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**Strengthening United States Response to Resistant Gonorrhea (SURRG)**

**Attachment 3A**

**SURRG Facility STD Clinic Data Elements**

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| --- | --- | --- | --- |
| ***Variable name*** | ***Data element*** | ***Description/Question*** | ***Response codes*** |
| CL\_PATIENTID | PatientID of case | **Unique patient/person identification number**  This unique SURRG Patient ID will be assigned by the local SURRG Epi Coordinator or other designee. It must be unique per person. This patient ID cannot include any personally identifiable information (PII). SURRG grantees might elect to have this ID match the unique patient ID that is generated from their NEDDS Surveillance system for patients with gonorrhea cases  Note: **This Patient ID must be same as the Patient ID attached to SURRG isolates sent to the ARLN**, and will be used to link all the clinical, laboratory, and epi investigation data as appropriate. | Character ID |
| CL\_EVENTID | Event ID/case ID of case | Event identifier distinguishes each GC diagnosis or for GC-negative contacts, each clinic testing visit event. Regardless of how a jurisdiction comes up with the EVENTID, this ID must be unique for each case of GC or GC testing event, and should (1) stay the same for all associated clinic visits (i.e., testing, treatment, TOC), AND (2) match with data in all other tables associated with this patient GC episode or GC testing event (including the LAB, CS, CT, PTSP tables). The ID can be up to 18 digits. This data element must not be ‘null’ or contain missing values. | Character ID |
| CL\_STATE | State code | Identifies state of SURRG site (using digit state FIPS code) | 06=California (CA)  08=Colorado (CO)  18=Indiana (IN)  36=New York (NY)  37=North Carolina (NC)  42=Pennsylvania (PA)  53=Washington (WA)  55=Wisconsin (WI)  99=Unknown |
| VISDATE | Date of clinic visit |  | Character; YYYYMMDD |
| CL\_FACILITY\_LOCATION | Facility location | **Unique facility/clinic identifier**  This ID is generated specifically for the SURRG activity and identifies the health center. A 3-character sentinel site code, hyphen, 2 digits (keep preceding 0 for single digits). | **Unique facility/clinic identifier**  This ID generated specifically for the SURRG activity and identifies the health center. A 3-character sentinel site code, hyphen, 2 digits |
| COUNTYRES | County of patient’s residence | 3-digit FIPS county code  (Use 999 if unknown) | Character |
| PTJURIS | Whether patient resides in funded jurisdiction | Does the patient reside in the funded jurisdiction? (typically the county funded for SURRG; CA – SURRG region; NYC – NYC) | 0=No  1=Yes  9=Unknown |
| GENDER | Patient’s gender | How do you describe your gender identity? | 1=Male  2=Female  3=Female-to-male transgender (FTM)  4=Male-to-female transgender (MTF)  5=Other gender identity  8=Refused to Answer  9=Unknown |
| SEXBIRTH | Sex on birth certificate | What sex were you assigned at birth, on your original birth certificate? | 1=Male  2=Female  8=Refused to Answer  9=Unknown |
| PT\_AGE | Patient age (in years) | How old is the patient?  [Calculated as visitdate-birthdate; do not round up] | Numeric; 999=Unknown |
| HISP\_ETH | Ethnicity: Hispanic or Latino | Is the patient of Hispanic or Latino ethnicity? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| AIAN | Race: AI/AN-American Indian or Alaskan Native | Does the patient identify as American Indian or Alaska Native? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| ASIAN | Race: Asian | Does the patient identify as Asian? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| NHOPI | Race: NH/PI-Native Hawaiian or Other Pacific Islander | Does the patient identify as Native Hawaiian or Pacific Islander? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| BLACK | Race: Black or African American | Does the patient identify as Black or African American? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| WHITE | Race: White | Does the patient identify as white? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| MULTIRACE | Race: Multirace | Does the patient identify as multiracial? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| OTHRACE | Race: Other | Does the patient identify as another race not listed? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| PREGNANT | Pregnancy status at clinic visit | Is the patient pregnant today?  **Optional**  [Use response 7 if patient is cisgender male or female transgender (MTF); use response 9 if didn’t assess on female patient] | 0=No  1=Yes  7=Not Applicable  8=Refused to Answer  9=Unknown |
| GISP\_GCHX | Previous self-reported history of gonorrhea (ever) |  | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SURV\_GCHX | Previous documented history of gonorrhea (ever) |  | 0=No  1=Yes  9=Unknown |
| GISP\_GCHXN | Previous episodes of gonorrhea | Number of previous documented episodes of gonorrhea (past 12 months) | Numeric  99=number is unknown, missing, or not captured |
| GISP\_ANTIBIOT | Antibiotic use | Has patient used any antibiotics during the previous 2 months? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GISP\_SEXWRK | History of sex work | Does patient have a history of giving or receiving drugs/money for sex in the previous 12 months? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GISP\_IDU | History of injection drug use | Does patient have a history of injection drug use in the previous 12 months? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GISP\_NONIDU | History of non-injection recreational drug use | Does patient have a history of non-injection recreational drug use in the previous 12 months? (excludes alcohol, medications for erectile dysfunction, and steroids) | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GISP\_ETRVL | Case travel status and sex activity | Has the patient traveled outside of US in the past 2 months, and had condomless oral, anal, or vaginal sex with someone other than a US-based traveling companion?  [**Optional if not contained in EMR]** | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GISP\_ETRVL2 | Partner travel status and sex activity | In the past two months, has the patient had condomless oral, anal, or vaginal sex with someone who recently traveled to or from another country?  **[Optional if not contained in EMR]** | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| PENALLERGY | Penicillin allergy | Does patient report a penicillin allergy? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| MENSEX | Number of male sex partners | How many MEN did the patient have sex with in the previous 2 or 3 months? | Numeric  999=number is unknown, missing, or not captured |
| MEN\_TIME | Time interval used to capture patient’s number of male sex partners | What interview period was used to obtain the patient’s number of male sex partners? | 1=2 months  2=3 months  9=Unknown/Not Applicable |
| FEMSEX | Number of female sex partners | How many WOMEN did the patient have sex with in the previous 2 or 3 months? | Numeric  999=number is unknown, missing, or not captured |
| FEM\_TIME | Time interval used to capture patient’s number of female sex partners | What interview period was used to obtain the patient’s number of female sex partners? | 1=2 months  2=3 months  9=Unknown/Not Applicable |
| GENDER\_SP | Gender of sex partners | Provider documented gender of patient’s sex partners | 1=Males only  2=Females only  3=Both Males and Females  9=Unknown |
| ExpSTD\_PTR | Partner notification of gonorrhea exposure | Before you came to the clinic today, did any of your sex partners tell you that you might have recently been exposed to gonorrhea? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| ExpSTD\_HD | Health department notification of gonorrhea exposure | Before you came to the clinic today, did the health department/DIS tell you that you might have had sex with someone with gonorrhea (or an STD)? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SXPHARYNGEAL | Reported pharyngeal/throat pain | Does the patient report pharyngeal/throat pain? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SXDYSURIA | Reported dysuria (painful urination) | Does the patient report dysuria? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SXDISCHARGE | Reported genital discharge | Does the patient report genital discharge? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SXRECTAL | Reported rectal symptoms | Does the patient report rectal symptoms (e.g., pain or tenesmus)? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| SXABDOMEN | Reported abdominal pain | Does the patient report abdominal pain? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| EVERHIV | Prior HIV testing self-reported | Has the patient ever been tested for HIV (prior to today)? | 0=No  1=Yes  8=Refused to Answer  9=Unknown |
| WHENHIVM | Last HIV test self-reported | When was the patient’s last HIV test?  Leave Blank if EverHIV=0, 8, or 9 | MM (month reported); 99=Unknown |
| WHENHIVY | Last HIV test self-reported | When was the patient’s last HIV test?  Leave Blank if EverHIV=0, 8, or 9 | YYYY (year reported); 9999=Unknown |
| HIVRESULTLAST | HIV result self-reported | What was the result of that patient’s HIV test (excluding testing on today’s visit)? | 0=Negative  1=Positive  2=Indeterminate  7=Never tested  8=Refused to Answer  9=Unknown |
| GISP\_HIVRESULT | HIV result self-reported at clinic visit | If tested at this visit, what was the result of this patient’s HIV test? | 0=Negative  1=Positive  2=Indeterminate  7=Not tested today  8=Refused to Answer  9=Unknown |
| PREP | PrEP use | Is the patient currently using HIV pre-exposure prophylaxis (PrEP)?  [Response=7 if HIV-positive] | 0=No  1=Yes  7=Not applicable  8=Refused to Answer  9=Unknown |
| PREP\_REFER | PrEP referral | If not on PrEP, was the patient offered or referred for PrEP (on day of visit)?  [Response=7 if HIV-positive or already on PrEP] | 1=Yes referred  2=Not referred, but eligible for referral  3=Not referred, due to ineligibility  7=Not applicable  9=Unknown |
| HIVCARE | HIV care | Has the patient been receiving HIV medical care in the past 12 months? (i.e., currently receiving care)  [Response=7 if HIV-negative or never HIV tested] | 0=No  1=Yes  7=Not applicable  8=Refused to Answer  9=Unknown |
| HIVCARE\_REFER | HIV care referral | If not currently receiving HIV medical care, was patient referred to care?  [Response=7 if HIV-negative or never tested] | 0=No  1=Yes  7=Not applicable  9=Unknown |
| DATETX | Date of Gonorrhea treatment | Date patient received gonorrhea treatment | Character; YYYYMMDD |
| TRMT1 | Primary Gonorrhea treatment | What is the patient’s primary treatment for gonorrhea?  [If not treated, select 00] | 00=none  03=spectinomycin (Trobicin) 2 gm  04=ceftriaxone (Rocephin) 250 mg  05=ceftriaxone (Rocephin) 125 mg  06=ciprofloxacin (Cipro) 500 mg  07=cefoxitin (Mefoxin) 2 gm  12=cefixime (Suprax) 400 mg  14=cefpodoxime proxetil (Vantin) 200 mg  15=ofloxacin (Floxin) 400 mg  17=ceftizoxime (Cefizox) 500 mg  18=cefotaxime (Claforan) 500 mg  21=azithromycin (Zithromax) 2 gm  22=levofloxacin (Levaquin) 250 mg  23=cefpodoxime proxetil (Vantin) 400 mg  24=ceftibuten (Cedax) 400 mg  25=cefdinir (Omnicef) 300 mg  26=cefdinir (Omnicef) 600 mg  27= gemifloxacin 320 mg  28= gentamicin 240 mg (or weight-based dosage)  29 = ceftriaxone 500 mg  30 = ceftriaxone 1000 mg  77=other (please indicate in other medication prescribed)  99=unknown |
| MEDICATION1\_OTH | Other medication prescribed | If the patient received a medication other than what is listed above (and Medication 1 was coded as 77 for ‘other’), please provide the name of the other medication.  Leave blank if not applicable | Free text field |
| TRMT2 | Secondary Gonorrhea treatment | What (if any) second antimicrobial was used as part of dual therapy for gonorrhea treatment or treatment of chlamydia?  [If not treated for gonorrhea {TRMT1=00} or a second antimicrobial treatment was not given, choose 00=none] | 00=none  01=ampicillin/amoxicillin  09=doxycycline (Vibramycin) 100mg bid x 7 days  11=azithromycin (Zithromax) 1 gm  21=azithromycin (Zithromax) 2 gm  77=other  99=unknown |
| TOC\_VIS | Test of cure (TOC) visit identification | Was this a test of cure visit or was this patient recently treated for gonorrhea at this clinic (or a partnering clinic) within the past 4 weeks? | 0=No (stop)  1=Yes (potential treatment failure or persistent infection; proceed to next question) |
| TCT\_SEX | Sexual activity | Has patient engaged in any sexual activity with a new sex partner since recent GC treatment?  (If yes, proceed to condomless sexual activity question. If no, proceed to sexual activity with same partner question) | 0= No (potential treatment failure)  1=Yes (potential new infection)  8=Refused to Answer  9=Unknown |
| TCT\_CONDUSE | Condomless sexual activity | Did patient use condoms or barrier method every time they’ve had sex with this new sex partner | 0= No (potential treatment failure)  1=Yes (potential new infection)  8=Refused to Answer  9=Unknown |
| TCT\_SAMEPTR | Sexual activity with same partner | Since recent GC treatment, has patient engaged in any sexual activity with someone they also had sex with in the 2 months prior to recent treatment?  (If yes, proceed to condomless sexual activity with same partner question) | 0= No (potential treatment failure)  1=Yes  8=Refused to Answer  9=Unknown |
| TCT\_SAMPETRCU | Condomless sexual activity with same partner | Since recent GC treatment, did patient use condoms or barrier method every time they had sex with this/these on-going sex partners? | 0=No (new infection)  1=Yes (potential treatment failure)  8=Refused to Answer  9=Unknown |