

Creating Performance Indicators to Guide Activities to Reduce Gonorrhea Health Disparities in Target Communities

Region IV Infertility Prevention Project (IPP) Areas (AL, FL, GA, KY, MS, NC, SC, TN)

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Learning Objectives

By the end of this presentation, participants will be able to identify widely accessible gonorrhea (GC) data sets and understand how performance indicators from these data sets can be useful in describing case rate trends and informing future GC prevention and control activities.

Background

In 2009, after developing action plans to reduce GC health disparities, the Region IV Infertility Prevention Project (IPP) developed performance indicators to evaluate impact of GC screening activities in target communities (TC).

Objectives

To consider the role of performance indicators in identifying opportunities for and impact of activities to reduce GC health disparities.

Methods

Indicator data was collected for CY 2006 – 2009 from State Case Report and IPP Prevalence Monitoring (PM) data systems for 7 states in Region IV. State Case Report data are routinely collected by states for reporting to CDC; IPP PM data are reported quarterly to CDC through the IPP program.

Data for females from 3 states were analyzed comparing trends from CY 2008 – 2009 in # of GC tests performed and cases identified from IPP PM data in TC, and # of GC cases reported from STD Case Report data at state and TC levels.

Table 1. Comparison of Female GC Indicators Statewide and in Target Communities (TC) Using State Case Report and IPP Prevalence Monitoring Data

Data Source	GC Indicator	STATE A			STATE B			STATE C		
		CY2008	CY2009	% Change	CY2008	CY2009	% Change	CY2008	CY2009	% Change
Case Reports	# GC Cases – Statewide	8,832	8,024	- 9.1%	9,683	7,484	- 23%	4,548	3,827	- 16%
	# GC Cases – Target Communities (TC)	4,919	4,697	- 4.5%	5,583	4,558	- 18%	2,044	1,874	- 8.3%
IPP PM	# GC Tests in TC Reported by IPP	13,057	12,852	- 1.6%	37,885	37,741	- 0.4%	13,431	15,367	+ 14%
	# GC Cases in TC Reported by IPP	385	446	+ 16%	705	701	- 0.5%	434	391	- 10%
	% GC Positivity in TC	2.9%	3.5%	+ 21%	1.9%	1.9%	-	3.2%	2.5%	- 22%
	# IPP facilities reporting in TC	17	17	-	18	18	-	21	23	+ 10%

Results

State A Case Report data revealed decreasing trends in reported GC cases at state and TC levels (9.1% and 4.5% respectively) and 16% increase in GC cases in TC from IPP PM data with essentially flat IPP test volume.

State B Case Report data revealed decreasing trends in reported GC cases at state and TC levels (23% and 18% respectively) and an essentially flat trend in GC testing and cases in TC from IPP PM data.

State C Case Report data showed decreases in reported GC cases from both case report and IPP PM data, with a notable increase (14%) in IPP test volume associates with an increase in the number of IPP facilities reporting.

Conclusions

GC indicators, derived by combining two widely available data sets, were useful in describing trends in GC cases statewide and in target communities. The magnitude of decreases in cases seen in state case report data is not reflected in trends reported by IPP PM data. Additional analyses of types of facility reporting, test volume and population tested would provide more context for trends observed in case rates and positivity. Information gained from these data can inform future activities to target screening and treatment efforts and decrease GC disparities.

Implications

STD programs use data-rich systems that can be leveraged at little or no cost to simply estimate the effectiveness of program activities and their impact over time. These widely available data sources can be used to drive program activities, assess performance, and inform improvement strategies where needed, especially in low resource areas.

Given rising concerns about antibiotic resistant GC, it is increasingly important to use as many tools and sources of information as possible to understand GC trends at the local level.

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