

STD AAPPS Program Outcome Measures

2016 | Syphilis screening among MSM in HIV care

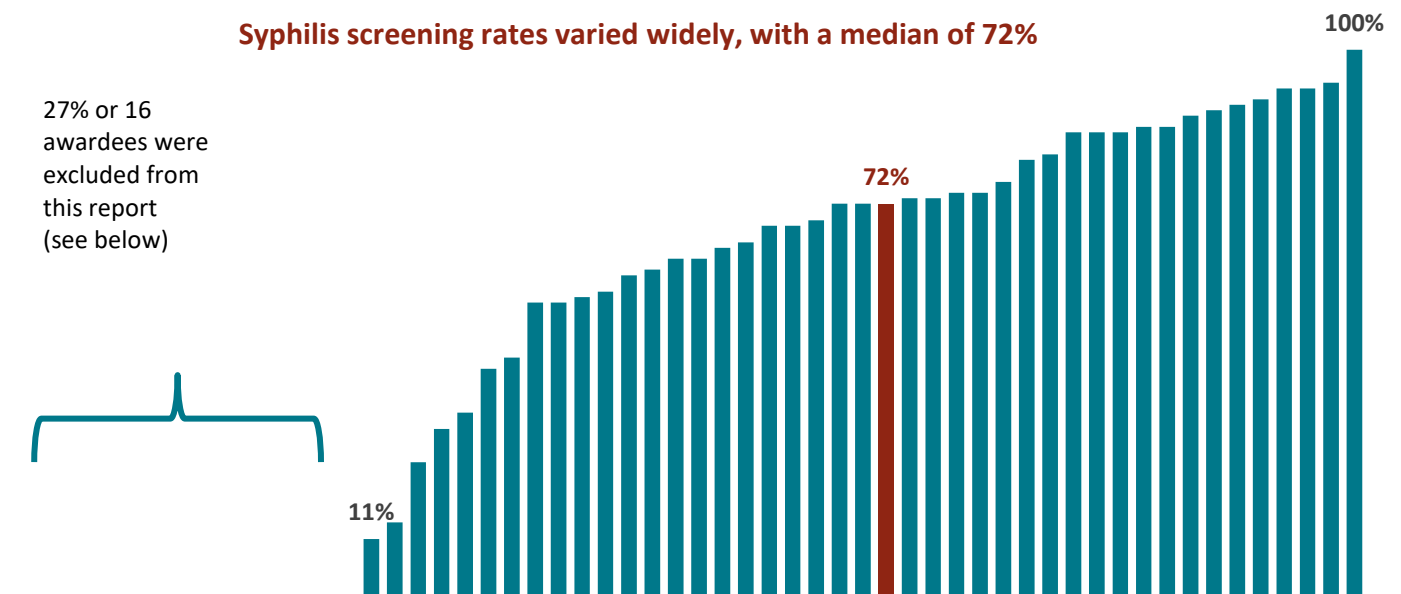


HIV-infected men who have sex with men (MSM) are a population at high risk of contracting syphilis. Current STD and HIV clinical guidelines recommend screening HIV care patients for syphilis annually or more frequently, depending on their reported risk behaviors. Actively identifying and treating syphilis among this population should help reduce the male syphilis rate in most jurisdictions. The objective of this Program Outcome Measure (POM) is to assess syphilis screening among MSM seen in select HIV care settings, among awardees of STD AAPPS (PS14-1402).

Data Highlights

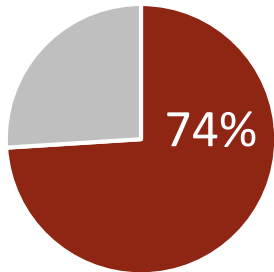
- ❖ CareWARE or other HRSA Ryan White program databases were the source of screening rate data for 25/33 (76%) awardees that reported on this POM for 2016.
- ❖ The median syphilis screening rate was 72% and varied widely across awardees (see below).
- ❖ The population of MSM included in screening rate estimates also varied widely, with some awardees reporting on screening rates among 83 MSM in HIV care and others among > 19,000 MSM in HIV care in their jurisdictions.
- ❖ Among the eight awardees that reported comparable data for 2014-2016, the trends generally were stable or increasing.

Syphilis screening rates varied widely, with a median of 72%



Centers for Disease
Control and Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention

Division of STD Prevention



had data **disaggregated by provider** as opposed to having only an aggregate screening rate

79%

could report screening rates restricted to **MSM populations** as opposed to all males in the HIV care settings

Interpretation of POM Results

- ❖ Given the relative similarity in data sources across many program areas – particularly among those reporting data from CareWARE – comparing screening rates across awardees may be justified. The variation observed may in fact reflect some differences in provider practices, rather than differences in data capture.
- ❖ Few awardees have been able to obtain comparable trend data in the three years of stable reporting, largely because obtaining these data from a consistent set of providers has proved challenging to many awardees.
- ❖ 2013 data from the national Medical Monitoring Project 2013 reported a 69% annual syphilis screening rate among MSM seen in HIV care settings ([Mattson et al. 2017](#)). Many awardees are obtaining data from sources whose syphilis screening rates far exceed that, on average.
- ❖ The majority of STD programs that reported this POM had access to disaggregated data, indicating that they had some ability to target outreach to particular providers with low screening rates, to raise awareness and promote change.

Data Notes and Limitations

Awardee	Reason for being excluded from this report
IN, KS, NV, OH	Major data quality concerns (rated as “very poor”)
AL, MS, MO, NM, OK, OR, San Fran	Not reported because all data, or denominator data, were not available
KY, SD	Not reported; no reason provided
AZ	Not reported; data system was down
UT	Not reported; but chart review was conducted and indicated high screening
USVI	They did not submit POM data

Data presented are Program Outcome Measures submitted to DSTDP in June 2017, for the 2016 calendar year.

Syphilis screenings rates from 2014 and 2015 are from prior POM reporting years. Trends are only shown for awardees that confirmed that their data were comparable across years.

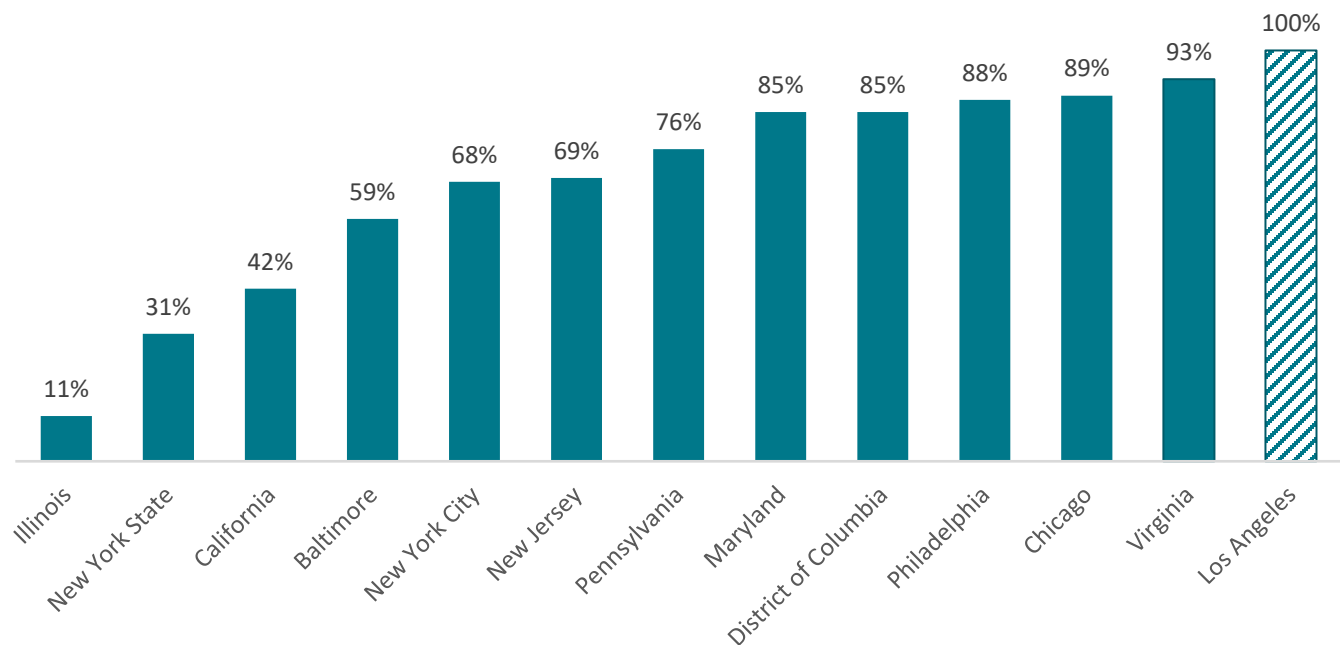
In all years, the measure was defined as annual syphilis screening among men who have sex with men (MSM) seen by an HIV care provider. Awardees had the option of reporting among males seen by the HIV care provider, if restricting the denominator to MSM was prohibitive.

This report is for the 59 awardees of the STD AAPPs FOA (PS14-1402), to provide them with a comparative view of the data that they each submitted to DSTDP, in order to stimulate discussion about the value of those data and measures, and the programmatic successes and challenges that underlie them.

City-State Awardees (SIG #1)

Syphilis screening rates among MSM in HIV care, 2016

Shaded bars: The denominator included all males, not only MSM



Jurisdiction	# Providers	Denominator	Data source	Data notes & limitations
Illinois	251	2,663	HIV program database	Major data quality concerns
New York State	26	1,906	AIRS (local CareWARE)	No data quality issues reported
California	81	8,958	ARIES	Believe data entry gaps make this an underestimate
Baltimore	12	1,118	CareWARE	Recent software transition limited QA done. No access to disaggregated data. 2014-2015 data. No data quality issues reported
New York City	30	141	MMP	
New Jersey	2	690	EMR	No data quality issues reported
Pennsylvania	2	1,626	Direct survey of providers	Includes only 1 major metro area (but 2 largest HIV providers)
District of Columbia	9	1,541	CareWARE	No data quality issues reported
Maryland	2	197	CareWARE	No data quality issues reported
Philadelphia	20	4,282	CareWARE	No access to disaggregated data.
Chicago	7	2,807	EMR	No access to disaggregated data.
Virginia	20	1,246	e2Virginia (Ryan White system)	Data quality improved greatly from last year.
Los Angeles	40	5,035	Local Ryan White database	No data quality issues reported

Trends in syphilis screening rates among awardees with 2 or 3 years of comparable data (SIGs 1 and 2)

SIG 1				
Awardee	2014	2015	2016	Trend
Philadelphia	90%	90%	88%	
Virginia	72%	64%	93%	
Baltimore		50%	59%	
Chicago		90%	89%	
Los Angeles		95%	100%	
Maryland		88%	85%	
New York State		42%	31%	
Pennsylvania		68%	76%	

SIG 2				
Awardee	2014	2015	2016	Trend
Texas	29%	46%	44%	
Arkansas		6%	60%	
Florida		59%	65%	
Louisiana		88%	86%	