Core dataset for Sexually Transmitted Infections (STIs) notification by clinicians

Version 1.0 9th July, 2014

Although notifiable STIs (apart from Non Specific Urethritis (NSU) and ano-genital warts (AGW)) are being notified by all laboratories currently via Computerised Infectious Disease Reporting (CIDR) system, there remains a statutory requirement on medical practitioners to notify STIs.

In this context, rather than requesting medical practitioners in STI clinics to continue to report STIs that are in CIDR as before, it has been agreed to rationalise the process and focus on seeking core information that is missing from laboratories, rather than the full core STI dataset. Table 1 outlines the core dataset for notification by clinicians. Note that this applies to STIs in CIDR that are not subject to enhanced surveillance (LGV, syphilis and HIV). It doesn't apply either to AGW or to NSU, which are not entered in CIDR.

Table 1: Core STI data items for STIs collected in CIDR

Disease	Name / identifier	Date of birth / Age	Disease	Lab report date	Sex	Address / County of residence (postcode in Dublin)	Sexual orientation / mode of transmission	Ethnic group	Country of birth
Chancroid	✓	✓	✓	✓	✓	✓			
Chlamydia	✓	✓	✓	✓	✓	✓			
Gonorrhoea	✓	✓	✓	✓	✓	✓	✓	✓	✓
Granuloma inguinale	✓	✓	✓	✓	✓	✓			
Herpes simplex (genital)	✓	✓	✓	✓	✓	✓			
Trichomoniasis	✓	✓	✓	✓	✓	✓			

Shaded columns *represent information that is routinely provided by laboratories to Public Health.*

Non shaded columns *contain the data items that are not routinely available from laboratories, with the exception of address. Sometimes address information is available, but more often this information is missing. The county of residence provided by laboratories is as provided to them by the STI clinicians. If however, it hasn't been provided, this field defaults to the county of the laboratory.*

The procedure for notification of the STI clinical dataset is as follows:

1. The Medical Officer of Health (MOH) will provide the core dataset to the STI clinic, of laboratory notified cases of STIs from that clinic as a line list, based on laboratory notification data in CIDR. A CIDR report will be developed to generate this by STI clinic.
2. The STI clinician will be asked to notify the missing information. This will fulfil his/her statutory obligation for notifying core data on STIs that are in CIDR

3. If address information, at least to county level, has been provided, then the information sought is just on sexual orientation, ethnic group and country of birth for gonorrhoea.
4. To minimise the burden in notifying STIs, medical practitioners in STI clinics should make sure that at a minimum, county of residence, or Dublin postcode, if in Dublin, is included in the dataset he/she provides to the laboratory so that this information is routinely available for public health from information provided to it by the laboratory.

Rationale for each data item in the core STI dataset

Name: Required to link clinical data with laboratory information. In practice this may require identifiers to be used, as these are sometimes used by clinics when referring specimens to labs.

Address/county of birth: Needed so that an accurate population based picture of STIs is obtained. Laboratory data on address is very poor, and if this data isn't available to the laboratory, the address field defaults to the county of the laboratory, thereby distorting the notification rates by area.

Date of birth/age: Needed in addition to name, to de-duplicate and link laboratory and clinical information, and is useful demographic information.

Country of birth: Migrants are a group at increased risk of STI. Documenting STI in migrants can help target prevention and control programmes appropriately

Sexual orientation/mode of transmission: Would be helpful to know this for all STIs, but in view of potential workload involved, gonorrhoea has been prioritised.

Ethnic group: Would be helpful to know this for all STIs, but in view of potential workload involved, gonorrhoea has been prioritised.