

Questions and Answers

From the STD PCHD Kickoff Webinar

January 17, 2019

Slides located [here](#)

Surveillance

1. Question: What is MCH surveillance (as related to congenital syphilis strategies in sites with 10 or more cases of congenital syphilis)?

Answer: “MCH surveillance” is actually a typographical error in the slide: this was intended to refer to the strategy on matching vital statistics birth and mortality data with syphilis surveillance data to review syphilis testing practices among women who delivered a stillborn baby, in order to identify missed cases of syphilis-related stillbirth and strengthen CS case report data. [Surveillance 4b]

2. Question: For those jurisdictions that receive SSuN funding, what will be the plan in the future? Will SSuN funding continue? Will it be integrated with STD PCHD funding in some way?

Answer: We are committed to ensuring that our surveillance-related activities complement each other in a way that strengthens STD capacity in the US. As always, announcements about available funding will be distributed through the normal communications channels.

3. Question: Can you help us understand the value of the random gonorrhea interviews when a program currently conducts priority interviews on about 20% of all gonorrhea cases for disease intervention purposes? Are you supporting stopping those priority interviews and replacing them with random sample, which might not represent patients of greatest concern in terms of age, MSM status, etc?

Answer: The enhanced GC strategy is really about strengthening surveillance to better understand the epidemiology of gonorrhea in a well-defined geographic area. That means you need to have a sample of cases that are representative of all the cases within that well-defined geographic area. The data gathered from those priority interviews, while useful for disease intervention, by design will not be representative because they are focused on a target population. We believe there is value in understanding the epidemiology of all gonorrhea cases within a particular geographic area, and not just those of the greatest concern for disease intervention. If your program is struggling with how to implement this strategy, reach out to your Prevention Specialist and we can have a targeted call about it.

4. Question: Will CDC be further defining the core variables listed in the Enhanced Surveillance of GC Cases methodology document and adding these to the Message Mapping guide? If not, how does CDC expect programs to submit the extra data collected on these randomly sampled cases?

Answer: Many of the variables outlined under “core epidemiological variables” for the enhanced case surveillance are already included in the Message Mapping Guide and the NETSS record layout. Another variable included in the Message Mapping Guide and NETSS Layout Version 5 is a variable that says “Case Sampled for Investigation.” That is a variable that you can use to let us know whether or not that case was included in the random sample. There are some variables on the list of enhanced surveillance variables that are not on the Message Mapping Guide. We may consider modifying the Message Mapping Guide in the future to include them, but importantly, these variables are really for you, to understand the epidemiology of gonorrhea in your area; so even if you don’t report them to CDC, we encourage you to use them locally. As far as defining the variables, most of them are on the NETSS Record Layout and the Message Mapping Guide, and the values assessed are provided there.

5. Question: Can you send us a prototype of STD (Syphilis) Outbreak Response Plans, if possible?

Answer: There are resources available in the CSTE Syphilis Outbreak Guidance that is available online and the webinar that is available for it. If you need additional resources, you can reach out to your Prevention Specialist, and they can put you in contact with other resources.

[<https://cdn.ymaws.com/www.cste.org/resource/resmgr/STD/SyphilisOutbreakDetectionGui.pdf>]

Evaluation

6. Question: Will previous POMs be requested for the last year of STD AAPPs (2018 AAPPs POMs)?

Answer: No. We will not be asking for those data. We look forward to getting baseline data for STD PCHD measures.

7. Question: What will be the timeline for the first Targeted Evaluation Plan (TEP)? Would it be required to start on July 1 and continue for a certain length of time?

Answer: The TEPs have a flexible timeline. There is no set timeline for all the TEPs to start and end. The timelines will depend on the nature of the proposed evaluation, the needs of the program, and the capacity for evaluation. TEPs can start before or after July 1, 2019, but at a minimum, all areas should have a strong, final TEP plan in place by June 30, 2019, when the Evaluation and Performance Measurement Plan is formally due. It is expected that each program will complete about 3 TEPs within the 5-year funding cycle.

Safety Net

8. Question: about the 10% of the budget to be allocated to safety net services...

Answer: This has been a topic of internal discussion, because there was a range in terms of the percentages submitted in the proposed budgets. The goal is for everyone to be closer to 10% for safety net clinical services than say, 30% or 50% of your budget. This makes sense given all the required activities that you have to do for STD PCHD. No budget is going to be rejected this year if you submitted more than 10%; it will

be something we work with you in this first year to understand what you are doing, why you are doing it, how it impacts your program and your community, and how to potentially decrease that funding. But keep in mind that we do want to move those of you who are outliers to be closer to that 10%.

For those of you who currently have more than 10% of your budget devoted to safety net clinical services, you will be hearing from your Prevention Specialist, as well as from Mary McFarlane, who will be helping to work with you on this issue.

9. Question: How are safety net services defined? What are specialty STD services?

Answer: There is not an exhaustive list of everything that is considered a safety net service, but there are some key indicators. We are trying to focus on persons who are uninsured or under-insured. We can definitely provide more clarity, but we can't necessarily point you to a list that will be the same for everyone.

Recipient Meeting

10. Question: Will the Recipient Meeting be tied to the National STD Prevention Conference, as it has been in the past?

Answer: No. The Recipient Meeting in 2019 is intended to be a stand-alone meeting. We will be working with NCSD on the logistics and will have more information to you by the end of February. It will be a multi-day meeting in Atlanta. In your budget for this year, you should have allotted travel funding for at least 1-2 staff to attend this meeting. We apologize we have not been able to provide more details as of yet, but more information will be coming in February.

Note: There is no National STD Prevention Conference in 2019.

Reporting and Due Dates

11. Comment: It would be great and time-saving if the work plan template for year 2 allows the recipients to update/refine/edit our year 1 work plan, rather than starting over from scratch.

Response: We will not expect you to start from scratch. We will have a way for you to modify, add, or otherwise build from the information you provided in your application.

12. Question: When is all the reporting due for people with no-cost extensions, congenital syphilis supplements, GISP, enhanced evaluation supplements, etc.?

Answer: In order to make sure that everyone understands all the reporting requirements for your specific award and its components, reach out to your Prevention Specialist. This will ensure that everyone is on the same page about the due dates for each of the reports.

