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Strengthening STD Prevention and Control for Health Departments

Congenital Syphilis (CS) Point-of-Care Testing (POCT) Supplement

Performance Measures Technical Specifications & Reporting Reference Guide

Program Development and Evaluation Branch | Evaluation Team

CDC estimates the average public reporting burden for this collection of information as 3 hours annually, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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

Content

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1. Introduction

The Centers for Disease Control and Prevention (CDC) funds select health departments to conduct congenital syphilis prevention activities through the Congenital Syphilis Point-of-Care Testing (CS POCT) Supplement. This supplement provides resources for recipients to purchase and deploy syphilis point-of-care tests and treatment medications as part of a comprehensive strategy to reduce congenital syphilis morbidity.

This **Performance Measures Reporting Reference Guide** provides a detailed description of the performance measures, data element definitions, calculation methods, and tips for completing the CS POCT Supplement Report Template. This document should be reviewed in its entirety before completing the Data Collection Template.

Reporting Period: July 1, 2026 – February 28, 2027 **Report Due:** May 31, 2027 (within 90 days of period end)

The purpose of the performance measures outlined in this document are to:

- Assess recipients' progress in deploying resources;
- Characterize testing activity, positivity, and follow-through to confirmatory testing;
- Monitor treatment outcomes for women with syphilis; and

- Inform CDC's understanding of the supplement's public health impact.

Two data fields appear throughout each section of the reporting tool. Their definitions are provided here and are not repeated in each section:

Field	Definition
Data Source	Indicate *where* the data for this measure lives in your system (e.g., laboratory information system, EHR, procurement records, tracking spreadsheet). This helps CDC understand the type of data infrastructure supporting your report.
Reporting Mechanism	Describe *how* you extracted or counted the data for this specific measure (e.g., ran a query filtered by date and test type, manually tallied from outreach logs, cross-referenced purchase orders with inventory records).

2. CS POCT Supplement Performance Measures: At-a-Glance

The following table identifies the **primary performance measures** for the supplement reporting period. These are the key metrics CDC will use to assess program progress. Supporting data elements used to calculate these measures are defined in the relevant sections below.

#	Performance Measure	Section
PM-1	Number of syphilis POCTs purchased with supplement funds (or total funds if not distinguishable)	Section 1
PM-2	Number of other syphilis tests (non-POCT) purchased with supplement funds (or total funds if not distinguishable)	Section 1
PM-3	Amount/number of syphilis treatment medications purchased with supplement funds (or total funds if not distinguishable)	Section 1
PM-4	Total number of syphilis POCTs performed, overall and among women of reproductive age (15–44) and pregnant women, by venue	Section 2
PM-5	Number of reactive (positive) syphilis POCT results and proportion confirmed positive on confirmatory serologic testing	Section 3
PM-6	Number of women with newly diagnosed syphilis (any stage), overall and among women of reproductive age and pregnant women	Section 4
PM-7	Number and proportion of women completely and correctly treated for syphilis, overall and among pregnant women	Section 4

3. How to Use the Reporting Tool

The CS POCT Supplement Report Template is an interactive web-based form with two tabs:

Report Form — Contains all data entry fields, organized into five sections. Complete this tab in order, from top to bottom.

Data Quality Dashboard — Automatically checks your entered data for logical inconsistencies and flags potential issues. Review this tab before finalizing your submission.

Key Features

- **Section 1 Dual-Table Logic:** You will first be asked whether your program can distinguish supplement-funded purchases from purchases made with other funds. Your answer activates the appropriate version of the procurement table. Only one table will be active at a time; the other will be greyed out. Complete only the active (non-greyed) table.
- **Auto-Calculated Fields:** Fields shaded in blue are calculated automatically from your entries. Do not attempt to override these.
- **Proportion Fields:** In Sections 3 and 4, proportion fields update automatically as you enter counts. If a proportion exceeds 100%, the field will turn red — this indicates a data entry error that must be resolved.
- **Placeholder Text:** Light grey italic text in Data Source and Reporting Mechanism fields provides examples to guide your response. Replace this text with your actual information.
- **In-Section Data Quality Fields:** Each section ends with a brief data quality check. Use these fields to flag and describe any concerns with the data you are reporting for that section.

4. Section 1 — Procurement (Financial Measures)

Purpose

Section 1 captures the quantities of supplement-related items purchased during the period of performance. This section documents the resources deployed through the supplement and establishes the foundation for assessing utilization rates in subsequent sections.

Data source for all Section 1 items: Procurement records, purchase orders, budget expense reports, finance system exports, or pharmacy supply logs for the period July 1, 2026 – February 28, 2027.

Funding Source Question

Before completing the procurement table, you must answer the following question:

Can your program distinguish purchases made with supplement funds from purchases made with other funds (e.g., via separate purchase orders, budget line items, or procurement records)?

Response	Action
Yes	Complete **Table A** (supplement funds vs. other funds, with auto-calculated totals). Table B will be greyed out.
No	Complete **Table B** (total quantities across all funding sources). Table A will be greyed out.

If your program answered **Yes**, report supplement-funded and other-funded quantities separately. The tool will automatically calculate the combined total. If your program answered **No**, report total quantities only, regardless of which funds paid for them.

Table A Data Elements (Yes Branch — Supplement vs. Other Funds)

Line	Data Field	Notes / Tips
1a	**Syphilis POCTs — Purchased with Supplement Funds**	Enter a whole number. Count only POCT units (rapid/point-of-care syphilis tests) procured using supplement funds during the period. Do not include non-POCT syphilis tests here.
1a	**Syphilis POCTs — Purchased with Other Funds**	Enter a whole number. Count POCT units procured using any non-supplement funding source during the period.
1a	**Syphilis POCTs — Total Purchased**	*Auto-calculated* as the sum of supplement and other-funded quantities.
1b	**Other Syphilis Tests (non-POCT) — Purchased with Supplement Funds**	Enter a whole number. Includes RPR, TPPA, EIA, or other laboratory-based syphilis tests. Do not include POCTs here.
1b	**Other Syphilis Tests (non-POCT) — Purchased with Other Funds**	See above.
1b	**Other Syphilis Tests (non-POCT) — Total Purchased**	*Auto-calculated.*
1c	**Syphilis Treatment Medications — Purchased with Supplement Funds**	Enter a whole number. Count doses or units procured (e.g., vials of Bicillin L-A). Specify the unit type (doses, vials, syringes) in the Reporting Mechanism field.
1c	**Syphilis Treatment Medications — Purchased with Other Funds**	See above.
1c	**Syphilis Treatment Medications — Total Purchased**	*Auto-calculated.*

Table B Data Elements (No Branch — Total All Funds)

Line	Data Field	Notes / Tips
1a	**Syphilis POCTs — Total Purchased (All Funds)**	Enter a whole number. Count all POCT units procured during the period, regardless of funding source.
1b	**Other Syphilis Tests (non-POCT) — Total Purchased (All Funds)**	Enter a whole number. Count all non-POCT syphilis tests procured during the period, regardless of funding source.
1c	**Syphilis Treatment**	Enter a whole number. Count all doses or units of

	Medications — Total Purchased (All Funds)	syphilis treatment medications procured during the period. Specify the unit type in the Reporting Mechanism field.

Section 1 Data Quality Fields

Field	Notes / Tips
Are there data quality issues?	Select *Yes* if procurement records were incomplete, if funding sources could not be cleanly separated, or if there are other concerns about the accuracy of the quantities reported.
Describe the issue(s)	Required if you selected *Yes* above. Describe the nature of the data quality concern (e.g., purchase orders for the first two months were not yet finalized at time of reporting).
Steps taken to address	Describe any steps taken to estimate, verify, or mitigate the issue (e.g., cross-referenced inventory logs with purchase orders).
Additional context for CDC	Use this space for any additional caveats or context CDC should know when interpreting Section 1 data.

5. Section 2 — Syphilis Testing Activity (Programmatic Measures)

Purpose

Section 2 captures the number of syphilis POCTs performed at each venue type during the period, broken out by total tests, tests among women of reproductive age (WRA, ages 15–44), and tests among pregnant women. This section documents how resources were deployed in practice.

Report ALL syphilis POCTs conducted at your site(s) during the period of performance, regardless of funding source. This section captures testing activity, not just supplement-funded activity.

Data sources: Testing logs, electronic health records (EHR), laboratory information system (LIS), or program tracking spreadsheets.

Data Elements

Line	Data Field	Notes / Tips
2a	**POCTs performed — Clinical / STD Clinic**	Enter whole numbers for total tests, WRA tests, and pregnant women tests at this venue type. Count each test administered, not each patient (a patient tested multiple times should be counted each time).
2b	**POCTs performed —**	Include tests performed at OB/prenatal clinics, midwifery

	Prenatal / OB Setting	practices, and similar settings.
2c	**POCTs performed — Community / Outreach Setting**	Include tests performed at community-based organizations, mobile units, health fairs, and other outreach venues.
2d	**POCTs performed — Emergency Department**	Include tests performed in emergency departments or urgent care settings.
2e	**POCTs performed — Partner Services Field Test**	Include tests performed by partner services staff during field-based contact investigation, partner notification, case follow-up, or other partner services activities conducted outside of traditional clinical settings.
2e	**POCTs performed — Other (specify)**	Use this row for any venue not captured above. You must specify the venue type in the field provided.
2f	**TOTAL POCTs Performed**	*Auto-calculated* as the sum of rows 2a–2e, separately for each column (Total, WRA, Pregnant).

Column definitions:

Column	Definition
Total	All syphilis POCTs performed at this venue, regardless of patient age or pregnancy status.
Women of Reproductive Age (15–44)	POCTs performed among female patients aged 15–44 years, whether pregnant or not. Age and sex as recorded at time of visit.
Pregnant Women	POCTs performed among patients with documented pregnancy status of "pregnant" at time of visit, regardless of age.

Note: The "Pregnant Women" count should always be less than or equal to the "Women of Reproductive Age (15–44)" count at each venue, unless your program includes pregnant women outside the 15–44 age range. If pregnant women exceed WRA at any venue, a warning will appear in the Data Quality Dashboard — please verify and note any explanation in the data quality fields.

Section 2 Data Quality Fields

Same structure as Section 1. Select *Yes* if data for any venue were incomplete, if venue-level breakouts were estimated, or if other concerns exist (e.g., EHR system migration affected completeness of records for part of the period).

6. Section 3 — POCT Results & Confirmatory Testing

Purpose

Section 3 captures the cascade of POCT results from initial reactive (positive) result through confirmatory serologic testing outcomes. This section supports **PM-5** and allows CDC to assess POCT positivity rates, confirmatory testing linkage, and false positive rates.

Data source: Laboratory information system (LIS), requisition form records, or EHR clinical records. Each reactive POCT should be linked to a confirmatory serologic result where available.

Data Elements

Line	Data Field	Notes / Tips
3a	**Number of reactive (positive) POCT results**	Enter a whole number. Count all POCTs with a reactive result during the period, regardless of subsequent confirmatory test outcome. This serves as the reference total for the proportions in this section. This value must be ≤ the total POCTs performed (Section 2, row 2f).
3b	**Of reactive POCTs: number with a confirmatory test ordered**	Enter a whole number ≤ 3a. Count reactive POCT results for which a follow-up confirmatory serologic test (e.g., RPR, TPPA, EIA) was ordered. The tool will auto-calculate this as a proportion of 3a (% of reactive POCTs with confirmatory testing ordered).
3c	**Of confirmatory tests ordered: number confirmed positive (true positive)**	Enter a whole number ≤ 3b. Count confirmatory tests with a positive serologic result, indicating a true syphilis infection. Auto-calculated as % of confirmatory tests ordered.
3d	**Of confirmatory tests ordered: number confirmed negative (false positive POCT)**	Enter a whole number ≤ 3b. Count confirmatory tests with a negative serologic result, indicating the reactive POCT was a false positive. Auto-calculated as % of confirmatory tests ordered.
3e	**Of confirmatory tests ordered: number with result pending or unknown**	Enter a whole number ≤ 3b. Count confirmatory tests for which a result was not yet available or could not be obtained as of the reporting date. Auto-calculated as % of confirmatory tests ordered.
3f	**Check: 3c + 3d + 3e should equal 3b**	*Auto-calculated consistency check.* The sum of confirmed positive, confirmed negative, and pending/unknown results should equal the total number of confirmatory tests ordered (3b). If the check row shows a mismatch, review your entries for 3c, 3d, and 3e.

Column definitions:

Column	Definition
Total	All syphilis POCTs performed at this venue, regardless of patient age or pregnancy status.
Women of Reproductive Age (15–44)	POCTs performed among female patients aged 15–44 years, whether pregnant or not. Age and sex as recorded at time of visit.
Pregnant Women	POCTs performed among patients with documented pregnancy status of "pregnant" at time of visit, regardless of age.

Important: If 3c + 3d + 3e does **not** equal 3b, this indicates that some confirmatory test outcomes are unaccounted for. Verify your data before submission. If there is a legitimate explanation (e.g., some tests were ordered but records are not yet available in your LIS), describe this in the data quality fields.

Proportions exceeding 100% will be flagged in red. For example, 3b cannot exceed 3a — you cannot have more confirmatory tests ordered than reactive POCTs obtained.

Section 3 Data Quality Fields

Select *Yes* if confirmatory test results were not consistently linked to POCT records in your LIS, if records for some patients were unavailable, or if other concerns affect the completeness or accuracy of this section.

7. Section 4 — Case Identification & Treatment Outcomes (Women)

Purpose

Section 4 captures the number of women with newly diagnosed syphilis and the proportion who received complete and correct treatment during the period. This section supports **PM-6** and **PM-7** and is central to CDC's assessment of the supplement's impact on preventing congenital syphilis.

Data source: Disease case records, EHR, or STD surveillance system. Count only cases identified and treated during the period of performance (July 1, 2026 – February 28, 2027).

Data Elements

Line	Data Field	Notes / Tips
4a	**Women with newly diagnosed syphilis (any stage)**	Enter a whole number. Count all female patients with a new syphilis diagnosis (any stage: primary, secondary, early non-P&S, late, unknown stage) during the reporting period. This is the primary reference total for Section 4 proportions.
4a-i	**Of those: women of reproductive age (15–44)**	Enter a whole number ≤ 4a. Count newly diagnosed women aged 15–44 years. Auto-calculated as % of 4a.
4a-ii	**Of those: pregnant women**	Enter a whole number ≤ 4a. Count newly diagnosed women with documented pregnancy status of "pregnant" at time of diagnosis, regardless of age. Auto-calculated as % of 4a.
4b	**Women completely and correctly treated for syphilis**	Enter a whole number ≤ 4a. Count women who received the full CDC-recommended treatment regimen for their stage of syphilis infection during the reporting period. See definition below. Auto-calculated as % of 4a (treatment rate).

4b-i	**Of those: pregnant women completely and correctly treated**	Enter a whole number ≤ 4a-ii. Count pregnant women who received complete and correct treatment. Auto-calculated as % of 4a-ii (pregnant women diagnosed).

Definition — "Completely and correctly treated": A woman is considered completely and correctly treated if she received the full CDC-recommended treatment regimen for her stage of syphilis infection at the time of diagnosis, as defined by current CDC STI Treatment Guidelines. Include treatment dates in your records to verify treatment occurred within the reporting period.

Note on 4a-ii vs. 4a-i: Pregnant women (4a-ii) should generally be ≤ WRA (4a-i), as most pregnant women fall within the 15–44 age range. If pregnant women exceed WRA (e.g., because your program includes women pregnant beyond age 44), a warning will appear in the Data Quality Dashboard. Please note this in the data quality fields if applicable.

Note on treatment rate: A treatment rate (4b / 4a) exceeding 100% indicates a data entry error — the number of women treated cannot exceed the number diagnosed. This will be flagged as an error in the Data Quality Dashboard.

Section 4 Data Quality Fields

Select *Yes* if pregnancy status was not recorded for a portion of newly diagnosed cases, if treatment completion data may be undercounted (e.g., patients receiving care at outside facilities), or if other concerns affect completeness or accuracy.

8. Section 5 — Qualitative Supplement Impact

Purpose

Section 5 collects narrative responses that allow recipients to describe the supplement's impact in ways that quantitative measures cannot fully capture. **This section is required for all recipients**, regardless of data tracking limitations.

Responses should be 2–5 sentences each. There are no right or wrong answers; CDC is interested in your program's honest assessment of successes, challenges, and lessons learned.

Questions

Question	Guidance
5a. How did the supplement funding change or expand your program's syphilis POCT capacity compared to before the supplement period?	Describe changes in testing volume, the number or types of venues reached, populations served, or testing workflows adopted as a result of supplement funding. If POCT capacity was not expanded (e.g., POCTs were used to replace existing tests rather than add new capacity), please describe that context here.
5b. Were there any barriers to	Describe any obstacles encountered, such as supply

using supplement-purchased POCTs or treatment medications during this period? If so, how did your program address them?	chain delays, staffing limitations, patient follow-through challenges, lab turnaround time for confirmatory tests, or training needs. Describe any steps your program took to address or work around these barriers.
5c. Is there anything else you would like CDC to know about your program's supplement activities or outcomes not captured by the measures above?	Use this space for additional context, success stories, lessons learned, or information about populations or activities not captured in Sections 1–4.

9. Data Quality Dashboard

The **Data Quality Dashboard** tab runs automatically as you enter data and checks for logical inconsistencies across all sections. This tool is designed to help you identify and resolve data entry errors before submission.

How to Use the Dashboard

1. Click the **Data Quality** tab at the top of the reporting tool.
2. Review the summary bar, which shows the count of **Errors** (must fix), **Warnings** (review), and **Checks Passed**.
3. Review flagged items by section. Each item shows the rule name and a description of the issue.
4. Return to the **Report Form** tab to correct any errors or add explanations in the relevant data quality fields.
5. Re-check the dashboard after making corrections.

Check Types

Icon	Type	Meaning
✘	**Error (Red)**	A logical impossibility in the data that must be corrected before submission (e.g., a sub-group count exceeds its parent total, or a calculated proportion exceeds 100%).
⚠	**Warning (Orange)**	A value that may be correct but is unusual and warrants review (e.g., pregnant women count exceeds WRA count, or confirmatory test outcomes do not sum to confirmatory tests ordered).
✔	**Pass (Green)**	The check was run and no issue was detected.

Automated Checks Performed

Header / Administrative

- Recipient name entered
- Submission date entered

Section 1

- Funding distinction question answered
- At least some procurement quantities entered (if selection has been made)
- Flagged DQ issues accompanied by a description

Section 2

- At least one venue has POCT counts entered
- WRA count does not exceed total tests at any venue
- Pregnant women count does not exceed total tests at any venue
- Pregnant women count does not exceed WRA count at any venue (warning if so)

Section 3

- 3b (confirmatory tests ordered) does not exceed 3a (reactive POCTs)
- 3c + 3d + 3e equals 3b (internal consistency)
- No individual outcome row (3c, 3d, 3e) exceeds 3b

Section 4

- 4a-i (WRA diagnosed) does not exceed 4a (all newly diagnosed)
- 4a-ii (pregnant diagnosed) does not exceed 4a (all newly diagnosed)
- 4b (treated) does not exceed 4a (diagnosed)
- 4b-i (pregnant treated) does not exceed 4a-ii (pregnant diagnosed)
- 4b-i (pregnant treated) does not exceed 4b (all treated)

Cross-Section

- 3a (reactive POCTs) does not exceed 2f (total POCTs performed)

Note: The Data Quality Dashboard checks for logical consistency in the data you enter. It does not verify that the data are accurate relative to your program's underlying records — that responsibility rests with the report preparer. Passing all dashboard checks does not guarantee data accuracy.

10. Common Questions & Tips

Q: What if our program did not purchase any POCTs during this period? Enter "0" for the relevant procurement rows in Section 1 and describe the context in the data quality fields. Still complete Sections 2–4 if your program conducted syphilis POCT testing or case management activity using previously purchased tests.

Q: Can we report on testing activity at venues not listed? Yes. Use row 2e ("Other — specify") and enter the venue name in the field provided.

Q: What if we cannot link reactive POCT results to specific confirmatory test records? Report what you can and note the limitation in the Section 3 data quality fields. Describe the steps you are taking to improve linkage for future reporting periods.

Q: Should patients tested at multiple venues be counted more than once in Section 2? Yes. Section 2 counts tests performed (not unique patients). A patient tested at two venues on two separate occasions should be counted once at each venue.

Q: What if the treatment rate in Section 4 appears low because patients received treatment at outside facilities? Report what is documented in your system and describe this limitation in the Section 4 data quality fields.

Q: Can the % of potential CS cases averted (calculated from Section 4 data) exceed 100%? This can occur if the number of reported congenital syphilis cases is very small relative to pregnant women diagnosed. If this occurs in your data, please explain in the data quality comments.