

Determining Mother's Residency & Assigning Morbidity for Congenital Syphilis Cases

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Learning Objectives

- 1. Describe how residency should be identified and reported on congenital syphilis case notifications sent to CDC**
- 2. Understand how CDC assigns CS morbidity to a jurisdiction**
- 3. Identify best practices for when mother's state of residency and reporting state differ for CS cases**



Overview: Assigning Morbidity for CS Cases

- CDC asks for ‘state’ information in two ways:
 1. **Reporting state** (state that reports the case)
 2. **Mother’s state of residence** (state where mother is a ‘usual’ resident at time of delivery)
- CDC **assigns morbidity*** based on mother’s state of residence
 - If usual residence at delivery is unknown or outside the U.S., CDC assigns morbidity based on reporting state

*Assigned morbidity = Case assigned to the state in CDC datasets and displayed for the state in the national surveillance report



CS morbidity should be assigned to the mother's state of usual residence at time of delivery.

11-SI-04

Committee: Surveillance and Informatics

Title: Revised Guidelines for Determining Residency for Disease Notification Purposes

Statement of the Problem:

In general, cases of nationally notifiable diseases are notified to CDC based on the case's place of residence, regardless of where exposure may have occurred. While usually obvious, in a small proportion of cases (e.g., children in split parental custody, travelers

“Usual residence is defined as the place where the person lives and sleeps most of the time...”

CS morbidity should be assigned to the mother's state of usual residence at time of delivery.

Reporting State State sending data to CDC Cannot be missing	Mother's State of Residence Usual residence at delivery	"Assigned Morbidity" For CDC datasets and surveillance report
A	A	A
A	B	B
A	-	A
A	MX	A

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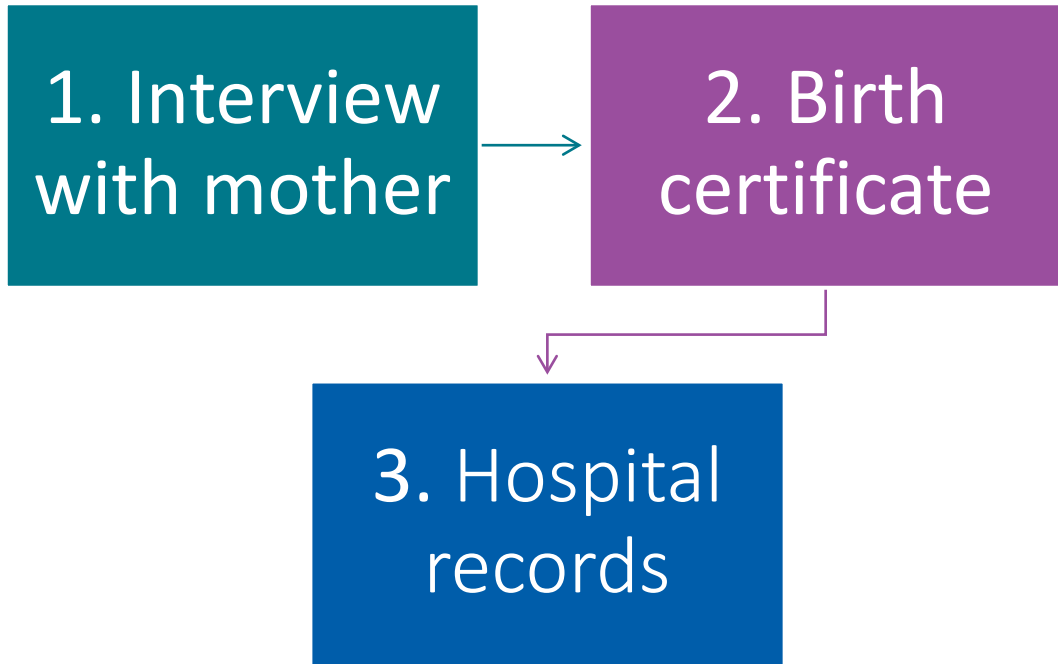
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A	B	B
A	-	A
A	MX	A

Best practices when you think mother's state of usual residence is not your own jurisdiction

- Contact the other jurisdiction to share information, discuss and determine mother's state of usual residence at time of delivery, and discuss and determine who will report the case
- Ideally, the state that will be assigned the morbidity reports the case
 - State where infant currently resides should ensure appropriate follow up care
 - State where most of the pregnancy occurred should follow up with providers to reduce future missed opportunities
- Reach out to CDC for assistance if needed



Methods to Determine Mother's Place of Usual Residence at the Time of Infant's Delivery



Most Common Scenario



Most Common Scenario:

*Mother lives &
delivers in the
same state*

The mother's usual residence was in New Jersey during pregnancy.
The infant is born in New Jersey.

Mother's usual residence at delivery?

Reporting state?

New Jersey

New Jersey

CDC assigns morbidity to New Jersey

Knowledge Check



Knowledge Check

The mother's usual residence was in New Mexico during pregnancy.
The infant is born in New Mexico.

Mother's usual residence at delivery?

Reporting state?

CDC assigns morbidity to _____

Uncommon Scenario #1



Uncommon Scenario 1:

*Mother lives in one state & delivers as a visitor in another state**

The mother's usual residence is New Jersey. The infant is born in Maine while the mother is there on vacation.

Mother's usual residence at delivery?

Reporting state?

New Jersey

New Jersey (best practice)
Maine (possible)

CDC assigns morbidity to New Jersey

*This scenario is also common in border regions where women live in one state but seek healthcare in a neighboring, non-resident state.



Knowledge Check



Knowledge Check

The mother's usual residence is St. Louis, Missouri, but she receives her prenatal care in East St. Louis, Illinois. The infant is born in a hospital in East St. Louis, Illinois.

Mother's usual residence at delivery?

Reporting state?

CDC assigns morbidity to _____

Uncommon Scenario #2



Uncommon Scenario 2:

*Mother lives in one state during most of the pregnancy & delivers as a **new resident** in another state*

The mother's usual residence was in North Carolina for most of the pregnancy, but she moved to Kentucky two weeks before delivery. The infant was born in Kentucky.

Mother's usual residence at delivery?

Kentucky

Reporting state?

Kentucky

CDC assigns morbidity to Kentucky

Knowledge Check



Knowledge Check

The mother's usual residence was in California for most of the pregnancy, but she moved to Wyoming one month before delivery. The infant was born in Wyoming.

Mother's usual residence at delivery?

Reporting state?

CDC assigns morbidity to _____



Uncommon Scenario #3



Uncommon Scenario 3:

*Mother lives in one state & infant is **adopted** into another state*

Mother's usual residence was in Alabama during pregnancy. The infant is born in Alabama. The infant is adopted by a family in South Carolina where CS is diagnosed.

Mother's usual residence at delivery?

Alabama

Reporting state?

Alabama (best practice)
South Carolina (possible)

CDC assigns morbidity to Alabama

Knowledge Check



Knowledge Check

Mother's usual residence was in Kentucky during pregnancy. The infant is born in Kentucky. The infant is adopted by a family in Georgia where CS is diagnosed.

Mother's usual residence at delivery?

Reporting state?

CDC assigns morbidity to _____



Knowledge Check



Knowledge Check

Mother's usual residence was in Mexico during pregnancy. The infant is born in Mexico. The infant is adopted by a family in Florida where CS is diagnosed.

Mother's usual residence at delivery?

Reporting state?

CDC assigns morbidity to _____



Have a more complicated CS case?

Review CSTE Guidance on identifying usual place of residence

- Covers situations such as students, homeless persons, and military members
- <https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS/11-SI-04.pdf>

If you want to discuss with a CDC STD Surveillance SME, please email STD_Surv_Inquiry@cdc.gov



What about residency for non-CS STD case notifications?

For chlamydia, gonorrhea, syphilis (other than congenital syphilis), and chancroid case notifications, CDC currently uses the reporting state to assign morbidity. Reporting state should be based on the patient's usual place of residence closest to time of infection. Since time of infection is usually unknown, specimen collection date is an appropriate proxy.

As more jurisdictions move to providing case notification data to CDC via the STD Message Mapping Guide using HL7 standards, this approach to assigning morbidity may be modified.

If you want to discuss with a CDC STD Surveillance SME, email STD_Surv_Inquiry@cdc.gov



In summary...

- CDC assigns morbidity for congenital syphilis case notifications based on “Mother’s state of usual residence” at delivery, which may not be the state where the infant was delivered or where most of the pregnancy occurred.
- Communication between involved states is critical to determining the state of usual residence and deciding which state should report the case to CDC.
- When in doubt, reach out to a CDC STD surveillance SME at STD_Surv_Inquiry@cdc.gov



Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

