

**Region IX Infertility Prevention Project  
Sentinel Site Surveillance for Chlamydial (CT) Infections  
Variable Definitions and Explanations  
June 28, 2006**

**Changes from August 10, 2005 version:**

Added a description of supplemental data measure.

Made format for birth date explicit.

**Definitions for Core and Optional variables**

**CORE VARIABLES (Level I)**

**AGE:** Patient age in years, can be calculated from date of birth.

Use if date of birth not available. Enter age in years as of last birthday.

**AGENCY:** Agency Number

Each agency providing data to the project is assigned a unique number.

*Enables region to provide data reports by agency. Is used in combination with Clinid and Area to create a unique identifier for CDC.*

**BIRTHDTE:** Date of birth

Enter the patient's date of birth (MM/DD/YYYY). Use age if date of birth is not available.

*Date of birth, besides indicating age, can also be used to identify duplicate reports. Further, age is a primary risk factor for chlamydial infections. Determination of prevalence within certain age groups can help to guide screening policies.*

**CLINID:** Unique clinic Identifier

This is an alphanumeric field (maximum length: 10 characters) identifying the specific clinic at which the CT test was performed.

This is very important for both quality control and to enable us to report our findings by site. From this it will be possible to determine the state and county of the sentinel site.

**CLINTYPE:** Clinic Type

This may be entered directly if provided on the lab slip/data collection form or the field can be derived from the unique clinic ID at the time of data management/transfer.

*Region IX Clinic Types*

- 0 **School-based clinic:** Clinics that are situated in high-schools and primarily serve teens.
- 1 **Family planning:** Clinics that provide information, services and reproductive health services related to the prevention or achievement of pregnancy, including the diagnosis and treatment of STDs and routine reproductive health check-ups. These clinics typically receive federal or state family planning funds and are primarily situated in state or county health departments and free standing community health clinics but can include other settings such primary care sites and physicians in solo or group practices.
- 2 **STD:** Clinics that function for the specific purpose of diagnosing and treating sexually transmitted

infections.

- 3 **Teen:** Clinics whose main purpose is serving adolescent clients, but are not in high schools or universities.
- 4 **Pre-natal:** Clinics that provide health care and education to pregnant women.
- 5 **Other:** Settings that could not be included in any of the other established categories or are not yet known.
- 6 **Juvenile custody:** Testing that occurs in juvenile detention facilities.
- 7 **Adult detention:** Testing that occurs in jails and adult correctional facilities.
- 8 **College student health:** Health care centers provided by colleges and universities for their students.
- 9 **Primary Care:** Hospitals, clinics, private MDs and health maintenance organizations whose mission is general primary patient care offering a full range of health services.
- 10 **Alternative setting:** Testing that occurs in non-traditional, non-clinic settings such as mobile units or vans.
- 91 **Family planning in primary care:** Primary care agencies that receive federal funds to perform family planning services. Currently used in Hawaii only.

**CTRESULT:** CT test result

Select the appropriate response to indicate chlamydia test result. Options will be Positive, Negative, Unsatisfactory, and Inconclusive.

*This is a critical data element for linking risk factors to actual chlamydial infections.*

**GENDER:** Patient Gender

Select the appropriate response to indicate client gender: male, female or transgendered.

*Gender-specific estimates of the prevalence of chlamydial infections among STD clinic patients will be available. Some family planning clinics are now seeing male clients. Diagnosis and treatment of chlamydia among male partners is critical in preventing reinfections among women.*

**HISPANIC:** Hispanic ethnicity

Ethnicity as reported by the patient. Select the appropriate response. Each person should have both a Race and Hispanic ethnicity indicated separately. **Yes:** A person of Chicano, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin (regardless of Race). **No:** Includes all other persons. **Unknown:** Not specified, or unknown.

*As noted above, data obtained for women of Hispanic ethnicity is valuable for elucidating their specific risk factors and for designing appropriate interventions.*

**LABID:** CLIA Laboratory ID number

The laboratory where the CT test was processed, as identified by the unique CLIA code.

**RAIAK, RASIAN, RBLACK, RHIPI, RWHITE, ROTHER:** Patient Race Measures

Measures to capture race as reported by the patient. Mark as many as appropriate. Options include: White (RWHITE), Black (RBLACK), American Indian/Alaskan Native (RAIAK), Asian (RASIAN), Hawaiian/Pacific Islander (RHIPI), and Other (ROTHER). If the agency is not yet set up to conform to OMB standards regarding self-selecting more than one race, a single variable called RACE can be used with above categories as responses and a choice for multiracial.

*Because women in some racial/ethnic populations are at higher risk of both chlamydial infection and adverse pregnancy outcomes, data on risk factors by race can help us determine the reasons for these discrepancies, and can assist in the design of culturally relevant prevention strategies. It is important to emphasize that this information is being collected for positive reasons, and is not intended to stigmatize*

any racial group.

**SOURCESP:** Source of CT specimen

Mark the anatomical site(s) from which the specimen is collected. Options should include Cervical, Vaginal, Urethral, Urine, Rectum, and Other.

Non-invasive testing methods of male and female urine specimens are now in use. The extent of non-genital infections is not well known.

**SPECDATE:** Date of specimen collection

Enter the date when the chlamydia specimen was collected (MM/DD/YY).

*This will be an important component of quality assurance to assist in linking the laboratory result to the individual client, in identifying duplicate reports versus reinfections, and in monitoring laboratory reporting.*

**TYPCTTEST:** Type CT test

Select the appropriate response to indicate the type of laboratory test used to detect chlamydia.

Interpretation of the prevalence data will be partly affected by the known accuracy of the test in use.

Further, the utility of certain tests to identify asymptomatic infections and prevent adverse sequelae can be assessed.

**ZIP:** Zip code of residence:

Enter the 5-digit zip code of the patient's residence. Should be coded as an alphanumeric variable.

*This is very important for monitoring disease distribution. STD risk is closely linked to geography, and resources can be directed to districts with higher prevalence.*

## Optional Measures (Level II)

**AREA:** Data origin by project area

Identifies the source of the clinic data within one of the six regional project areas in Region IX. Though this measure is optional at the site level, it should be added at the project area or region.

**CONTACT:** Contact to chlamydia

Has the patient had known sexual contact with a partner diagnosed with chlamydia, yes or no. There is also an option to choose that partner was diagnosed with an unknown STD.

**CLINANID:** Clinician ID

A unique identifier assigned to the clinician collecting the specimen in participating sites.

*This information is primarily useful for quality assurance, in order to verify patient data, as well to identify clinician-specific patterns in testing and diagnostic practices.*

**CTTREAT:** Type treatment for CT

Type of antibiotic therapy the patient received for chlamydia. If some "Other" therapy was given, specify the therapy in the space provided.

*Useful to ascertain what therapies are used by programs, and whether it was recommended adequate therapy. The relation of treatment type to risk of recurrence can also be evaluated. Further, it can be used to estimate costs of CT infection and a CT prevention program. Cost evaluation is important as programs need to evaluate expensive single dose therapy versus cheaper week-long therapy regimens.*

**CTTREDTE:** Date of treatment for CT

Date the patient was treated for their chlamydial infection (MM/DD/YYYY).

*Needed for quality assurance, treatment verification, and characterization of the timing of chlamydia treatment versus laboratory test result.*

**DOUCH:** Have you douched in the past 30 days?

Select the appropriate response to indicate whether the patient douched in the last 24 hours, some other time during the last 30 days, or not at all.

*A significant body of evidence exists linking regular douching to PID. Because douching may affect normal anti-bacterial defenses, it may also affect the risk of acquiring a chlamydial infection. Douching in the previous 24 hours could potentially affect chlamydia test results by flushing organisms. The frequency of douching is unknown in many of the populations we serve.*

**GCRESULT:** GC test result:

Select the appropriate response to indicate GC test result. Options will be Positive, Negative, Unsatisfactory, and Inconclusive.

**GCSCREEN:** GC screening performed at this visit:

Select the appropriate response to indicate whether the patient was screened for GC at this visit.

*Because gonorrhea is also associated with a substantial fraction of STD-related infertility, information on gonorrhea laboratory tests is important to obtain, if possible.*

**IDNUM:** Patient identification number

Unique patient identifier assigned by clinic.

**NUMPART:** Number of partners in last 30 days

Client's response to how many sexual partners they have had in the last 30 days.

**NSEXPART:** New sex partner past two months

Select the appropriate response if the patient indicates they have acquired a new sex partner in the past two months. New partner includes 1) anyone with whom the patient has had sex for the first time, or 2) a previous sex partner with whom the patient has not had sex in the past 6 months, but with whom the patient has resumed sexual activity in the past two months.

**PARTNER:** Partner with other partners

Select the appropriate response indicate if the patient knows that their partner is having sex with other partners.

*This has been noted as an important predictor of STD risk in several populations.*

**PREGNOW:** Pregnant

Pregnant is defined as confirmed or suspected pregnancy as determined by either examination or laboratory testing. Delayed menses, without confirmation by test or exam, should not be reported as pregnant. Select the appropriate response for the patient's current pregnancy status.

*Determination of the proportion of pregnant women with chlamydia is crucial for anticipating the level of perinatal infections and in guiding choice of treatment.*

**PRETREAT:** Presumptive Treatment

Patient was treated for chlamydia prior to a laboratory confirmation of chlamydial infection.

*This will provide programs with information about what proportion of chlamydia-positive women who potentially would need to return to clinic to receive adequate treatment for their CT infection. Will also provide information about what proportion of women presumptively treated were not infected. It will be used to guide treatment policies.*

**PRIORCT:** History of prior CT

Patient reports having been told by a health care provider that s/he had a chlamydial infection in the past. *Observed to be predictor of current CT infection in some populations. May be useful in developing screening policies.*

**PRIORGC:** History of prior GC

Patient reports having been told by a health care provider that s/he had a gonococcal infection in the past. *Observed to be predictor of current CT infection in some populations. May be useful in developing screening policies.*

**REASBLD:** Reason for visit is abnormal vaginal bleeding

Patient reports non-menstrual or inter-menstrual spotting or bleeding.

**READSYS:** Reason for visit is dysuria

Patient complains of burning sensation upon urination.

**REASPAIN:** Reason for visit is pelvic pain

Patient complains of pain or tenderness in the lower abdominal or pelvic region.

**REASVAG:** Reason for visit is vaginal/urethral discharge

Patient complains of a discharge or drainage from the vagina or urethra.

**STATE:** State of origin

Identifies the source of the clinic data by state.

**SEXPART:** Two or more sex partners past 2 months

Select the appropriate response if patient indicates that they have had at least 2 sex partners in the past 2 months.

*Predictive of current CT infection in some populations and may be useful in developing screening policies, and in guiding individual risk reduction strategies.*

**SUPPDATA:** Supplemental Data

A response in this field indicates that the data meets most, but not all, of the core requirements and is supplemental to the main data set. Data that has incomplete zip codes or race information can be coded as supplemental. If other core measures are missing, discuss with the regional data administrator to gage appropriateness.

**TYPGCTEST:** Type GC test:

Select the appropriate response to indicate the type of laboratory test used to detect GC.

**UNIVREAS:** Universal Reason for visit

**STD screen** -Patient is presenting to the clinic for screening or check-up.

**Symptomatic of any STD** - Patient reports **any STD symptoms** as reason for visit.

**Contact to STD** - Patient is known or is suspected to have been exposed to another person with a STD whether symptoms are present or not.

**Follow-up/return <1 month-** Patient is returning in one month or less for follow-up visit to previous visit that was initiated for one of the three reasons listed above.

**Other** - Reason for visit other than those stated as choices

**High risk rescreen >1:** Patient is returning at an interval greater than one month because they have reported engaging in activities that are high risk to STDs.

**Sex worker screen:** Patient is being frequently or regularly rescreened because they are sex workers.

**Prenatal:** Client has come in for a visit related to prenatal care.

**Family Planning Initial** - First comprehensive family planning visit

**Family Planning Annual** - Annual visit for family planning or gynecological services

**Family Planning Limited** - A partial or complete physical exam was provided (not related to contraceptive implant insertion or removal).

**Pregnancy Test only:** Family planning visit for pregnancy test only.

*Reason for visit is Important for monitoring characteristics of the clinic population and for guiding screening protocols.*

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**Data Entry Conventions:**

All data should be entered as numeric codes rather than letters.

**BLANK field:** Variable is not entered; question is not answered; response is MISSING on the data collection form.

**8 or 88:** Patient REFUSES to answer question; patient refuses to provide requested information.

**9 or 99:** Patient DOES NOT KNOW the information requested; patient cannot provide an answer.