

Syphilis case question package and workflows for LHDs

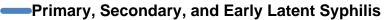
Erika Samoff Fran Thomas, Vicki Mobley, Tara Riley-Williams, Megan Sanza, Christy Crowley North Carolina Division of Public Health July 2016

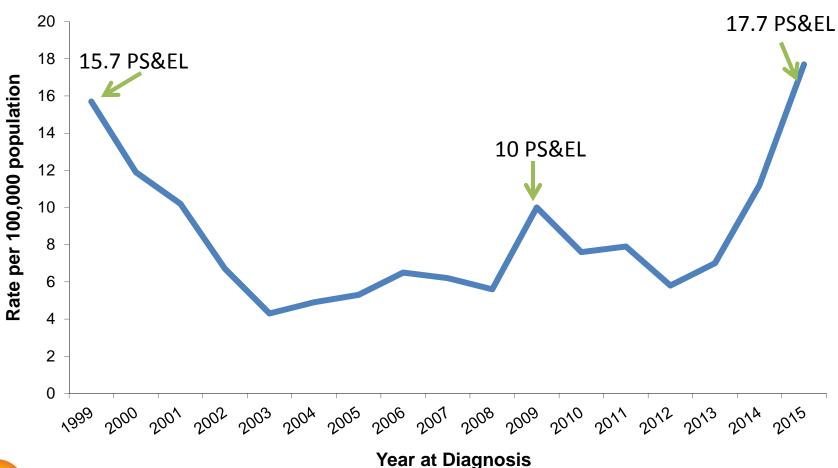


What's changing and why?

- LHDs will have read-only access to syphilis events in LHD counties
 - Events assigned based on the NC County of Residence for the event in the Administrative package
 - No case follow-up nor data entry is expected
 - LHD acknowledgement will be required
- Why?
 - Reporting to LHD
 - Making local syphilis morbidity and risk data available

Primary, Secondary, and Early Latent Syphilis Rates, North Carolina, 1998-2015 preliminary data



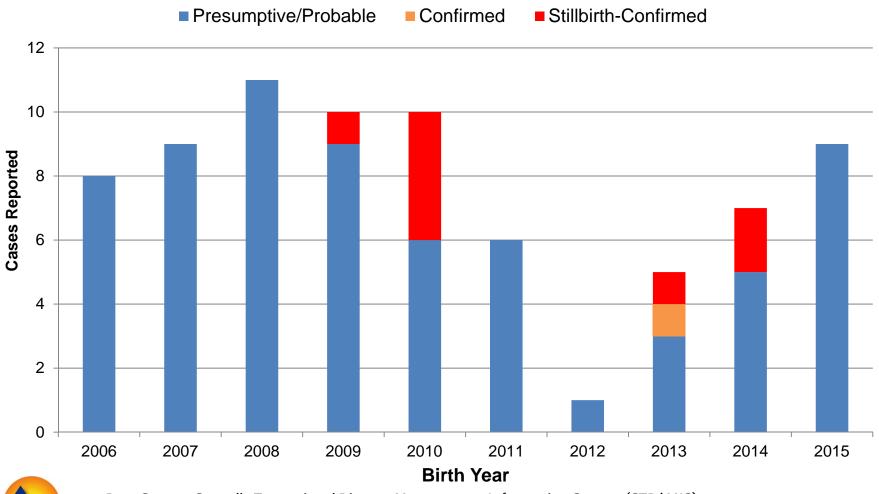




Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2015 and February 1, 2016).

HIV/STD Surveillance Unit

Congenital Syphilis, Cases by Birth Year, North Carolina, 2006-2015 preliminary data





Data Source: Sexually Transmitted Disease Management Information System (STD*MIS) and North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of January 19, 2016).

HIV/STD Surveillance Unit

How will syphilis case investigation work?

State/Region/ELR Create case Region Start case investigation + gathering contact info LHD Offer treatment if LHD case Stage case and report to CDC Region/State LHD Acknowledge case • Continue case investigation Region • May include stage change, addition of risk information LHD Acknowledge case if stage change Continue and complete case investigation, close Region/State case

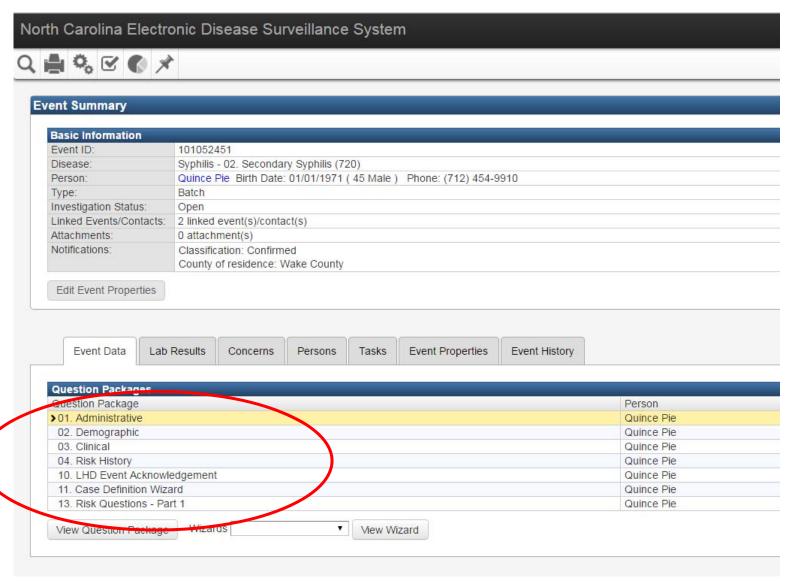
Questions??

Who is responsible for acknowledging cases?

One STD nurse and one backup per LHD



What will LHDs have access to?



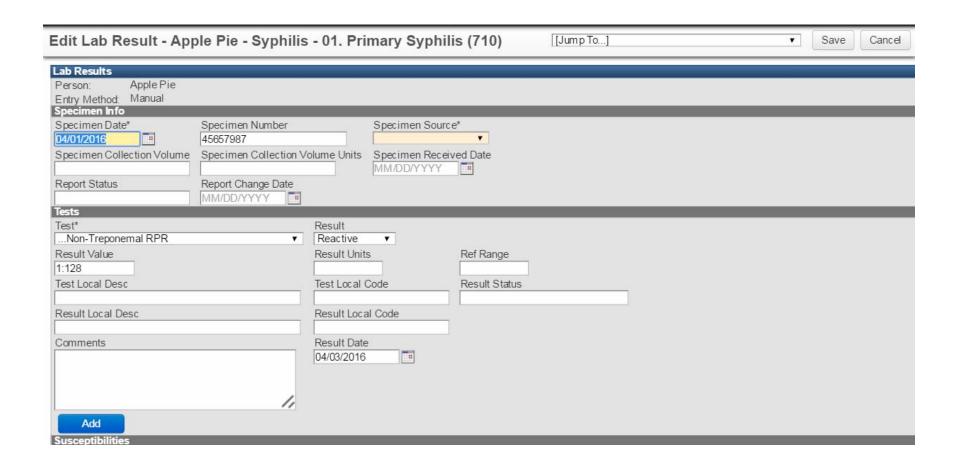
Clinical package

	on	
ls / was patient symptomatic?	Yes ▼	
Date that best reflects the earliest date of illness identification	03/01/2016	
Illness identification date represents:	Date symptoms began ▼	
Date of diagnosis by health care provider or LHD	04/01/2016	
Location where originally diagnosed		
	ndings (including signs, symptoms, diagnost	
□ Ph □ Ur ☑ Pe	nus/Rectum Vagina naryngeal (Mouth/Oral Cavity) Cervix etha Nasopharynx enis Eye/Conjuncti crotum Head	Torso Extremities (Arms, legs, feet, hands) No lesion noted va Other Unknown
NOTE: A server superiose below and onto all lob se	Screening and Counseli	ng
NOTE: Answer questions below and enter all lab re		
Did patient have a non-treponemal test for syphilis (i.e. VDRL, TR	(UST, RPR)? (Add new for additional tests)	1. Yes, reactive ▼
Type of test		RPR ▼
Test date		04/01/2016
Titer		1:128 ▼
Did patient have a treponemal test for syphilis? (i.e. Captia, FTA-A	ABS, TP-PA) (Add new for additional tests) ⊟	1. Yes, reactive ▼
Type of test		Trepsure ▼
Test date		04/01/2016
Was patient post test counseled for HIV?		No ▼
Did patient have a darkfield exam or DFA-TP? ■		No ▼
Documented or self reported HIV status at time of event		HIV Negative ▼
Tested for HIV as part of this investigation		Yes ▼
Current HIV status		Negative ▼
Did the patient have CSF-VDRL?		No ▼
Did patient have CSF cell count?		No ▼
Did patient have CSF protein test?		No ▼

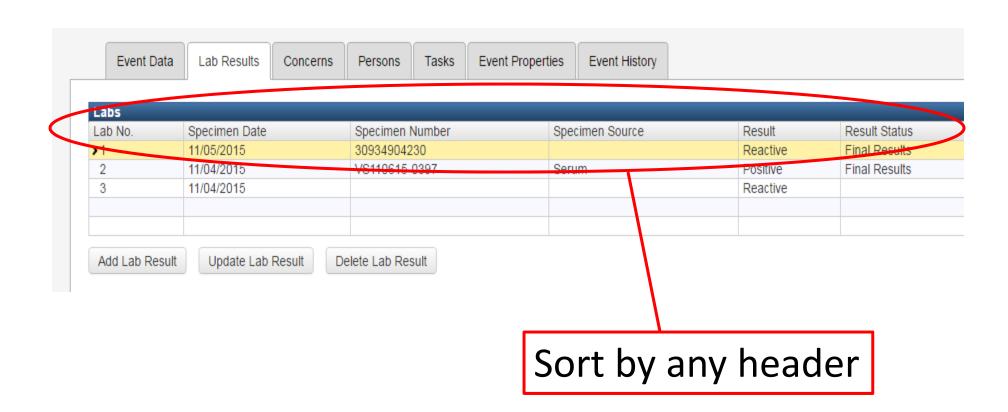
Risk History package

4. Risk History - Apple Pie - Syphilis - 01. Primary Syphilis (71	0)	[Jump To]	•	Save	Cancel
Travel / Immi	gration				
Did patient have a travel history during the period of interest? No v	g				
Behavioral Risk and C	on gregate Livin	a			
DURING THE PERIOD OF INTEREST		•			
CONGREGATE LIVING					
If the congregate living facility is a long term care facility, please enter the information un			xposure section	on below.	
During the period of interest did the patient live in any congregate living facilities (correctional	01. Correctiona	al facility 🔻			
facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? During the patient's lifetime, has the patient ever been incarcerated?	■				
Is the patient a gang member?					
Is the patient a gang member? Is the patient associated with a "House"?					
SUBSTANCE USE	13.40				
Has the patient ever used alcohol?	No ▼				
Has the patient ever used injection drugs?	7				
Has the patient ever used NON-injection drugs?	×				
SEXUAL RISK					
Since disease onset, has the patient had sexual contact with other(s)?	Yes ▼				
Did the partner(s) become ill with the symptoms of this disease?	No ▼				
During the timeframe displayed above, has the patient had sexual contact with a confirmed or suspected case of this disease?	Yes ▼				
Did the partner(s) become ill with the same symptoms?	Yes ▼				
Prior to the instance of this disease has the patient ever had a sexually transmitted disease (STD)?	No ▼				
How frequently does the patient use condoms during sex?	Sometimes ▼				
During the timeframe shown above, has the patient had sex while intoxicated and/or using non- injecting drugs?	Yes ▼				
Please specify (check all that apply)	 Non-injection Injection dru ✓ Alcohol 				
Timeframe known?	No ▼				
Has the patient ever traded sex for drugs or money?	No ▼				
Has the patient ever been a victim of a sexual assault?	No ▼				
Has the patient had a new sexual partner during the interview period?	Yes ▼				
Has the patient had more than one sexual partner during the interview period?	Yes ▼				
Has the patient ever had sex at a sex party?	Yes ▼				
Has the patient ever met a partner at a bar or club?	Yes ▼				
Has the patient ever met sexual partners on the Internet?	Yes ▼				

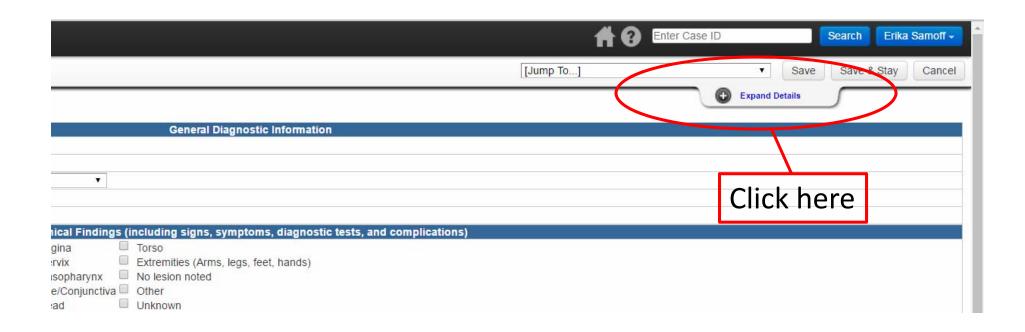
Lab Results tab



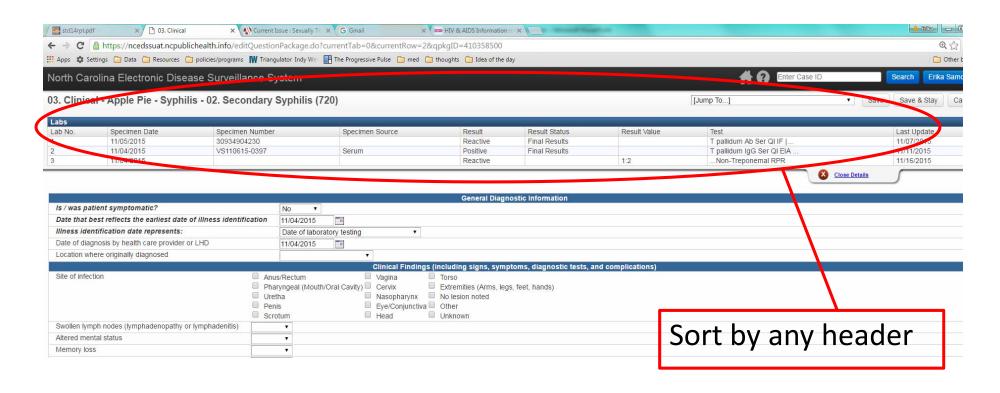
Sortable lab results – event main page



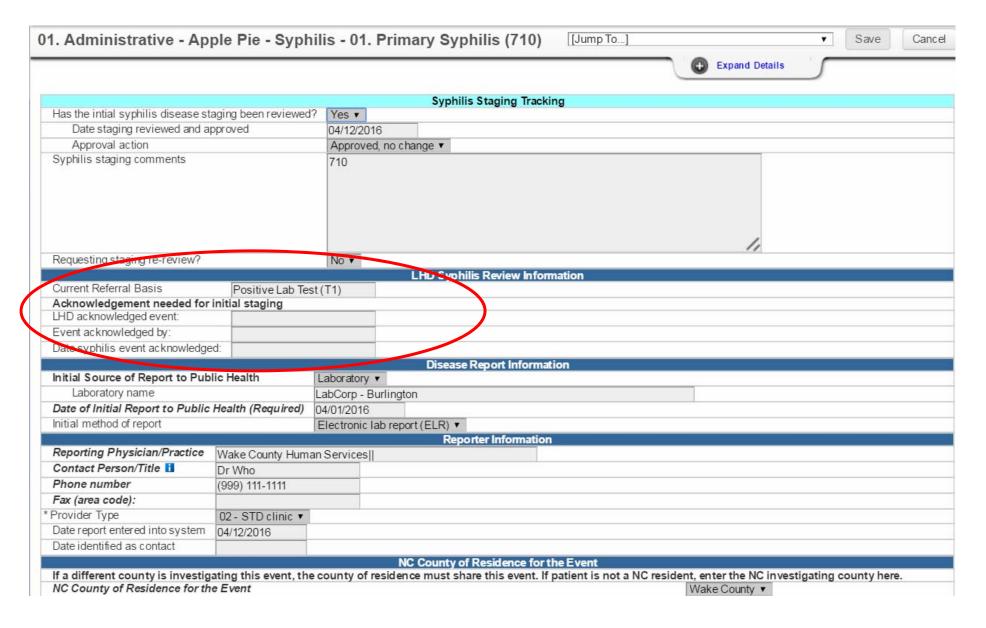
Sortable lab results – clinical or other packages



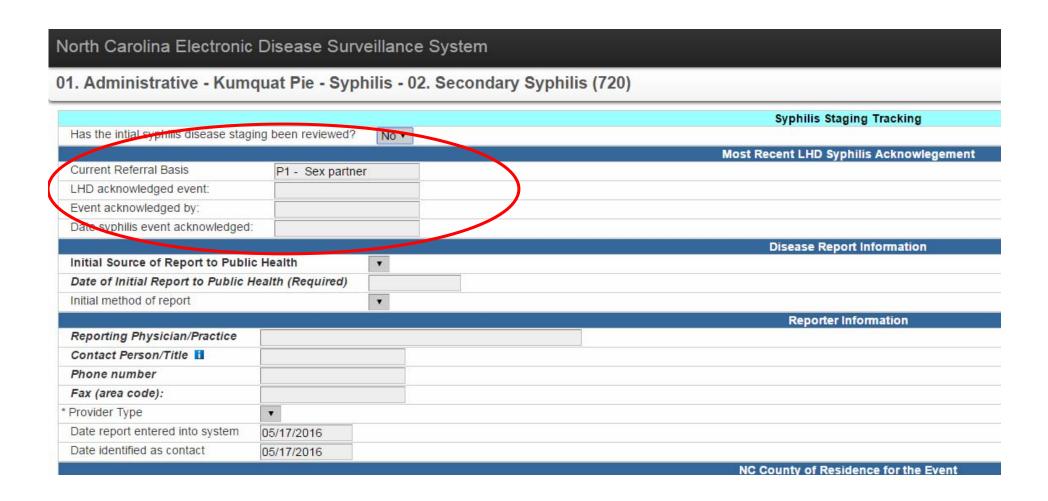
Sortable lab results – clinical or other package



Administrative package: Case



Administrative Package: Contact

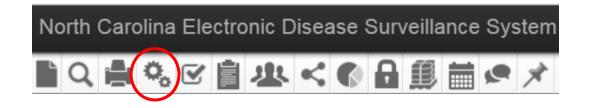


Administrative package – Local review of labs not required

	Laboratory Report Tracking			
Lab review required (local)?	v			
Lab review date (local)?	01/01/1900			
Lab review required (regional)?	No ▼			
Lab review date(regional)?	01/01/1900			
Event date closed				
Last date laboratory tests modified	04/12/2016			

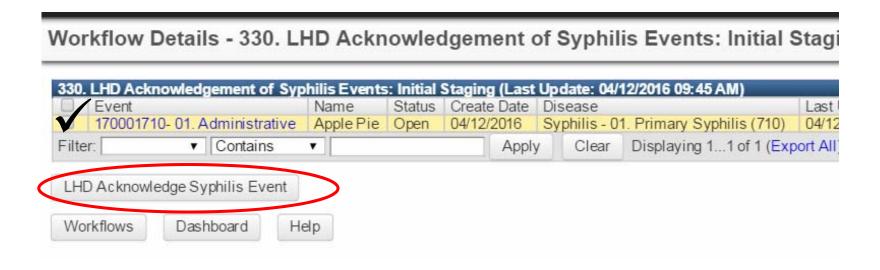
Questions??

Acknowledgement of syphilis can be done by workflow/batch

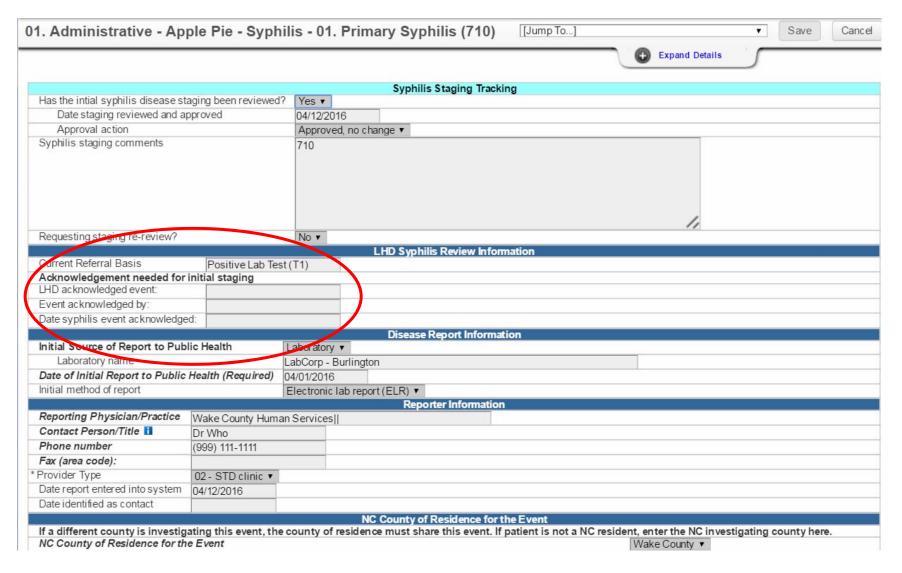


North Carolina Electronic Disease Surveillance System	Enter Case ID	Se
Workflow Queues		
Workflow Queues (<u>Hide empty workflows</u>)		
Workflow Queue	Total Count (Assigned to me)	Priority
3.4 HIV/AIDS/Syphilis Specific Workflows: Acknowledgement		
3.4 HIV/AIDS/Syphilis Specific Workflows: Acknowledgement 330. LHD Acknowledgement of Syphilis Events: Initial Staging	335 (0)	Medium

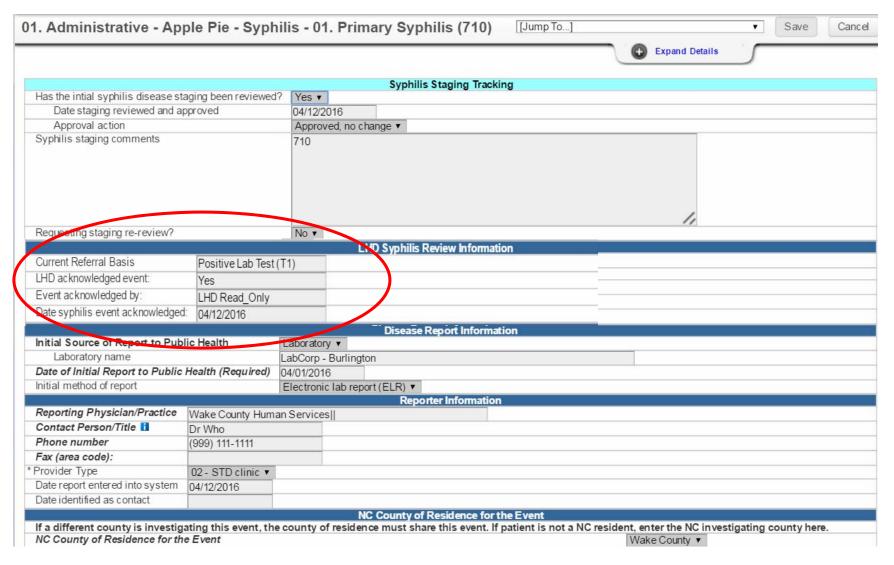
Workflows – Workflow Details - 330. LHD Acknowledgement of Syphilis Events: Initial Staging



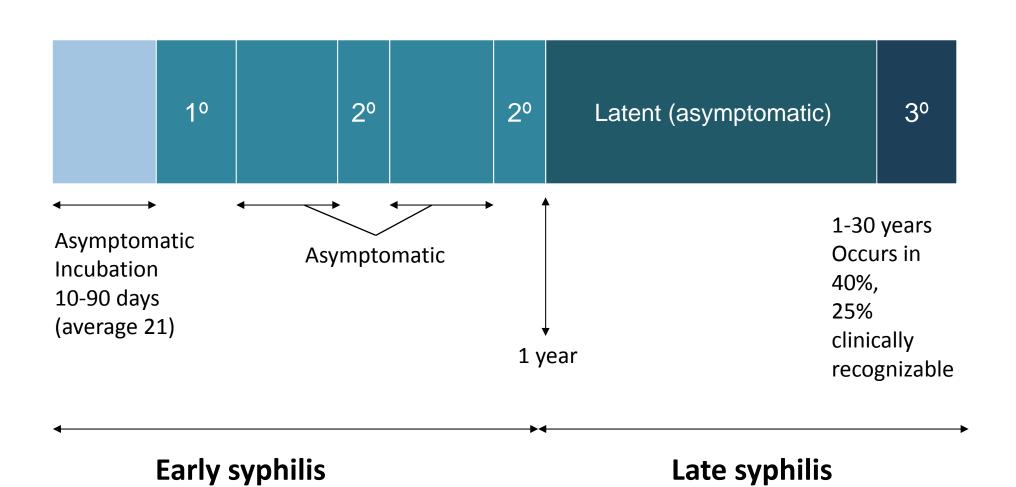
Case before LHD acknowledgement



Case after LHD acknowledgement



Staging syphilis



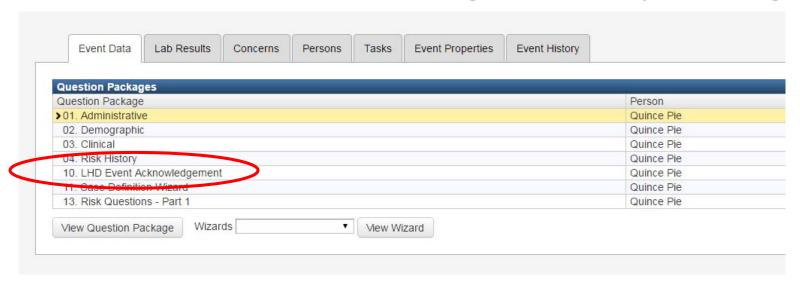
Non-infectious – 3 doses

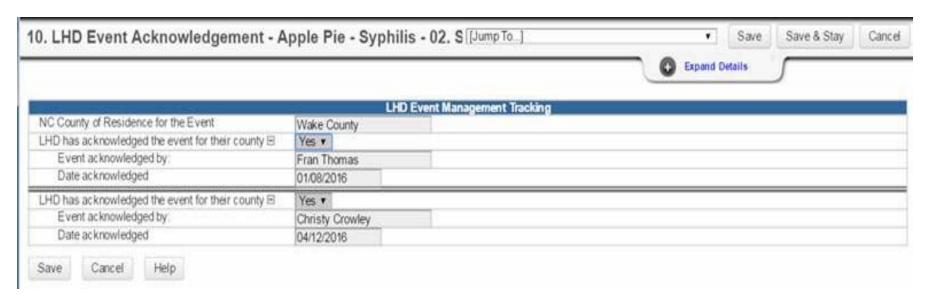
Infectious - 1 dose

Workflows -335. LHD Acknowledgement of Syphilis Events: Re-Staged

Workflow Details	- 335. LHD A	cknowle	dgement	of Syphilis Events:	Re-Stage	ı		
335. LHD Acknowledge	ment of Syphilis Ev	vents: Re-Sta	aged (Last Up	odate: 04/12/2016 10:49 AM)				
Event	Name	4	Create Date	The state of the s		Jurisdiction	Assigned To	1
101043675- 01.	Apple Pie	Open	11/11/2015	Syphilis - 02 Secondary	04/12/2016	Wake County	**	

LHD Event Acknowledgement package



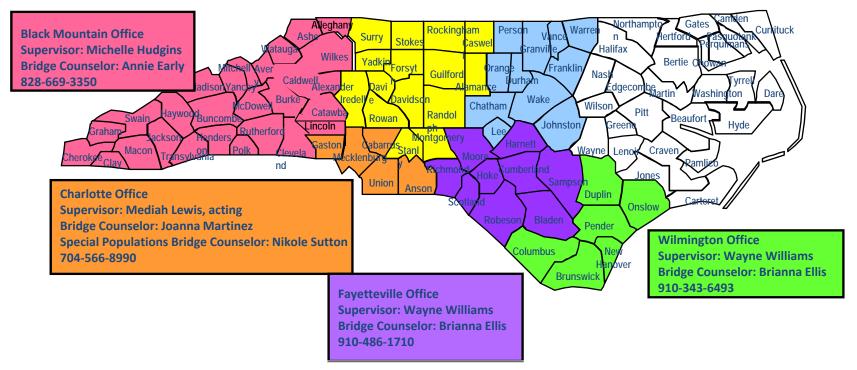


Questions??

Regional offices

Greensboro Office Supervisor: Albert Sanders Bridge Counselor: Kawanna Glenn 336-218-5701 Raleigh Office Supervisor: Robert Guffey Bridge Counselor: Robin Rivera Special Populations Bridge Counselor: Lameisha Vernon 919-715-4283

Winterville Office
Supervisor: Tracy Bristow
Bridge Counselor: James Harrison
Special Pops Bridge counselor:
Wanda Hill
252-355-9084



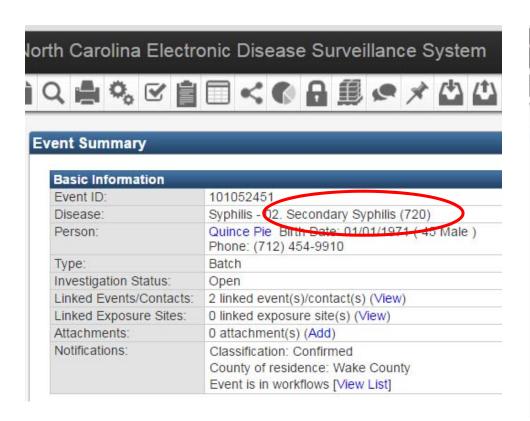
North Carolina Division of Public Health
Communicable Disease Branch Regional Offices and State Bridge Counselors

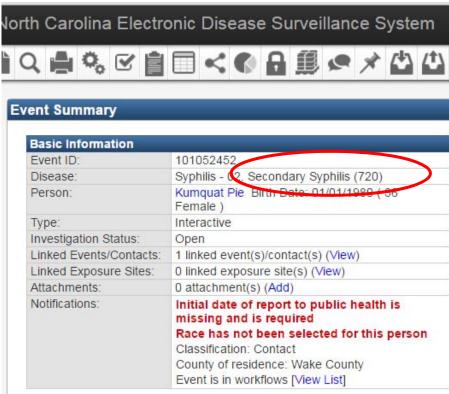
Last edited: 7/22/2014

Searching: Cases and contacts

Case events

Contact events

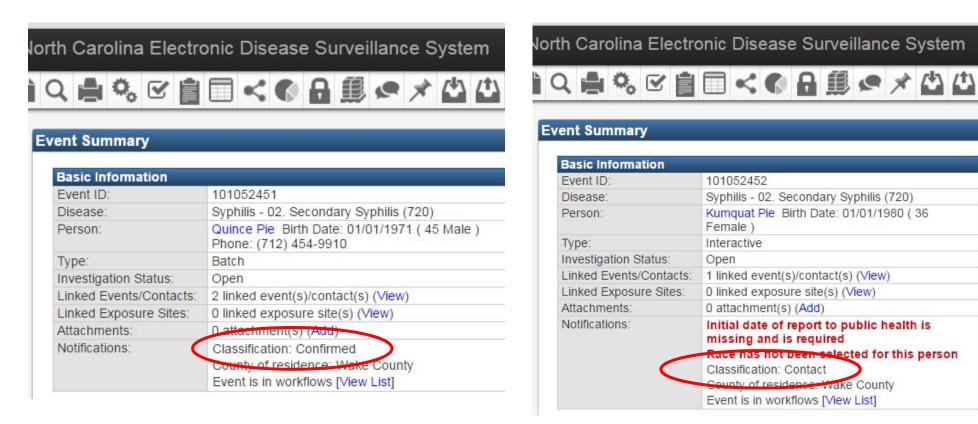




Searching: Cases and contacts

Case events

Contact events



Contacts will NOT appear in workflows

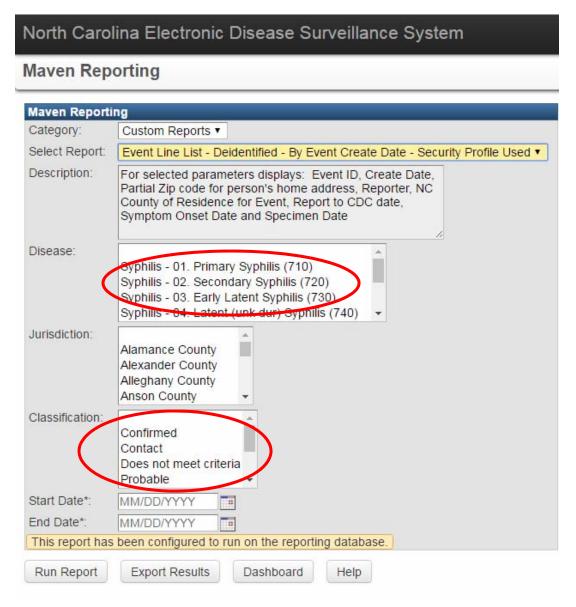
Reports

- Line list reports
 - Identified and deidentified line list
 - Provider and treatment report
 - Risk report

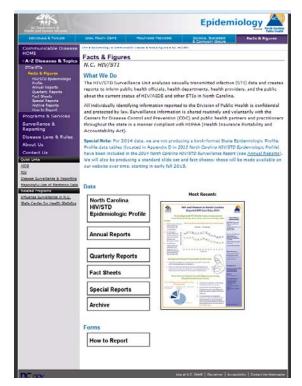
- Summary reports
 - Demographic

Reports: Cases and Contacts

- Reports have choices
- **Early** vs. late disease
- Cases (confirmed) vs. contacts



Where to Find Information?



http://epi.publichealth.nc.gov/cd/stds/figures.html

Data requests

Mara Larson 919-733-9607 mara.larson@dhhs.nc.gov Jason Maxwell 919-715-0536 jason.maxwell@dhhs.nc.gov

