

# STD AAPPS Interim POM Report: Use of recommended dual therapy treatment for Gonorrhea (GC)

## Who is the intended audience for this report?

- This report is intended for the 59 awardees of the STD AAPPS FOA.

## What is the purpose of this report?

- To provide STD AAPPS awardees with a comparative view of the data that they each submitted to DSTDP, in order to stimulate discussion about both the value of those data and measures and the programmatic successes and challenges that underlie the figures presented.
- Awardees should use this as a tool in their internal discussions about this topic. Awardees also could use this information to identify counterparts in other areas that they may wish to talk to about this topic for cross-learning or program improvement.

## Why is prescribing and verifying use of recommended Gonorrhea (GC) treatment regimens important?

- Recommended treatment options for gonorrhea are now severely limited, because *Neisseria gonorrhoeae* has successively developed resistance to each antibiotic used for treatment. Using the most efficacious available antimicrobials with the best pharmacokinetic properties may also mitigate the threat of untreatable GC.
- Prescribing the recommended treatment is essential to ensure that patients do not develop serious health complications and cannot spread the infection to their sexual partners.

## What data are presented here?

- Data come from Program Outcome Measure (POM) data submitted to DSTDP in October 2015, related to the January 1, 2015-June 30, 2015 reporting period.
- Data are presented in four groups, based on the number of GC cases reported for that period, running from smallest numbers of cases to the largest numbers of cases.

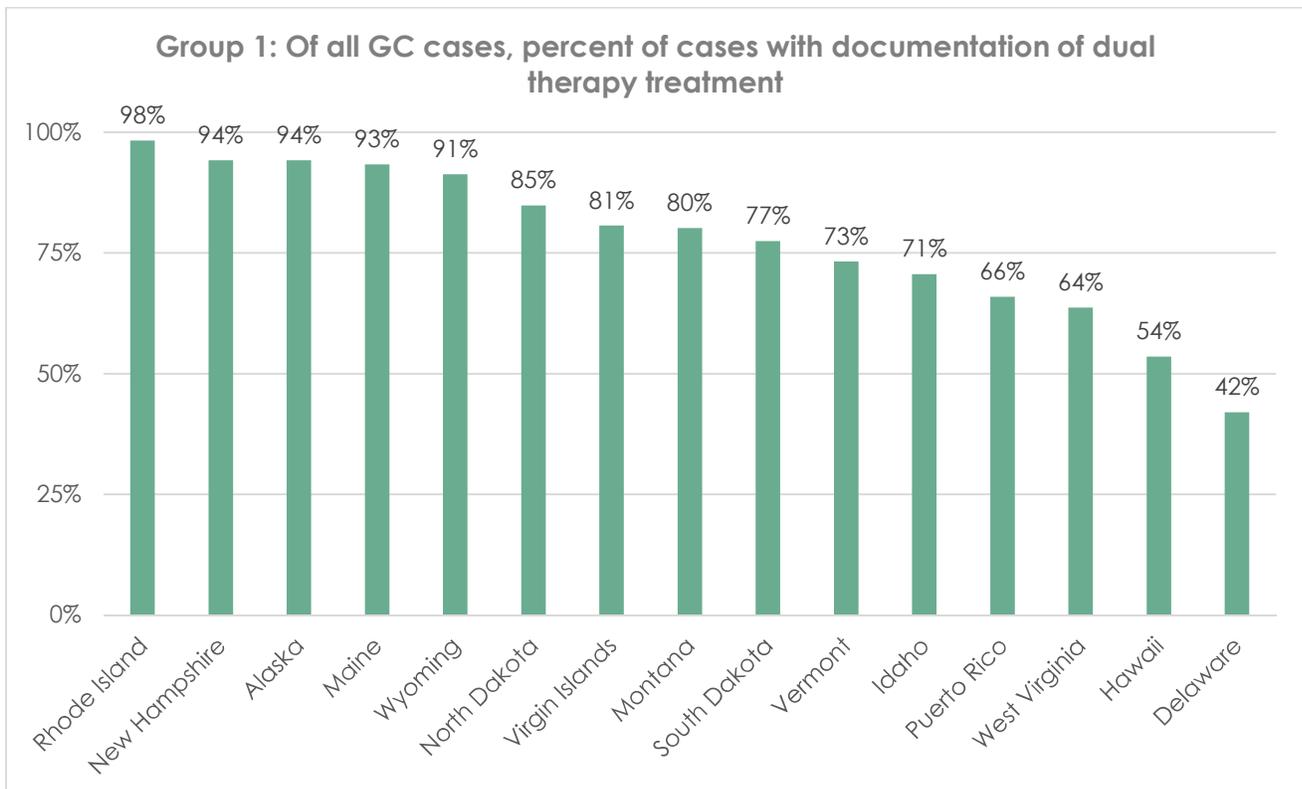
## What did the data show?

- Areas with more GC cases have larger percentages of cases that are missing treatment information, compared to areas with fewer GC cases.
- GC treatment status varies widely across areas, including within the four groups.
- Having information on cases for whom documentation of treatment was only ceftriaxone (vs. dual therapy treatment) was helpful to understanding health departments' ability to assess GC treatment.

## Group 1: Smallest number of reported GC cases

	GC cases reported, Jan-June 2015	Primary data systems	Of all GC cases, percent with information on medication prescribed	Of all GC cases, % with Ceftriaxone (with or without dual therapy)	Of all GC cases, % with recommended dual therapy
<b>Rhode Island</b>	283	STD*MIS	100%	98%	98%
<b>New Hampshire</b>	103	PRISM	100%	96%	94%
<b>Alaska</b>	547	PRISM	94%	96%	94%
<b>Maine</b>	105	STD*MIS	94%	93%	93%
<b>Wyoming</b>	69	PRISM	100%	96%	91%
<b>North Dakota</b>	343	MAVEN	97%	88%	85%
<b>Virgin Islands</b>	31	(missing)	81%	90%	81%
<b>Montana</b>	383	STD*MIS	95%	80%	80%
<b>South Dakota</b>	501	MAVEN	92%	80%	77%
<b>Vermont</b>	56	STD*MIS	100%	82%	73%
<b>Idaho</b>	194	STD*MIS	86%	86%	71%
<b>Puerto Rico</b>	349	STD*MIS	71%	69%	66%
<b>West Virginia</b>	380	STD*MIS	73%	73%	64%
<b>Hawaii</b>	512	STD*MIS	67%	56%	54%
<b>Delaware</b>	561	STD*MIS	88%	87%	42%

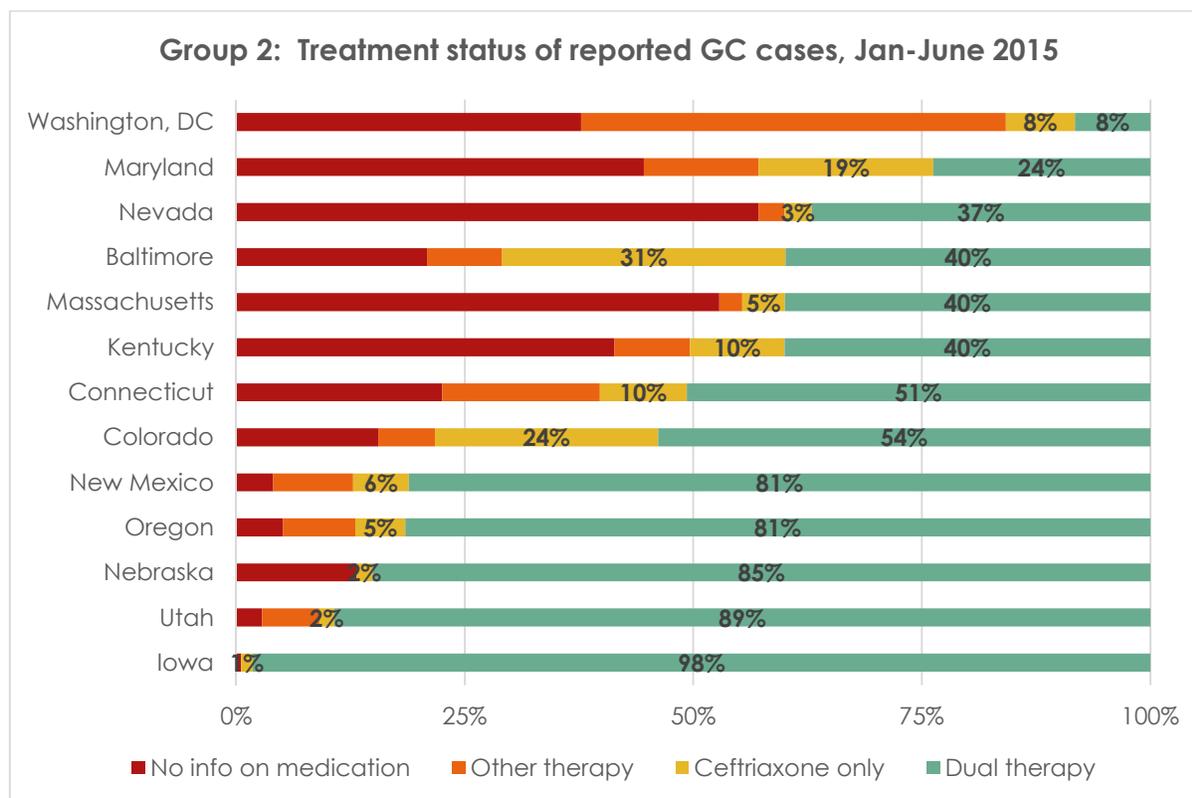
\*The figure below only shows the POM and does not break out the treatment status of reported cases like for Groups 2-4, due to some unresolved inconsistencies in some of the data reported.



\*Interim data, Jan-June 2015\*

## Group 2: Second smallest number of reported GC cases

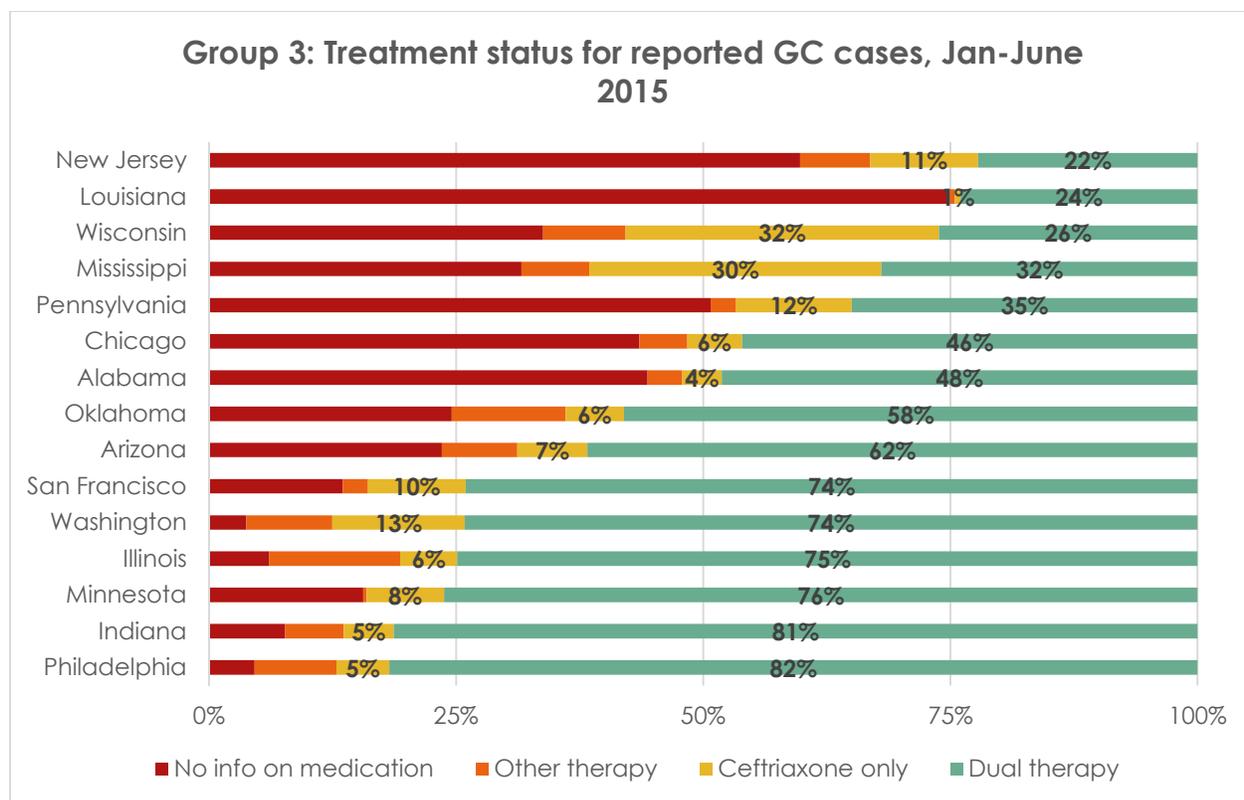
	GC cases reported, Jan-June 2015	Primary data systems	Of all GC cases, percent with information on medication prescribed	Of all GC cases, % with Ceftriaxone (with or without dual therapy)	Of all GC cases, % with recommended dual therapy
Iowa	938	IDSS	99%	99%	98%
Utah	671	UT-NEDSS & Trisano	97%	91%	89%
Nebraska	678	STD*MIS	87%	87%	85%
Oregon	1389	Orpheus	95%	87%	81%
New Mexico	1159	PRISM	96%	87%	81%
Colorado	1937	PRISM	84%	78%	54%
Connecticut	905	STD*MIS	77%	60%	51%
Kentucky	1684	STD*MIS	59%	50%	40%
Massachusetts	1711	MAVEN	47%	45%	40%
Baltimore	1055	PRISM	79%	71%	40%
Nevada	1584	Trisano	43%	40%	37%
Maryland	1642	PRISM	55%	43%	24%
Washington, DC	607	DC PHIS	62%	16%	8%



\*Interim data, Jan-June 2015\*

## Group 3: Second largest # of reported GC cases

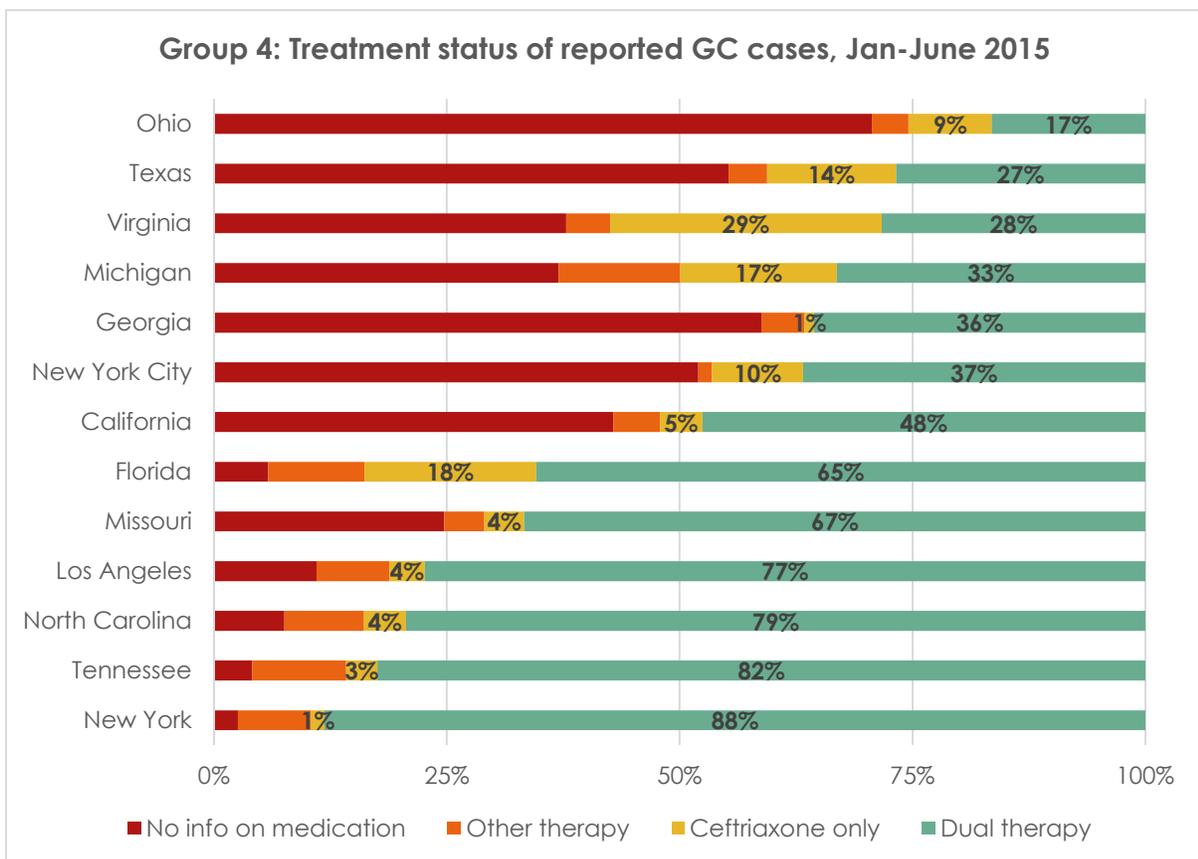
	GC cases reported, Jan-June 2015	Primary data systems	Of all GC cases, percent with information on medication prescribed	Of all GC cases, % with Ceftriaxone (with or without dual therapy)	Of all GC cases, % with recommended dual therapy
<b>Philadelphia</b>	2923	SCID	95%	87%	82%
<b>Indiana</b>	3597	SWIMSS & INEDSS	92%	86%	81%
<b>Minnesota</b>	1975	MEDSS	84%	84%	76%
<b>Illinois</b>	3612	INEDSS	94%	81%	75%
<b>Washington</b>	3354	PHIMS-STD	96%	88%	74%
<b>San Francisco</b>	2090	ISCHTR	86%	84%	74%
<b>Arizona</b>	3665	PRISM	76%	69%	62%
<b>Oklahoma</b>	2308	PHIDDO & STD*MIS	75%	64%	58%
<b>Alabama</b>	3630	STD*MIS	56%	52%	48%
<b>Chicago</b>	3559	STD*MIS	56%	52%	46%
<b>Pennsylvania</b>	3049	PA-NEDSS	49%	47%	35%
<b>Mississippi</b>	2167	PRISM	68%	62%	32%
<b>Wisconsin</b>	2033	WEDSS	66%	58%	26%
<b>Louisiana</b>	2769	PRISM	25%	25%	24%
<b>New Jersey</b>	3491	CDRSS	40%	33%	22%



\*Interim data, Jan-June 2015\*

## Group 4: Largest # of reported GC cases

	GC cases reported, Jan-June 2015	Primary data systems	Of all GC cases, percent with information on medication prescribed	Of all GC cases, % with Ceftriaxone (with or without dual therapy)	Of all GC cases, % with recommended dual therapy
<b>New York</b>	4137	CDESS & STD*MIS	97%	90%	88%
<b>Tennessee</b>	4073	PRISM	96%	86%	82%
<b>North Carolina</b>	8922	NC EDSS	92%	84%	79%
<b>Los Angeles</b>	7954	STD Casewatch	89%	81%	77%
<b>Missouri</b>	4154	WebSurv	75%	71%	67%
<b>Florida</b>	10827	PRISM	94%	84%	65%
<b>California</b>	15477	CalREDIE	57%	52%	48%
<b>New York City</b>	8066	MAVEN	48%	47%	37%
<b>Georgia</b>	7608	SendSS	41%	37%	36%
<b>Michigan</b>	5034	MDSS	63%	50%	33%
<b>Virginia</b>	4076	STD*MIS	62%	57%	28%
<b>Texas</b>	17964	STD*MIS	45%	41%	27%
<b>Ohio</b>	7530	ODRS	29%	25%	17%



\*Interim data, Jan-June 2015\*

## Discussion points

- This report highlights the added value of showing the cases with Ceftriaxone only documented as the treatment prescribed. For many areas, a significant proportion of cases had Ceftriaxone only documented as the therapy, whereas previously, such cases were classified as “other” therapy.
- The Ceftriaxone-only field was added to the POM submission template in response to areas' concerns that their data systems did not capture dual therapy use well and that as a result, the percent of cases with dual therapy documented was underreported and affected the ability to use the data for GC treatment assurance.
- Like the 2014 data, the findings highlight wide variation in data completeness and dual therapy documentation across jurisdictions and within the groups.
- The lack of access to documentation of GC therapy in many areas points to the limited ability of those health departments to assure GC treatment and the use of the recommended dual therapy medications.

## More on the measures and data reported here

- The reporting period was January-June 2015.
- Data were reported in aggregate to DSTDP in October 2015.
- The primary outcome was the percent of all GC cases reported in the jurisdiction who were documented as being prescribed or given the recommended dual therapy treatment, per 2012 CDC guidelines.
- Until July 2015 when the 2015 STD treatment guidelines were released, the recommended dual therapy was defined as Ceftriaxone + (Azithromycin or doxycycline).
- For ease of reporting, cases with other key treatment fields (e.g., dosage, timing) missing or incorrect could be included.
- Alternative regimens were not included as recommended treatment.
- Exclusions from this report (3/59):
  - Two awardees did not report on this POM completely (SC, AR)
  - One awardee (KS) self-identified their data as of very poor quality, due to data system limitations.
- No comparisons with 2014 data are presented, given these were interim, 6-month data. When jurisdictions provide a full year of data for 2015, we will compare these rates with those reported for 2014 and plan to track those trends over time.

Questions about this report? Contact Marion Carter, DSTDP, CDC, [aca0@cdc.gov](mailto:aca0@cdc.gov)