



SSuN Best Practice Note

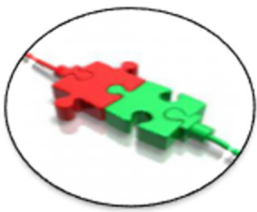
Sentinel Surveillance in STI/Sexual Health Clinics

PS24-0082 STI Surveillance Network Cycle 5 (SSuN)

This guidance applies to Strategy A activities

Rationale

Sexually transmitted infection or sexual health clinics (STI/SHC) are a healthcare entry point for populations at high-risk for STIs. SSuN Cycle 5 will support funded jurisdictions to implement sentinel STI surveillance and collaborate with a STI clinical partner(s), whose primary function is the provision of STI care (Strategy A). Recipients of funding for Strategy A activities will be required, in compliance with the project protocol, to provide demographic, behavioral, and clinical data, on the full census of patients attending participating STI/SHCs. The intention of this activity is to create a network of STI clinical facilities that will provide the following:



1. Valuable health services data on a high-risk population specifically seeking STI care
2. Critical longitudinal information on a volume of patients, including patient characteristics, for a population seeking care in a STI safety net clinical setting
3. Information on STIs and other co-morbidities in a high-risk, care seeking population
4. Information on clinical presentation, screening, and treatment across the full spectrum of STIs
5. STI and HIV preventive care not available in any other setting

Key Requirements

- ❖ Recipients funded under PS-24-0082 are expected to demonstrate full implementation of data collection, data cleaning, data submission, and related output activities, in compliance with the SSuN project protocol. Although clinics may collect and store medical record information differently, the SSuN protocol is an invaluable resource for applicants to review study objectives, methods, and required data elements, as they consider the feasibility of implementing this activity at their proposed site(s).
- ❖ Recipients must have a functional and stable electronic health or electronic medical record (EHR/EMR) system for successful implementation of Strategy A. Additionally, data management expertise at the clinic level, with experience using data management/analytic tools (e.g., SAS) is required to query or extract required data from the EHR/EMR and to recode, re-format, and perform extensive quality assurance (QA) on visit, laboratory, diagnosis, and treatment data prior to submission to CDC. In some cases, it may be necessary to build data exports. Regardless, record-level access – currently in place or with demonstrated capacity to procure a system to allow such access – is required to ensure the success of this activity.
- ❖ Recipients must collaborate with the appropriate state or local HIV surveillance authority to routinely match all STI/SHC clinic patients against the jurisdiction's HIV case registry (e.g., eHARS or equivalent) regardless of STI diagnoses. Where person-based matches are established, recipients will be required to abstract relevant HIV-related diagnostic and laboratory data (HIV viral load [VL], CD4+) from HIV

surveillance registries and integrate those data into SSuN laboratory datasets, formatted as specified in the SSuN project protocol. Laboratory records for HIV-specific tests (obtained from the HIV registry) must be requested for all VLs and CD4 counts/percents from matching patients, with a specimen collection date within one year prior to the most recent clinic visit. Name-based identifiers used for matching must be replaced and all personally identifiable information must be redacted prior to submission to CDC.

Considerations for Implementation

Applicants should consider the following as they are preparing their application:

- ❖ Creating or cultivating collaborations with relevant public health authorities responsible for oversight of their state or local jurisdiction's HIV surveillance program.
- ❖ Identifying a matching methodology and matching data requirements that demonstrate compliance with data security and confidentiality guidelines.
- ❖ Having the ability to collect, extract, manipulate, and submit required data elements.
- ❖ Selecting clinical partner(s) that meet patient census inclusion thresholds and ideally have prior experience or ongoing collaborations in data sharing.

Best Practices

- ❖ Although applicants will propose methods specific to their jurisdiction, it is expected that HIV registry matching will be automated and adjusted regularly for maximum efficiency.
- ❖ Unique, non-personally identified event and patient IDs are critical for the success of SSuN and must be maintained and immutable over the project period.
- ❖ Recipients are expected to conduct data quality, completeness, and accuracy checks as an on-going process and not a one-time exercise.
- ❖ SSuN data elements must be correctly mapped to existing EHR/EMR data elements and data QA should be conducted on a regular basis in order to ensure data can generate accurate results.

Other Resources

- ❖ SSuN website: <https://www.cdc.gov/std/ssun/default.htm>

CDC's Division of STD Prevention, Enhanced Surveillance and Special Studies Team created this series of documents for CDC staff working on PS24-0082 STI Surveillance Network (SSuN) and for applicants and recipients of that NOFO, to help clarify strategies outlined there and to support project implementation.

