Form Approved

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Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1242)

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

**Attachment 3B**

**SURRG Facility non-STD Clinic Data Elements**

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| **Data element** | **Description and Response Codes** |
| CL\_PATIENTID | SURRG records from interviews will be assigned (by the local or state health department) a unique patient identifier (patient ID).  CDC will only receive the unique identifier and will not have the ability to back-convert the Patient ID or other event ID to a medical record number, name, social security number, or date of birth. (see SSA 9) |
| CL\_EVENTID | This ID can be up to 18 characters in length. SURRG records from interviews will be assigned (by the local or state health department) a unique event identification number for each investigation. CDC will only receive the unique identifier and will not have the ability to back-convert the Patient ID or other event ID to a medical record number, name, social security number, or date of birth. |
| CL\_STATE | **SURRG Project State code (using state FIPS code)**  This 2-character code identifies the SURRG site state  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 (e.g. date of specimen collection) YYYYMMDD**  This data element must not be ‘null’ or contain missing values |
| 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). |
| PTJURIS | 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 (Use 9 if not collected) |
| GENDER  (If non-STD sites can only capture sex, capture sex as 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 | **What sex were you assigned at birth, on your original birth certificate?**  1=Male  2=Female  8=Refused to Answer  9=Unknown |
| PT\_AGE | **How old is the patient?** (Age in years)  Numeric  If age is unknown or missing, use 99.  [Calculated as visitdate-birthdate; do not round up] |
| HISP\_ETH | Is the patient of Hispanic or Latino ethnicity?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| AIAN | Does the patient identify as American Indian or Alaska Native?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| ASIAN | Does the patient identify as Asian?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| NHOPI | Does the patient identify as Native Hawaiian or Pacific Islander?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| BLACK | Does the patient identify as Black or African American?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| WHITE | Does the patient identify as white?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| MULTIRACE | Does the patient identify as multiracial?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| OTHRACE | Does the patient identify as another race not listed?  0=No  1=Yes  8=Refused to Answer  9=Unknown |
| GENDER\_SP | Provider-documented gender of patient’s sex partners?  1=Males only  2=Females only  3=Both Males and Females  9=Unknown |
| DATETX | Date of gonorrhea (GC) treatment  YYYYMMDD |
| TRMT1 | What is the patient’s primary treatment for gonorrhea?  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 Treatment 1)  99=unknown  [If not treated, select 00] |
| MEDICATION1\_OTH | 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.  Free text description of the other medication  Leave blank if not applicable |
| TRMT2 | What (if any) second antimicrobial was used as part of dual therapy for gonorrhea treatment or treatment of chlamydia?  00=none  01=ampicillin/amoxicillin  09=doxycycline (Vibramycin) 100mg bid x 7days  11=azithromycin (Zithromax) 1 gm  21=azithromycin (Zithromax) 2 gm  77=other  99=unknown  [If not treated for gonorrhea {TRMT1=00} or a second antimicrobial treatment was not given, choose 00=none] |