

Sexually transmitted disease (STD) case reporting in Montana

Background: In Montana, laboratories and healthcare providers are required to report STD cases to their local health departments (LHDs). In turn, LHDs are required to report cases to the Department of Public Health and Human Services (DPHHS). If the case is determined to reside in a county outside of the LHD’s jurisdiction, the LHD is required to notify DPHHS or the local health officer of the jurisdiction in which the person resides.

STD case reporting is vital to efforts in assessing morbidity trends, distributing limited resources, and assisting LHDs in partner notification and medical treatment. The complete, accurate, and timely case reporting of STDs also contributes to the success of important STD prevention strategies described in the Centers for Disease Control and Prevention’s (CDC) 2010 STD Treatment Guidelines, including (1) identification of asymptotically infected persons and of symptomatic persons unlikely to seek diagnostic and treatment services; (2) effective diagnosis, treatment, and counseling of infected persons; and, (3) evaluation, treatment, and counseling of sex partners of persons infected with an STD.

Trends in Reporting: In the first quarter of 2011, the STD/HIV Program began providing feedback to each LHD regarding case record discrepancies and reporting completeness. Since that time, a significant improvement occurred in reporting completeness on STD case reporting forms. In quarter 1 of 2011 (Table), variable completion on the STD case report form for all variables analyzed except ‘age’, ‘race’, and ‘prescription administered’ were less than 60%. The percent of patients known to have received pre-test HIV counseling (55%) and HIV testing (44%) as is recommended for all STD cases in the 2010 STD Treatment Guidelines was also low. The percent of completeness was especially low for ‘pelvic inflammatory disease status’ (8%) and ‘pregnancy status’ (1%). Additionally, only 0.28 partners were known to be contacted per STD case report. Since the STD/HIV program began providing reporting feedback to LHDs, variable completion on STD case report forms has increased to at least 60% and ranges from 60% (‘pregnancy status’) to 100% (‘age’). The total increase in percentage has ranged from 1 to 67. Moreover, the number of partners known to be contacted has increased from 0.28 to 0.75 partners per STD case report.

Conclusion: The data presented in this snapshot provide evidence that increased attention by LHDs to complete case reporting can result in improved STD case reporting performance. Improved STD case reporting is likely to facilitate enhanced STD prevention activities and decreased rates of STD transmission in Montana. Keep up the great work!

Table: STD report form variables with complete information, by quarter, 2011–2012 (Q1)

% Variable completion on form	2011				2012		% point increase
	Q1	Q2	Q3	Q4	Q1		
Age	99	99	99	100	100	1	
Race	76	82	85	90	90	14	
Prescription administered	78	76	67	82	83	5	
Pre-test HIV counseling	55	62	58	55	65	10	
HIV testing	44	51	49	34	65	21	
Internet partners	13	69	42	76	80	67	
Sex while high or intoxicated	14	77	43	71	75	61	
PID status (females only)	8	16	22	46	61	53	
Pregnancy status (females only)	1	7	7	9	60	59	

PID=pelvic inflammatory disease