



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

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MEMORANDUM

Date: July 28, 2020

To: Subrecipient agencies

From: Sietske de Fijter, MS *sdF*
State Epidemiologist
Chief, Bureau of Infectious Diseases

Subject: Subrecipient HIV/STI Prevention (HP21, ST21) (1/1/21-12/31/21)

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Tuesday, September 8, 2020. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website ([insert hyperlink](#)). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Karen Nicosia at 614-644-1878 or e-mail at karen.nicosia@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

 X **Base Only Funding** **Base and Deliverable Funding**

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: January 1, 2021 to December 31, 2021 of the total project period, January 1, 2019 to December 31, 2022. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: Funds supporting the Regional HIV Prevention Projects originate from Component A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments, and state of Ohio general revenue funds. Up to twelve (12) grants may be awarded up to **\$4,500,000**. Eligible agencies may apply for no more than the regional amount listed in the **Annual HIV/STI Prevention Regional Funding Allocation**, for each region. Maximum award amounts were calculated using a funding formula that considered census, average new diagnoses of HIV per year over a five-year period, and prevalence of HIV for each region.

Funds supporting the Regional STI Prevention Projects originate from Strategies 1, 2, 3, and 4 of the CDC grant: Strengthening STD Prevention and Control for Health Departments (PCHD). Up to eleven (11) grants may be awarded for a total amount of **\$1,250,367**. Eligible agencies may apply for no more than the regional amount listed in the **Annual HIV/STI Prevention Regional**

Funding Allocation for each region. Maximum award amounts were calculated using a funding formula that considered census and new diagnoses of total syphilis, congenital syphilis, early syphilis, gonorrhea, chlamydia, and HIV per year over a five-year period for each region.

Only the currently funded agencies listed below are qualified to apply for the Regional HIV and STI Prevention Projects continuation funding in 2020:

Region	Agency	HIV	STI	Total \$
1	Toledo Lucas County Regional Health District	\$317,326	\$70,960	\$388,286
2	Galion City Health Department	\$119,915	\$27,970	\$147,885
3	Cuyahoga County Board of Health	\$1,274,511	\$219,743	\$1,494,254
4	Summit County General Health District	\$466,187	\$100,976	\$567,163
5	Canton City Health Department	\$206,193	\$46,393	\$252,586
6	Portsmouth City Health Department	\$102,691	\$23,578	\$126,269
7	Portsmouth City Health Department	\$100,869	\$25,290	\$126,159
8	Hamilton County Public Health	\$1,144,376	\$197,306	\$1,341,682
9	Public Health-Dayton & Montgomery County	\$496,334	\$113,507	\$609,841
10	Allen County Health Department	\$125,370	\$50,440	\$175,810
11	Columbus City Health Department	\$1,446,254	\$374,204	\$1,820,458

Only the currently funded agency, Equitas Health, is qualified to apply for the Statewide Initiative funding.

	Statewide Initiatives	\$400,000	N/A	\$400,000
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Please note that key STI Prevention objectives have been updated for 2021. All workplans should address the updated STI Prevention key objectives, which include providing testing and treatment for STIs, promotion of Expedited Partner Therapy (EPT), promotion of STI prevention to the public (including social marketing), and the convening of Congenital Syphilis Review Boards according to ODH guidance. Recognizing that these are new activities that many regions have not had the capacity to undertake, most regions will receive an increase in funding for the 2021 grant year. **These additional funds must go towards the activities described above and should not be used for DIS salary.**

Local public health agencies **MUST apply for both the Regional HIV and STI Prevention Projects.** A separate clearly labeled, itemized budget justification must be submitted into GMIS for each project.

Funds supporting the Statewide Initiative originate from Category A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments. One grant may be awarded, for a total amount of **\$400,000.**

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for

less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants

The following criteria must be met for grant applications to be eligible for review:

Applicant does not owe funds in excess of \$1,000 to the ODH.

1. Applicant is not certified to the Attorney General's (AG's) office.
2. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, September 8, 2020.**

Only the currently funded agencies are eligible to apply for the Regional HIV and STI Prevention Projects continuation funding in 2020.

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. (Not Applicable).

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Summarize the agency's structure as it relates to the HIV and STI Prevention programs and, as the lead agency, how it will manage these programs. Include how resources will be allocated to required activities no less than required proportions.

Briefly describe any substantial changes to your HIV prevention program for the five required core components funded under Category A (Identification; Cluster Response; Comprehensive Prevention with People with HIV; Comprehensive Prevention with High-Risk Negatives; and Community Level Interventions) during the reporting period. Where applicable, please describe the changes made and specify the program component.

Briefly describe any substantial changes, successes, and challenges to your STI prevention program for the following required core components funded under PCHD during the required reporting period: Disease Investigation and Intervention; Promotion of CDC Recommendations

for Screening, Diagnosis, and Treatment of STIs; and Promotion of STI Prevention and Policy. Where applicable, please describe the changes made and specify the program component.

Note any personnel or equipment deficiencies that will need to be addressed during this budget cycle. Describe plans for hiring and training, as necessary. Delineate all personnel that will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include full position descriptions for all funded staff.

Please describe how your HIV and STI prevention programs share information and data on clients with local HIV and STI care colleagues both internal and external to your health department. Please be specific about the types of information/data exchanged on clients (e.g. residential address, risk factor/behavioral information, lab results, health care provider name/address), the frequency in which the information/data is shared, and how the information/data is shared or exchanged (e.g. line listing, Excel file, access to local databases shared). If information/data is not exchanged between local HIV/STI prevention and care/treatment services programs, please include a plan on how this can be accomplished, including the roles and responsibilities of key staff to be involved (e.g. HIV prevention coordinator, DIS, and linkage coordinator, nursing staff), and how any information/data exchanged will be incorporated into each program's respective data systems.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. |

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. |Workplan key objectives and format can be found in Attachment 1 of this solicitation. A fillable template will be sent out by request.|

D. Documentation & Progress on Health Disparity/Inequity Activities: Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. |The ODH HIV and STI Prevention Programs are committed to the elimination of health inequities. Racial, ethnic, sexual and gender minorities, and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Work Plan), applicants are required to:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s)

who experience a disproportionate burden of disease or health condition (this information must be supported by data).

2. Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.

3. Specify how proposed program interventions and/or grant deliverables will address this problem.

4. Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

E. Program Budget: Prior to completion of the budget section, reference the competitive solicitation for unallowable costs and review criteria.

1. Budget Narrative:

Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at

<https://odhgateway.odh.ohio.gov/gmis/forms/bulletinform.aspx?SessionID=CE0DEF7B-396D-464A-9CC0-895102E1465A>

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

2. 2021 Budget via GMIS: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period January 1, 2021 to December 31, 2021. Funds may be used to support personnel, staff training, travel (see OBM website <http://obm.ohio.gov/TravelRule/default.aspx>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the

CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

Recommended Funding Levels:

HP/ST supports quality disease intervention efforts and is committed to recruitment and retention of experienced public health workers and personnel funded by the grant. Therefore, it is recommended that the minimum salary range be no less than the following: Test Counselor -\$31,200 + fringe, Disease Intervention Specialist-\$45,000 + fringe, Prevention and/or DIS Supervisor -\$52,000 + fringe

If the agency is unable to meet the recommended funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of

- Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
 22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
 23. Syringes for Syringe Service Programs (PS18-1802).

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

X. Client Incentives and Client Enablers:

Client incentives are an allowable cost. The following client incentives are allowed. Indirect incentives may be used to encourage community engagement and testing. No direct incentives may be provided, including, but not limited to, exchanging money, goods, or services for HIV testing.

Client Enablers are an allowable cost. The following client enablers are allowed: Transportation. The line item for client transportation is defined as: Reimbursement of public transportation involving the movement of people from one location to another for linkage to care purposes. Modes of transport include taxi, bus, or any other public transportation excluding reimbursement of a private individual to transport a client in their personal vehicle.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.10 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Subrecipients are required to submit a completed **Congenital Syphilis Review Board Plan** for their funded region(s) as an attachment submitted via GMIS by 4:00pm on or before **[September 8, 2020]**. A template is attached to this solicitation as Attachment 2. Each subrecipient must complete and submit a Congenital Syphilis Review Board Expectations Agreement and a Congenital Syphilis Review Board Roster with the intended members of their review board.)

a. **Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to HIV/STI Prevention. Agencies should describe their programs' ability to identify and serve those affected by human trafficking. The description should include who will come in to contact with this population, the settings in which the population may be engaged, and what services are available.) Please attach this narrative in the application section.

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipient Program Reports must be completed and submitted via GMIS by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ **X** Program Reports Required ☐ No Program Reports Required

HIV Prevention

Due Date	Report	Submitted Via
March 31, 2021	Finalized Appendix H	GMIS
July 31, 2021	Interim Progress Report	GMIS
January 31, 2022	Annual Progress Report	GMIS
Reporting provided directly to program		
Monthly (≤ 15th)	*Positivity Reports	Email

STI Prevention

Due Date	Report	Submitted Via
July 31, 2021	Interim Progress Report	GMIS
January 31, 2022	Annual Progress Report	GMIS

Statewide Initiatives

Due Date	Report	Submitted Via
July 31, 2021	Interim Progress Report	GMIS
January 31, 2022	Annual Progress Report	GMIS

***Positivity Reports**

Positivity reports must be submitted to the ODH HIV Prevention Monitoring and Evaluation Program by the 15th of each month for the testing performed in the previous month. Positivity reports must be submitted on the most recent version of the ODH-approved spreadsheet and should include the total number of tests and the number of positive tests performed each month at each site in the region.

The ODH HIV Prevention Monitoring and Evaluation team will evaluate positivity reports and provide each region with a report at least quarterly that details any discrepancies between the positivity reports submitted by the grantee and positivity reports generated by ODH from Evaluation Web. These quarterly reports will also include information regarding partner services and linkage and re-engagement in care. Each region must review the information from the quarterly report and respond to ODH with requests for information and revisions to the positivity report within two weeks unless an extended time frame is agreed upon by the grantee and ODH.

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: |

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>

March 1 – 31, 2021	April 10, 2021
April 1 – 30, 2021	May 10, 2021
May 1 – 31, 2021	June 10, 2021
June 1 – 30, 2021	July 10, 2021
July 1 – 31, 2021	August 10, 2021
August 1 – 31, 2021	September 10, 2021
September 1 – 30, 2021	October 10, 2021
October 1 – 31, 2021	November 10, 2021
November 1 – 30, 2021	December 10, 2021
December 1 – 31, 2021	January 10, 2022

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
January 1 – March 31, 2021	April 10, 2021
April 1 – June 30, 2021	July 10, 2021
July 1 – September 30, 2021	October 10, 2021
October 1 – December 31, 2021	January 10, 2022

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before February 5, 2022. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. Place Matters Documentation Template
- C. 2021 HIV/STI Prevention Workplan
- D. Congenital Syphilis Review Board Plan Template



Appendix A

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission
Required

Ohio Department of Health
Bureau of Infectious Diseases

See due date below

ODH Program Title:
HIV & STI Prevention Programs

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail
Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by August 5, 2020

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Place Matters Documentation Template

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

Geography Type	Specify Geography or Location	Data Source
Census Tract (FIPS Code)		

Appendix C

Please upload your workplan as an Excel file to GMIS.

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Identification of persons with HIV infection and comprehensive prevention for those at-risk for HIV infection			
Includes: The provision of Counseling, Testing, and Referral (CTR) efforts toward those at-risk for HIV to increase the number of persons aware of their HIV status; PrEP screening, education, and referral; promotion of routine testing; sexual health education			
Key Objective 1:			
Conduct initial, basic screening following ODH protocols that includes, at a minimum: risk screening for HIV, HCV, and STI acquisition and/or transmission, PrEP/PEP readiness, insurance status, basic substance use prevention and treatment needs, assess other health issues such as chronic disease or risk; basic mental health needs and identify specific social determinants of health which diminish treatment success and put individuals at risk for HIV infection.			
Strategies or Activities	Outputs & Outcomes	Indicators	Target Date
Key Objective 2:			
Provide education related to sexual health risk and risk reduction options, risk reduction tools (including PrEP/PEP) and how to access them if not provided directly, and access to counseling regarding risk reduction strategies			
Strategies or Activities	Outputs & Outcomes	Indicators	Target Date
Key Objective 3:			
Based on risk screening, conduct HIV rapid point-of-care or laboratory-based testing following ODH protocols			
Strategies or Activities	Outputs & Outcomes	Indicators	Target Date
Key Objective 4:			
Implement tailored comprehensive testing strategy to reach regional priority populations			
Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Identification of persons with HIV infection and comprehensive prevention for those at-risk for HIV infection

Key Objective 5:

Promote routine testing in communities with high HIV prevalence or where priority populations may be engaged

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 6:

Support linkage to PrEP/PEP for individuals at-risk for HIV

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Comprehensive Partner Services for People Living with HIV (PLWH) or Diagnosed with Syphilis or DGI

Includes: The provision of disease intervention activities including disease investigation, anonymous partner notification, and linkage to care and essential supportive services to reduce the frequency of new infections, re-infections, and increase access to treatment; Data-to-Care activities; Activities to increase adherence and viral suppression.

Key Objective 1:

Following ODH protocols, elicit sexual and drug injection partners from individuals newly diagnosed with HIV, living with HIV, and/or diagnosed with infectious syphilis or DGI

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 2:

Notify and interview named partners of past or ongoing exposure to HIV, syphilis, or DGI and facilitate partners' access to testing

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 3:

Provide education related to sexual health risk and risk reduction options, risk reduction tools or how to access them (if not provided directly), and access to counseling regarding risk reduction strategies

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 4:

Conduct and prioritize investigation and interventions for syphilis and HIV for women of reproductive age, men who have sex with men, and youth and adolescents (in accordance with Ohio's DIS Program Operations Guidelines)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 5:

Provide linkage to, re-engagement in, and retention in HIV medical care services, including using Data-to-Care activities and strength-based goal setting (ARTAS model)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Comprehensive Partner Services for People Living with HIV (PLWH) or Diagnosed with Syphilis or DGI

Key Objective 6:

Support expedited linkage to medical care and/or treatment for individuals and their partners with a positive HIV test result or presumptive syphilis diagnosis (first HIV medical appointment, same-day syphilis testing and treatment)

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 7:

Support medication adherence and promote early ART initiation and viral suppression with HIV care providers and in communities with high HIV prevalence or where priority populations may be engaged

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 8:

Provide short-term health navigation for those with HIV results:

- Medical care coordination: health literacy services regarding HIV, and STI, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
- Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
- Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects, drug interactions, and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
- Social determinants of health which put individuals at risk for HIV infection which include social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance;

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Community Level Interventions for HIV Prevention Workplan

Includes: Social marketing, or the provision of health promotion messaging to priority, general, and professional populations; Community Engagement/Mobilization, or the support and planning of, and participation in, community activities that recruit, engage, and build capacity in priority and provider populations; Syringe Service Programs (SSPs), or the operation of syringe distribution to reduce disease transmission; Condom Distribution, or increasing the availability of condoms within a region.

Key Objective 1:

Increase the availability of condoms among persons living with or at-risk for STI or HIV infection

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 2:

Review health promotion, education, or outreach messages with populations of focus to ensure they are culturally appropriate and effective

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 3:

Implement community engagement strategies that are culturally appropriate, responsive to community needs and desires, and include populations of focus in the design

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 4:

Implement a comprehensive social marketing plan, including internet-based mobile app outreach, to support and promote educational/informational messages and interventions focused on HIV prevention, awareness, stigma reduction, treatment as prevention, and other related topics oriented toward priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Community Level Interventions for HIV Prevention Workplan

Key Objective 5:

Conduct empowerment and leadership activities to build capacity in people newly diagnosed with HIV or people living with HIV who are considered to be high-risk

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 6:

Coordinate Regional Advisory Group activities to develop HIV and STI prevention and care network to increase coordination of and access to comprehensive HIV and STI prevention, treatment, and support services, including regional SSPs

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 7:

Participate in the Ohio Combined Community Planning Group and the Ohio HIV Integrated Prevention/Care Plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

STI Prevention Workplan

Includes providing testing and treatment for STIs, promotion of Expedited Partner Therapy (EPT), promotion of STI prevention to the public (including social marketing), and the convening of Congenital Syphilis Review Boards according to ODH guidance.

Key Objective 1:

Promote CDC-recommended screening, diagnosis, and treatment of STIs among priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 2:

Promote Expedited Partner Therapy (EPT) for partners of chlamydia, gonorrhea, and trichomoniasis cases

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 3:

Promote STI prevention to the public

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 4:

Coordinate and convene a Congenital Syphilis Review Board per ODH guidance

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

HIV Cluster and STI Outbreak Response Workplan

Molecular Cluster Response Plan is defined as: A Molecular Cluster Response Plan assesses and prioritizes molecular clusters to determine the level of response needed to effectively focus resources on clusters where enhanced response activities are likely to have the greatest impact on increasing case detection and interrupting disease transmission.

STI Outbreak Response Plans assess STI outbreaks and assign status according to the Monitor, Advise, and Declare distinctions to identify situations where enhanced activities are likely to have the greatest impact on case detection and transmission prevention.

Key Objective 1:

Following ODH guidelines, maintain a regional HIV cluster response plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 2:

Following ODH guidelines, maintain a regional STI outbreak response plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 3:

Maintain regional DIS and Prevention staff skills on enhanced response (interviewing, intervention, and surveillance) techniques through routine training

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 4:

Build capacity in rapid response team to intervene in HIV transmission clusters and HIV or STI-related outbreaks

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 5:

Use epidemiologic data to increase priority-based HIV testing, STI screening, HCV testing, HAV/HBV vaccinations, and education and awareness of prevention interventions (e.g., harm reduction, PrEP, medication assisted treatment) for vulnerable populations within the HIV/STI prevention planning region.

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Statewide Initiatives Workplan

Statewide Initiatives is defined as: The provision of a statewide resource and interventions on HIV/STI testing, education, online outreach, and community engagement to support the HIV Prevention goals of the State Integrated Prevention/Care Plan.

Key Objective 1:

Maintain an HIV/STI prevention website and hotline that includes, but is not limited to:

- Information on HIV/AIDS, STIs, and viral hepatitis prevention; HIV/STI-related stigma; treatment as prevention and viral suppression; risk reduction messaging, including PrEP/PEP;
- Current public locations of confidential and anonymous HIV/STI testing;
- Current locations of state-supported STI clinics;
- Referrals to HIV/AIDS, PrEP/PEP, STI, and viral hepatitis services, including HIV care and case management;
- Resource links to state and national programs, such as: ODH, CDC, and HIV.gov, etc.

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 2:

Provision of at-home HIV testing program when risk screen indicates need

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 3:

Implement a comprehensive social marketing plan to support and promote educational/informational messages focused on HIV prevention, awareness, stigma reduction, treatment as prevention, awareness of HIV/STI Hotline and website, and other related topics oriented toward priority populations

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 4:

Implement a focused online community engagement plan, including internet-based mobile app outreach, to provide culturally competent engagement to Ohio MSM and transgender individuals on key social networking websites:

- Must incorporate same resource provision as hotline and website

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Ohio HIV/STI Prevention Grant 2021 Continuation Workplan

Statewide Initiatives Workplan

Key Objective 5:

Increase the availability of condoms among persons living with or at-risk for HIV or STI infection

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 6:

Participate in the Ohio Combined Community Planning Group and the Ohio HIV Integrated Prevention/Care Plan

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Key Objective 7:

Support Integrated Prevention/Care Health Equity goal through the coordination of a statewide HIV Youth Leadership Summit to decrease the disparities in disproportionately impacted youth

Strategies or Activities	Outputs & Outcomes	Indicators	Target Date

Congenital Syphilis Review Board Guide and Toolkit

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Overview

Congenital syphilis (CS) is caused by transmission of *Treponema pallidum* infection during pregnancy. Treatment with benzathine penicillin G appropriate for the stage of syphilis can prevent fetal infection if initiated early enough in pregnancy. Despite the availability of an effective intervention, CS is increasing in Ohio. Statewide, CS cases increased by almost 50% between 2014 and 2018. In an effort to prevent future CS cases, subrecipients will be expected to review each CS case in their region for missed opportunities for disease intervention, barriers to seeking prenatal care, issues with provider adherence to testing and treatment guidelines, and upstream interventions to prevent future cases. **While each region will be assembling their own review board, there will be extensive technical and logistical assistance from Ohio Department of Health (ODH) staff.** It is important for each region to hold their own review board as each region will have unique challenges and opportunities for improvements with regards to congenital syphilis prevention, but we hope to put as little unnecessary burden on subrecipients as possible.

The ODH HIV, STI, & Viral Hepatitis Interventions and Treatments Section has prepared this document to provide tools and strategies for local STI programs to conduct in-depth examination of CS cases, with consultation and technical assistance as needed from ODH. The goal for these boards is to review information outside of regular syphilis case reporting to identify patterns of missed opportunities among CS cases to inform structural changes in community provider practices and/or local health department (LHD) response that could prevent future cases.

Best Practice Recommendation:

Consider having a single person – often a DIS – be the “owner” of CS cases. This helps prevent any case from falling through the cracks.

Membership

Each board should include, at a minimum, any disease intervention specialist (DIS) that worked the cases(s), the DIS Supervisor, local STI epidemiologist if applicable, a local doctor (infectious disease specialist preferred), and the STI grant coordinator. Regions are encouraged to include other LHD personnel – STI prevention staff from other LHDs within the region, maternal and child health or mental health and addiction services, or medical directors and other relevant leadership – as well as members of the local STI prevention community. These folks may include community health providers with high volumes of STI cases or regional experts with knowledge of social services, drug treatment resources, or any other resources available to address social drivers of health. Each board meeting will also be attended by members of the ODH STI Prevention team, including the Disease Intervention Consultant focusing on CS and other relevant STI epidemiology staff.

How Often to Convene

The frequency with which boards should convene will depend on each region's case volume. We recommend that high morbidity regions meet at least quarterly, though lower morbidity regions may develop a plan to meet within 90 days of any single case. Whatever frequency the region chooses, every case should be reviewed within 90 days of case closure. Regions are not required to convene their boards if there are no

Best Practice Recommendation:

Regions with no CS cases in a given year should consider meeting at least annually to review changes or updates in CS prevention strategies or resources.

congenital syphilis cases to discuss.

The Congenital Syphilis Review Board Process

The goal of the review process is to encourage meaningful conversations about how we can reduce congenital syphilis rates. The goal throughout the process is to identify missed opportunities for prevention or gaps in policies or the system that can be filled. A secondary goal is to share congenital syphilis prevention resources and best practices among the regions. **We want to give latitude to those regions already doing review boards to continue the process in a way that makes sense for them, while still providing as much support as possible for regions that have not engaged in this process before and having some standardization across regions to be able to identify broad themes for ODH to address.** To that end, there is flexibility in the review board process, but some things will be required. See Appendix A for a template Congenital Syphilis Review Board Expectations Agreement to indicate how your region plans to fulfill the various requirements of the process.

Each region's process should include

1. The generation of a Congenital Syphilis Case Information Form (see Appendix B) within 2 weeks of the closure of any Probable or Confirmed Congenital Syphilis case
 - a. Regions that prefer to do their own data abstraction can do that
 - i. ODH will complete the form for other regions
 - b. This form will contain the minimum information necessary to review each case
 - c. ODH will gather the information from the Ohio Disease Reporting System (ODRS), including laboratory results, clinical information, interview and field records, and investigation notes
 - d. LHDs are encouraged to document any additional information in the space provided, and to prepare that information for review at board meetings
 2. Convene the board with the agreed upon frequency to discuss each Probable or Confirmed case in the region
 - a. Anticipate being able to review 3-5 cases per 2-hour meeting
 - b. Regions may use the CS Review Board Agenda Template provided by ODH (see Appendix C) or create their own agendas to fit their regional needs
 - c. Each case review should include the facts of the case, with focus on:
 - i. **Various times that mother may have engaged in care**, including 1) receipt of prenatal care ≥ 30 days prior to delivery, 2) syphilis test ≥ 30 days prior to delivery, 3) adequate treatment for syphilis that began ≥ 30 days prior to delivery*, but also including pre-pregnancy care, postnatal care, and any pediatric treatment and follow-up care
 - ii. **Systemic issues or barriers to care** which may include mental health, housing, substance use, transportation, childcare, involvement with corrections, domestic violence, lab communication
 - d. Regions may also find value in discussing averted congenital syphilis cases, or syphilis cases among individuals who are pregnant that *did not* result in a congenital syphilis diagnosis to determine successes or best practices
-

- e. Discussions should also include action items, or any clear changes that can be made to policies or procedures to improve outcomes and aid in the prevention of future cases
 - 3. Complete a Congenital Syphilis Debrief Form for each case discussed (see Appendix D)
 - a. The completion of this form will ensure that ODH collects the same basic information about every case discussion, allowing for the identification of statewide themes and potential resource identification
 - b. Regions may also choose to distribute the Debrief Form to board attendees, but should ensure that no identifying information is included
-

Appendices

A. Congenital Syphilis Review Board Expectations Agreement

Congenital Syphilis Review Board Expectations Agreement

Region ____

Ohio Department of Health will:

1. Provide Case Information Sheets for each Probable or Confirmed Congenital Syphilis case in the jurisdiction within two weeks of the CS Review Board meeting
2. Provide technical assistance on congenital syphilis review issues as needed
3. Collaborate with LHD to identify actionable changes to policies and procedures to prevent future cases of congenital syphilis

Local Health Department will:

1. Identify a Congenital Syphilis Review Board Coordinator to be the primary point of contact with ODH on review board issues and to be responsible for convening the review board as agreed and notifying ODH of when meetings will occur
2. Provide ODH with a Congenital Syphilis Review Board Member Roster with the completed 2021 STI grant continuation application and update annually
3. Guarantee that all external board members have signed confidentiality agreements to ensure sensitive protected health information is not compromised
4. Convene meetings of the Region ____ Congenital Syphilis Review Board with the following frequency (choose one):
 - ☐ Within 90 days of any Probable or Confirmed Congenital Syphilis Case
 - ☐ Once per quarter
 - ☐ Other: _____
5. Ensure Congenital Syphilis Debrief Forms are completed for every case reviewed and returned to ODH STI and Viral Hepatitis Clinical Consultant
6. Collaborate with ODH to identify actionable changes to policies and procedures to prevent future cases of congenital syphilis

SUBRECIPIENT

[Signature]

[Print Name & Title]

[Date]

OHIO DEPARTMENT OF HEALTH

[Signature]

[Date]

B. CS Review Board Members

Congenital Syphilis Review Board Member Roster
Region ____

Title/Position	Name	Phone Number	Email
STI Grant Coordinator		() Ext.	
DIS Supervisor		() Ext.	
Local Doctor (Infectious Disease preferred)		() Ext.	
Epidemiologist		() Ext.	
DIS		() Ext.	
DIS		() Ext.	
DIS		() Ext.	
DIS		() Ext.	
Other Board Members (other LHD representatives, leadership, local partners, etc.)			
		() Ext.	
		() Ext.	
		() Ext.	
		() Ext.	
		() Ext.	
		() Ext.	
		() Ext.	
		() Ext.	

Note: Please indicate which board member will also serve as the Congenital Syphilis Review Board Coordinator and liaison to ODH

C. Case Information Sheet

CONGENITAL SYPHILIS CASE INFORMATION SHEET

[LOCAL HEALTH DEPARTMENT] | PREPARATION DATE: [Month DD, YYYY]

Gestational Parent ODRS ID: XXXXXXXX | Infant ODRS ID: XXXXXXXX

GESTATIONAL PARENT INFO

- Age: XX years old
- Ethnicity/Race: X
- Stage of syphilis: X
- HIV: X
- LMP: XX/XX/XXXX
- Interview conducted: [Yes/No/Unknown]
 - Reason interview not conducted:
- Risk factors: X
- Partner(s): X

PRENATAL INFO

- EDD: XX/XX/XXXX
 - G/P: GXPX
 - 1st known prenatal care visit: MM/DD/YYYY, XXwXXd GA
 - Number of prenatal care visits: X
 - Other health care encounters during pregnancy, e.g. emergency department: MM/DD/YYYY, XXwXXd GA, syphilis testing performed [Yes/No/Unknown]
 - Mother's insurance type: X
-

GESTATIONAL PARENT INFO						
Date	Non-trep results (RPR, VDRL)	Trep results (TPPA, FTA)	Treatment & Date(s)	Clinician observed signs &/or symptoms	Medical provider	Notes
PRE-PREG: XX/XX/X XXX						
DELIVER Y: XX/XX/X XXX						

OTHER RELEVANT ISSUES (Mental health, Housing. Substance use, Medicaid transportation Involvement with corrections, Domestic/intimate partner violence)

- X

OTHER PARENT OR PARTNER INFO

- Age: XX years old
- Ethnicity/Race: X
- Stage of syphilis: X
- HIV: X
- Treated: [Yes/No/Unknown]
 - Treatment:
- Risk factors: X
- Partner(s): X

INFANT INFO

- Apgar scores: [X/X](#)
- Weight: [XXXX](#)g
- Vital Status: [live birth/stillbirth, any other conditions]
- Other relevant diagnoses: [X](#)

INFANT INFO						
Date	Non-trep results (RPR, VDRL)	Trep results (TPPA, FTA)	Treatment	Other Clinical Findings (e.g. physical exam, CSF VDRL, CSF protein/white blood cell count*, x-ray, etc.)	Medical provider	Notes (Treatment appropriate?)
DOB: XX/XX/X XXX						

*Include red blood cell count when reporting on CSF protein and white blood cell count or VDRL to facilitate clinical interpretation.

JUSTIFICATION FOR CONGENITAL SYPHILIS CASE CLASSIFICATION

- Infant surveillance case classification: [confirmed/stillbirth/probable]
- Justification for maternal case criteria/pathway (**check one**):
 - ☐ Maternal criteria does not apply; not a case by maternal pathway
 - ☐ New case of syphilis diagnosed <30 days prior to delivery or at delivery
 - ☐ Untreated (diagnosed with syphilis >30 days prior to delivery)
 - ☐ Inadequately treated, e.g. incomplete treatment, inappropriate intervals between doses
 - ☐ Reinfection during pregnancy (titer increase of ≥ 4 -fold)
- Justification for neonate case criteria/pathway (**check one**):
 - ☐ Neonate criteria does not apply; not a case by neonate pathway
 - ☐ Positive darkfield or PCR
 - ☐ Stillbirth (fetal death that occurs after 20 weeks gestation or weighing > 500g, and the mother had untreated or inadequately treated syphilis at delivery)
 - ☐ Reactive non-treponemal result, AND has any one of the following: physical signs of CS, evidence of CS on long bone x-ray, reactive CSF-VDRL, or elevated CSF WBC count or protein (without other cause)
- STD treatment guidelines scenario: [Scenario X and justification](#)

RELEVANT NOTES (POST PARTUM)

- [X](#)

Note: this template covers one case, but it can be replicated to capture review of multiple congenital syphilis cases. Acronyms used: G/P: gravidity/parity; EDD: estimated date of delivery; GA: gestational age; LMP: last menstrual period; CSF: cerebrospinal fluid; RPR: rapid plasma regain, a non-treponemal test for syphilis; VDRL: venereal disease research laboratory, a non-treponemal test for syphilis; TPPA: Treponema pallidum particle agglutination assay, a treponemal test for syphilis; FTA: Fluorescent treponemal antibody absorption, a treponemal test for syphilis

Adapted from the California Department of Public Health Congenital Syphilis Morbidity and Mortality Review Toolkitⁱⁱ

D. CS Review Board Agenda Template

CONGENITAL SYPHILIS REVIEW BOARD MEETING AGENDA

[LOCAL HEALTH DEPARTMENT] | REVIEW DATE: [Month DD, YYYY]

Meeting lead:

Also in attendance:

1. Introductions & Housekeeping
2. Case 1 discussion
 - a. Facts of the case
 - b. Missed opportunities
 - i. Disease investigation Perspective
 - ii. Clinical Perspective
 - iii. Other
 - c. Wins
 - i. Disease investigation Perspective
 - ii. Clinical Perspective
 - iii. Other
 - d. Action items
 - i. This case
 - ii. Future prevention
3. Other cases
4. Meeting action items

..... Examples of Missed Opportunities and Follow-up Actions

- **Disease Intervention Opportunity:** Pregnant woman with syphilis was lost to follow-up after positive RPR results returned; no treatment administered
 - Follow-up action: Offer provider assistance with locating pregnant females with syphilis who are lost to follow-up and bringing them to treatment
- **Clinical Missed Opportunity:** Prenatal provider misdiagnosed syphilis during prenatal care visit
 - Follow-up action: Provide prenatal provider with training on syphilis diagnosis and treatment, and/or encourage and participate in a discussion with that provider or facility detailing the specifics related to this sentinel-event CS case at their institution in which there were documented missed opportunities, medical errors, or policies that need to be changed to prevent future cases
- **Other Opportunity:** Mother had contact with the local jail during pregnancy and no screening was conducted
 - Follow-up action: Meet with jail to explore the feasibility of implementing syphilis screening

E. Congenital Syphilis Debrief Form

CONGENITAL SYPHILIS DEBRIEF FORM

[LOCAL HEALTH DEPARTMENT] | REVIEW DATE: [Month DD, YYYY]

Attendance:

- Local Health Department: X
 - Ohio Department of Health (ODH): X
-

- Other partners (e.g. maternal and child health, behavioral health, local hospital or prenatal care providers, etc.): X

Case 1

Gestational Parent ODRS ID: [#####], **Infant ODRS ID:** [#####]

- Missed opportunities
 - Disease investigation Perspective:
 - X
 - Clinical Perspective:
 - X
 - Other:
 - X
- Bright spots
 - Disease investigation Perspective:
 - X
 - Clinical Perspective:
 - X
 - Other:
 - X
- How likely is it that this case could have been prevented if different actions had been taken within the continuum of care? [Very likely, Somewhat likely, Not at All Likely]

Case 1 Action Items:

- X
- X
- X

Meeting Action Items:

- Draft & send out meeting notes with action items assigned (Due: XX, Assigned to: XX)
- Schedule next review (Due: XX, Assigned to: XX)
- X

Note: this template covers one case, but it can be replicated to capture review of multiple CS cases.

F. Additional Resources

- Syphilis Case Definitions:
<https://wwwn.cdc.gov/nndss/conditions/syphilis/case-definition/2018/>
- Centers for Disease Control and Prevention's Congenital Syphilis Report Algorithm:
<https://www.cdc.gov/std/program/Congenital-Syphilis-Form-2013.pdf>
- Centers for Disease Control and Prevention's 2015 STD Treatment Guidelines:
<https://www.cdc.gov/std/tg2015/congenital.htm>
- HIV Surveillance Case Definitions
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>

G. References

-
- * Kidd, S., Bowen, V. B., Torrone, E. A., & Bolan, G. (2018). Use of National Syphilis Surveillance Data to Develop a Congenital Syphilis Prevention Cascade and Estimate the Number of Potential Congenital Syphilis Cases Averted. *Sexually transmitted diseases*, 45(9S Suppl 1), S23–S28. <https://doi.org/10.1097/OLQ.0000000000000838>
- ⁱⁱhttps://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Congenital_Syphilis_Morbidity_and_Mortality_Review_Toolkit.pdf
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