline (Vibramycin) x2 per day x7-10 days	<input type="checkbox"/> Doxycycline (Vibramycin), Other or Unknown
<input type="checkbox"/> Levofloxacin (Levaquin), 500mg	<input type="checkbox"/> Other or unspecified treatment (specify): <input type="text"/>

Treatment Information is required.
 Enter Yes or No, and – if yes – enter the date treated and the drug used. Whenever possible, use the checkboxes rather than the “Other” box

Treated by Provider (report contact information of primary provider)

First:

Street Address:

City:

CDC treatment recommendations can be found online.
 For [chlamydia](#), recommended treatment is Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days.
 For uncomplicated [gonorrhea](#), recommended treatment is dual therapy of Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1g orally in a single dose.
Ciprofloxacin or other fluoroquinolones are not recommended to treat gonorrhea due to widespread antibiotic resistance.

Partner Treatment

Partner will be notified by: Patient Health Department Other:

Number of partners treated by:
 In person at Health Department:
 In person at Private Provider:
 Not treated:

Partner Treatment contains information about partners of the probable or confirmed case. For more information about Expedited Partner Therapy, or EPT, visit our website: www.Michigan.gov/hivstd

Case Management Data

Method of Case Detection:

Screening
 Self-referred
 Patient Referred Patient
 Health Department Referred Partner
 Cluster Related
 Other

Is the patient pregnant?

Yes
 No
 Unknown
 ECHARS Number

HIV Status:

HIV Positive
 HIV Negative
 Equivocal HIV Test
 Refused to Answer
 Did Not Ask

Has the patient had sex with a male within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with a female within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with an anonymous partner within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with an IDU within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with a partner in the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with a partner within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient had sex with a partner within the past 12 months? Yes No Refused to Answer Did Not Ask

Has the patient engaged in injection drug use within the past 12 months? Yes No Refused to Answer Did Not Ask

Receptive sex? Yes No Refused to Answer Did Not Ask

Insertive sex? Yes No Refused to Answer Did Not Ask

During the past 12 months, which of the following injection or non-injection drugs have been used? (select all that apply)

Crack
 Cocaine
 Heroin
 Methamphetamines
 Nitrates/Poppers
 Erectile Dysfunction Medications (i.e. Viagra)
 Other

Has the patient been incarcerated within the past 12 months? Yes No Refused to Answer Did Not Ask

Does the patient have a history of ever having an STD prior to this STD diagnosis? Yes No Refused to Answer Did Not Ask

Has the patient ever met sex partners through the Internet in the last 12 months? Yes No Refused to Answer Did Not Ask

Total number of sex partners? (enter 888 for refused, 999 for unknown)

Insurance status Public Insurance Private Insurance Uninsured

Method of case detection is the reason the patient presented for testing. *This is required.*

Pregnancy status is required.

HIV status is required.

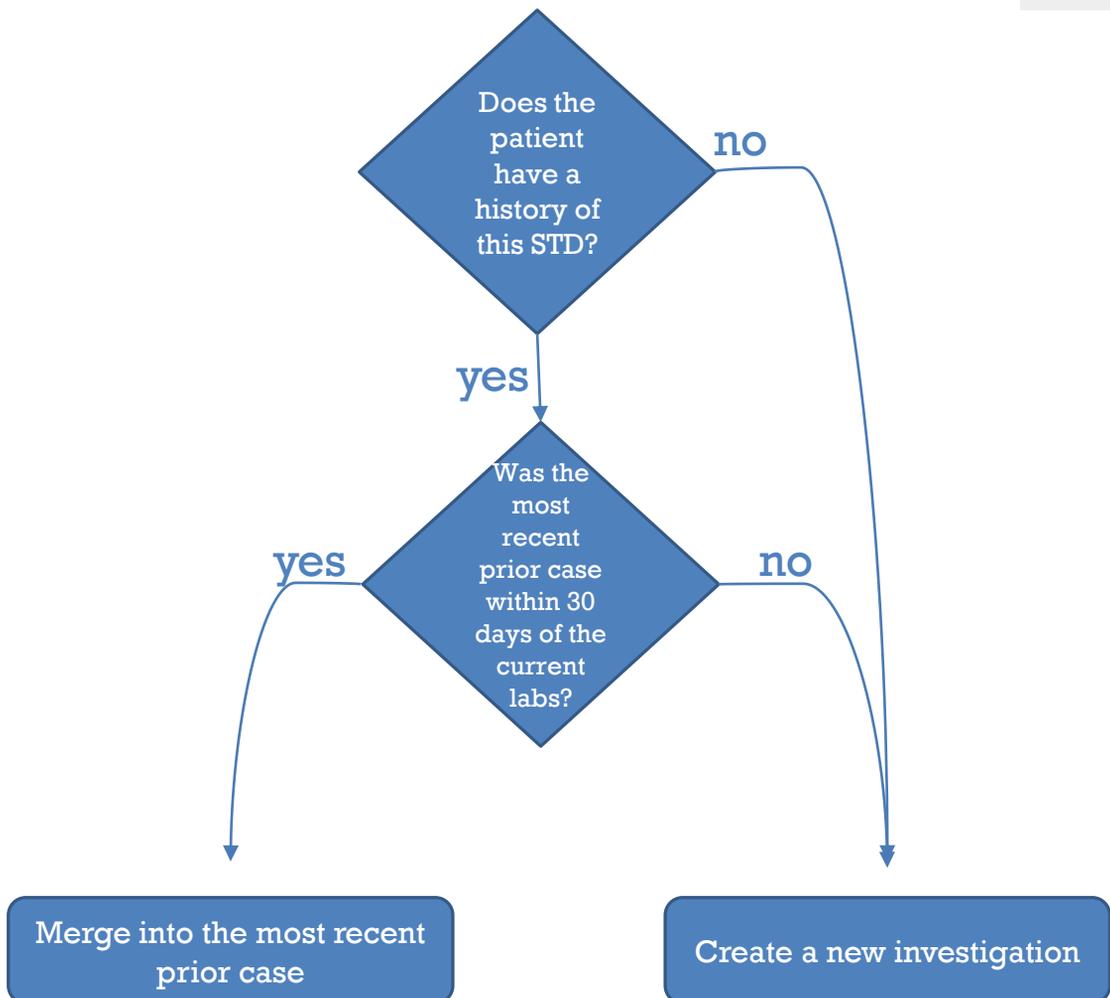
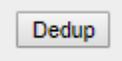
Patient risk is calculated by answers to the Sex with Male and/or Sex with Female questions which are required.

Additional case management data should be completed whenever available. This helps characterize transmission patterns and population characteristics used to inform prevention efforts.

Note that "Did not Ask" and "Unknown" responses are calculated as missing data for the purposes of data quality assurance.

Chlamydia and Gonorrhea De-Duplication

- If resolving patient de-duplication in **the Pending Work Queue**, many STI labs will be merged into patients with a history of disease investigations and it is necessary to determine if the current lab represents a new infection or should be merged into a previous investigation ID.
- By CDC case definitions, multiple diagnoses of an STI in one patient must be at least 30 days apart. To decide when to merge investigations versus creating a new one, use these guidelines:
 - By specimen collection date, if the new lab for the same reportable condition is less than 28 days from the previous lab, **merge into the existing or previous report**
 - If the new lab for the same reportable condition is more than 28 days from the previous lab, **create a new case**
- **Cases may be de-duplicated at any time using the “Dedup” button**



Recommendations for prioritizing STD Follow-up

Understanding that sexually transmitted infections are the most common reportable conditions, it may be necessary for local health departments to prioritize case reporting variables and patient follow-up based on available staff and other resources

For STD prevention materials or technical assistance, email

MDHHS-DHSPsupplies@michigan.gov

- 1. Focus on health department STD clinic patients.** Use records from your own clinic to complete case details for all cases diagnosed in house.
- 2. Prioritize pregnant females,** especially verification of treatment when a patient is known to be pregnant.
- 3. Prioritize co-infected patients** who have gonorrhea/chlamydia co-infections to double the return on your efforts in terms of disease transmissions prevented.
- 4. Prioritize extra-genital infections** when noted in the lab report as these patients may benefit from additional testing and/or PrEP referrals.
- 5. Prioritize repeat infections** (as seen in the MDSS person history) to offer partner testing or EPT as well as prevention counseling.
6. Additional considerations based on local data and knowledge will also be critical in surveillance and prevention.