ESSTI

European Surveillance of Sexually Transmitted Infections

Survey questionnaire on STI surveillance, care and prevention in European countries

SAMPLE

APPENDIX

Detailed questionnaire on clinician and laboratory STI reporting systems

Contents

1. Introduction

This section of the questionnaire contains detailed questions on clinician and laboratory STI reporting systems in your country, and follows on from **Section 8** of the Main Questionnaire. The questionnaire contains sections on physician STI case reporting and on laboratory STI test result reporting, as follows:

STI CASE REPORTING (PHYSICIANS / CLINICS)

- Section 4: STI case reporting from dedicated public STI / DV clinics (mandatory or voluntary)
- Section 5: Universal STI case reporting (i.e. from all clinical sites where STIs are diagnosed): mandatory or voluntary
- Section 6 : Sample-based (sentinel) STI case reporting (mandatory or voluntary)

LABORATORY STI TEST RESULT REPORTING:

- Section 7: Universal laboratory STI test result reporting (from all laboratories which carry out STI diagnostic tests): mandatory or voluntary
- Section 8: Sentinel (sample-based) laboratory STI test result reporting systems: (mandatory or voluntary)

Please complete the sections of the questionnaire which apply to your country. We have tried to cover all options for the different STI surveillance systems which are in place in your country. However, if these options do not cover all systems in operation, or if there are other features of your surveillance system which are not covered by the questionnaire, please make a note of this in the comments section at the end of the questionnaire (or in a computer file), and we will follow this up subsequently, during the interview.

The questionnaire is mainly quantitative, with a majority of closed questions, with predefined categories wherever possible. We hope that such a design will help you to complete the questionnaire more quickly. *However, if while filling in the questionnaire, you would like to make additional comments, and there is not enough space on the printed pages, please add additional pages with your comments wherever necessary. Alternatively, for comments and for all the 'free text' (open) questions, if you prefer to type your answers on computer rather than writing in the boxes by hand, please do so, specifying the question number*. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email. If you have difficulty answering any of the free text (open) questions in English, and would prefer to write in your native language, please do so, clearly (*or preferably, type your answers on computer*), and we will translate your answers here at CDSC.

If your country's STI surveillance system is currently undergoing changes, we would like you to complete the questionnaire with information about the *new* systems which are being put in place.

We ask that you provide copies of documents (if available) concerning the questions asked in this survey wherever possible.

If you have any questions about completion of the questionnaire, including problems with language and terminologies used, **please do not hesitate to contact me**:

Dr. Catherine Lowndes
Scientific Coordinator, European Surveillance of STIs (ESSTI)
HIV & STI Division
PHLS Communicable Disease Surveillance Centre
61 Colindale Avenue
London NW9 5EQ, UK

Tel: +44 (0) 20 8200 6868 extension 8496
Fax: +44 (0) 20 8200 7868
email: clowndes@phls.org.uk

2. Abbreviations and definitions used in the questionnaire

ABBREVIATIONS

A+E	hospital accident and emergency department
ANC	antenatal clinic
DV	dermatovenereology
FPC	family planning (contraception) clinic
GP	general medical practitioner
HIV	human immunodeficiency virus
HPV	human papillomavirus
HSV	herpes simplex virus (type 1 / type 2)
IDU	injection drug user
MSM	men who have sex with men
NGO	non-governmental organisation
NEP	needle exchange programme
PHC	primary healthcare
PID	pelvic inflammatory disease
STI	sexually transmitted infection
VCT	voluntary counselling and testing
>	more than
<	less than

DEFINITIONS OF STI REPORTING / SURVEILLANCE MODALITIES

Section 8 of the main questionnaire, and the Appendix to the main questionnaire, use the following modalities to describe **STI case reporting and laboratory test result reporting mechanisms**:

STI case reporting (by physicians / clinics):

- Universal STI case reporting (i.e. from all clinical sites where STIs are diagnosed): mandatory or voluntary
- STI case reporting from dedicated public STI / DV clinics (mandatory or voluntary)
- Sentinel (sample-based) STI case reporting (mandatory or voluntary)

Laboratory STI test result reporting:

- Universal laboratory STI test result reporting (from all laboratories which carry out STI diagnostic tests): mandatory or voluntary
- Sentinel (sample-based) laboratory STI test result reporting systems: mandatory or voluntary

Universal reporting: The term universal refers to reporting of STI cases from all health care service sites where STIs are diagnosed and treated, or reporting of positive STI laboratory test results from all laboratories where STI diagnostic tests are carried out, including mandatory notifications from all medical practitioners

Sentinel (sample-based) reporting refers to systems where only a sample of physicians or health care facilities which diagnose and treat STIs (or a sample of laboratories which carry out STI diagnostic tests) report. The sample may be constructed in a number of different ways, and depending on this, it may or may not be possible to estimate population-based STI incidence from sentinel / sample-based reporting systems.

Reporting of STIs may be on an individual (per patient) or aggregate (summary report per defined time period) basis. In aggregate reporting, a summary report of the number of STIs occurring over a certain, defined time period is produced, with number of STIs occurring per category, such as age-group, sex, sexual orientation.

The term **public dedicated STI / dermatovenereology (DV) services** refers to specialist public services where clinics are held specifically for patients with STIs. These might be clinics dedicated to STI patients only, or clinics that are publicly recognised to provide facilities for patients with STI but that also serve patients with other conditions.

Public and private services: Public services are services that are mainly paid for by central government funding raised through taxation or national insurance, with little or no direct payment by patients at the time of attendance at the service.

The questionnaire asks about types of **laboratories** which carry out diagnostic tests for STIs in your country. We use the following classification: **routine diagnostic** laboratories, which routinely carry out standard STI diagnostic tests, and **reference** laboratories, which receive samples from routine laboratories for confirmatory testing, and which may also carry out additional and/or specialised testing (e.g. PCR DNA fingerprinting of *N.gonorrhoeae*)

3. Identifying information

3.1. Country:

3.2. Date of questionnaire completion:

……../……../……

Day / Month / Year

3.3. Information provided by: ……

3.4. Position: ……

3.5. Address: ……

……

……

……

3.6. Telephone: ……

3.7. Fax: .....

3.8. E-mail: .....

3.9. Additional information provided by: ……..

……

3.10. Position: ……

3.11. Address: ……

……

……

……

3.12. Telephone:……..

3.13. Fax:.....

3.14. E-mail: .....

3.15. Section(s) of questionnaire for which information provided: ……

……

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4. STI case reporting from public dedicated STI / DV clinics

This section of the questionnaire asks about case reporting systems from public dedicated STI / DV clinics in your country (*please see definitions on page 6*). It follows on from Question 8.3 (page 25) of the Main questionnaire. If this type of reporting system does not exist in your country, please tick the box below and go to Section 5 on page 13.

☐ **NO (mandatory or voluntary) reporting of STIs or clinical syndromes from public dedicated STI / DV services**

4.1. Is STI case reporting from public dedicated STI /DV clinics:

☐ Mandatory

☐ Voluntary

☐ Depends on STI in question, *please specify*……

……..

4.2. Do reporting clinics receive a payment for making a report / notifying cases?

☐ No

☐ Yes

4.3. To whom is the initial report made by the reporting clinic?

(please tick one box only)

☐ Local (e.g. District / city) level authority

☐ Intermediate (e.g. Regional / state / county) level authority

☐ National level authority (Ministry of Health, national surveillance centre)

☐ Other, *please specify*……

4.4. How (in what form) are cases recorded by the clinic for reporting purposes?

(*please tick all that apply):*

☐ On a case report form or table (by hand)

☐ On a case report form or table (on computer)

☐ On computer in a database

The term **public dedicated STI / dermatovenereology (DV) services** refers to specialist public services where clinics are held specifically for patients with STIs. These might be clinics dedicated to STI patients only, or clinics that are publicly recognised to provide facilities for patients with STI but that also serve patients with other conditions.

4.5. Is laboratory confirmation required for making a report / notifying cases?

(please tick all that apply)

- ☐ No laboratory confirmation required for reporting any type of STI case
- ☐ Laboratory confirmation required for reporting genital chlamydia
- ☐ Laboratory confirmation required for reporting gonorrhoea
- ☐ Laboratory confirmation required for reporting genital herpes
- ☐ Laboratory confirmation required for reporting syphilis
- ☐ Laboratory confirmation required for reporting other STIs: *please specify*……..

……

……

4.6. What variables are recorded? (*please tick all that apply):*

- ☐ Clinic / physician type
- ☐ Date of diagnosis
- ☐ Place of diagnosis
- ☐ Reason for testing
- ☐ Site of infection
- ☐ Date of onset of symptoms
- ☐ Probably route of transmission
- ☐ Sexual orientation
- ☐ Nationality / country of birth
- ☐ Ethnicity / race
- ☐ Age
- ☐ Gender
- ☐ Place of residence
- ☐ History of STI (last year, ever)
- ☐ HIV status
- ☐ Drug use
- ☐ Country / place where infection contracted
- ☐ Sexual behaviour variables: *please specify* which: ……

……

- ☐ Other, *please specify*……

……..

4.7. Is reporting to <u>national</u> level:

- ☐ Individual, by name (nominative)
- ☐ Individual, with patient identifier code*
- ☐ Individual, anonymous
- ☐ Aggregate

(please specify patient identifier code used, and whether it is unique or not:……*

……)

4.8. What is the frequency of reporting to <u>national</u> level health authorities (directly *<u>or</u>* through regional level authorities):

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Half-yearly
- ☐ Annually

4.9. How is the information transmitted to the <u>national</u> level health authorities?

(*please tick all that apply):*

□ Case report form (electronic *or* paper format)

□ Computer data file: automated download (extraction) of computer-entered data in a standard format

□ Other, *please specify*……

4.10. Does the procedure for collating reports / data at national level involve:

(*please tick all that apply):*

□ Manual entry of data from case report forms or tables

□ Automatic upload of computer data files

□ Other, *please specify*……

……

4.11. What is the average time delay between a clinic seeing a STI case (first clinical contact) and receipt of a report at National level (Ministry of Health / national surveillance centre)?

……..

4.12. Is any system of quality control of reported data in place? (e.g. completing missing data, updating case reports, querying inconsistencies, etc).

□ No *(please go to question 4.14)*

□ Yes

4.13. If yes, which level(s) is (are) responsible for quality control of reported data:

(*please tick all that apply):*

□ Local (e.g. District / city) □ Intermediate (e.g. Regional / state / county)

□ Central □ Other, specify……

4.14. Who collates and analyses the data?

(*please tick all that apply):*

□ Local (e.g. District / city) health authorities / surveillance centres

□ Intermediate (e.g. Regional / state / county) health authorities / surveillance centres

□ Central: National surveillance centre / Ministy of Health

□ Academic institutions (local / regional / national)

□ Other, *please specify*……

4.15. Can you estimate how many (out of the total number) STI / DV clinics actually report STI cases?

……../……

number which report (n) **/** total number STI / DV clinics in the country (N)

4.15.1. On what evidence is your estimate based?

(please tick all that apply)

- □ Published survey / evaluation
- □ Unpublished survey / evaluation
- □ Own personal assessment
- □ Other, *please specify*……

4.16. Can you estimate the coverage / sensitivity of this reporting system (i.e. what proportion of STIs diagnosed at public dedicated STI / DV clinics are actually reported in this system)? *(please tick one box for each STI)*

STI / clinical syndrome	Estimated proportion of STIs diagnosed at public dedicated STI / DV clinics which are actually reported							
	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
4.16.1. Gonorrhoea	□	□	□	□	□	□	□	□
4.16.2. Chlamydia	□	□	□	□	□	□	□	□
4.16.3. Syphilis	□	□	□	□	□	□	□	□
4.16.4. Genital herpes	□	□	□	□	□	□	□	□
4.16.5. Genital warts	□	□	□	□	□	□	□	□
4.16.6. Urethritis	□	□	□	□	□	□	□	□
4.16.7. Cervicitis	□	□	□	□	□	□	□	□
4.16.8. PID	□	□	□	□	□	□	□	□

4.16.9. On what evidence are your estimates based? *(please tick all that apply)*

- □ Published survey / evaluation
- □ Unpublished survey / evaluation
- □ Own personal assessment
- □ Other, *please specify*……

……..

The term **public dedicated STI / dermatovenereology (DV) services** refers to specialist public services where clinics are held specifically for patients with STIs. These might be clinics dedicated to STI patients only, or clinics that are publicly recognised to provide facilities for patients with STI but that also serve patients with other conditions.

4.17. Have any changes occurred to the (mandatory or voluntary) reporting system from public dedicated STI / DV clinics during the last 10 years, which could affect the comparability over time of the STI surveillance data from these settings?

☐ No *(please go to Section 5, question 5.1)*

☐ Yes

4.18. If yes, what kind(s) of changes have occurred? (*please tick all that apply):*

☐ Changes in healthcare provision for STIs

☐ Changes in STI case definitions

☐ Changes in which STIs are compulsorily notifiable

☐ Changes in STI case detection practices (e.g. introduction of routine screening for STIs)

☐ Changes in partner notification / contact tracing practices

☐ Increases or decreases in the proportion of clinicians who report STI cases

☐ Changes in STI reporting mechanisms (to local / regional / central levels)

☐ Changes in coverage / representativeness of the STI reporting system

☐ Other, *please specify*……

4.19. Please use the space below to make any additional comments you would like to on case reporting systems from public dedicated STI / DV clinics in your country. Please continue on a separate page if necessary.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

Please provide copies of the forms used for STI case reporting from dedicated public STI/DV clinics

5. Universal STI case reporting (from all clinical sites where STIs are diagnosed), including mandatory notifications

This section of the questionnaire asks about systems for universal case reporting of STIs and clinical syndromes in your country, including mandatory notifications from all medical practitioners (*please see definitions on page 6*). It follows on from Question 8.3 (on page 25) of the Main questionnaire. If this type of reporting system does not exist in your country, or if reporting takes place only from public specialised STI / DV clinics, please tick the box below and go to Section 6 on page 19. (NB: this section does not deal specifically with reporting from public dedicated STI/DV clinics, which is covered in section 4 of this questionnaire).

☐ **NO universal case reporting for STIs or clinical syndromes**

5.1. Please use the table below to describe who participates in the universal physician / clinic STI reporting system in your country:

(Please tick all that apply, and complete rows 5.1.10 and 5.1.11 if appropriate)

PARTICIPATING CLINICS / PHYSICIANS	TYPES OF PARTICIPATING CLINICS / PHYSICIANS			
	A. PUBLIC		B. PRIVATE	
	NO	YES	NO	YES
5.1.1. All medical practitioners (i.e. mandatory national notification system)				
5.1.2. Dedicated public STI / dermatovenereology clinics				
5.1.3. General medical practitioners				
5.1.4. Primary / public healthcare centres				
5.1.5. Dermatology clinics / specialists				
5.1.6. Infectious disease clinics / specialists				
5.1.7. Gynaecology clinics / specialists				
5.1.8. Urology clinics / specialists				
5.1.9. Hospital casualty / A+E Departments				
5.1.10. Other specialist medical practitioners, *please specify:*				
5.1.11. Other, *please specify* (family planning clinics, youth clinics, hospital departments, etc):				

5.2. Is universal STI case reporting:

- ☐ Mandatory
- ☐ Voluntary
- ☐ Depends on STI in question, *please specify*……
  ……..
- ☐ Depends on type of health care facility, *please specify* ……
  ……

5.3. Do reporting physicians receive a payment for making a report / notifying cases?

- ☐ No
- ☐ Yes

5.4. To whom is the initial report made by the reporting physician / clinic?

(please tick one box only)

- ☐ Local (e.g. District / city) authority
- ☐ Intermediate (e.g. Regional / state / county) authority
- ☐ National level authority (Ministry of Health, national surveillance centre)
- ☐ Other, *please specify*……

5.5. How (in what form) are cases recorded by the physician / clinic for reporting purposes? (*please tick all that apply):*

- ☐ On a case report form or table (by hand)
- ☐ On a case report form or table (on computer)
- ☐ On computer in a database

5.6. Is laboratory confirmation required for making a report / notifying cases?

(please tick all that apply)

- ☐ No laboratory confirmation required for reporting any type of STI case
- ☐ Laboratory confirmation required for reporting genital chlamydia
- ☐ Laboratory confirmation required for reporting gonorrhoea
- ☐ Laboratory confirmation required for reporting genital herpes
- ☐ Laboratory confirmation required for reporting syphilis
- ☐ Laboratory confirmation required for reporting other STIs: *please specify*……..
  ……
  ……

5.7. What variables are recorded? (*please tick all that apply):*

- ☐ Clinic / physician type
- ☐ Date of diagnosis
- ☐ Place of diagnosis
- ☐ Reason for testing
- ☐ Site of infection
- ☐ Date of onset of symptoms
- ☐ Probably route of transmission
- ☐ Sexual orientation
- ☐ Nationality / country of birth
- ☐ Ethnicity / race
- ☐ Age
- ☐ Gender / sex
- ☐ Place of residence
- ☐ History of STI (last year, ever)
- ☐ HIV status
- ☐ Drug use
- ☐ Country / place where infection contracted
- ☐ Sexual behaviour variables: *please specify* which: ……
  ……
- ☐ Other, *please specify*……
  ……

5.8. Is reporting to <u>national</u> level:

- ☐ Individual, by name (nominative)
- ☐ Individual, anonymous
- ☐ Individual, with patient identifier code*
- ☐ Aggregate

(please specify patient identifier code used, and whether it is unique or not:……*
……)

5.9. What is the frequency of reporting to <u>national</u> health authorities (directly *<u>or</u>* through regional level authorities):

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Half-yearly
- ☐ Annually

5.10. How is the information transmitted to the <u>national</u> level health authorities?
(*please tick all that apply):*

- ☐ Case report form (electronic *or* paper format)
- ☐ Computer data file: automated download (extraction) of computer-entered data in a standard format
- ☐ Other, *please specify*……

5.11. Does the procedure for collating reports / data at national level involve:
(*please tick all that apply):*

□ Manual entry of data from case report forms or tables

□ Automatic upload of computer data files

□ Other, *please specify*……
……

5.12. What is the average time delay between a physician seeing a STI case (first clinical contact) and receipt of a report at National level (Ministry of Health / national surveillance centre)?

……..

5.12.1. Does this time delay vary by type of health care facility reporting (including public vs. private), and/or by STI?

□ No

□ Yes, *please specify how*……
……..
……

5.13. Is any system of quality control of reported data in place? (e.g. completing missing data, updating case reports, querying inconsistencies, etc).

□ No *(please go to question 5.15)*

□ Yes

5.14. If yes, which level(s) is (are) responsible for quality control of reported data:
(*please tick all that apply):*

□ Local (e.g. District / city) □ Intermediate (e.g. Regional / state / county)

□ Central □ Other, specify……

5.15. Who collates and analyses the data?
(*please tick all that apply):*

□ Local (e.g. District / city) health authorities / surveillance centres

□ Intermediate (e.g. Regional / state / county) health authorities / surveillance centres

□ Central: National surveillance centre / Ministy of Health

□ Academic institutions (local / regional / national)

□ Other, *please specify*……

5.16. Can you estimate what proportion of physicians in the country actually report cases of STIs?

- □ 0%
- □ less than 10%
- □ 10-25%
- □ 26-50%
- □ 51-75%
- □ 76-99%
- □ 100%
- □ Don't know

5.16.1. On what evidence is your estimate based?

(please tick all that apply)

- □ Published survey / evaluation
- □ Unpublished survey / evaluation
- □ Own personal assessment
- □ Other, *please specify*……

5.17. Can you estimate the coverage / sensitivity of this reporting system (i.e. what proportion of STIs diagnosed in the country are actually reported in this system)? *(please tick one box for each STI)*

STI / clinical syndrome	Estimated proportion of STIs diagnosed in the country which are actually reported							
	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
5.17.1. Gonorrhoea	□	□	□	□	□	□	□	□
5.17.2. Chlamydia	□	□	□	□	□	□	□	□
5.17.3. Syphilis	□	□	□	□	□	□	□	□
5.17.4. Genital herpes	□	□	□	□	□	□	□	□
5.17.5. Genital warts	□	□	□	□	□	□	□	□
5.17.6. Urethritis	□	□	□	□	□	□	□	□
5.17.7. Cervicitis	□	□	□	□	□	□	□	□
5.17.8. PID	□	□	□	□	□	□	□	□

5.17.9. On what evidence are your estimates based?

(please tick all that apply)

- □ Published survey / evaluation
- □ Unpublished survey / evaluation
- □ Own personal assessment
- □ Other, *please specify*……
  ……..

5.18. Have any changes occurred to the (mandatory or voluntary) universal STI case reporting system during the last 10 years, which could affect the comparability over time of the surveillance data produced?

☐ No *(please go to Section 6, question 6.1)*

☐ Yes

5.19. If yes, what kind(s) of changes have occurred? (*please tick all that apply):*

☐ Changes in healthcare provision for STIs

☐ Changes in STI case definitions

☐ Changes in which STIs are compulsorily notifiable

☐ Changes in STI case detection practices (e.g. introduction of routine screening for STIs)

☐ Changes in partner notification / contact tracing practices

☐ Increases or decreases in the proportion of clinicians who report STI cases

☐ Changes in STI reporting mechanisms (to local / regional / central levels)

☐ Changes in coverage / representativeness of the STI reporting system

☐ Other, *please specify*……

5.20. Please use the space below to make any additional comments you would like to on universal case reporting of STIs and clinical syndromes in your country. Please continue on a separate page if necessary.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

Please provide copies of the forms used for universal STI case reporting

6. Sentinel (sample-based) physician / clinic STI case reporting

This section of the questionnaire asks about sample-based STI case reporting systems in your country (*please see definitions on page 6*). It follows on from Question 8.3 on page 25 of the main questionnaire. If this type of reporting system does not exist in your country, please tick the box below and go to Section 7 on page 26.

☐ **NO sample-based (sentinel) reporting of STIs or clinical syndromes**

6.1. Please use the table below to describe who participates in the sample-based STI case reporting system in your country: *(please tick yes or no where appropriate, and if yes, please also fill in the number columns)*

TYPES OF PARTICIPATING CLINICS / PHYSICIANS	PARTICIPATING CLINICS / PHYSICIANS: NUMBERS AND TYPES					
	PUBLIC			PRIVATE		
	Participates in sample-based reporting system?	If yes, number who participate (**n**)	If yes, total number in country (**N**)	Participates in sample-based reporting system?	If yes, number who participate (**n**)	If yes, total number in country (**N**)
6.1.1. General medical practitioners	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.2. Primary / public healthcare centres	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.3. Dedicated public STI / DV clinics	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.4. Gynaecology specialists / clinics	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.5. Dermatology specialists / clinics	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.6. Urology specialists / clinics	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.7. Other specialist medical practitioners, *please specify:*	☐ Yes ☐ No			☐ Yes ☐ No		
6.1.8. Other, *please specify**	☐ Yes ☐ No			☐ Yes ☐ No		

**e.g. family planning clinics, youth clinics, hospital departments, etc*

6.2. Please describe how the sample is selected:

(Please tick all that apply)

- ☐ A convenience-based sample of physicians / clinics
- ☐ A random (probability) sample of all physicians / clinics
- ☐ A random (probability) sample of physicians / clinics stratified by specialty
- ☐ A random (probability) sample of physicians / clinics stratified by region
- ☐ A non-random sample, selected to be a geographically (regionally) representative sample of physicians / clinics
- ☐ A non-random sample, selected on the basis of specific characteristics such as number of patients seen, availability of a laboratory etc.
- ☐ A non-random sample, selected to be representative of certain high-risk groups in the population
- ☐ Other, *please specify*……
  ……..

6.3. Is it possible to estimate STI incidence from the data (i.e. is it possible to define the denominator population from which cases are identified)?

- ☐ No
- ☐ Yes

6.4. Is participation in the sample-based STI case reporting system:

- ☐ Voluntary
- ☐ Mandatory
- ☐ Depends on STI in question, *please specify*……
  ……

6.5. Do reporting clinics / physicians receive a payment for making a report / notifying cases?

- ☐ No
- ☐ Yes

6.6. To whom is the initial report made by the reporting clinic?

(please tick one box only)

- ☐ Local (e.g. District / city) level authority
- ☐ Intermediate (e.g. Regional / state / county) level authority
- ☐ National level authority (Ministry of Health, national surveillance centre)
- ☐ Other, *please specify*……

6.7. How (in what form) are cases recorded by the clinic for reporting purposes?

(*please tick all that apply):*

- ☐ On a case report form or table (by hand)
- ☐ On a case report form or table (on computer)
- ☐ On computer in a database

6.8. Is laboratory confirmation required for making a report / notifying cases?

(Please tick all that apply)

- ☐ No laboratory confirmation required for reporting any type of STI case
- ☐ Laboratory confirmation required for reporting genital chlamydia
- ☐ Laboratory confirmation required for reporting gonorrhoea
- ☐ Laboratory confirmation required for reporting genital herpes
- ☐ Laboratory confirmation required for reporting syphilis
- ☐ Laboratory confirmation required for reporting other STIs: *please specify*……..

…….

…….

6.9. What variables are recorded? (*please tick all that apply):*

- ☐ Clinic / physician type
- ☐ Date of diagnosis
- ☐ Place of diagnosis
- ☐ Reason for testing
- ☐ Site of infection
- ☐ Date of onset of symptoms
- ☐ Probably route of transmission
- ☐ Sexual orientation
- ☐ Nationality / country of birth
- ☐ Ethnicity / race
- ☐ Age
- ☐ Gender / sex
- ☐ Place of residence
- ☐ History of STI (last year, ever)
- ☐ HIV status
- ☐ Drug use
- ☐ Country / place where infection contracted
- ☐ Sexual behaviour variables: *please specify* which: ……

…….

- ☐ Other, *please specify*……

……..

6.10. Is reporting to <u>national</u> level:

- ☐ Individual, by name (nominative)
- ☐ Individual, with patient identifier code*
- ☐ Individual, anonymous
- ☐ Aggregate

(please specify patient identifier code used, and whether it is unique or not:……*

……)

6.11. What is the frequency of reporting to national level health authorities (directly *or* through regional level authorities):

□ Daily □ Weekly □ Monthly

□ Quarterly □ Half-yearly □ Annually

6.12. How is the information transmitted to the national level health authorities?

(*please tick all that apply):*

□ Case report form (electronic *or* paper format)

□ Computer data file: automated download (extraction) of computer-entered data in a standard format

□ Other, *please specify*……

6.13. Does the procedure for collating reports / data at national level involve:

(*please tick all that apply):*

□ Manual entry of data from case report forms or tables

□ Automatic upload of computer data files

□ Other, *please specify*……

……

6.14. What is the average time delay between a clinic seeing a STI case (first clinical contact) and receipt of a report at National level (Ministry of Health / national surveillance centre)?

……..

6.14.1. Does this time delay vary by type of health care facility reporting (including public vs. private), and/or by STI?

□ No

□ Yes, *please specify how*……

……..

……

6.15. Is any system of quality control of reported data in place? (e.g. completing missing data, updating case reports, querying inconsistencies, etc).

□ No *(please go to question 6.16)*

□ Yes

6.15.1. If yes, which level(s) is (are) responsible for quality control of reported data:

(*please tick all that apply):*

□ Local (e.g. District / city) □ Intermediate (e.g. Regional / state / county)

□ Central □ Other, specify……

6.16. Who collates and analyses the data?

(*please tick all that apply):*

□ Local (e.g. District / city) health authorities / surveillance centres

□ Intermediate (e.g. Regional / state / county) health authorities / surveillance centres

□ Central: National surveillance centre / Ministy of Health

□ Academic institutions (local / regional / national)

□ Other, *please specify*……

6.17. Can you estimate what proportion of STIs diagnosed / treated in the country are reported in this sample-based physician STI case reporting system?

(please tick one box for each STI)

STI / clinical syndrome	Estimated proportion of STIs diagnosed in the country which are actually reported in the sentinel STI case reporting system							
	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
6.17.1. Gonorrhoea	□	□	□	□	□	□	□	□
6.17.2. Chlamydia	□	□	□	□	□	□	□	□
6.17.3. Syphilis	□	□	□	□	□	□	□	□
6.17.4. Genital herpes	□	□	□	□	□	□	□	□
6.17.5. Genital warts	□	□	□	□	□	□	□	□
6.17.6. Urethritis	□	□	□	□	□	□	□	□
6.17.7. Cervicitis	□	□	□	□	□	□	□	□
6.17.8. PID	□	□	□	□	□	□	□	□

6.17.9. On what evidence are your above estimates based?

(please tick all that apply)

- ☐ Published survey / evaluation
- ☐ Unpublished survey / evaluation
- ☐ Own personal assessment
- ☐ Other, *please specify*……
  ……..

6.18. Have any changes occurred to the sample-based STI reporting system(s) during the last 10 years, which could affect the comparability over time of the surveillance data produced?

- ☐ No *(please go to question 6.20)*
- ☐ Yes

6.19. What kind(s) of changes have occurred?

(*please tick all that apply):*

- ☐ Changes in healthcare provision for STIs
- ☐ Changes in STI case definitions
- ☐ Changes in which STIs are reported through the sample-based reporting system(s)
- ☐ Changes in partner notification / contact tracing practices
- ☐ Changes in STI case detection practices (e.g. introduction of routine screening for STIs)
- ☐ Changes in selection of the sample(s) for the sample-based reporting system
- ☐ Increases or decreases in the proportion of physicians / clinics who report STI cases
- ☐ Changes in the characteristics of the reporting physicians
- ☐ Other, *please specify*……
  ……..
  ……..

6.20. Please use the space below to make any additional comments you would like to on sentinel STI case reporting systems in your country. Please continue on a separate page if necessary.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

Please provide copies of the forms used for sentinel (sample-based) STI case reporting

7. Universal laboratory STI test result reporting systems

This section of the questionnaire asks about universal laboratory STI test result reporting systems in your country i.e. reporting from all laboratories which carry out STI diagnostic testing (*please see definitions on page 6*). It follows on from Question 8.3 on page 26 of the Main Questionnaire. If this type of reporting system does not exist in your country, please tick the box below and go to Section 8 on page 32.

☐ **NO population-based laboratory reporting of STI test results**

7.1. What types of laboratories are obliged to report (if mandatory system) or participate in the system (if voluntary system), and what proportion actually report?

		Proportion of those who are obliged to report (or that participate in the system) that actually report							
	Mandatory (M) or Voluntary (V)	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
7.1.1. Routine public diagnostic laboratories									
7.1.2. Routine private diagnostic laboratories									
7.1.3. Reference laboratories									
7.1.4. Other, *please specify*									

7.2. Do reporting clinics receive a payment for making a report / notifying cases?

☐ No

☐ Yes

7.3. To whom is the initial report made by the reporting laboratory?

☐ Local (e.g. District / city) level authority

☐ Intermediate (e.g. Regional / state / county) level authority

☐ National level authority (Ministry of Health, national surveillance centre)

☐ Other, *please specify*……

We use the following classification for laboratories: **routine diagnostic** laboratories, which routinely carry out standard STI diagnostic tests, and **reference** laboratories, which receive samples from routine laboratories for confirmatory testing, and which may also carry out additional and/or specialised testing (e.g. PCR DNA fingerprinting of *N.gonorrhoeae*)

7.4. How (in what form) is the information recorded by the laboratory for reporting purposes? (*please tick all that apply):*

- ☐ On a case report form or table (by hand)
- ☐ On a case report form or table (on computer)
- ☐ On computer in a database

7.5. What variables are recorded? (*please tick all that apply):*

- ☐ Clinic / physician type
- ☐ Date of diagnosis
- ☐ Place of diagnosis
- ☐ Reason for testing
- ☐ Site of infection
- ☐ Date of onset of symptoms
- ☐ Probably route of transmission
- ☐ Sexual orientation
- ☐ Nationality / country of birth
- ☐ Ethnicity / race
- ☐ Age
- ☐ Gender / sex
- ☐ Place of residence
- ☐ History of STI (last year, ever)
- ☐ HIV status
- ☐ Drug use
- ☐ Country / place where infection contracted
- ☐ Sexual behaviour variables: *please specify* which: ……
  ……
- ☐ Other, *please specify*……
  ……..

7.6. Are negative (i.e. a denominator of number of laboratory tests done) as well as positive STI diagnostic test results reported?

- ☐ No, only positive results are reported
- ☐ Yes, both positive and negative test results are reported
- ☐ Depends on STI in question, *please specify*……..
  ……

7.7. Where is STI laboratory test data sent to?

(please tick all that apply):

- ☐ Local surveillance centres
- ☐ Regional surveillance centres
- ☐ National surveillance centres
- ☐ Reference laboratories
- ☐ Other, *please specify*……
  ……

7.8. Is reporting to <u>national</u> level:

- ☐ Individual, by name (nominative)
- ☐ Individual, with patient identifier code*
- ☐ Individual, anonymous
- ☐ Aggregate

(please specify patient identifier code used, and whether it is unique or not:……*

……)

7.9. What is the frequency of reporting to <u>national</u> level authorities (directly *<u>or</u>* through regional level authorities or reference laboratories):

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Half-yearly
- ☐ Annually

7.10. How is the information transmitted to <u>national</u> level authorities?

(*please tick all that apply):*

- ☐ Case report form (electronic *or* paper format)
- ☐ Computer data file: automated download (extraction) of computer-entered data in a standard format
- ☐ Other, *please specify*……

7.11. Does the procedure for collating laboratory reports / data at national level involve:

(*please tick all that apply):*

- ☐ Manual entry of data from case report forms or tables
- ☐ Automatic upload of computer data files
- ☐ Other, *please specify*……

……

……..

7.12. What is the average time delay between a laboratory obtaining a positive STI test result and receipt of a report at National level (Ministry of Health / national surveillance centre)?

……

……..

7.12.1. Does this time delay vary by type of laboratory reporting (including public vs. private), and/or by STI?

□ No

□ Yes, *please specify how*……
……..
……..

7.13. Is any system of quality control of reported data in place? (e.g. completing missing data, updating case reports, querying inconsistencies, etc).

□ No *(please go to question 7.14)*

□ Yes

7.13.1. If yes, who is responsible for quality control of reported data?:

(*please tick all that apply):*

□ Local surveillance centres

□ Regional surveillance centres

□ National surveillance centres

□ Reference laboratories

□ Other, *please specify*……
……

7.14. Who collates and analyses the data?

(*please tick all that apply):*

□ Local level (district / city health authorities / surveillance centres / laboratories

□ Intermediate level (Regional / county / state) health authorities / surveillance centres / reference laboratories

□ Central level: National surveillance centre / Ministry of Health

□ Academic institutions (local / regional / national)

□ Other, *please specify*……

7.15. Is it possible to link laboratory STI test reports to physician reports of the same case (i.e. through the use of names or unique identifier codes)?

□ No

□ Yes, *please specify how this is carried out*……
……..
……..

7.16. Can you estimate the coverage / sensitivity of the laboratory test result reporting system (i.e. what proportion of all positive test results for STIs in the country are actually reported in this system)?

(please tick one box for each STI)

STI	Estimated proportion of all positive STI laboratory test results which are reported							
	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
7.16.1. Gonorrhoea	☐	☐	☐	☐	☐	☐	☐	☐
7.16.2. Chlamydia	☐	☐	☐	☐	☐	☐	☐	☐
7.16.3. Syphilis	☐	☐	☐	☐	☐	☐	☐	☐
7.16.4. Genital herpes	☐	☐	☐	☐	☐	☐	☐	☐
7.16.5. Herpes serology (HSV 1/2)	☐	☐	☐	☐	☐	☐	☐	☐
7.16.6. HPV infection	☐	☐	☐	☐	☐	☐	☐	☐

7.16.7. On what evidence are your above estimates based?

(please tick all that apply)

- ☐ Published survey / evaluation
- ☐ Unpublished survey / evaluation
- ☐ Own personal assessment
- ☐ Other, *please specify*……
  ……

7.17. Have any changes occurred to the population-based laboratory STI test result reporting system during the last 10 years, which could affect the comparability over time of the surveillance data produced?

- ☐ No *(please go to question 7.19)*
- ☐ Yes

7.18. What kind(s) of changes have occurred?

(*please tick all that apply):*

- ☐ Changes in case definitions for diagnosis of STIs
- ☐ Changes in types of laboratory tests used for diagnosis of STIs
- ☐ Changes in which STI test results are reported
- ☐ Changes in STI case detection practices (e.g. introduction of routine screening for STIs)
- ☐ Changes in reporting mechanisms for laboratory test results (to local / regional / central levels)
- ☐ Changes in coverage / representativeness of the laboratory reporting system
- ☐ Other, *please specify*……

……..

7.19. Please use the space below to make any additional comments you would like to on universal laboratory STI test result reporting systems in your country. Please continue on a separate page if necessary.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

Please provide copies of the forms used for universal laboratory reporting of STI diagnostic test results

8. Sentinel (sample-based) laboratory STI test result reporting systems

This section of the questionnaire asks about sentinel (sample-based) laboratory STI test result reporting systems in your country (*please see page 6 for definitions*). It follows on from Question 8.3 on page 26 of the Main Questionnaire. If this type of reporting system does not exist in your country, please tick the box below and go to Question 8.22 on page 39 of this questionnaire.

☐ **NO sample-based laboratory reporting of STI test results**

8.1. What types and proportions of laboratories participate in the sample-based reporting system, and what proportion actually report?

		Proportion of those participating that actually report laboratory test results							
	Mandatory (M) or Voluntary (V)	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
8.1.1. Routine public diagnostic laboratories									
8.1.2. Routine private diagnostic laboratories									
8.1.3. Reference laboratories									
8.1.4. Other, *please specify*									

8.2. Please describe how the sample of laboratories was / is selected:

(please tick all that apply)

☐ A convenience-based sample of laboratories

☐ A random (probability) sample of all laboratories

☐ A random (probability) sample of all laboratories, stratified by type of laboratory

☐ A random (probability) sample of all laboratories, stratified by region

☐ A non-random sample of laboratories, selected to be a geographically (regionally) representative

☐ A non-random sample of laboratories, selected on the basis of specific characteristics such as size, number of tests performed, regional importance of laboratory etc.

☐ Other, *please specify*……

……

We use the following classification for laboratories: **routine diagnostic** laboratories, which routinely carry out standard STI diagnostic tests, and **reference** laboratories, which receive samples from routine laboratories for confirmatory testing, and which may also carry out additional and/or specialised testing (e.g. PCR DNA fingerprinting of *N.gonorrhoeae*)

8.3. Is participation in the sentinel laboratory test result reporting system?:

- ☐ Voluntary
- ☐ Mandatory

8.4. Do laboratories receive a payment for reporting STI diagnostic test results?

- ☐ No
- ☐ Yes

8.5. Is it possible to estimate STI incidence from the data (i.e. is it possible to define the denominator population from which cases are identified)?

- ☐ No
- ☐ Yes

8.6. To whom is the initial report made by the reporting laboratory?

- ☐ Local (e.g. District / city) level authority
- ☐ Intermediate (e.g. Regional / state / county) level authority
- ☐ National level authority (Ministry of Health, national surveillance centre)
- ☐ Other, *please specify*……

8.7. How (in what form) is the information recorded by the laboratory for reporting purposes? (*please tick all that apply):*

- ☐ On a case report form or table (by hand)
- ☐ On a case report form or table (on computer)
- ☐ On computer in a database

8.8. What variables are recorded? (*please tick all that apply):*

- ☐ Clinic / physician type
- ☐ Date of diagnosis
- ☐ Place of diagnosis
- ☐ Reason for testing
- ☐ Site of infection
- ☐ Date of onset of symptoms
- ☐ Probably route of transmission
- ☐ Sexual orientation
- ☐ Nationality / country of birth
- ☐ Ethnicity / race
- ☐ Age
- ☐ Gender / sex
- ☐ Place of residence
- ☐ History of STI (last year, ever)
- ☐ HIV status
- ☐ Drug use
- ☐ Country / place where infection contracted
- ☐ Sexual behaviour variables: *please specify* which: ……
  ……
- ☐ Other, *please specify*……
  ……..

8.9. Are negative (i.e. a denominator of number of laboratory tests done) as well as positive STI diagnostic test results reported?

- ☐ No, only positive results are reported
- ☐ Yes, both positive and negative test results are reported
- ☐ Depends on STI in question, *please specify*……
  ……

8.10. Where is STI laboratory test data sent to?
(please tick all that apply):

- ☐ Local surveillance centres
- ☐ Regional surveillance centres
- ☐ National surveillance centres
- ☐ Reference laboratories
- ☐ Other, *please specify*……
  ……

8.11. Is reporting to <u>national</u> level?:

- ☐ Individual, by name (nominative)
- ☐ Individual, with patient identifier code*
- ☐ Individual, anonymous
- ☐ Aggregate

(please specify patient identifier code used and whether it is unique or not:……*
……)

8.12. What is the frequency of reporting to <u>national</u> level authorities (directly *<u>or</u>*** through regional level authorities or reference laboratories):**

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Half-yearly
- ☐ Annually

8.13. How is the information transmitted to <u>national</u> level?

(*please tick all that apply):*

- ☐ Case report form (electronic *or* paper format)
- ☐ Computer data file: automated download (extraction) of computer-entered data in a standard format
- ☐ Other, *please specify*……

8.14. Does the procedure for collating laboratory reports / data at national level involve:

(*please tick all that apply):*

- ☐ Manual entry of data from case report forms or tables
- ☐ Automatic upload of computer data files
- ☐ Other, *please specify*……
  ……
  ……

8.15. What is the average time delay between a laboratory obtaining a positive STI test result and receipt of a report at National level (Ministry of Health / national surveillance centre)?

……

8.16. Is any system of quality control of reported data in place? (e.g. completing missing data, updating case reports, querying inconsistencies, etc).

☐ No *(please go to question 8.18)*

☐ Yes

8.16.1. If yes, who is responsible for quality control of reported data?:

(*please tick all that apply):*

☐ Local surveillance centres

☐ Regional surveillance centres

☐ National surveillance centres

☐ Reference laboratories

☐ Other, *please specify*……

……

8.17. Who collates and analyses the data?

(*please tick all that apply):*

☐ District / local health authorities / surveillance centres

☐ Regional health authorities / surveillance centres

☐ Central: National surveillance centre / Ministy of Health

☐ Academic institutions (local / regional / national)

☐ Other, *please specify*……

8.18. Is it possible to link laboratory STI test reports to physician reports of the same case (i.e. through the use of names or unique identifier codes)?

☐ No

☐ Yes, *please specify how this is carried out*……

……..

……..

8.19. Can you estimate what proportion of all positive test results for STIs in the country are reported in this sentinel system?

(please tick one box for each STI)

STI	Estimated proportion of all positive STI laboratory test results which are reported in the sentinel system							
	0%	<10%	10-25%	26-50%	51-75%	76-99%	100%	Don't know
8.19.1. Gonorrhoea	☐	☐	☐	☐	☐	☐	☐	☐
8.19.2. Chlamydia	☐	☐	☐	☐	☐	☐	☐	☐
8.19.3. Syphilis	☐	☐	☐	☐	☐	☐	☐	☐
8.19.4. Genital herpes	☐	☐	☐	☐	☐	☐	☐	☐
8.19.5. Herpes serology (HSV 1/2)	☐	☐	☐	☐	☐	☐	☐	☐
8.19.6. HPV infection	☐	☐	☐	☐	☐	☐	☐	☐

8.19.7. On what evidence are your above estimates based?

(*please tick all that apply)*

- ☐ Published survey / evaluation
- ☐ Unpublished survey / evaluation
- ☐ Own personal assessment
- ☐ Other, *please specify*……
  ……

8.20. Have any changes occurred to the sentinel laboratory STI test result reporting system during the last 10 years, which could affect the comparability over time of the surveillance data produced?

- ☐ No *(please go to question 8.21)*
- ☐ Yes →

8.20.1. If yes, what kind(s) of changes have occurred?

(*please tick all that apply):*

- ☐ Changes in case definitions for diagnosis of STIs
- ☐ Changes in types of laboratory tests used for diagnosis of STIs
- ☐ Changes in which STI test results are reported
- ☐ Changes in STI case detection practices (e.g. introduction of routine screening for STIs)
- ☐ Changes in reporting mechanisms for laboratory test results (to local / regional / central levels)
- ☐ Changes in coverage / representativeness of the laboratory reporting system
- ☐ Other, *please specify*……

8.21. Please use the space below to make any additional comments you would like to on sentinel laboratory STI test result reporting systems in your country. Please continue on a separate page if necessary.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

Please provide copies of the forms used for sentinel (sample-based) laboratory STI test result reporting

8.22. ADDITIONAL COMMENTS

Please add comments about the questionnaire here, e.g. if other STI surveillance systems are in place which are not covered by this questionnaire, if the questionnaire does not adequately capture the important features of your STI surveillance systems, etc. These comments will be followed up during the interview.

If you prefer to type your answer on computer rather than writing in the box by hand, please do so, specifying the question number. Please then print out your answers and attach the pages to the completed questionnaire for mailing, and please also send me the corresponding file on diskette or by email.

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT IN COMPLETING THIS QUESTIONNAIRE