



Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 2 | Enhanced surveillance for GC cases

From Strategy Area I: Conduct Surveillance

2. Conduct Gonorrhea (GC) surveillance
 - a. Collect, manage, analyze, interpret and disseminate data on identified cases of gonorrhea, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection
 - b. To better understand GC epidemiology, conduct provider follow-up and, if needed, brief patient interviews of a **random sample of GC cases** from a well-defined high morbidity area or the project area as a whole. Ensure timely and quality capture of core epidemiologic variables including, but not limited to: age, sex, county, diagnosing facility type, specimen collection date, anatomic site(s) of infection, race/ethnicity, gender identity/sexual orientation, sex of sex partner(s), clinical signs/symptoms, pregnancy status, HIV status, partner treatment (i.e., EPT provision), gonorrhea-related sequelae (i.e., presence of pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI), etc.) substance use, date of diagnosis, treatment received (including names and doses of treatment), date of treatment, co-infection with other STDs, and history of GC infection

Why DSTDP included these strategies

Case-level gonorrhea data are reported to CDC by states, territories and independently funded county and/or city health departments through the National Notifiable Disease Surveillance System. These data are the primary source for reporting, analysis, and interpretation of trends in the incidence, prevalence and societal impact of gonorrhea infection in the United States and U.S. Territories. Only a limited and core set of epidemiological variables are currently required for national case reporting, including sex, age, race/ethnicity, and county of residence. Behavioral information, such as the gender and number of sex partners, HIV and pregnancy status, are critically important to understand the changing epidemiology of STDs, however, these data are not routinely collected for most reported cases of gonorrhea. A jurisdiction's ability to interpret trends in reported cases of gonorrhea, assess inequalities in the burden of disease by population characteristics and to respond with an appropriately focused mix of targeted prevention, screening and treatment interventions is dependent on the local capacity to obtain sufficient information.

National case report data for gonorrhea may not be sufficiently complete to provide valid, useful information locally. However, a carefully crafted enhanced surveillance initiative obtaining relevant, programmatically useful information on a representative sample of **ALL** reported cases of GC in a well-defined geographic area or the project area as a whole can allow programs to infer case characteristics and monitor trends in important factors such as treatment, anatomic site of infection – along with relevant behavioral characteristics such as gender and number of sex partners. This strategy is being included to support programs to better focus their programmatic activities by refining estimates of the burden of gonorrhea in their jurisdictions, including estimating incidence among at-risk and vulnerable populations. Moreover, this strategy also supports efforts to better monitor STD prevention program impact, and to understand STD-related care seeking behaviors.

Key definitions

Surveillance: the systematic collection, management, analysis, interpretation and dissemination of data.

Enhanced surveillance: Additional surveillance activities that expand upon routine surveillance efforts, including collection of data measures beyond core variables that have been reported by providers and/or laboratories to state and local health agencies.

Considerations for implementation

Case-Based gonorrhea surveillance for data collection, management, analysis, interpretation, & dissemination of core epidemiological variables

- Follow the best practices for general STD case surveillance covered in **TA Notes #1**
- Core (e.g., specimen collection date) and non-core (e.g., race) variables should be reported to CDC if they are available at the local level and are in the NETSS record layout or the STD MMG
- Focus on conducting quality improvement activities to ensure complete data for core variables available on laboratory reports (age, sex, county, diagnosing facility type, and specimen collection date) for all cases of gonorrhea

Enhanced gonorrhea surveillance

- Follow the best practices and methodology for performing enhanced gonorrhea case investigations covered in the companion **TA Notes #2b**
- Consider taking a phased approach to implementation of this activity. For jurisdictions that have never performed this type of enhanced surveillance, a critical first step is ensuring the ability and infrastructure (e.g., modifications to surveillance information systems) to select a representative random sample from **ALL** reported cases of GC in a well-defined geographic area from ALL providers for a pre-defined time period. Additional steps include developing protocols for how selected cases will be assigned to appropriate staff for investigation and how **ALL** core data will be captured in surveillance information systems, as well as piloting collection tools for provider and patient investigations. Developing a time-line for project implementation can help identify what resources will be required in different phases of implementation.

Other resources

- The STD Surveillance Network (SSuN) is a collaboration of competitively funded state, city and county health departments currently implementing similar enhanced surveillance following rigorous, standardized protocols. More information about SSuN, including protocols and data collection tools are available: <https://www.cdc.gov/std/ssun/default.htm>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019