MDHHS
Michigan Department of Health & Human Services

Guidelines for using the Michigan Disease Surveillance System (MDSS) for Sexually Transmitted Infections (STIs)

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[Deduplication and re-infection](#)

[Contact Information for MDHHS Staff](#)

Overview of STI Surveillance

- **Reportable conditions include Chlamydia, Gonorrhea, Lymphogranuloma venereum, Chancroid, Syphilis, and Granuloma inguinalae.**

- Chlamydia and gonorrhea are the two most common reportable conditions in Michigan and, along with other reportable sexually transmitted infections (STIs) and communicable diseases, often appear as coinfections or repeat infections in the same patient. Correctly managing investigation and patient data in the Michigan Disease Surveillance System (MDSS) is crucial for ensuring adequate treatment of patients and partners as well as reliable epidemiologic data to inform public health interventions. Below is a brief guide for local health department (LHD) staff for managing STI cases within MDSS.

- [Additional STI resources can be found here](#)

- [Additional MDSS resources can be found here](#)

When referral date is much later than disease onset (specimen date), use **onset date** to correctly date the case.

Diagnosis date cannot come after specimen date or treatment date. It can be left blank.

Case Definitions: A **Confirmed** case is one which has laboratory evidence of infection A **Probable** case is one which has symptoms, but no laboratory results **Not a Case** indicates that the patient is confirmed not infected

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Investigation ID	Onset Date *(mm/dd/yyyy)*	Diagnosis Date *(mm/dd/yyyy)*	Referral Date *(mm/dd/yyyy)*	Case Entry Date *(mm/dd/yyyy)* 10/24/2019

Investigation Status New	Case Status ○ Confirmed ○ Not a Case ○ Probable ○ Suspect ○ Unknown ○ Non-Michiga...			

Patient Status Alive	Patient Status Date *(mm/dd/yyyy)* 10/24/2019	Case Disposition	Part of an outbreak?	Outbreak Name

Patient Information

Patient ID	First	Last	Mid...

Street Address

City	County	State	Zip

Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.

Parent/Guardian...

First	...ast	Middle

In most cases, patient information, including demographics, is reported by the laboratory initially

Demographics

Sex ○ Male ○ Female ○ Unknown	Date of Birth *mm/dd/yyyy*	Age	Age Units ○ Days ○ Months ○ Years

Race *(Check all that apply)*
☐ Caucasian ☐ Black/African American ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Asian ☐ Unknown
☐ Other (Specify)

Hispanic Ethnicity ○ Hispanic/Latino ○ Non-Hispanic/Latino ○ Unknown	Arab Ethnicity ○ Arab ○ Non-Arab ○ Unknown

Worksites/School	Occupations/Grade	MDOC ID

Very little data entry is required on these sections unless the lab report comes in with missing information

Referral Information

Person Providing Referral

First | Last | Phone ###-###-#### | Ext. | Email

Primary P...

First | Phone ###-###-#### | Ext. | Email

Street Addres...

City | State | Zip

Information Source is the type of facility which diagnosed the STI. *This is required.*

Information Source:
01=HIV Counseling and Testing Site, 02=STD Clinic, 03=Drug Treatment Clinic, 04=Family Planning/Planned Parenthood, 06=Tuberculosis Clinic, 07=Other Health Department Clinic, 08=Private Physician/HMO, 10=Emergency Room, 11=Correctional Facility, 12=Laboratory, 13=Blood Bank, 14=Labor and Delivery, 15=Prenatal, 16=National Job Training Program, 17=School-Based Clinic, 18=Mental Health Provider, 29=Hospital-Other, 66=Indian Health Service, 77=Military, 88=Other, 99=Unknown

Laboratory Information

Name of Laboratory: | Ph... | Street Address:

City: | C... | State: | Zip:

Specimen collection date *is required* for confirmed cases

Specimen Collection Date: *(mm/dd/yyyy)* | Lab Result Date *(mm/dd/yyyy)*

Site of Specimen:
- ○ Blood/Serum
- ○ Cerebrospinal Fluid CSF
- ○ Cervix/Endocervix
- ○ Lesion-Extra Genital
- ○ Lesion-Genital
- ○ Lymph Node Aspirate
- ○ Ophthalmia/Conjunctiva
- ○ Rectal/Anal
- ○ Throat/Oropharynx
- ○ Urethra
- ○ Urine
- ○ Vaginal
- ○ Un...

Lab Test Type | If Other Test, Specify:

Specimen site is the source of the specimen collected for testing. *This is required.*

Specimen Collection Date: *(mm/dd/yyyy)* | Lab Result Date *(mm/dd/yyyy)*

Site of Specimen:
- ○ Blood/Serum
- ○ Cerebrospinal Fluid CSF
- ○ Cervix/Endocervix
- ○ Lesion-Extra Genital
- ○ Lesion-Genital
- ○ Lymph Node Aspirate
- ○ Ophthalmia/Conjunctiva
- ○ Rectal/Anal
- ○ Throat/Oropharynx
- ○ Urethra
- ○ Urine
- ○ Vaginal
- ○ Other, specify:
- ○ Unknown

Lab Test Type | If Other Test, Specify: | Lab Result

If a patient has multi-site testing (multiple specimens collected), enter up to two in this section

If Culture Performed, enter Antimicrobial Susceptibility Testing Results for Gonorrhea

Antimicrobial:	Minimum Inhibitory Concentration (MIC) ug/ml:	Interpretation:		
Azithromycin		○ Susceptible	○ Intermediate	○ Resistant
Cefixime			○ Intermediate	○ Resistant
Ceftriaxone			○ Intermediate	○ Resistant
Ciprofloxacin			○	○
Gentamicin			○	○
Penicillin		○ Susceptible		

Drug resistance (gonorrhea only)
If a culture and susceptibility testing is completed, enter the results of that here.

Clinical Information
This section is used to mark any sequelae of infection as well as patient history of STIs.

Clinical Information (GC)

Signs and Symptoms:
Gonorrhea-related sequelae present?   ○ Pelvic inflammatory disease (PID)   ○ Disseminated gonococcal infection (DGI)   ○ None

STD History:
Patient has history of CT infection?   ○ Yes   ○ No
Patient has GC co-infection?   ○ Yes   ○ No
Patient has Syphilis co-infection?   ○ Yes   ○ No

Check DGI button when gonorrhea is cultured from any non-genital, non-rectal, non-pharyngeal site. The specimen should be forwarded to MDHHS BOL.

Treatment Information

Has patient been treated for THIS infection?   If yes, date of treatment: *(mm*
○ Yes   ○ No   ○ Unknown

Specify DRUG/DOSAGE *(Check all that apply)*:
RECOMMENDED TREATMENT
☐ Ceftriaxone (Rocephin) 500mg IM

ALTERNATIVE TREATMENTS
Both medicines must be given together

OR

If chlamydia test is positive, or result is unknown, ALSO treat with
☐ Doxycycline (Vibramycin) 100mg x2 per day, 7 days

OUTDATED and INCORRECT TREATME
☐ Ceftriaxone (Rocephin) 250mg IM
☐ Azithromycin (Zithromax) 1g
☐ Other or Unspecified Treatment (specify): _____

Treated by Provider (rep_____ only if different than primary provider)

First: _____   ext.: _____   Email: _____
Street: _____
City: _____   Zip: _____

Treatment Information
is required.
Enter Yes or No, and – if yes – enter the date treated and the drug used. Whenever possible, use the checkboxes rather than the "Other" box

CDC treatment recommendations can be found online.
For [chlamydia](), recommended treatment is Doxycycline 100 mg orally twice a day for 7 days.
For uncomplicated [gonorrhea](), recommended treatment is 500 mg IM in a single dose PLUS chlamydia treatment unless infection is ruled out.

Partner Treatment

Partner will be notified by: ☐ Patient   ☐ Health Department   ☐ Other: _____

Number of partners treated by:
In person at Health Department: _____
In person at Private Provider: _____
Not treated: _____

Partner Treatment contains information about partners of the probable or confirmed case.
For more information about Expedited Partner Therapy, or EPT, visit our website:
www.Michigan.gov/hivSTI

Case Management Data

Method of case detection is the reason the patient presented for testing. *__This is required.__*

Method of Case Detection:
- ○ Screening
- ○ Health Department Referred Partner
- ○ Self-referred
- ○ Cluster Related
- ○ Patient Referred Patient
- ○ Other _____

Pregnancy status *is required.*

Is the patient pregnant?		EHARS Number
○ Yes ○ No ○ Unknown		_____

HIV status *is required.*

HIV Status:
- ○ HIV Positive
- ○ HIV Negative
- ○ Equivocal HIV Test
- Answer ○ Did Not Ask

Patient risk is calculated by answers to the **Sex with Male** and/or **Sex with Female** questions which *__are required.__*

Has the patient had sex with a male within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the patient had sex with a female within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the patient had ___ an anonymous partner within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the pa___ an IDU within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the pa___ in the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the pa___ past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the pa___ MSM within the past 12 months? (women or ___)	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the patient engaged in injection drug use within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Receptive sex?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Insertive sex?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask

During the past 12 months, which of the following injection or non-injection drugs have been used? *(select all that apply)*
- ☐ Crack
- ☐ Cocaine
- ☐ Heroin
- ☐ Methamphetamines
- ☐ Nitrates/Poppers
- ☐ Erectile Dysfunction Medications (i.e. Viagra)
- ☐ Other _____

Has the patient been incarcerated within the past 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Does the patient have a history of ever having an STD prior to this STD diagnosis?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask
Has the patient ever met sex partners through the Internet in the last 12 months?	○ Yes	○ No	○ Refused to Answer	○ Did Not Ask

Total number of sex partners? *(enter 888 for refused, 999 for unknown)*	_____

Insurance status	○ Public Insurance ○ Private Insurance ○ Uninsured

Additional case management data should be completed whenever available. This helps characterize transmission patterns and population characteristics used to inform prevention efforts.

Note that "Did not Ask" and "Unknown" responses are calculated as missing data for the purposes of data quality assurance.

Chlamydia and Gonorrhea De-Duplication

- If resolving patient de-duplication in **the Pending Work Queue**, many STI labs will be merged into patients with a history of disease investigations and it is necessary to determine if the current lab represents a new infection or should be merged into a previous investigation ID.

- By CDC case definitions, multiple diagnoses of an STI in one patient must be at least 30 days apart. To decide when to merge investigations versus creating a new one, use these guidelines:

  - By specimen collection date, if the new lab for the same reportable condition is less than 28 days from the previous lab, **merge into the existing or previous report**

  - If the new lab for the same reportable condition is more than 28 days from the previous lab, **create a new case**

- **Cases may be de-duplicated at any time using the "Dedup" button** `Dedup`

```
        ┌─────────────────┐
        │ Does the patient│
        │ have a history  │──── no ───┐
        │ of this STI?    │           │
        └────────┬────────┘           │
                yes                    │
        ┌─────────────────┐           │
        │ Was the most    │           │
   yes──│ recent prior    │── no ─────┤
        │ case within 30  │           │
        │ days of the     │           │
        │ current labs?   │           │
        └─────────────────┘           │
```

| Merge into the most recent prior case | Create a new investigation |
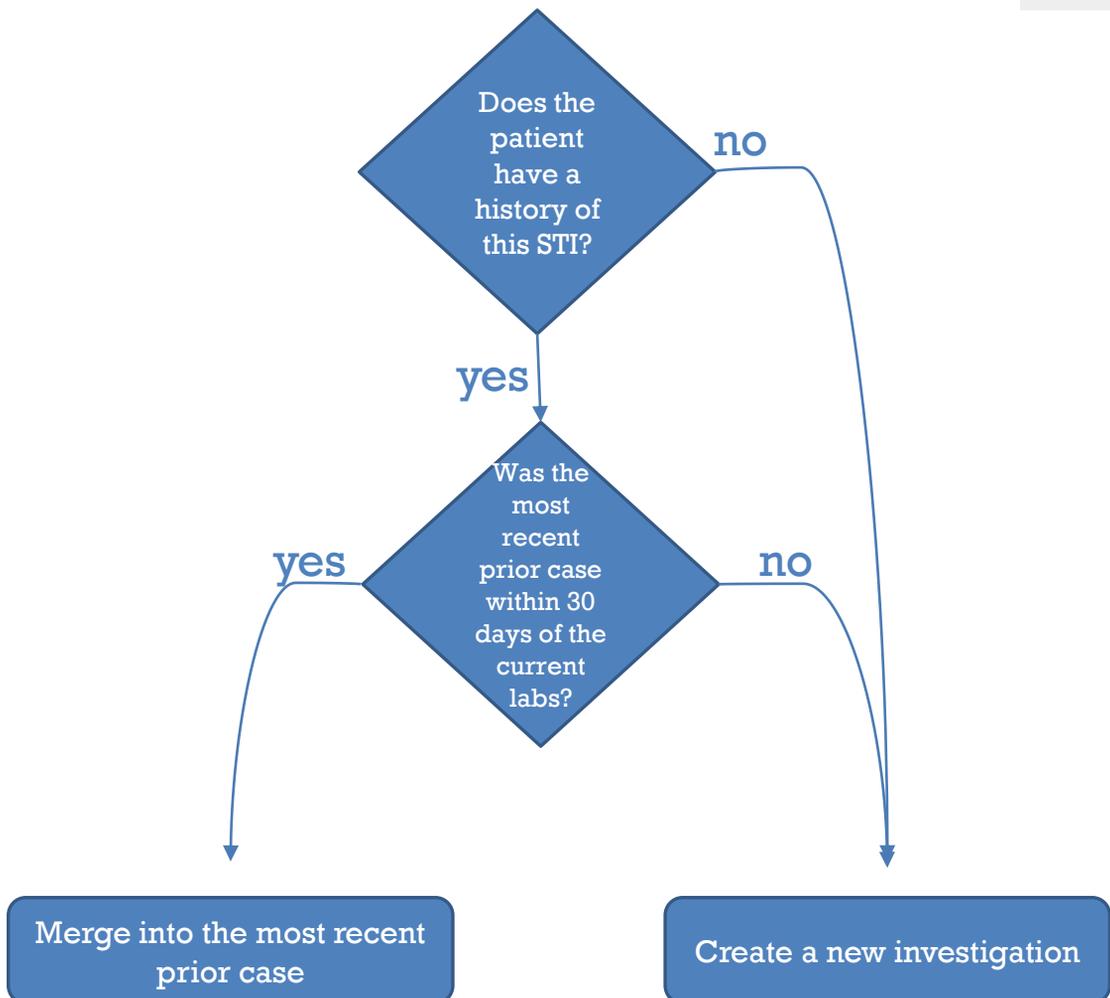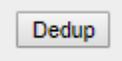
Syphilis De-Duplication

- Syphilis case de-duplication will be completed by MDHHS STI Epidemiology and surveillance staff. **Local health departments should leave these to be reviewed by MDHHS staff or investigated by disease interventions specialists (DIS) by clicking "defer" in the pending work queue.**

- Syphilis patients can be matched to existing MDSS patients by local health departments as part of the "Patient Dedup" work type in the pending work queue.

Assigned Areas for Disease Intervention Specialists (DIS)

Click for contact information for Surveillance and Epidemiology Staff

Click for contact information for Disease Intervention Specialists (DIS)

Recommendations for prioritizing STI Follow-up

Understanding that sexually transmitted infections are the most common reportable conditions, it may be necessary for local health departments to prioritize case reporting variables and patient follow-up based on available staff and other resources

For STI prevention materials or technical assistance, email
MDHHS-DHSPsupplies@michigan.gov

1. **Focus on health department STI clinic patients**. Use records from your own clinic to complete case details for all cases diagnosed in house.

2. **Prioritize pregnant females**, especially verification of treatment when a patient is known to be pregnant.

3. **Prioritize co-infected patients** who have gonorrhea/chlamydia co-infections to double the return on your efforts in terms of disease transmissions prevented.

4. **Prioritize extra-genital infections** when noted in the lab report as these patients may benefit from additional testing and/or PrEP referrals.

5. **Prioritize repeat infections** (as seen in the MDSS person history) to offer partner testing or EPT as well as prevention counseling.

6. Additional considerations based on local data and knowledge will also be critical in surveillance and prevention.