

STI

Sexually Transmitted Infections

Federal Implementation Plan

for the United States | 2021–2025



VISION

The United States will be a place where sexually transmitted infections are prevented and where every person has high-quality STI prevention, care, and treatment while living free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

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INTRODUCTION

Over the past decade, the United States has witnessed continued increases in rates of sexually transmitted infections (STIs). When left untreated, STIs can lead to long-term, irreversible health outcomes such as chronic pelvic pain, infertility, adverse pregnancy outcomes, neonatal death, congenital abnormalities, and cancer and can facilitate HIV transmission. The first-ever [Sexually Transmitted Infections National Strategic Plan for the United States: 2021–2025](#) (Strategic Plan), released in December 2020, provides a national roadmap to prevent and control STIs in the United States.

Although there are more than 30 types of STIs, the Strategic Plan focuses on four of the STIs with the highest morbidity rates, the most persistent and pervasive inequalities of STI burden, and the greatest impact on the health of the nation: chlamydia, gonorrhea, syphilis, and human papillomavirus (HPV). Further, with the exception of HPV, these STIs are nationally notifiable diseases with federally funded control programs, so efforts against them can be closely tracked and successes can be leveraged to build a foundation for future efforts against other STIs.* However, most of its components are also applicable to efforts to eliminate other STIs, such as herpes simplex virus infection, trichomoniasis, and *Mycoplasma genitalium* infection.

The Strategic Plan is designed to achieve five goals:



Goal 1: Prevent New STIs



Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs



Goal 3: Accelerate Progress in STI Research, Technology, and Innovation



Goal 4: Reduce STI-Related Health Disparities and Health Inequities



Goal 5: Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

The Strategic Plan was developed by subject matter experts in 20 federal government agencies, with input from a variety of stakeholders, under the direction of the Office of Infectious Disease and HIV/AIDS Policy (OIDP) in the Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS). However, implementing the Strategic Plan is not solely a federal activity. Utilizing a whole-of-nation approach, the Strategic Plan assumes the active participation of state, tribal, local, and territorial health departments and

* HIV, another significant STI, and hepatitis B and hepatitis C, which can be transmitted sexually, are addressed in separate national strategies.

Herpes Simplex Virus (HSV) Addendum to the STI National Strategic Plan

In fiscal year 2022, Congress directed HHS to amend the STI National Strategic Plan for the treatment and prevention of HSV. OIDP in collaboration with the STI Implementation Working Group will identify policy, program, and research gaps and priorities, and craft a unified federal response to HSV. As with the Strategic Plan, development of the HSV addendum will be guided by input from state, tribal, territorial, and local governments; researchers; health care providers; community groups; and national and local service providers and advocates who work in STI and related fields.

organizations, health plans and health care providers, schools and other academic institutions, community-based and faith-based organizations, scientists, researchers, and the public in this effort.

STIs can form syndemics[†] with other conditions including HIV, viral hepatitis, and substance use disorder. Social and structural determinants of health facilitate the clustering of these conditions in different populations and areas, which leads to excess disease burden. Recognizing these interactions, the Strategic Plan was developed concurrently with the third iteration of the [National HIV/AIDS Strategy \(2022–2025\)](#), the fourth iteration of the [Viral Hepatitis National Strategic Plan](#), and the third iteration of the [Vaccines National Strategic Plan](#), also released in fiscal year 2021. Since the release of these strategic plans, ODP has convened a Syndemic Steering Committee, composed of federal leadership with a stake in STIs, HIV, viral hepatitis, substance use, and mental health charged with identifying opportunities for cross-departmental collaboration to address related syndemics.

This document, the *Sexually Transmitted Infections Federal Implementation Plan* (Implementation Plan), outlines federal partners' commitments to programs, policies, research, and other activities during fiscal years 2021–2025 to meet the Strategic Plan's goals, pursuant to their respective missions, funding, and resources. The Implementation Plan was developed by an Implementation Working Group of experts from agencies that serve populations at risk for or living with STIs (see Appendix A). With coordinating support from ODP, this Implementation Working Group met to develop individual and collaborative actions, both within and across agencies, and considered comments and suggestions from stakeholder groups and the public.

Some of the actions presented below are extensions of existing actions, while other actions reflect innovations in practice, technology, and treatments to address not only STIs, but also other components of related syndemics including co-occurring and interrelated conditions such as HIV, viral hepatitis, substance use disorders, and social and structural determinants of health that facilitate the clustering of these conditions. These actions do not comprise a full inventory of possible actions by federal agencies in support of the Strategic Plan during the next 5 years. The selected actions highlight federal resources, capacity, and expertise to make an immediate and significant difference in the populations that bear the greatest disease burden—that is, adolescents and young adults; gay, bisexual, and other men who have sex with men; and pregnant women (and within each of these populations, certain racial and ethnic minorities, and certain regions of the United States).

To monitor progress toward achieving the five goals, the Strategic Plan includes seven core indicators and seven disparities indicators, with annual quantitative targets for each (see Appendix B). These indicators represent the best available data that are regularly collected and therefore can support accountability and transparency for monitoring and evaluation of the implementation of the Strategic Plan. Although focused on the years 2021–2025, the Strategic Plan sets targets through 2030 because STIs will continue to pose a threat to the public's health. The Implementation Working Group will continue to meet regularly to monitor progress toward these targets, capitalize on lessons learned from epidemiological data and research findings, and identify strategies to overcome unexpected obstacles. The Implementation Working Group's findings will be summarized in regular progress reports. Further, as the Implementation Working Group continues to meet, it is expected that new partnerships and opportunities for inter- and intra-agency collaboration will emerge. These may include identifying opportunities across existing resources that do not require additional authority or funding.

Many entities are involved in STI prevention and treatment. Yet, funding streams and restrictions have challenged integration and coordination of programming across stakeholders. The Strategic Plan is a direct response to calls for an agile, innovative, and sustained approach to STI prevention and control in the United States. The need for such an approach has been underscored by the COVID-19 public health emergency, which was first declared in January 2020 and remains in effect at this writing.[‡] The redirection of federal government resources to control the spread of the SARS-CoV-2 virus has impacted STI screening, diagnosis, vaccination, treatment initiation, and retention in care. Many of the populations and communities disproportionately impacted by STIs are particularly vulnerable to the service disruptions and the economic consequences of the pandemic. The Centers for Disease Control and Prevention (CDC) reported that the impact of staff reassignments on programs and services was

[†] A syndemic occurs when health-related problems—such as viral hepatitis, HIV, STIs, substance use disorders, and social determinants of health—cluster by person, place, or time.

moderate to great for 91% of CDC jurisdictions in April 2020 and 65% of CDC jurisdictions in October 2020.[§] After an initial drop during the early months of the pandemic, reported cases of STIs surged—signaling that STI rates might have reached another all-time high.**

This Implementation Plan serves as a first, but very important, step for federal partners to come together through collective impact to meaningfully prevent and control STIs in the United States. Development of this Implementation Plan helped to identify, at more granular levels, existing gaps and potential synergies, opportunities to align programs and conduct outreach, and potential partnerships and collaborations to achieve this overarching goal. As expected for any multi-year effort to improve public health, implementation of the Strategic Plan will facilitate new partnerships and empower all stakeholders to align policy, programs, and resources to iteratively build on new learnings, data, and conversations, as well as respond to policy and funding decisions.

[†] On January 31, 2020, pursuant to Section 319 of the Public Health Service Act, the Secretary of HHS determined that a public health emergency existed due to COVID-19 nationwide since January 27, 2020. That determination has been renewed numerous times, with the most recent renewal effective February 11, 2023.

[§] See CDC infographic on "[How the COVID-19 Pandemic has Impacted Sexually Transmitted Diseases \(STD\) Programs.](#)"

** The Strategic Plan and Implementation Plan generally use the term STI because the goal is to prevent and treat infections before they develop into an STD. However, the term STD is used when referring to data or information from sources that use the term STD.

KEY ROLES IN IMPLEMENTING THE NATIONAL STI STRATEGIC PLAN

Federal Partners

FEDERAL DEPARTMENTS

The implementation of the first-ever STI Strategic Plan requires a government-wide effort to successfully reach the goals of the strategy. We recognize that certain agencies have primary responsibilities and competencies in its implementation. To help meet the goals of reducing the rates and effects of STIs in the United States, 5 federal departments and 15 HHS agencies and offices have committed to serve on the STI Implementation Working Group. The Working Group will meet regularly to coordinate activities across departments and agencies, help identify opportunities to enhance partnerships, share lessons learned from findings, monitor progress toward the indicators, and report on national progress. As scientific, medical, and public health advances emerge or challenges arise, the Working Group will confer and develop additional innovative actions to complement the existing Strategic Plan and the Implementation Plan.

HHS OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Implementation of the Strategic Plan requires continued coordination and collaboration within and across agencies and among federal, state, tribal, and local governments. Central to this coordination is OASH, which will be responsible for the following:

- Coordinating operational and programmatic activities for the STI Strategic Plan within HHS;
- Coordinating STI-related programs with other federal departments;
- Establishing regular STI working group meetings to coordinate program planning and administration of programs and activities; and
- Working with health departments, nongovernmental organizations, and other stakeholders to address challenges and opportunities related to STI Strategic Plan implementation.

Within OASH, OIDP will play a lead role in supporting the implementation of the Strategic Plan to forge collaborations across HHS and with other federal departments and external stakeholders. In addition, from 2022 to 2025, OIDP will regularly convene a Syndemic Steering Committee, composed of federal leadership with a stake in the intersections of HIV, STIs, viral hepatitis, substance use disorders, mental health, and the social and structural determinants of health that facilitate the clustering of these conditions, and charged with identifying opportunities for cross-departmental collaboration to address these syndemics.

Nonfederal Partners

Each community and stakeholder brings unique assets and perspectives that play a critical role in preventing and responding to STIs. Stakeholders from all sectors of society are encouraged to use this Implementation Plan to engage with others and build their own roadmap to reduce STIs among the populations and communities they serve. Stakeholders should consider adopting the vision and goals of the Strategic Plan; pursuing the objectives and implementing the strategies relevant to their role(s), populations served, and community circumstances; and identifying opportunities to adopt and use the Strategic Plan's indicators and targets to measure their own progress. In doing so, communities and stakeholders can apply other evidence-based strategies that are appropriate for responding to STIs in their area and use all available data to identify where their resources and effort will have the most impact. A data-driven strategy will help stakeholders focus efforts and efficiently and effectively use available resources. Integrating STI testing, prevention, care, and treatment efforts with other components of the syndemic is also strongly encouraged.

PROGRESS INDICATORS

The actions detailed in this Implementation Plan are ultimately intended to support progress in the Strategic Plan core indicators and disparities indicators and to meet the proposed targets.

The Strategic Plan identifies seven core indicators for measuring progress. Some of the core indicators are also stratified by one or more of the priority populations or their subgroups so that progress can be measured toward reducing disparities, establishing seven disparities indicators (Appendix B).

Core Indicators

1. Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of HPV vaccine
2. Reduce P&S [primary and secondary] syphilis rate
3. Reduce congenital syphilis rate
4. Reduce gonorrhea rate
5. Increase chlamydia screening in sexually active females aged 16–24 years
6. Reduce PID [pelvic inflammatory disease] in females aged 15–24 years
7. Increase condom use at last sexual intercourse among sexually active high school students

Disparities Indicators

8. Reduce P&S syphilis rate among MSM [men who have sex with men]
9. Reduce congenital syphilis rate among African Americans/Blacks
10. Reduce congenital syphilis rate among AI/ANs [American Indians/Alaska Natives]
11. Reduce congenital syphilis rate in the West
12. Reduce gonorrhea rate among African Americans/Blacks
13. Reduce gonorrhea rate in the South
14. Increase condom use at last sexual intercourse among sexually active MSM high school students

PLANNED ACTIONS

The tables that follow list specific actions for the federal agencies, organized by the [Strategic Plan's](#) goals, objectives, and strategies. The years indicate the fiscal year in which the action begins and ends within the context of the Strategic Plan (2021–2025). Ongoing actions that extend beyond fiscal years 2021–2025 only list the years within this timeframe. When more than one agency will collaborate on an action, the lead agency is listed first in boldface, followed by the partner agencies in alphabetical order. When applicable, actions are crosswalked to funding mechanisms and related indicators, which are listed in Appendix B (along with their associated targets). The actions are described as succinctly as possible; it should be noted that the actions are supported by a level of detail for their conceptualization and implementation not captured in a summary document such as this. A list of acronyms used throughout the document can be found in Appendix C.

These actions are intended to inform the policy development and program planning process for federal and nonfederal stakeholders. This is not a budget document and does not imply approval for any specific action under Executive Order 12866 or the Paperwork Reduction Act. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

Some strategies are not accompanied by corresponding agency activities. The actions were self-reported by agencies and informed by stakeholder engagement and public comment. If a strategy does not have a federal action listed, it is not meant to undercut the importance of the strategy but rather to promote inter-agency and/or nonfederal collaboration



Goal 1: Prevent New STIs

Objective 1.1: Increase awareness of STIs and sexual health

Strategy 1.1.1 Develop and implement culturally sensitive and linguistically appropriate campaigns to provide education on sexual health, STI primary prevention, testing, and treatment that reduce STI-associated stigma and promote sexual health.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-------------|------------------------------|
| Conduct consumer market research and message testing among potential audiences (e.g., priority populations, private/public health care providers, policymakers, insurers, labs, schools) to identify effective messages, interventions, and solutions that can lead to attitudinal, knowledge, and behavioral change for STI prevention, services, and care. Campaign development will follow. | 2021-2022 | CDC | 5, 6, 7, 14 | PS22-2204, PS18-1808 (NNECS) |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Support the National Coalition for Sexual Health to promote a wellness framework to the public through the development of resources and materials and media promotion, and to specific target audiences such as health care providers and schools with clinical tools and support. | 2021-2025 | CDC | | PS22-2204 |

Strategy 1.1.2 Support a non-stigmatizing, comprehensive approach to sexual health education and sexual well-being, especially in adolescents and young adults, that promotes healthy sexual development and relationships and includes both risk-avoidance and risk-reduction messaging at the community level in schools, faith-based organizations, and other community-based organizations.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Promote use of the Health Education Curriculum Analysis Tool (HECAT) sexual health assessment tool by school districts to identify the complete list of sexual health student knowledge and skills expectations to be delivered across each grade level in secondary schools. | 2021-2025 | CDC, ED | 7 | |
| Train primary care and HIV care providers through the Ryan White HIV/AIDS Program (RWHAP) AIDS Education and Training Center Program on best practices in conducting comprehensive sexual health and wellness services, especially targeting providers of care for adolescents and youth, to decrease the transmission of STIs and HIV in this high-risk population. | 2021-2025 | HRSA (HAB) | 2, 3, 4, 5 | RWHAP |
| Through the Office of Adolescent Health, via programs such as the Teen Pregnancy Prevention Program (TPPP), increase access to comprehensive sexuality education to help prevent STIs. | 2022-2025 | OPA | | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Continue to administer STI tests as part of the Title X Service Grant program and serve as a key access point for STI education, screening, testing, and treatment, especially focused on priority populations highlighted in the strategic plan. | 2022-2025 | OPA | | |
| Through the Adolescent Pregnancy Prevention Program's Personal Responsibility Education Program, educate adolescents utilizing age-appropriate information on both abstinence and contraception for the prevention of pregnancy, STIs, including HIV/AIDS, and the use of adulthood preparation subjects (e.g., health relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and health life skills). | 2023-2025 | ACF | | |

Strategy 1.1.3 Integrate STI messaging into existing public health campaigns and strategies.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Develop sexual history resource toolkit; clinician education seminars; education for veterans/public via the www.hiv.va.gov website, the www.prevention.va.gov website, and the www.veteranshealthlibrary.va.gov website; and webinars for primary care physician colleagues to enhance sexual health history taking and STI screening. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Publicize the Veterans Health Administration (VHA) STI dashboard for STI linkage to care and pre-exposure prophylaxis (PrEP) services for use within the VA. | | | | |
| Amplify communications on STI-related activities and progress through HIV.gov and other appropriate channels. | 2021-2025 | OIDP | | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Disseminate the RWHAP Special Projects of National Significance STI toolkit to primary care and HIV providers. The toolkit includes materials to support the implementation of evidence-based interventions to increase STI testing and treatment. | 2022-2025 | HRSA (HAB) | | RWHAP |
| Work with other agencies to encourage incorporation of non-discrimination messaging into existing campaigns and educational materials pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness. | 2022-2025 | HUD | | |
| Establish partnerships that will co-create educational materials with STI partners that promote effective interventions to address the intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender. | 2022-2025 | HUD | | |
| Identify opportunities among OPA TPPP grant recipients and technical assistance providers to integrate STI awareness, testing, and prevention in its adolescent and young health program activities and among pregnant people. | 2022-2025 | OPA | | |
| Integrate STI messaging into existing social media campaigns and other activities pertaining to other parts of the syndemic, such as HIV, viral hepatitis, and substance use and mental health disorders. | 2023-2025 | SAMHSA | | |

Strategy 1.1.4 Increase awareness of STI testing among adolescents, young adults, MSM, and pregnant women.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|---|
| Collaborate with the VA Office of Women’s Health in measuring STI testing and incidence among women, monitoring HIV PrEP uptake among women, and ensuring access to STI testing. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Support school districts to implement school-based, student-led, sexual health communication campaigns, with a focus on STI testing. | 2021-2023 | CDC, SAMHSA | 5 | PS18-1807 |
| Conduct qualitative research with pregnant people with a history of substance use and law enforcement officials to better understand health care-seeking/–avoiding behaviors among pregnant people with a history of substance use and the systems they interact with. | 2021-2023 | CDC, SAMHSA | 3 | OT18-1802 (CSTLTS) |
| Test STI-related messages among gay, bisexual, and other men who have sex with men. | 2021-2023 | CDC, SAMHSA | 8 | OT18-1802 (CSTLTS) |
| Develop, implement, evaluate, and disseminate interventions to avert cases of congenital syphilis that address local epidemiological data on trends and populations at risk. Interventions include partnerships with relevant community stakeholders, including organizations reaching incarcerated populations, individuals experiencing homelessness, and individuals who use substances. | 2021-2024 | CDC, SAMHSA | 3 | OT18-1802 (CSTLTS), PS19-1901 (STD PCHD), CK14-1401 |
| Fund activities through IHS’s <i>Ending the HIV Epidemic in the U.S.</i> (EHE) resources and <i>Special Projects of National Significance</i> at the IHS, tribal, and urban Indian organization levels to implement solutions around diagnoses, prevention, treatment, and response that directly address ending the syndemic (HIV/STI/HCV) among AI/AN people. | 2022-2025 | IHS | 2, 4, 5, 10 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|--------------------|-------------|-------------------|
| Fund, through cooperative agreements, Tribal Epidemiology Centers to create community assessments and strategies for outreach to tribal communities to address STIs among AI/AN communities. | 2022-2025 | IHS | 2, 4, 5, 10 | |
| Provide education to grant recipients about STI prevention among priority populations, to increase awareness, screening, and treatment to help reduce the rate of P&S syphilis and congenital syphilis. | 2022-2025 | OPA, CDC, OMH, OWH | | |

Strategy 1.1.5 Increase awareness and education especially among MSM and their providers on the importance of extragenital testing.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|----------------------|
| Test STI-related messages among gay, bisexual, and other men who have sex with men. | 2021-2023 | CDC | 8 | OT18-1802 (CSTLTS) |
| Develop sexual history resource toolkit, evidence-based stay healthy recommendations based on age and health conditions (screening, vaccines, medications), and healthy living messaging on being safe and preventing STI. Disseminate sexual history taking and STI self-collection via telehealth interventions to satellite clinics. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Through the HIV/AIDS Bureau's RWHAP AIDS Education and Training Center Program, train HIV care providers and those interested in learning about HIV prevention and care in the importance of appropriate extragenital testing for STIs for men who have sex with men and for those who report activities that put them at risk for extragenital infections. | 2021-2025 | HRSA (HAB) | | RWHAP |
| Include importance of extragenital testing in PrEP and related provider education/toolkits. | 2021-2025 | CDC | | PS20-2004, PS20-2010 |

Objective 1.2: Expand implementation of quality, comprehensive STI primary prevention activities

Strategy 1.2.1 Ensure that prevention programs are accessible, comprehensive, and culturally, linguistically, and age appropriate.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|--------------------|
| Support the development of a national registry of STD clinics, which could list detailed services (e.g., hours of operation, location, types of tests, languages spoken). | 2021-2022 | CDC | | OT18-1802 (CSTLTS) |
| Disseminate telehealth services. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Support the National Network of STD Prevention Training Centers (NNPTC) to increase the knowledge and skills of health professionals in the areas of sexual and reproductive health and provide health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning, with an emphasis on STI prevention. | 2021-2025 | CDC | | PS20-2004 |
| Support the National Network of Disease Intervention Training Centers to increase the knowledge and skills of Disease Intervention Specialists (DIS) and/or those conducting partner services activities. | 2021-2025 | CDC | | PS20-2003 |
| Fund, through cooperative agreements, tribal and urban Public Health Nursing (PHN) programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | |
| Through the Office of Adolescent Health, via programs such as TPPP, increase access to comprehensive sexual health education to help prevent STIs. | 2022-2025 | OPA | | |
| Identify opportunities among OPA TPPP grant recipients and technical assistance providers to expand STI prevention in its adolescent and young health program activities and among pregnant people. | 2022-2025 | OPA | | |

Strategy 1.2.2 Implement STI prevention activities in a broad range of health care delivery, education, and community-based settings through innovative, evidence-based approaches.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Implement an evidence-based approach to school-based HIV, STIs, and unintended pregnancy prevention programming that includes delivery of sexual health education, increased access to sexual health services, and promotion of safe and supportive environments. | 2021-2023 | CDC | 7 | PS18-1807 |
| Incorporate STI prevention education into harm reduction programs across VA. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Disseminate and implement evidence-based interventions for STI prevention to funded community-based organizations (CBOs). | 2021-2025 | CDC | | PS20-2008 |
| Fund, through cooperative agreements, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | |
| Support grant programs that reduce HIV/STI risk for LGBTQ+ youth through evidence-based behavioral health screening and treatment, case management, and peer support services; increase the availability, accessibility, and utilization of culturally appropriate, woman-centered, and trauma-informed substance use disorders/ co-occurring disorders treatment services and HIV/hepatitis screening and testing for women experiencing intimate partner violence among other services. | 2022-2025 | SAMHSA | | |
| Continue to fund through SAMHSA/CSAP/CSAT community-based substance use prevention and treatment programs, syringe services programs (SSPs), and other harm reduction services, including provision of STI, HIV, and viral hepatitis education and screening. | 2022-2025 | SAMHSA | | |

Strategy 1.2.3 Promote safe and supportive environments such as school, family, and community that encourage adolescents and young adults to avoid and decrease STI risk.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Implement an evidence-based approach to school-based HIV, STI, and unintended pregnancy prevention programming that includes delivery of sexual health education, increased access to sexual health services, and promotion of safe and supportive environments. | 2021-2023 | CDC | 7 | PS18-1807 |
| Coordinate on a targeted initiative for youth in HUD-assisted housing programs to increase access to age-appropriate information regarding HIV, STI, and unplanned pregnancy prevention tools and to resources to increase participants' (1) awareness of personal risk and prevention options and (2) motivation for and skills to implement prevention behaviors. | 2022-2025 | HUD | | |

Strategy 1.2.4 Increase private and confidential time for providers with their adolescent patients during preventive care visits to improve the effectiveness of risk assessment, screening and counseling on STIs, reproductive health, mental health, and substance use disorders.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Develop and test communication messages and resources for youth and their parents that facilitate time alone between an adolescent patient and their provider. | 2021-2022 | CDC | 5 | |

Strategy 1.2.5 Establish partnerships with both public and private entities to expand and strengthen STI prevention efforts.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Create a community of practice among clinical, public health, community organization staff, and STI training centers to address data, provider education, and community education needs. | 2021-2023 | CDC | 2, 3, 4 | |

Objective 1.3: Increase completion rates of routinely recommended HPV vaccination

Strategy 1.3.1 Increase confidence in the HPV vaccine by implementing messaging and evidence-based interventions to address scientifically documented barriers to uptake and emphasizing that it prevents cancer.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|---|
| Promote a national network of clinical, health system, public health expert, private organization, nonprofit, and trusted community messenger partners to increase confidence in vaccination by communicating the importance of HPV vaccination as cancer prevention (American Cancer Society), using culturally tailored messaging through the Human Papillomavirus (HPV) Roundtable: Supporting a National Network of Partners to Promote Cancer Prevention through Human Papillomavirus Vaccination. | 2021-2025 | CDC | | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |
| Disseminate education materials (e.g., You Call the Shots and You Are the Key presentations) and links to up-to-date information, shareable content, and advertisement (Ad council, AAP) to (1) ensure clear, complete, accurate messaging; (2) emphasize vaccine safety, efficacy, and expected side effects; (3) clarify HPV vaccination as cancer prevention; and (4) deliver standardized HPV presentation materials for use by state, local, tribal, and territorial partners. | 2021-2025 | CDC | | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |
| Establish HPV coverage trends for AI/AN populations, particularly IHS-eligible populations. Disseminate findings with relevant stakeholders including health care providers, public health partners, and community organizations. | 2022-2025 | IHS | 1 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|---|
| Disseminate education materials (e.g., You Call the Shots and You Are the Key presentations) and links to up-to-date information, shareable content, and advertisement (Ad council, AAP) to (1) ensure clear, complete, accurate messaging; (2) emphasize vaccine safety, efficacy, and expected side effects; (3) clarify HPV vaccination as cancer prevention; and (4) deliver standardized HPV presentation materials for use by state, local, tribal, and territorial partners. | 2021-2025 | CDC | | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |
| Establish HPV coverage trends for AI/AN populations, particularly IHS-eligible populations. Disseminate findings with relevant stakeholders including health care providers, public health partners, and community organizations. | 2022-2025 | IHS | 1 | |

Strategy 1.3.2 Dispel myths that lead to HPV vaccine hesitancy in communities by working with trusted community leaders, community-based organizations, and providers to guide strategies and provide culturally affirming messages about HPV vaccination.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|---|
| Engage pediatricians and other primary care physicians, especially those in areas underserved by the local health care system, in education, resource sharing, and initiation and sustainment of quality improvement projects through the Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health grant. | 2021-2023 | CDC | | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |
| Establish the epidemiology of HPV-associated disease for AI/AN people and historical and baseline trends on HPV-associated disease for IHS-eligible populations. Disseminate findings to relevant stakeholders including health care providers, public health partners, and community organizations. | 2022-2025 | IHS | 1 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|--------------------------|------------|-------------------|
| Disseminate technical assistance materials developed by the Federal Cervical Cancer Collaborative including “Improving Cervical Cancer Prevention, Screening, and Management: A Toolkit to Build Provider Capacity” and a communications toolkit to increase patient utilization and engagement in cervical cancer prevention, screening, and management in safety-net settings. This communications toolkit will include a suite of culturally sensitive, culturally tailored, and engaging patient-/consumer-focused outreach and education materials that meet patients where they are and support access to and engagement in care. | 2023-2024 | HRSA, CDC, CMS, NIH, OPA | | |

Strategy 1.3.3 Reduce missed opportunities to promote and provide routinely recommended HPV vaccination including catch-up HPV vaccination in accordance with current Advisory Committee on Immunization Practices recommendations.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|---|
| <p>Support education of providers, trusted messengers, school systems, and local governments about evidence-based interventions, including reminder-recall, provider prompts, announcement approach to parents, and bundling vaccines.</p> <p>Communicate to parents and providers about routine childhood vaccination catch-up (including issuing a CDC Call to Action: Help Kids’ Safe Return to School—Get Caught Up on Recommended Vaccines).</p> <p>Incorporate findings from the annual report into materials used to promote routine vaccination and decrease missed opportunities.</p> <p>Publish and disseminate updates of Advisory Committee on Immunization Practices (ACIP) recommendations, e.g., MMWR August 2019, Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices (CDC updated HPV vaccination recommendations for U.S. adults - catch-up HPV vaccination is now recommended for all persons through age 26 years).</p> | 2021-2025 | | CDC | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|---|
| Support provision of routine vaccinations through the Connecting Kids to Coverage National Campaign (“the Campaign”). The Campaign focuses on enrolling children and teens who are eligible for Medicaid and the Children’s Health Insurance Program (CHIP), as well as highlighting coverage available through Medicaid and CHIP through outreach guides and toolkits to help states, community organizations, schools, health care providers, and others organize and conduct successful outreach activities. | 2021-2025 | CMS | | Section 2113(a)(2) of the Social Security Act |
| Support provision of routine vaccinations through Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit that provides comprehensive and preventive health care services for children under age 21. EPSDT is a key tool in ensuring that children and adolescents receive appropriate health care services. | 2021-2025 | CMS | | Section 1901 of the Social Security Act |
| Establish HPV coverage trends for AI/AN populations, particularly for IHS-eligible populations by highlighting current HPV vaccination recommendations. Disseminate findings on any missed opportunities with relevant stakeholders including health care providers, public health partners, and community organizations. | 2022-2025 | IHS | 1 | |

Strategy 1.3.4 Integrate HPV vaccination into routine clinical care for adolescents and young adults.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|---|
| Promote <i>Healthy People 2030</i> objectives with partners so that they can integrate HPV vaccination into routine clinical care for adolescents and young adults. Objectives: IID-07 Reduce infections of HPV types prevented by the vaccine in young adults and IID-08 Increase the proportion of adolescents who get recommended doses of the HPV vaccine. | 2021-2025 | CDC | 1 | American Academy of Pediatrics, BRFSS 2021, American Cancer Society |

Strategy 1.3.5 Provide HPV vaccination at a broad range of clinical and nontraditional community-based settings, including pharmacies, retail clinics, and dental offices.

Strategy 1.3.6 Reduce the financial and system barriers encountered by providers and consumers to providing HPV vaccination.

Objective 1.4: Increase the capacity of public health, health care delivery systems, and the health workforce to prevent STIs

Strategy 1.4.1 Provide resources, incentives, training, and technical assistance to expand health workforce and systems capacity. and community centers.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Provide disease intervention technical assistance and direct support to state and local STI programs through onsite and/or remote technical assistance and mentoring of DIS workforce. | 2021-2023 | CDC | | PS20-2003 |
| Continue to support the STI Affinity Group Program to educate the workforce and provide resources. Provide practical tool kits to set up clinics and veteran access, including “digital divide” consultation to provide video tablet connectivity from home, through the HIV/PrEP Telehealth Program. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Support the NNPTC to increase the knowledge and skills of health professionals in the areas of sexual and reproductive health and provide health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning, with an emphasis on STI prevention. | 2021-2025 | CDC | | PS20-2004 |
| Support the National Network of Disease Intervention Training Centers to increase the knowledge and skills of DIS and/or those conducting partner services activities. | 2021-2025 | CDC | | PS20-2003 |
| Fund the STD Prevention and Control for Health Departments, a cooperative agreement with health departments in all 50 U.S. states, the District of Columbia, and 8 local/territorial jurisdictions to implement and strengthen STI prevention and control programs. | 2021-2025 | CDC | | PS19-1901 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|--------------|--|
| Conduct periodic surveys of STI program infrastructure and STI clinic clients. | 2021-2025 | CDC | 3, 9, 10, 11 | OT18-1802 |
| Fund, through cooperative agreements, tribal and urban PHN programs by expanding the current public health workforce to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | |
| Support grant recipients in conducting outreach activities to disseminate STI prevention, viral hepatitis, HIV, and PrEP messaging; select potential testing locations; distribute prevention materials; and link clients to services. | 2022-2025 | SAMHSA | | |
| Award EHE funding to HRSA-supported health centers to expand HIV prevention with a focus on PrEP prescribing, as well as testing, treatment, outreach, and care coordination for HIV and STIs in the EHE initiative's defined priority areas. | 2022-2025 | HRSA (BPHC) | | HRSA-20-091, HRSA-21-092, HRSA-22-104, HRSA-23-025 |
| Conclude and share findings from a descriptive qualitative study of STI screening and identify factors associated with successful screening efforts, including existing barriers or missed opportunities, technical assistance or training necessary for expanding screenings, and other factors essential to a clinic's decision-making around expanding screenings and offering/linking to STI services. | 2022-2025 | OPA | | Title X Service Grant program |
| Continue to include information on telehealth and STIs on Telehealth.HHS.gov, including research and information in best practice guides. | 2023 | HRSA | | |

Strategy 1.4.2 Increase diversity of the workforce that delivers STI prevention services.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Reach diverse veterans across extensive geography through the HIV/PrEP Telehealth Program. Provide VHA clinicians with one-stop source guidance on STI clinical preventive services and resources for both patients and clinicians and educate VA's health living teams/coordinators, through the National Center for Health Promotion and Disease Prevention. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |

Strategy 1.4.3 Partner with professional societies and academic institutions to increase awareness and knowledge of sexual health including STI prevention, screening, and treatment, and to strengthen and expand clinical practices that lead to high-quality STI care provided by public health personnel, health care professionals, and paraprofessionals.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Engage professional societies and national organizations to provide technical assistance and capacity building to local education agencies to implement an evidence-based approach to school-based HIV, STI, and unintended pregnancy prevention program. | 2021-2023 | CDC | 7 | PS18-1807 |

Strategy 1.4.4 Integrate STI prevention with HIV, viral hepatitis, and substance use prevention services across workforces and delivery systems.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Deliver a platform for substance use screening modalities in addition to STI prevention/treatment through the HIV/PrEP Telehealth Program. Incorporate prevention education and HIV PrEP into harm reduction/SSPs programs in VA. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|----------------------|
| Conduct a demonstration project with support from the HHS Minority HIV/AIDS Fund (MHAF) to expand the reach of HIV/STI diagnosis and prevention services, including PrEP and point of care testing for STI, for underserved minorities by incorporating Retail Health Clinics into existing networks of HIV/STI care services. | 2021-2024 | CDC, ODP | 4, 5 | OT18-1802 |
| Include STI, HIV, viral hepatitis, and substance abuse prevention services in all relevant educational, capacity building and technical assistance resources, PrEP and post-exposure prophylaxis (PEP) guidance, demonstration projects, and implementation science research projects. | 2021-2025 | CDC | | PS20-2004, PS20-2010 |



Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs

Objective 2.1: Expand high-quality affordable STI secondary prevention, including screening, care, and treatment, in communities and populations most impacted by STIs

Strategy 2.1.1 Integrate STI screening, diagnosis, care, and treatment as a routine part of a wide variety of programs and settings including those that screen, diagnose, and treat people for other whole health and public health issues such as primary care, urgent care, emergency departments, pediatrics, family planning, HIV, viral hepatitis, substance use disorders, correctional facilities, and school-based health centers.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| <p>Expand STI testing to emergency department and community-based outpatient clinic settings.</p> <p>Through HIV/PrEP Telehealth Program, work with HCV testing/prevention.</p> <p>Conduct outreach to program offices to provide educational sessions (LGBTQ+, women’s health, etc.).</p> <p>Coordinate telehealth hub coordination with Veteran’s Justice Outreach and housing resources (HUD-VASH).</p> | 2021-2024 | VA | 2, 4, 5, 12, 13 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-------------|-------------------|
| Include STI screening in DHP guidelines as a routine part of PrEP and PEP care, guidance for conduct of demonstration projects, and implementation science research projects. | 2021-2025 | CDC | | |
| Expand collaborations between the RWHAP AIDS Education and Training Center Program and CDC's National Network of Prevention Training Center Program to increase educational trainings offered to primary care providers, especially targeting those who work in minority serving institutions, on STI prevention, screening, diagnosis, and treatment, emphasizing the importance for prevention of HIV transmission. | 2021-2025 | HRSA (HAB), CDC | 2, 3, 4, 5 | RWHAP |
| Fund, through cooperative agreements, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | MHAF and EHE |
| Enhance syphilis screening in AI/AN populations through routine annual screening for 13-64 year olds. In addition, institute more targeted non-clinic-based screening for special populations such as people who use drugs, people who are incarcerated people, and people with unstable housing. | 2022-2025 | IHS | 2, 10 | MHAF and EHE |
| Implement routine clinic-based and non-clinic-based first trimester, third trimester, and time of delivery syphilis screening and treatment services for pregnant people to diagnose and treat congenital syphilis | 2022-2025 | IHS | 2, 10 | MHAF and EHE |

Strategy 2.1.2 Support expanded staffing and role of disease intervention specialists in programs and settings that serve communities and populations disproportionately impacted by STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|----------------------|
| Provide disease intervention technical assistance and direct support to state and local STI programs. Provide technical assistance in response to STI outbreaks in collaboration with other federal agencies supporting outbreak response. | 2021-2023 | CDC | | PS20-2003 |
| Support DIS and DIS-related training and retention, and related technological advances, to address COVID-19 and other infectious diseases, and increase capacity to conduct case investigation, contact tracing, and linkage to prevention and treatment. | 2021-2025 | CDC | | PS20-2003, PS19-1901 |

Strategy 2.1.3 Reduce systems and financial barriers to receiving STI testing, care, and treatment, including those related to laboratory services and coverage for point-of-care testing, self-collected testing, extragenital testing, expedited partner therapy, and partner services.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Explore service delivery and identify barriers to optimizing STI preventive services in Medicaid to (1) assess syphilis screening in pregnancy and STI screening for patients on PrEP who are covered by Medicaid; (2) identify opportunities for expanding STI services in Medicaid, including reimbursement; (3) identify opportunities to use community health workers for STI prevention; and (4) explore the roles of race and rurality in STI incidence. | 2021-2023 | CDC | 2 | OT18-1802 |
| Expand access to STI testing and treatment expertise to surrounding affiliated VA clinics through the HIV/PrEP Telehealth Program. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |

Strategy 2.1.4 Increase STI screening and testing for adolescent and young women, pregnant women, and MSM, including extragenital STI testing among MSM, in accordance with CDC guidelines.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|---------------------------------|
| Identify criteria for routine 28-week syphilis screening in pregnancy to reduce the rates of congenital syphilis. | 2021-2022 | CDC | 3, 9, 10, 11 | |
| Support syphilis reduction in men who have sex with men by assessing egocentric networks over time and learning about possible ways to influence networks for prevention through the Network Epidemiology of Syphilis (NEST) project. | 2021-2022 | CDC | 8 | NEEMA; PS17-002 |
| Conduct qualitative research with pregnant people with a history of substance use and law enforcement officials to better understand health care– seeking/–avoiding behaviors among pregnant people with a history of substance use and the systems they interact with. | 2021-2023 | CDC | 3 | OT18-1802 |
| Develop guidance to facilitate school-based chlamydia and gonorrhea screening events. | 2021-2023 | CDC | 5 | |
| Develop (1) sexual history resource toolkit, (2) data resources that include markers of health equity in STI testing and treatment, and (3) women’s health national clinical reminder in the electronic medical record to screen women in the CDC recommended age range. Raise awareness for screening in smaller primary care settings through HIV/PrEP Telehealth Program. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Develop, implement, evaluate, and disseminate interventions to avert cases of congenital syphilis that address local epidemiological data on trends and populations at risk. Interventions include partnerships with relevant community stakeholders, including organizations reaching incarcerated populations, individuals experiencing homelessness, and individuals with a substance use disorder. | 2021-2024 | CDC | 3, 9 | OT18-1802, PS19-1901, CK14-1401 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Include STI screening in DHP guidelines as a routine part of PrEP and PEP care, and guidance for conduct of demonstration projects, and implementation science research projects. | 2021-2025 | CDC | | |
| Publish an update to the 2015 STD Treatment Guidelines, which provides guidance to health care providers on the evaluation, diagnosis, treatment, and prevention of STIs. | 2021-2025 | CDC | | |
| Provide health (STI) education for pregnant clients served by HRSA's Healthy Start (HS) program to ensure early diagnosis and treatment to prevent STIs. | 2021-2025 | HRSA (MCHB) | 3, 4, 9, 10, 12 | HS program |
| Enhance provider awareness of the latest treatment guidelines for STIs. Incorporate multifaceted approaches including Extension for Community Healthcare Outcomes (ECHO) webinars, grand rounds, resource sharing, and site-specific didactics. | 2021-2025 | IHS | 2, 4, 5, 10 | |
| Enhance syphilis and congenital syphilis screening particularly among young, pregnant people, and men who have sex with men. | 2022-2025 | IHS | 2, 10 | |

Strategy 2.1.5 Increase linkage to care between public health, correctional facilities, syringe services programs, substance use disorder treatment facilities, emergency departments, pharmacies, retail clinics, school-based health centers, and other health care providers and community-based organizations to provide coordinated, comprehensive care and treatment for people with STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Support local education agencies to establish or improve the use of a referral system to link sexually active students to community providers for sexual and reproductive health services. | 2021-2023 | CDC | 5 | PS18-1807 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|----------------------|
| Through the HIV/PrEP Telehealth Program, work to utilize SSPs in telehealth clinics and refer to substance use counselors. Provide education and resources via VA SSPs. | 2021-2024 | VA | 2, 4, 5, 12, 13 | PS22-2209 |
| Support health departments to enhance and expand integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or tuberculosis [TB]), conducted in conjunction with HIV testing, with accompanying referral for prevention and care services. Scale up HIV prevention services in STD Clinics. | 2021-2025 | CDC | | PS18-1802, PS20-2010 |
| Support organizations to work in transgender clinics and partner with transgender CBOs to develop community-to-clinic models for integrated status-neutral HIV prevention and care services, gender-affirming services including hormone therapy, and primary health care. | 2022-2025 | CDC | | PS22-2209 |
| Support the capacity of CBOs to increase HIV testing and integrated STI/viral hepatitis screenings, linkage to HIV prevention and care services, and providing/referring clients to essential support services, regardless of HIV status, among young men of color who have sex with men, young transgender persons of color, and their partners. | 2022-2025 | CDC | | PS22-2203 |
| Support and promote collaboration between HIV, STI, viral hepatitis, and/or TB programs through the support and provision of integrated screening activities delivered in conjunction with HIV testing. | 2022-2025 | CDC | | PS21-2102 |

Strategy 2.1.6 Increase STI quality measurement and incentives to promote high-quality STI screening, care, and treatment and to reduce missed opportunities in clinical settings.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Assess the provision of services for STIs among patients receiving HIV treatment and primary health care services at RWHAP-funded clinics to better understand service delivery, health outcomes, and data completeness. | 2021-2023 | HRSA (HAB) | 2, 3, 4, 5 | RWHAP |
| Provide guidance and support to assist states in reporting quality measures through the Medicaid and CHIP Child and Adult Core Sets, which, taken together, can be used to estimate the overall national quality of health care for Medicaid and CHIP beneficiaries. Until the end of 2023, CMS has publicly reported these state-level measures once 25 or more states reported their data to CMS and when data standards were met. Beginning in 2024, reporting these data becomes mandatory. These measures include both Immunization for Adolescents and Chlamydia Screening in Women Ages 16 to 20. | 2021-2025 | CMS | | |

Strategy 2.1.7 Increase patient sexual health portals and STI clinical decision support systems in electronic health records to support high-quality sexual health assessments, STI screening, and integrated care models.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-------------|-------------------|
| Complete STI/HIV/PrEP clinical decision support pilot study being conducted in collaboration with DSTDP. | 2021-2022 | CDC | | PS18-1802 |
| Fund, through cooperative agreement, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | |

Objective 2.2: Work to effectively identify, diagnose, and provide holistic care and treatment for people with STIs by increasing the capacity of public health, health care delivery systems, and the health workforce

Strategy 2.2.1 Expand workforce knowledge and experience in STI prevention, screening, diagnosis, and treatment through education and training, maintenance of certification, and continuing education programs for health professionals and paraprofessionals.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Adapt the “Recommendations for Providing Quality STD Clinical Services, 2020” for pharmacy and retail health clinic settings, including the development of complementary trainings. | 2021-2022 | CDC | | OT18-1802 |
| <p>Coordinate to train staff working across all sectors in STI test and treatment through HIV/PrEP Telehealth Program.</p> <p>Provide ongoing cross-disciplinary education seminars for VA providers.</p> <p>Develop and share resources via websites/ SharePoints/internal education systems.</p> <p>Educate Women’s Health and Infectious Disease providers on key demographics such as female patients and PrEP prescription.</p> | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Continue to support technical assistance for the integration of STI screening with HIV testing and linkage to care and/or PrEP in clinical and nonclinical settings. | 2021-2024 | CDC | | PS19-1904 |
| Include STI screening content in PrEP and PEP guidelines, Prevention is Care website, education materials for clinicians, and continuing medical education programs developed by DHP or its technical assistance grantees. | 2021-2025 | CDC | | |
| Support and establish a National DIS Certification and DIS Supervisor Course. | 2022-2023 | CDC | | PS20-2003 |

Strategy 2.2.2 Expand the capacity of the health workforce to provide STI screening, testing, and care through innovative, evidence-based models such as Project ECHO, mentoring programs, telehealth, express visits, and other models described in Strategy 2.1.5.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Provide VA-to-VA interfacility consultations by infectious disease groups' HIV, Hepatitis and Related Conditions Programs (HHRC)-supported telehealth hubs. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Continue to support technical assistance for the integration of STI screening with HIV testing and linkage to care and/or PrEP in clinical and nonclinical setting. | 2021-2024 | CDC | | PS19-1904 |
| Enhance provider awareness of the latest treatment guidelines for STIs. Incorporate multifaceted approaches including ECHO webinars, grand rounds, resource sharing, and site-specific didactics. | 2021-2025 | IHS | 2, 4, 5, 10 | |
| Develop a DIS mentorship program framework, guidance documents, training materials for mentors and mentees, and tools to guide mentorship sessions. | 2021-2025 | CDC | | PS20-2003 |
| Enhance syphilis and congenital syphilis screening. | 2022-2025 | IHS | 2, 10 | |
| Support a trial of the population-level impact of enhanced and integrated field investigation and intervention, including an assessment of the impact on health equity for populations disproportionately impacted by STI. | 2023-2025 | CDC | | PS14-1406 (CARS) |

Strategy 2.2.3 Optimize, expand use of, and improve the effectiveness of expedited partner therapy, STI partner services, and linkage to care in programs and settings that provide STI testing and treatment.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Launch the VA National STI Work Group and EPT Sub-Committee. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Fund, through cooperative agreements, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model. | 2022-2025 | IHS | 2, 4, 5, 10 | |

Strategy 2.2.4 Expand integrated, coordinated, patient-centered, trauma-informed care models that address the syndemic of STIs, HIV, viral hepatitis, and substance use disorders, including related comorbidities and social determinants of health.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Launch STI Health Equity Sub-Committee. Develop data resources that include markers of health equity in diagnosis and prevention of STIs and HIV. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Provide integrated syndemic disease care in demonstration projects and implementation science research projects. | 2021-2025 | CDC | | |
| Partner to identify best practices and expand local coordination in STI/HIV clusters and outbreaks where homelessness or unstable housing is an identified factor. | 2022-2025 | HUD | | |



Goal 3: Accelerate Progress in STI Research, Technology, and Innovation

Objective 3.1: Support research and investments to develop STI vaccines and bring them to market

Strategy 3.1.1 Increase research to improve understanding of STI pathogenesis, immunity, and correlates of protection.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Conduct mathematical modeling of a low-efficacy <i>Neisseria gonorrhoeae</i> (NG) vaccine (e.g., Bexsero Meningitis B). | 2021-2022 | CDC | 4 | |
| Support work to identify the molecular basis of STI pathogen-induced pathology and evasion of host immunity to develop mechanisms to induce immunological protection from infection. | 2021-2025 | NIH | | |
| Support work to utilize in vivo and in vitro models to understand the basis of pathogenicity, discover virulence factors, and identify targets for therapy and prevention. | 2021-2025 | NIH | | |

Strategy 3.1.2 Develop and leverage academic, public, and private partnerships for vaccine development, approval, and manufacture.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Identify lead vaccine candidates for gonorrhea, chlamydia, and syphilis. | 2021-2025 | NIH | | |
| Evaluate a vaccine to prevent an STI. | 2021-2025 | NIH | | |

Strategy 3.1.3 Ensure that critical pathways exist to facilitate STI vaccine approval and to bring newly licensed STI vaccines to market.

Strategy 3.1.4 Ensure vaccine development and distribution is rooted in racial, ethnic, and sexual and gender identity equity and is community-informed to best serve those disproportionately affected by STIs.

Objective 3.2: Support the development and uptake of STI multipurpose prevention technologies, antimicrobial prophylaxis regimens, and other preventive products and strategies

Strategy 3.2.1 Develop and leverage academic, public, and private partnerships for the development, approval, and manufacture of multipurpose prevention technologies and other preventive technologies and products.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Provide advice, guidance, and review related to sponsor proposals and data submissions. | 2021-2025 | FDA | | |

Strategy 3.2.2 Advance research on pre-exposure and post-exposure prophylaxis.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Share research findings with the PrEP Affinity Group Program and HIV/PrEP Telehealth Program through national conference reviews and national VHA provider webinars. Support researchers in the community to collect implementation data. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Conduct laboratory research on new PrEP agents including in the presence of STIs; conduct implementation science research to improve expansion of and persistence in PrEP use with indicated STI screening and treatment; conduct demonstration projects to identify effective partnerships and services that result in increased PrEP use by currently underserved racial/ethnic populations, women, and people who inject drugs; and support DSTDP PrEP delivery programs and research. | 2021-2025 | CDC | | |
| Provide advice, guidance, and review related to sponsor proposals and data submissions. | 2021-2025 | FDA | | |

Objective 3.3: Support the development and uptake of innovative STI diagnostic technologies, therapeutic agents, and other interventions for the identification and treatment of STIs, including new and emerging disease threats

Strategy 3.3.1 Develop new STI treatment options to address antimicrobial resistance, supply chain limitations, and other barriers.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Provide advice, guidance, and review related to sponsor proposals and data submissions. | 2021-2025 | FDA | | |

Strategy 3.3.2 Support the development of molecular diagnostic tests to rapidly identify and characterize antimicrobial resistance.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|--|
| Support local health departments to evaluate the feasibility and yield of implementing test-of-cure for pharyngeal gonorrhea in routine clinical practice. | 2021-2022 | CDC | 4 | OT18-1802 |
| Support the development of bioinformatic genomic analysis tools for dissemination to partners in public health laboratories for STI resistance marker identification and strain surveillance in jurisdictions. | 2021-2023 | CDC | 4 | |
| Maintain recent expansion of U.S. capacity for antibiotic susceptibility testing of NG and whole genomic sequencing. | 2021-2023 | CDC | 4 | ELC project G2 in FY2022 |
| Support development of novel STI tests for rapid detection of STI or their resistance markers (e.g., resistance marker Nucleic Acid Amplification Tests [NAAT] for NG). | 2021-2023 | CDC, NIH | 4 | Completed contracts 75D30118C02888, 75D30118C02898, 200-2017-96231 |

Strategy 3.3.3 Advance the development and uptake of point-of-care and self-collected STI diagnostics.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Evaluate novel tests and novel formats to obtain independent evidence of test performance (e.g., rapid syphilis tests in emergency departments, rapid chlamydia/gonorrhea and <i>M. genitalium</i> tests). | 2021-2023 | CDC | 2 | |
| Launch national GC/CT self-collection validation study. Disseminate STI self-collection to community-based outpatient clinics via HIV/PrEP Telehealth Services as part of integrated care model. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |

Strategy 3.3.4 Develop and leverage academic, public, and private partnerships for the development, approval, and manufacture of new, as well as short supplied and/or high cost existing, STI diagnostic technologies, therapeutic agents, and other interventions.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|--------------------|---|
| Advance STI research and knowledge in the field of STI prevention, including oral clearance of GC, and evaluating signs of fetal syphilis by ultrasound and response to treatment. | 2021-2025 | CDC | 3, 4 | |
| Support development of a rapid syphilis test for detection of active infection. | 2021-2025 | CDC | 2, 3, 8, 9, 10, 11 | Contract numbers 75D30122C15198, 75D30122C15478, 75D30122C15492 |
| Provide advice, guidance, and review related to sponsor proposals and data submissions. | 2021-2025 | FDA | | |
| Convene a joint workshop on genital herpes to define the U.S. and global burden and epidemiology of HSV, and identify gaps and research opportunities in vaccines, therapeutics, prevention, and diagnostics development. | 2022 | CDC, NIH | | |

Objective 3.4: Identify, evaluate, and scale up best practices in STI prevention and treatment, including through translational, implementation, and communication science research

Strategy 3.4.1 Expand implementation of innovative, evidence-based models that increase the quality and convenience of STI testing, care, and treatment, such as telehealth, STI express clinics, pharmacy-based services, self-collected testing, mobile field-based units, and expedited partner therapy.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|----------------------|
| Support congenital syphilis innovations at the county level and documentation and evaluation of those interventions. Interventions may involve referrals to reproductive health care, improvements in case investigation and partners services, new approaches to reaching couples and men who have sex with women, screening, and treatment in nontraditional venues (e.g., jails), or other approaches. | 2021-2022 | CDC | 3, 9 | OT18-1802, PS19-1901 |
| Collect and disseminate information about implementation strategies. Talk with high-performing facilities to understand and operationalize their STI prevention and treatment work to scale and spread best practices. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Conduct formative programmatic evaluation of school-based telehealth program for sexual and reproductive health services for youth. | 2021-2024 | CDC | 5 | |
| Support home specimen collection for STI testing among PrEP patients during and after the COVID response. | 2022-2025 | CDC | | |
| Support the development of innovative approaches to address STIs among men who have sex with men, for example expansion of express visits and services in other nontraditional settings (e.g., test and treat). | 2023-2025 | CDC | 2, 4, 8, 12 | |
| Increase uptake of expedited partner services in men who have sex with men, among clinical providers and in nontraditional settings. | 2023-2025 | CDC | 4, 12 | |

Strategy 3.4.2 Develop, assess, and support the scale-up of innovative STI service delivery models in settings such as clinics, pharmacies, schools, mental health programs, substance use disorder programs, retail clinics, and field and community settings.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Support local health departments to design and pilot models of practice for expanded STI care and services in the pharmacy and retail health clinic settings. | 2021-2023 | CDC | 4, 5 | OT18-1802 |
| Through the National Center for Health Promotion and Disease Prevention, implement communication science research through TEACH and motivational interviewing training courses to scale best practices to health living teams. Health living teams translate to providers, clinicians, and patients through coordination roles, health behavior science roles, and IDPIO (“infection don’t pass it on”) roles. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Conduct research and demonstration projects to further develop HIV PrEP delivery with indicated STI and HIV screening in nontraditional sites such as pharmacies, SSPs, and community-, mobile-, and home-based settings. | 2022-2025 | CDC | | PS20-2010 |

Strategy 3.4.3 Develop policies that facilitate the implementation of innovative and effective STI prevention and treatment models and technologies, including the appropriate use of antibiotics.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|--------------|-------------------|
| Identify criteria for routine 28-week syphilis screening in pregnancy to reduce the rates of congenital syphilis. | 2021-2022 | CDC | 3, 9, 10, 11 | |
| Form an STI Medicaid Affinity Group to support state collaborative learning and quality improvement efforts to improve STI screening, prevention, care, and treatment among Medicaid beneficiaries. | 2022-2024 | CDC | | OT18-1802 |

Strategy 3.4.4 Advance communications and implementation science to raise the visibility of STIs and sexual health, promote uptake of STI vaccines, and scale up novel STI prevention technologies and products.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|---|
| Support program and science translation and dissemination of best practices into actionable and implementable programming to STI prevention and control (e.g., technical assistance and peer sharing, improved data reporting and quality among grantees). | 2021-2023 | CDC | | PS19-1901, PS18-1808 (NNECS), OT18-1802 |
| Communicate via websites and VA outlets (blogs, social media) during awareness events. Conduct longitudinal assessment of implementation strategies to understand what strategies can help address implementation barriers. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |

Goal 4: Reduce STI-Related Health Disparities and Health Inequities

Objective 4.1: Reduce stigma and discrimination associated with STIs

Strategy 4.1.1 Support and encourage training of health care and health systems personnel in cultural sensitivity, bias, discrimination, and disparities associated with STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Create open and inclusive clinical environments in both traditional and telehealth spaces for men who have sex with men and transgender veterans. Develop sexual history resource toolkit and case-based training via HIV/PrEP Telehealth Group. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Provide regional technical assistance to address stigma and discrimination associated with HIV. | 2021-2024 | CDC | | PS19-1904 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| <p>Support the Tuskegee Public Health Ethics Program to advance public health ethics education and practice.</p> <p>Develop partnerships and enhance community engagement in the development and implementation of public health services.</p> | 2021-2025 | CDC | | PS20-2002 |
| <p>Continue to provide information to the public on the civil rights of individuals with STIs, and to investigate and take action on complaints alleging discrimination against individuals with STIs by health care providers and human service agencies.</p> | 2021-2025 | OCR | | |
| <p>Continue to lead the HHS implementation of EO 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation; and revise the HHS OCR complaint forms to include separate categories for sex, sexual orientation, and gender identity discrimination.</p> | 2021-2025 | OCR | | |
| <p>Continue to engage in rulemaking efforts to implement: Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability (including STIs) in federally-conducted and federally-assisted programs or activities; and Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, age, sex, and disability (including STIs) in covered health programs or activities.</p> | 2021-2025 | OCR | | |
| <p>Include language in Notices of Funding Opportunities that promote health care settings with welcoming, non-stigmatizing, and sex-positive spaces and that affirm individuals.</p> | 2023-2025 | CDC, NIH | | |

Strategy 4.1.2 Work with communities to address misconceptions and reduce stigmas that negatively affect STI prevention, screening, testing, care, and treatment.

Strategy 4.1.3 Expand and encourage self-collected testing, opt-out testing for STIs, and other approaches that promote sexual health and STI testing in health care delivery.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Develop sexual history resource toolkit including self-testing handouts. Continue to support the VA STI Affinity Group Program; telehealth coordinated STI self-collection services. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Support home specimen collection for STI testing among PrEP patients during and after the COVID response. | 2021-2025 | CDC | | |
| Promote implementation of clinical algorithms that promote opt-out testing based on national and/or local STI recommendations. | 2022-2025 | CDC | | PS20-2004 |

Strategy 4.1.4 Promote privacy and confidentiality of individual personal health and public health records especially for adolescents and young adults.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Continue to provide information to the public on the civil rights and the health information privacy rights of individuals with STIs. OCR also will continue to investigate and take action on complaints alleging discrimination against individuals with STIs by health care providers and human service agencies; and on complaints, compliance review, or breach reports alleging or identifying potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Rules by HIPAA-regulated entities. | 2021-2023 | OCR | | |
| Continue to provide information to the public on the health information privacy rights of individuals with STIs. | 2021-2025 | OCR | | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Continue to promote compliance with the HIPAA Privacy Rule right of access, which ensures that individuals (including individuals with STIs) can review, request changes, and get copies of their medical records from their health plans and HIPAA-covered health care providers, within 30 days (or 60 days with an applicable extension) after the initial request for copies. HHS OCR also will consider appropriate actions in response to complaints that a covered entity or business associate violated an individual's health information privacy rights, or committed another violation of the Privacy, Security or Breach Notification Rules. | 2021-2025 | OCR | | |

Strategy 4.1.5 Re-examine laws that criminalize behavior that potentially exposes another person to an STI.

Objective 4.2: Expand culturally competent and linguistically appropriate STI prevention, care, and treatment services in communities disproportionately impacted by STIs

Strategy 4.2.1 Train providers, including primary care, specialty, and nontraditional providers, to deliver high-quality, culturally and linguistically appropriate, nondiscriminatory, nonjudgmental, compassionate, and comprehensive sexual health services to populations disproportionately impacted by STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| In addition to the core CoAg and through a supplement from the HHS MHAF, support the NNPTC to strengthen the clinical/laboratory infrastructure and health delivery systems of STI specialty clinics serving a high proportion of racial and ethnic and sexual and gender minority populations, including transgender individuals, in EHE jurisdictions to enhance and scale up culturally competent HIV and STI prevention services. | 2021-2023 | CDC | 2, 4, 8, 12, 13 | PS20-2010 |
| Conduct regional and national training for staff at state and local health departments, CBOs, and health care providers to deliver high-quality, culturally and linguistically appropriate and accessible health services. | 2021-2023 | CDC | | PS20-2004 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|--|
| Hold World AIDS Day conference with STI track and ongoing educational seminars. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Enhance provider awareness of the latest treatment guidelines for STIs. Incorporate multifaceted approaches including ECHO webinars, grand rounds, resource sharing, and site-specific didactics to expand to non-traditional providers. | 2021-2025 | IHS | 2, 4, 5, 10 | |
| Identify and disseminate successful models that support enhanced health center partnerships with health departments and CBOs to increase access to accessible culturally competent and linguistically appropriate STI prevention, care, and treatment for medically underserved populations. | 2021-2025 | HRSA (BPHC) | 2, 3, 4, 5 | HRSA-20-091, HRSA-21-092, HRSA-22-104, HRSA-23-025 |
| In communities served by both an HS site and a health center, HS sites may partner with health centers to create a process through which HS sites could refer pregnant clients who may be at risk for STIs to the health centers for diagnosis, care, and treatment in order to prevent perinatal transmission. | 2021-2025 | HRSA (MCHB) | 3, 4, 9, 10, 12 | HS program |
| Fund, through cooperative agreements, tribal and urban PHN programs to mitigate the prevalence of STI among AI/AN communities through a PHN case management model particularly to deliver culturally and linguistically appropriate care. | 2022-2025 | IHS | 2, 4, 5, 10 | |

Objective 4.3: Address STI-related social determinants of health and co-occurring conditions

Strategy 4.3.1 Expand policies and approaches that promote STI prevention and care in programs involving housing, education, transportation, the justice system, and other systems that impact social determinants of health.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Develop STI-related CDC CORE Commitment to Health Equity measures. | 2021-2023 | CDC | 3, 4, 5, 8 | |
| Implement an evidence-based approach to school-based HIV, STI, and unintended pregnancy prevention program inclusive of delivering sexual health education, increasing access to sexual health services, and promoting safe and supportive environments. | 2021-2023 | CDC | 5 | PS18-1807 |
| Support the Hispanic/Latino Health Equity project to decrease sexual health disparities, reduce the incidence of STI morbidity, increase access to quality STI services, and promote health equity among these populations. | 2021-2025 | CDC, NIH | 5 | |
| Support and expand the Community Approaches to Reducing STIs (CARS) to identify societal issues (e.g., access to quality health care) that contribute to disparities, and develop interventions to address those societal issues, promote personal health, and advance community wellness. | 2021-2025 | CDC | 4 | PS14-1406 (CARS) |

Strategy 4.3.2 Promote innovative programs and policies that provide patients with resources that address social determinants of health, including housing, education, transportation, food, and employment.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Implement an evidence-based approach to school-based HIV, STI, and unintended pregnancy prevention programs inclusive of delivering sexual health education, increasing access to sexual health services, and promoting safe and supportive environments. | 2021-2023 | CDC, ED | 5 | PS18-1807 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Include language in Notices of Funding Opportunities to connect and link clinics or patients with wrap around services, whether directly or through memorandums of understanding with CBOs. | 2021-2025 | CDC | | |
| Support collaboration between housing, health care, and other critical STI partners to identify housing and service performance indicators that will allow for greater specificity in local and national homelessness planning and response efforts and the identification of effective strategies. | 2022-2025 | HUD, NIH | | |

Strategy 4.3.3 Improve data collection and surveillance of STIs in populations that are underrepresented in current data.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|-------------------|
| Develop data resources that include social determinants of health. Identify, track, and provide feedback to sites on measures that capture equity of STI testing, care, and prevention. Evaluate which implementation strategies are associated with more equitable care. | 2021-2024 | VA, NIH | 2, 4, 5, 12, 13 | |
| Collect self-reported STI testing data using the Youth Risk Behavior Surveillance System (YRBSS). Observe associations between reports of STI testing and demographic and behavioral covariates. | 2021-2025 | CDC | 5 | PS18-1807 |



Goal 5: Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

Objective 5.1: Integrate programs to address the syndemic of STIs, HIV, viral hepatitis, and substance use disorders

Strategy 5.1.1 Establish and scale up integration of STI-related efforts, policies, and programs involving all components of the syndemic.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Implement an evidence-based approach to school-based HIV, STI, and unintended pregnancy prevention with evidence supporting reduction in co-occurring risks related to syndemic outcomes. | 2021-2023 | CDC | 7 | PS18-1807 |
| Continue to support the VA STI Affinity Group Program and HIV/PrEP Telehealth Group. Launch the VA National STI Work Group. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Through EHE investments, strengthen the infrastructure of STD Clinics, which serve a high volume of racial/ethnic and sexual minorities, to scale up HIV prevention services. | 2021-2025 | CDC | | PS20-2010 |
| Provide integrated syndemic disease care in demonstration projects, programs, and implementation science research projects. | 2021-2025 | CDC | | |
| Regularly convene a federal Syndemic Steering Committee to identify and support policies and programs to facilitate syndemic approaches to address HIV, STI, viral hepatitis, substance use, and mental health. | 2021-2025 | OIDP | | |
| Assess and pilot the readiness of harm reduction clinics to incorporate integration of STI/HIV testing and PrEP as well as the readiness for STD clinics to provide harm reduction support (Narcan, syringe access or exchange). | 2022-2025 | CDC | | OT18-1802 |
| Develop syndemic-related messaging for consumers, providers, and public health programs. | 2022-2025 | CDC | | PS20-2010 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Support a syndemic evaluation project to assess the extent programs are integrating services at the same location to eliminate duplication of efforts and best meet client needs and identify and disseminate evidence-based practices related to HIV, STI, viral hepatitis, substance use, and mental health. | 2022-2025 | OIDP | | |
| Develop an HIV/viral hepatitis/STI syndemic coordination plan. | 2023-2025 | CDC | | |

Strategy 5.1.2 Integrate STI prevention, screening, testing, care, and treatment in funding opportunities that address other components of the syndemic.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-------------|-------------------|
| Support STI-related measures and specimen collection in the National HIV Behavioral Surveillance (NHBS), for example, extragenital GC/CT testing in men who have sex with men cycles, urogenital and pharyngeal GC/TC testing among females in high-risk heterosexual cycles, and urogenital extragenital GC and CT testing in trans female cycles. | 2021-2025 | CDC | 4, 5 | PS22-2201 |
| Support health departments to enhance and expand integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB), conducted in conjunction with HIV testing, with accompanying referral for prevention and care services. Scale up HIV prevention services in STD Clinics. | 2021-2025 | CDC | | PS20-2010 |
| Fund, through cooperative agreements, Tribal Epidemiology Centers in EHE priority areas to create community assessments, outreach to tribal communities to address HIV/STI/HCV among AI/AN communities. | 2021-2025 | IHS | 2, 4, 5, 10 | |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Prioritize a syndemic approach to HIV, STIs, viral hepatitis, mental health, and substance use among HHS MHAF project proposals. | 2021-2025 | OIDP | | |
| Support organizations to work in transgender clinics and partner with transgender CBOs to develop community-to-clinic models for integrated status-neutral HIV prevention and care services, gender-affirming services including hormone therapy, and primary health care. | 2022-2025 | CDC | | PS22-2209 |
| Support the capacity of CBOs to increase HIV testing and integrated STI/viral hepatitis screenings, linkage to HIV prevention and care services, and providing/referring clients to essential support services, regardless of HIV status, among young men of color who have sex with men, young transgender persons of color, and their partners. | 2022-2025 | CDC | | PS22-2203 |
| Support and promote collaboration between HIV, STI, viral hepatitis, and/or TB programs through the support and provision of integrated screening activities delivered in conjunction with HIV testing. | 2022-2025 | CDC | | PS21-2102 |

Objective 5.2: Improve quality, accessibility, timeliness, and use of data related to STIs and social determinants of health

Strategy 5.2.1 Strengthen and expand existing surveillance infrastructure and methods including the capacity for more real-time data sharing between public health authorities and health care providers.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|----------------------|
| Enhance surveillance and program evaluation of chlamydia using chlamydia serology in the National Health and Nutrition Examination Survey. | 2021-2022 | CDC | 5, 6 | NCHS contract |
| Support and monitor STI case-based surveillance (NNDSS) and STD Surveillance Network (SSuN) to enhance data received through case-based surveillance, particularly for syphilis, congenital syphilis, and gonorrhea. | 2021-2025 | CDC | 2, 3, 4 | PS19-1907, PS19-1901 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-------------|-------------------|
| Improve and train states to use message mapping guides for HL7 messaging to standardize how notifiable disease surveillance data are formatted and reported to CDC (Data Modernization Initiative). | 2021-2025 | CDC | 4 | |
| Support STI-related measures and specimen collection in the National HIV Behavioral Surveillance (NHBS), for example, extragenital GC/CT testing in men who have sex with men cycles, urogenital and pharyngeal GC/TC testing among females in high-risk heterosexual cycles, and urogenital extragenital GC and CT testing in trans female cycles. | 2021-2025 | CDC | 4, 5 | PS22-2201 |
| Evaluate interventions and disseminate lessons learned among efforts to create or improve data sharing to match STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data across surveillance systems within state and local health departments. | 2021-2025 | HRSA (HAB) | 2, 3, 4, 5 | RWHAP |
| Strategize potential partnerships and opportunities with CDC to link STI surveillance and detectable viral load data to identify and engage people who are out of care. | 2021-2025 | HRSA (HAB), CDC | | RWHAP |
| Fund, through cooperative agreements, Tribal Epidemiology Centers in EHE priority areas to create community assessments and outreach to tribal communities to address HIV/STI/HCV among AI/AN communities. | 2021-2025 | IHS | 2, 4, 5, 10 | |

Strategy 5.2.2 Incorporate novel scientific approaches for monitoring, identifying, and responding to trends in STIs and STI sequelae and social determinants of health related to STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Support syphilis reduction in men who have sex with men by assessing egocentric networks overtime and learning about possible ways to influence networks for prevention through the Network Epidemiology of Syphilis (NEST) project. | 2021-2022 | CDC | 8 | NEEMA; PS17-002 |

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|------------|-------------------|
| Enhance STI surveillance by assessing how the CDC's Social Vulnerability Index/Community Resilience Estimates, a measure of community-level resilience to multiple stressors, may inform STI case surveillance data. | 2021-2023 | CDC | | |
| Develop enhanced surveillance methods for service delivery using administrative claims data. | 2021-2023 | CDC | | |
| Support the development of whole genome sequencing methods to allow for innovative surveillance of <i>Treponema pallidum</i> strains. | 2021-2023 | CDC | | |
| Provide technical assistance to state and local health departments in response to STI outbreaks. Provide support to other divisions in NCHHSTP and other CDC centers in other infectious diseases outbreaks. | 2021-2025 | CDC | | |

Strategy 5.2.3 Strengthen and expand surveillance to identify rapidly cases of antimicrobial resistant STIs.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------------------------|
| Support the Gonococcal Isolate Surveillance Project (GISP) and Strengthening the United States Response to Resistant Gonorrhea (SURRG). GISP tracks U.S. trends in drug-resistant gonorrhea, while SURRG builds local capacity to rapidly detect and respond to concerning cases. | 2021-2025 | CDC | 4 | CK19-1904 (GISP), EK14-1401 (SURRG) |
| Collaborate with the World Health Organization to monitor antimicrobial-resistant NG internationally (EGASP Project), particularly from those countries where resistance may be imported. | 2021-2025 | CDC | | GH-21-001 |

Strategy 5.2.4 Strengthen and expand existing health care data and quality measures to assess provider adherence to recommended guidelines for STI screening, care, and treatment.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Support Women's Health development of a national clinical reminder for screening for chlamydia and gonorrhea and NCP national reminders for HPV immunization. | 2021-2023 | VA | 2, 4, 5, 12, 13 | |
| Analyze clinical data to understand the use of PrEP in the IHS for patients diagnosed with STIs and at greater risk of acquiring HIV. Share findings with relevant stakeholders to enhance PrEP utilization. | 2021-2023 | IHS | | |
| Conduct assessments in health care databases (Market scan, CMS, Cerner, IQVIA, UDS) of STI screening and treatment, including among HIV PrEP patients. | 2022-2025 | CDC, HRSA (BPHC) | | |
| Support integration of STI screening into HIV care by monitoring, reviewing, and evaluating adherence to CDC guidelines for STI testing and treatment during RWHAP Parts C & D comprehensive site visits. | 2022-2025 | HRSA (HAB) | | RWHAP |
| Develop and test an electronic clinical quality measure for testing of chlamydia, gonorrhea, and syphilis for people with HIV with the goal of adopting the measure into the Merit-based Incentive Payment System (MIPS) quality payment program. If adopted, HRSA will promote reporting of the measure among RWHAP recipients. | 2022-2025 | HRSA (HAB) | | RWHAP |

Strategy 5.2.5 Leverage technology and invest in data solutions to modernize and improve the efficacy of partner services.

Strategy 5.2.6 Ensure timely dissemination of data and analyses related to STI surveillance, public health, and health care data to inform decision-making.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|-----------------|------------------------|
| Disseminate resources to VA field via data SharePoint. Disseminate data about implementation strategies that address barriers to STI testing and treatment. | 2021-2022 | VA | 2, 4, 5, 12, 13 | |
| Conduct and publish updated STI prevalence, incidence, and cost estimates in the United States. | 2021-2025 | CDC | | |
| Conduct surveillance and epidemiological studies to understand the burden and risk factors of chlamydia, gonorrhea, primary and secondary syphilis, and congenital syphilis in Indian Country. Publish timely findings in surveillance reports and manuscripts and present findings in webinars and conferences. | 2021-2025 | IHS, CDC | 2, 4, 10 | 5610-31-11-01 |
| Fund, through cooperative agreements, Tribal Epidemiology Centers to create community assessments to identify epidemiology and risk factors to address congenital syphilis among AI/AN communities. Activities will include a strategic plan and engagement with tribal communities and tribal leadership to achieve the goals of the cooperative agreements. | 2021-2025 | IHS | 10 | |
| Conduct an analysis of disease trends and risk factors for syphilis and congenital syphilis among AI/AN communities. Incorporate quantitative data from surveillance systems and clinical data and qualitative data from provider and community interviews. Disseminate findings to relevant stakeholders and prepare resources to increase provider and community education. | 2022-2025 | IHS, CDC | 10 | NCEZID CoAg: CK20-2023 |
| Collect and analyze client-level data regarding testing and treatment of chlamydia, gonorrhea, and syphilis among people receiving services in the RWHAP. Results of the analysis will be used to develop provider trainings implemented by the RWHAP AIDS Education and Training Center Program. | 2022-2025 | HRSA (HAB) | | RWHAP |

Strategy 5.2.7 Work to align indicators across programs that address STI, HIV, viral hepatitis, preventive care, maternal care, pediatrics, family planning, and substance use disorder treatment and services.

Objective 5.3: Improve mechanisms to measure, monitor, evaluate, report, and disseminate progress toward achieving national STI goals

Strategy 5.3.1 Encourage entities to integrate STIs and sexual health into existing and future implementation plans that address or relate to other communicable infections or substance use disorders.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|---|-----------|------------------|------------|-------------------|
| Assess common areas of interest with the Treatment Action Group for integration of STI and sexual health advocacy, including research priorities and increasing collaborations with CBOs. | 2021-2023 | CDC | | |
| Integrate STI testing/data into HIV behavioral surveillance systems (e.g., Medical Monitoring Project and National HIV Behavioral Surveillance). Routinely collect STI-related variables, for example, testing, status. | 2021-2025 | CDC | | PS22-2201 |

Strategy 5.3.2 Monitor, review, evaluate, and regularly communicate progress on STI program implementation according to an established schedule and address areas of deficiency.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Present data on progress to women’s health providers through educational webinar. | 2021-2024 | VA | 2, 4, 5, 12, 13 | |
| Monitor and report annually on STI surveillance trends. | 2021-2025 | CDC | 2, 3, 4, 8 | |
| Regularly develop and disseminate a STI National Strategic Plan Progress Report to highlight progress toward national goals, challenges, and next steps. | 2023-2025 | OIDP | | |

Strategy 5.3.3 Develop and implement recommendations promoting policies, programs, and activities that accomplish goals and address areas for improvement.

| Action Step | Timeframe | Federal Partners | Indicators | Funding Mechanism |
|--|-----------|------------------|-----------------|-------------------|
| Review input from HIV/PrEP Telehealth Program in terms of how telehealth can be helpful in promoting national STI treatment and prevention goals. | 2021-2022 | VA | 2, 4, 5, 12, 13 | |
| Regularly convene the STI Implementation Working Group to facilitate among participating federal agencies information sharing and new partnerships to extend the reach of a coordinated federal response to STIs in the United States. | 2021-2025 | OIDP | | |
| Convene stakeholders to increase engagement and coordination in the congenital syphilis response. | 2021-2025 | OIDP | | |
| Lead the development through the STI Implementation Working Group of a HSV addendum to the STI National Strategic Plan. | 2022-2023 | OIDP | | |

CALL TO ACTION

STIs are a complex epidemic and critical national public health concern that requires contributions from all of us. This Implementation Plan details federal actions supporting the priorities outlined in the Strategic Plan. This approach reflects a commitment to accelerate and focus efforts on the populations, places, and actions that will have the greatest impact in achieving that goal. While striving to take the steps described in this plan, federal agencies also will work collaboratively across the federal government and with nonfederal partners to capitalize on new opportunities that may arise and respond to unanticipated obstacles. The federal government, however, is only one component of the broad effort needed to evolve and enhance our work on STIs. Contributions from stakeholders from all sectors of society are needed to help achieve the goals of the Strategic Plan. Fresh approaches, new partnerships, and shared commitments to equity, better coordination, and following the science will help us move forward. This STI Implementation Plan can provide inspiration to nonfederal stakeholders, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to address STIs in the United States. With governments at the local, state, tribal, and federal levels doing their parts, innovation from health care providers and systems, engaged community-based and faith-based organizations, a committed private sector, and leadership from people with lived experiences, the United States can re-energize and strengthen a whole-of-society response.

APPENDIX A: STI IMPLEMENTATION WORKING GROUP

Department of Defense

Department of Education

Department of Health and Human Services

Administration for Children and Families (ACF)
Administration for Community Living (ACL)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Office of the Assistant Secretary for Health (OASH)
 Office of Infectious Disease and HIV/AIDS Policy (OIDP)
 Office of Minority Health (OMH)
 Office of Population Affairs (OPA)
 Office of the Surgeon General (OSG)
 Office on Women's Health (OWH)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Department of Housing and Urban Development (HUD)

Department of Veterans Affairs (VA)

APPENDIX B: INDICATORS AND TARGETS

Table B.1 and B.2 presents baseline measurements and annual targets for each core indicator and disparities indicator. Five- and 10-year targets are bolded and underlined. The baseline year is 2020 for all indicators, except where noted. Disparities indicators were identified by evaluating current STI data trends and selecting priority populations and subgroups most affected. Data sources are based on nationally representative samples. Each disparities indicator uses the same data source as its corresponding core indicator.

Table B1. STI Plan Core Indicators

| Measure | Baseline ^a | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | Data Source ^b |
|--|-----------------------|-------|-------|-------|-------|---------------------|-------|-------|-------|-------|---------------------|--------------------------|
| 1. Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of HPV vaccine | | | | | | | | | | | | |
| Percentage | 51 | 57 | 63 | 69 | 75 | <u>80</u> | 81 | 82 | 83 | 84 | <u>85</u> | NIS-Teen |
| 2. Reduce P&S syphilis rate^c | | | | | | | | | | | | |
| Rate/100,000 | 13.6 | 13.5 | 13.4 | 13.3 | 13.3 | <u>13.2</u> | 13.0 | 12.8 | 12.6 | 12.4 | <u>12.2</u> | NNDSS |
| 3. Reduce congenital syphilis rate^c | | | | | | | | | | | | |
| Rate/100,000 | 67.7 | 66.0 | 64.3 | 62.3 | 60.3 | <u>57.6</u> | 54.2 | 50.1 | 45.4 | 40.0 | <u>33.9</u> | NNDSS |
| 4. Reduce gonorrhea rate^c | | | | | | | | | | | | |
| Rate/100,000 | 221.9 | 220.8 | 219.7 | 218.4 | 217.1 | <u>215.3</u> | 213.1 | 210.4 | 207.3 | 203.7 | <u>199.7</u> | NNDSS |
| 5. Increase chlamydia screening in sexually active females aged 16–24 years | | | | | | | | | | | | |
| Percentage | 58.8 | 59.7 | 60.6 | 62.2 | 64.1 | <u>66.4</u> | 68.0 | 71.1 | 73.3 | 75.0 | <u>76.5</u> | HEDIS |
| 6. Reduce PID in females aged 15–24 years^c | | | | | | | | | | | | |
| Rate/100,000 | 171.6 | 169.9 | 168.2 | 166.1 | 164.0 | <u>161.3</u> | 157.9 | 153.8 | 149.0 | 143.5 | <u>137.3</u> | HCUP NEDS |
| 7. Increase condom use at last sexual intercourse among sexually active high school students^c | | | | | | | | | | | | |
| Percentage | 51.3 | 51.6 | 51.8 | 52.3 | 52.9 | <u>53.5</u> | 54.2 | 54.9 | 55.5 | 56.0 | <u>56.5</u> | YRBSS |

^a Baseline is 2020, except for Indicator 1, which uses a 2018 baseline. 2020 data points are projected based on trajectory in recent years.

^b HEDIS = [Healthcare Effectiveness Data and Information Set](#); HCUP NEDS = [Healthcare Cost and Utilization Project](#) Nationwide Emergency Department Sample; NIS-Teen = [National Immunization Survey-Teen](#); NNDSS = [National Notifiable Diseases Surveillance System](#); YRBSS = [Youth Risk Behavior Surveillance System](#). See Data Sources section below for a description of each data source.

^c This core indicator has a corresponding disparities indicator(s).

Table B2. STI Plan Disparities Indicators

| Measure | Baseline ^a | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
|--|-----------------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|--------------|
| 8. Reduce P&S syphilis rate among MSM | | | | | | | | | | | |
| Cases/100,000 | 461.2 | 457.7 | 454.3 | 450.1 | 446.0 | <u>440.4</u> | 433.5 | 425.2 | 415.5 | 404.5 | <u>392.0</u> |
| 9. Reduce congenital syphilis rate among African Americans/Blacks | | | | | | | | | | | |
| Rate/100,000 | 167.5 | 162.9 | 158.3 | 152.8 | 147.3 | <u>139.9</u> | 130.7 | 199.6 | 106.7 | 92.0 | <u>75.4</u> |
| 10. Reduce congenital syphilis rate among AI/ANs | | | | | | | | | | | |
| Rate/100,000 | 207.6 | 201.9 | 196.2 | 189.3 | 182.5 | <u>173.3</u> | 161.9 | 148.2 | 132.2 | 113.9 | <u>93.4</u> |
| 11. Reduce congenital syphilis rate in the West | | | | | | | | | | | |
| Rate/100,000 | 89.7 | 87.2 | 84.7 | 81.8 | 78.8 | <u>74.9</u> | 69.9 | 64.0 | 57.1 | 49.2 | <u>40.3</u> |
| 12. Reduce gonorrhea rate among African Americans/Blacks | | | | | | | | | | | |
| Rate/100,000 | 632.9 | 628.2 | 623.5 | 617.8 | 612.1 | <u>604.5</u> | 595.0 | 583.6 | 570.3 | 555.1 | <u>538.0</u> |
| 13. Reduce gonorrhea rate in the South | | | | | | | | | | | |
| Rate/100,000 | 211.3 | 209.6 | 207.9 | 205.8 | 203.7 | <u>201.0</u> | 197.5 | 193.4 | 188.5 | 183.0 | <u>179.6</u> |
| 14. Increase condom use at last sexual intercourse among sexually active MSM high school students | | | | | | | | | | | |
| Percentage | 53.8 | 53.8 | 54.2 | 54.9 | 55.8 | <u>56.9</u> | 58.0 | 59.1 | 60.0 | 60.8 | <u>61.9</u> |

^a Baseline is 2020 for all of the disparity indicators. 2020 data points are projected based on trajectory in recent years.

APPENDIX C: ACRONYMS LIST

| | |
|----------|---|
| ACF | Administration for Children and Families |
| AI/AN | American Indian/Alaska Native |
| AIDS | acquired immunodeficiency syndrome |
| BPHC | Bureau of Primary Health Care (HRSA) |
| CBO | community-based organization |
| CDC | Centers for Disease Control and Prevention |
| CHIP | Children’s Health Insurance Program |
| CMS | Centers for Medicare & Medicaid Services |
| COVID-19 | Coronavirus Disease 2019 |
| CSAP | Center for Substance Abuse Prevention (SAMHSA) |
| CSAT | Center for Substance Abuse Treatment (SAMHSA) |
| DHP | Division of HIV Prevention (CDC) |
| DIS | Disease Intervention Specialists |
| DSTD | Division of STD Prevention (CDC) |
| ECHO | Extension for Community Healthcare Outcomes |
| ED | Department of Education |
| EHE | <i>Ending the HIV Epidemic in the U.S.</i> initiative |
| FDA | Food and Drug Administration |
| GC/CT | gonorrhea/chlamydia |
| HAB | HIV/AIDS Bureau (HRSA) |
| HCV | hepatitis C virus |
| HHS | U.S. Department of Health and Human Services |
| HIPAA | Health Insurance Portability and Accountability Act |
| HIV | human immunodeficiency virus |
| HPV | human papillomavirus |
| HRSA | Health Resources and Services Administration |
| HS | Healthy Start |
| HSV | Herpes Simplex Virus |
| HUD | U.S. Department of Housing and Urban Development |
| IHS | Indian Health Service |

| | |
|---------|--|
| MHAF | Minority HIV/AIDS Fund |
| MCHB | Maternal and Child Health Bureau (HRSA) |
| MSM | men who have sex with men |
| NCHHSTP | National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (CDC) |
| NG | <i>Neisseria gonorrhoea</i> |
| NIH | National Institutes of Health |
| NNECS | National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs |
| NNDSS | National Notifiable Diseases Surveillance System |
| NNPTC | National Network of STD Prevention Training Centers |
| OASH | Office of the Assistant Secretary for Health |
| OCR | Office for Civil Rights |
| OIDP | Office of Infectious Disease and HIV/AIDS Policy (OASH) |
| OMH | Office of Minority Health (OASH) |
| OPA | Office of Population Affairs (OASH) |
| OWH | Office on Women's Health (OWH) |
| P&S | primary and secondary syphilis |
| PEP | post-exposure prophylaxis |
| PHN | Public Health Nursing |
| PID | pelvic inflammatory disease |
| PrEP | pre-exposure prophylaxis |
| RWHAP | Ryan White HIV/AIDS Program |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SSP | syringe services program |
| STD | sexually transmitted disease |
| STI | sexually transmitted infection |
| TB | tuberculosis |
| TPPP | Teen Pregnancy Prevention Program |
| U.S. | United States |
| VA | U.S. Department of Veterans Affairs |
| VHA | Veterans Health Administration |
| YRBSS | Youth Risk Behavior Surveillance System |