



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

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From: Sam Groseclose, DVM, MPH, Chief, Statistics and Data Management Branch, Division of STD Prevention, NCHHSTP, CCID, CDC

Subject: Responses to OMB questions regarding STD Morbidity Surveillance Information Collection Request (ICR) 0920-08AX

To: Margo Schwab, PhD, Desk Officer, Office of Management and Budget

This memorandum responds to several questions (in *italics*) regarding the STD Morbidity Surveillance Information Collection Request (ICR) 0920-08AX posed by OMB to the Division of STD Prevention (DSTDP) during a July 22, 2009 conference.

How will the DSTDP communicate the request to state STD control programs to report additional data elements for notifiable STD case reports?

Representatives of local and state STD prevention programs collaborated with CDC to define the data elements to be reported to support national STD morbidity surveillance. DSTDP will specify which data elements are *recommended* and *optional* variables important for monitoring the epidemiology of STDs in communities. DSTDP will share the list of data elements and the reporting format with local and state STD prevention programs.

Reporting of notifiable STD case reports to DSTDP/CDC is voluntary. Therefore, the requested data elements for STD morbidity surveillance are viewed as guidance to local and state STD control programs. The guidance will encourage STD prevention programs that do not collect these data to begin to collect the data and routinely analyze it to aid program planning and intervention targeting. For those STD programs already collecting these data, DSTDP will request that they extract the data from their information systems and report the data as part of notifiable STD case reports to support national STD morbidity surveillance. Attachment 3 of the STD Morbidity Surveillance ICR Section A details the requested changes in the information content of nationally notifiable STD case report by data element. Attachment 3 has been modified to differentiate those “core” variables *recommended* for collection to describe notifiable STD distribution and epidemiology and *optional* variables that provide enhanced data for prevention program decision-making. The “*recommended*” and “*optional*” data elements are differentiated by type of STD and are specified in modified Attachment 3 (attached).

What are the implications (e.g., resource burden) of DSTDP guidance that requests state STD control programs to report additional data elements for notifiable STD case reports?

Local and state STD prevention programs will continue to be informed of notifiable STDs via either provider or lab reporting as mandated by local and state law, statute, or regulation. Typically, the initial notification from providers (e.g., a morbidity report common to all notifiable conditions including STDs) or from clinical labs (e.g., a lab test result form that includes basic patient or case demographic information)

initiates a local or state STD prevention program response to verify that appropriate case management (including partner notification) is underway. For STD control, health department disease intervention specialists (DIS) follow-up on all infectious syphilis case reports and prioritized gonorrhea and chlamydia cases. It is during this follow-up process that DIS interview the original case-patient to identify: 1) the case-patient's risk behaviors for appropriate counseling and case management and 2) partners who may have been exposed to an STD in order to bring them in for testing and treatment to prevent further transmission. DIS collect the bulk of the additional data elements requested in this ICR during the interview process and seldom re-contact the data sources – whether providers or labs – for additional information. Since these data are already collected by STD programs because they are required for STD prevention and control, additional DIS training is not considered necessary. The burden of collection of these additional elements should not increase the STD program burden – their collection during the interview process is already a component of the local and state STD prevention program surveillance and intervention process. DIS interviews are conducted on as many prioritized STD cases as STD program staffing resources allow. Requesting that these data be reported as part of the STD case report may result in additional STD program burden IF the STD programs begin to enter data collected during the interview process that have not previously been entered into information systems. Once entered, data extraction programs will have to be modified to allow the additional data elements to be included in the modified case report.

The additional burden of data entry and modification of information system data extraction routines is reflected in an updated burden table (attached).

Why is the entire date of birth needed? Why not just ask for the year?

As discussed, the date of birth (DOB) variable is a component of our National Notifiable Disease Surveillance System and is a common data element for all national notifiable infectious disease reporting. Since notifiable STD case reports from state health departments support both NNDSS and the proposed STD morbidity surveillance system, we were going to include DOB among the NNDSS data elements that we would transfer from the NNDSS to the STD morbidity surveillance system. DSTDP can remove DOB from the listed data elements in this ICR, but that may not impact reporting of DOB as part of NNDSS. Since DOB is currently recommended for NNDSS reporting, deletion of DOB from the STD morbidity surveillance case report may be ignored by state STD programs or cause e-data reporting errors in NNDSS case report electronic format (e.g., column shifts in the ASCII formatted data).

It seems like a lot of effort to have the provider or even the state identify the census tract/why not have CDC do that once receive the data?

Census tract would not be provided by the reporting provider. Census tract information can be generated by software products based on street address of patient's residence. If census tract is reported (NOTE: It is defined as an *optional* data element for all notifiable STDs, Attachment 3), it would have to be generated by the local or state prevention program that maintains patient residence information including street address. Patient residence information on which Census tract might be based is not reported to the Federal level.

Will census tract be in the public use data file?

No, Census tract information is too specific geographically to allow release and also maintain patient confidentiality/privacy. It is likely that census tract data will be incomplete, but likely will be available in selected areas (sentinel surveillance). Census tract is being recommended for collection: 1) to allow investigation of the usefulness of these data for assessing the association between STD incidence and social determinants of health and 2) to support more detailed spatial analysis.

Attachments