

HIV & STD SURVEILLANCE

WHAT IS SURVEILLANCE?

Disease surveillance includes data collection and analysis. Through case reporting, health district personnel can monitor morbidity levels (the number of cases occurring) and identify disease problems in a given community. Data analysis can assist disease intervention staff in evaluating the effectiveness of control measures in morbidity trends. Surveillance is the backend of communicable disease control. Without it, we could not track morbidity patterns and trends accurately.

In the state of Nevada, as well as many other states, communicable diseases are legally reportable to the local health authority. Also, many states, such as Nevada, require laboratories to report reactive serological tests for STDs to local health authorities.

WHAT IS DONE WITH THE MORBIDITY LAB REPORTS?

The statistical analysis of the morbidity and laboratory reports describe disease patterns within an area. This information allows STD staff to identify:

1. subgroups in the population who are at the highest risk of becoming infected with an STD;
2. the geographical areas in which the incidence of the disease is highest; and
3. the health providers who treat the most STD patients.

By comparing the same types of information, over time STD staff can determine disease trends and allocate resources where they are likely to have the greatest impact.

Data are also used to evaluate the long term impact of disease intervention techniques by measuring the changes in morbidity levels while

specific approaches are in affect. Ideally, a reduction in morbidity, particularly among the high-risk groups targeted by STD control, indicates productivity and relative success in STD control.

HOW DO PROVIDERS PLAY A PART IN SURVEILLANCE?

Private health care providers are often the first to encounter a syphilis or HIV case. Providers can identify persons at high risk for syphilis and the affected communities in which they live. Analyses of case-reported data indicate that rates of syphilis vary by age, race or ethnicity, geographic place of residence, and type of healthcare provider. These data should be used to identify persons at increased risk for syphilis infection and to develop interventions and screening criteria.

The Southern Nevada HIV and STD prevention programs maintain a registry of local labs and providers. Periodic analyses of syphilis case-reporting data by both providers and laboratories can identify variations in reporting that may require intervention by the health district.

Identify gaps in health care and missed opportunities for interventions are information also obtained by the provider surveillance report. Information on prenatal care, testing, treatment, and follow are collected in case reports of early syphilis and congenital syphilis to allow the STD and HIV programs to identify gaps in care, to assess availability and use of these services for men and women at high risk of acquiring syphilis, and to develop informative programs for providers and outreach activities targeting high-risk populations.