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

Case Definitions:
- **Confirmed** case is one which has laboratory evidence of infection.
- **Probable** case is one which has symptoms, but no laboratory results.
- **Not a Case** indicates that the patient is confirmed not infected.

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

Very little data entry is required on these sections unless the lab report comes in with missing information.
In most cases, referral information is reported by the laboratory initially.

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

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

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

Treatment Information
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.

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 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
- Health Department Referred Partner
- Cluster Related
- Other

**Pregnancy status** is required.

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

**HIV status** is required.

**HIV Status:**
- HIV Positive
- HIV Negative
- Equivocal HIV Test

**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

**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**

![Flowchart Diagram]

- **Does the patient have a history of this STD?**
  - yes
    - **Was the most recent prior case within 30 days of the current labs?**
      - yes: **Merge into the most recent prior case**
      - no: **Create a new investigation**
  - no:
Syphilis De-Duplication

- Syphilis case de-duplication will be completed by MDHHS STD Epidemiology and surveillance staff. **Local health departments should leave these to be reviewed by MDHHS staff or investigated by disease interventions specialists (DIS) by clicking "defer" in the pending work queue.**

- Syphilis patients can be matched to existing MDSS patients by local health departments as part of the “Patient Dedup” work type in the pending work queue.
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.

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.

For STD prevention materials or technical assistance, email [MDHHS-DHSPsupplies@michigan.gov](mailto:MDHHS-DHSPsupplies@michigan.gov)