

REQUEST FOR STI SUMMARY DATA

Many of the requested STI statistics are available in the Maryland STI Annual Report. Please review the available epidemiological data before completing a data request. These publications are available for download on our website [\[https://phpa.health.maryland.gov/ODPCS/CSTIP\]](https://phpa.health.maryland.gov/ODPCS/CSTIP) in the Data & Statistics section. If the information that you require is not included online, please complete this form electronically and submit via email, fax or mail as stated below.

If this is a Legislative or Media request, please DO NOT COMPLETE THIS FORM and contact the MDH Office of Support Services directly at (410) 767-3536.

Return completed form:	Please type requester information below.				
Via Email marcia.pearl@maryland.gov Via Fax 410-528-6098 Via Mail Prevention & Health Promotion Administration Center for STI Prevention 500 North Calvert Street, 5 th Floor Baltimore, MD 21202	Requester name:		Requester title:		
	Organization:				
	Address:		City:	State:	ZIP:
	Email address:				
	Telephone number:		Date of request:	Desired completion date:	
	NOTE: Please allow up to two weeks for processing. All data requests are completed in the order received. You will receive email confirmation of your request once it has been reviewed.				

Please describe in a few sentences the purpose of this data request including how you will be using the data, who will be using it, and who the intended audience is. This will help us make suggestions and ensure you have what you need.

Please provide the following information related to your data request:

In what form would you like the final product? Pick one:

- Raw Data (unformatted table)
 Formatted Table
 Graphs/Charts
 Other: _____

Time Frame* – indicate the time period to include cases from (ex. 1/1/2017 – 12/31/2017) and how you would like the data to be presented (pick one):

- Earliest Date: _____ Latest Date: _____
 Aggregated (data for the entire time period)
 Monthly
 Quarterly
 Yearly
 Other: _____

**Please note that data for any active MMWR year may not be requested (e.g., calendar year 2018 data is not available until June 2019).*

Disease(s) – please check all diseases you would like information on:

- Syphilis
 Gonorrhea
 Chlamydia

If you would like to request data related to HIV, please contact Jami Stockdale at jami.stockdale@maryland.gov

- If selecting syphilis, check here if you would like the data to be separated by disease stage (ex. primary vs secondary syphilis)
 Primary Secondary Early Non-Primary, Non-Secondary Late or Unknown Congenital

Jurisdictions – select which jurisdiction(s) you would like to include cases from:

- | | | | | |
|---|-----------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Calvert | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kent | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Caroline | <input type="checkbox"/> Frederick | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Carroll | <input type="checkbox"/> Garrett | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Cecil | <input type="checkbox"/> Harford | <input type="checkbox"/> Queen Anne's | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Charles | <input type="checkbox"/> Howard | <input type="checkbox"/> Saint Mary's | <input type="checkbox"/> Worcester |

If selecting more than one jurisdiction, would you like the data to be aggregated or displayed separately for each jurisdiction? Pick one:

- Aggregated
 Separate data for each jurisdiction
 Other (ex. Regions): _____

Subgroups - Define any population subgroups you would like to restrict to (ex. White females, 15-24-year olds, etc.):

Required variables – Please list the specific variables that are essential to your request:

For assistance with completing this form or questions about the status of a submitted request, please call (410) 767-6690.