

Brief Assessment of Data Collection for Sexual Orientation & Gender Identity Data Elements in STD Reporting

Division of STD Prevention - 2019

- 1) State/Project Area _____
- 2) Is there a data element in your STD surveillance data management system to record patient sexual orientation?
Yes No
 - a. If yes, when was this data element added? Month____, Year____
- 3) Is there a data element in your STD surveillance data management system to record patient gender identity?
Yes No
 - a. If yes, when was this data element added? Month____, Year____
 - b. If yes, prior to implementing NETSS record layout version 5 (which includes a variable for reporting data on gender identity through NNDSS), what 'sex' was selected for transgender persons? _____
 - c. If no, do you capture transgender as a valid response code for 'Sex' of patient (i.e., Trans, MTF, FTM, etc.)?
Yes No
- 4) In order to report SO/GI data to CDC in your NETSS transmissions, did you need to modify your STD surveillance data management system? Yes No
 - a. If yes, please indicate the impact of this change:
Minor (simple coding) Medium (application upgrade) Major (Multiple Coding Revisions)
 - b. If yes, please estimate the financial cost of these modifications:
 Hours of work _____ x Cost per Hour \$ _____ =Total Cost \$ _____
- 5) How are SO/GI data currently collected in your jurisdiction for cases of STDs reported through NNDSS? Check all that apply for each STD.

	On laboratory reports	On case reports submitted by providers	During provider follow-up calls/faxes	From electronic case reporting	During surveillance-specific patient interviews	During disease investigation/partner services interventions	Other (Describe)
Chlamydia							
Gonorrhea							
Syphilis							