**Supplemental Table 1.** Summary of Select Data Sources Used to Monitor Pelvic Inflammatory Disease in the United States, 2006-2016.

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| **Data Source** | **Years of Data** | **Measure of PID** | **How Measured** | **Strengths of Data Source** | **Limitations of Data Source** |
| **Nationally Representative Population-Based Data** |
| **National Health and Nutrition Examination Survey (NHANES)** | 2013-2016 | History of PID treatment | Self-report |  Prevalence estimate Continuous data collection in 2-year cycles* PID data collection since 2013-2014 cycle

 Weighted to provide nationally representative estimates Sociodemographic variables available |  Not timely PID based on self-report Small sample size + low prevalence = unstable estimates Not available locally Not enough cycles (yet) for information on trends |
| **National Survey of Family Growth (NSFG)** | 2006-2017 | History of PID treatment | Self-report |  Prevalence estimate Continuous data collection in 3-year cycles* PID data collection began in 1995
* Can evaluate trends by cycle

 Weighted to provide nationally representative estimates Sociodemographic variables available |  Not timely PID based on self-report Small sample size + low prevalence = unstable estimates Not available locally |
| **Nationally Representative ED Visit Data** |
| **Healthcare Utilization Project Nationwide Emergency Department Sample** **(HCUP NEDS)** | 2006-2016 | Number of ED visits with a PID diagnosis | ICD-9-CM/ ICD-10-CM diagnosis codes |  Large dataset Continuous data collection since 2006* Can evaluate annual trends

 Weighted to provide nationally representative estimates |  Not timely Visit (not person) based Documents single episode of illness Lacks longitudinal view No data on race/ethnicity Only representative of women seeking care in ED (most severe cases?) |

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| **National Hospital Ambulatory Medical Care Survey, Emergency Department Component****(NHAMCS-ED)** | 2006-2015 | Number of ED visits with a PID diagnosis | ICD-9-CM diagnosis codes |  Continuous data collection since 1992 Weighted to provide nationally representative estimates Can measure amount of healthcare utilization and burden on healthcare system |  Not timely Visit (not person) based Small sample size + low prevalence = unstable estimates Documents single episode of illness Lacks longitudinal view No state-level analyses Only representative of women seeking care in ED or outpatient settings |
| **Nationally Representative Physician Office Visit Data** |
| **National Ambulatory Medical Care Survey (NAMCS)** | 2006-2015 | Number of physician office visits with a PID diagnosis | ICD-9-CM diagnosis codes |  Continuous data collection since 1992 Weighted to provide nationally representative estimates Can measure amount of healthcare utilization and burden on healthcare system |  Not timely Visit (not person) based Small sample size + low prevalence = unstable estimates Documents single episode of illness Lacks longitudinal view No state-level analyses Only representative of women seeking care in ED or outpatient settings |
| **National Disease Therapeutic Index (NDTI)** | 2006-2016 | Number of initial, non-post-operative physician office visits with a PID diagnosis | ICD-9-CM/ ICD-10-CM diagnosis codes |  Continuous data collection since at least 1980* Can evaluate annual trends

 Weighted to provide nationally representative estimates |  Not timely Data are proprietary: single data point/no stratifications and no ability to do additional analyses May not be initial visit Missing data/physician reports ICD codes not updated over time, not inclusive of all codes for PID |

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| **Sentinel Surveillance Data** |
| **MarketScan** | 2006-2016 | Rate of PID diagnoses in commercially insured women | ICD-9-CM/ ICD-10-CM diagnosis codes | Large dataset* Person-based
* Can evaluate annual trends
* Longitudinal tracking of patients from all sources of care
 |  Not timely Not a random sample May contain biases or have low generalizability to other populations Data mostly from large employers; medium and small firms may be underrepresented |
| **STD Surveillance Network (SSuN)** | 2010-2016 | Proportion of female STD clinic attendees with a PID diagnosis | Based on documented diagnoses in medical record |  Large dataset Person-based Can evaluate annual trends Longitudinal tracking of patients |  Not timely Not representative of all STD clinics or other clinical and healthcare settings in the United States Source data are a combination of medical and laboratory records, which are inherently complex and potentially susceptible to omissions |