

# **STI FEDERAL IMPLEMENTATION PLAN 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 alarming increases in rates of sexually transmitted infections (STIs). The consequences of this epidemic are enormous: when left untreated, STIs can lead to long-term, irreversible health outcomes such as chronic pelvic pain, infertility, adverse pregnancy outcomes, neonatal death, and congenital abnormalities, and can facilitate HIV acquisition. The first-ever [Sexually Transmitted Infections National Strategic Plan for the United States: 2021–2025](#) (Strategic Plan), released in December 2020, provides a framework to prevent and control STIs in the United States.

Although there are more than 30 types of STIs, the Strategic Plan focuses on 4 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 broad 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 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.

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

STIs are a part of a syndemic that involves HIV, viral hepatitis, and substance use disorders, all of which intersect with mental health, stigma, and social determinants of health. To best address this complex, multifactorial environment, 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. During 2022, OIDP will convene a Syndemic Steering Committee, composed of federal leadership with a stake in STIs, HIV, and viral hepatitis, charged with identifying opportunities for cross-departmental collaboration to address the syndemic.

This document, the *Sexually Transmitted Infections Federal Implementation Plan* (Implementation Plan), outlines federal partners' commitments to policies, research, and 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 also 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 OIDP, 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 the other components of the syndemic. These actions do not comprise an exhaustive inventory of possible actions by federal agencies in support of the Strategic Plan during the next 5 years. Rather, the federal agencies believe these actions will best leverage 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. 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 annual progress reports.

Many entities are involved in STI mitigation. 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 March 2020

and remains in effect at this writing.<sup>†</sup> 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 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 STDs surged—signaling that STD rates might have reached another all-time high.<sup>‡</sup>

This implementation plan serves as a first, but very important, step for federal and nonfederal stakeholders at all levels to come together 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 iteratively build on new learnings, data, and conversations, as well as respond to policy and funding decisions.

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<sup>†</sup> Pursuant to Section 319 of the Public Health Service Act, the Secretary of HHS declared *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak* on March 13, 2020, and renewed the declaration through January 16, 2022, subject to further renewal.

<sup>‡</sup> 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.

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## PLANNED ACTIONS

The tables that follow list specific action for the federal agencies, organized by the [National 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 National 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, followed by the partner agencies in alphabetical order. When applicable, actions are crosswalked to 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 non-federal 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 non-federal 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      |
|--|-----------|------------------|-----------------|
| Conduct consumer market research and message testing among potential audiences (e.g., priority populations, private/public health care providers, policymakers, insurers, labs) 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     |
| Continue to support the VA STI Affinity Group Program.<br>Launch the VA National STI Work Group.<br>Develop (1) sexual history resource toolkit, (2) data resources that include markers of health equity in STI testing and care; (3) STI testing and treatment electronic order menus, and (4) STI self-collection and mail-out tests.<br>Expand STI testing to emergency department and community-based outpatient clinic settings.<br>Integrate STI testing into clinical video telehealth visits. | 2021-2024 | VA               | 2, 4, 5, 12, 13 |
| Support the National Coalition for Sexual Health (NCSH) 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 with clinical tools and support.  | 2021-2025 | CDC              |                 |

*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 |
|---|-----------|------------------|------------|
| 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              | 7          |



| Action Step   | Timeframe | Federal Partners | Indicators |
|---|-----------|------------------|------------|
| Through the Ryan White HIV/AIDS Program AIDS Education and Training Center Program, emphasize the importance of conducting comprehensive sexual health and wellness services through skills training to providers, especially toward adolescents and youth, to decrease the transmission of STIs and HIV. | 2021-2025 | HRSA             | 2, 3, 4, 5 |

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

| Action Step   | Timeframe | Federal Partners | Indicators      |
|---|-----------|------------------|-----------------|
| Continue to support the VA STI Affinity Group Program.<br><br>Launch the VA National STI Work Group.<br><br>Develop sexual history resource toolkit; clinician education seminars; education for veterans/public via the <a href="http://www.hiv.va.gov">www.hiv.va.gov</a> website, the <a href="http://www.prevention.va.gov">www.prevention.va.gov</a> website, and the <a href="http://www.veteranshealthlibrary.va.gov">www.veteranshealthlibrary.va.gov</a> website; and webinars for primary care physician colleagues to enhance sexual health history taking and STI screening.<br><br>Publicize the Veterans Health Administration (VHA) STI dashboard for STI linkage to care and PrEP services for use within the VA. | 2021-2023 | VA               | 2, 4, 5, 12, 13 |

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

| Action Step  | Timeframe | Federal Partners | Indicators      |
|--|-----------|------------------|-----------------|
| Continue to support the VA STI Affinity Group Program.<br><br>Launch national GC/CT self-collection validation study.<br><br>Develop sexual history resource toolkit.<br><br>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.<br><br>Create open and inclusive clinical environments in both traditional and telehealth spaces for men who have sex with men and transgender veterans. | 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 STD testing.   | 2021-2023 | CDC              | 5               |

| Action Step  | Timeframe | Federal Partners | Indicators  |
|--|-----------|------------------|-------------|
| Conduct qualitative research with pregnant women with a history of substance use and law enforcement officials to better understand health care-seeking/–avoiding behaviors among pregnant women with a history of substance use and the systems they interact with.   | 2021-2023 | CDC              | 3           |
| Test STD-related messages among gay and bisexual men.  | 2021-2023 | CDC              | 8           |
| Develop, implement, evaluate, and disseminate interventions to avert cases of congenital syphilis that address local epidemiological data on trends and populations at risk.<br><br>Interventions include partnerships with relevant community stakeholders, including organizations reaching incarcerated populations, individuals experiencing homelessness, and individuals who use substances. | 2021-2024 | CDC              | 3           |
| Fund, through cooperative agreements, tribal and urban Public Health Nursing (PHN) programs to mitigate the prevalence of STI among American Indian/Alaska Native (AI/AN) communities through a PHN case management model.   | 2022-2025 | IHS              | 2, 4, 5, 10 |
| 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.  | 2022-2025 | IHS              | 2, 4, 5, 10 |
| 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 |

*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      |
|---|-----------|------------------|-----------------|
| Test STD-related messages among gay and bisexual men.   | 2021-2023 | CDC              | 8               |
| Continue to support the VA STI Affinity Group Program.<br><br>Launch national GC/CT self-collection validation study.<br><br>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.<br><br>Disseminate sexual history taking and STI self-collection via telehealth interventions to satellite clinics. | 2021-2023 | VA               | 2, 4, 5, 12, 13 |

| Action Step   | Timeframe | Federal Partners | Indicators |
|---|-----------|------------------|------------|
| Through the HIV/AIDS Bureau's Ryan White HIV/AIDS Program 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             |            |
| Include importance of extragenital testing in pre-exposure prophylaxis (PrEP) and related provider education/toolkits.  | 2021-2025 | CDC              |            |

## 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      |
|--|-----------|------------------|-----------------|
| 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              |                 |
| Continue to support the VA STI Affinity Group Program to provide feedback and education.<br><br>Launch STI Health Equity Sub-Committee.<br><br>Develop data resources that include markers of health equity in STI testing and PrEP.<br><br>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              |                 |
| Support the National Network of Disease Intervention Training Centers (NNDITC) to increase the knowledge and skills of Disease Intervention Specialists (DIS) and/or those conducting partner services (PS) activities   | 2021-2025 | CDC              |                 |
| 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 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      |
|--|-----------|------------------|-----------------|
| Implement an evidence-based approach to school-based HIV, STDs, 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               |
| Continue to support the VA STI Affinity Group Program.<br><br>Launch the VA National STI Work Group, Women’s STI Work Group, HIV/PrEP Telehealth Program, and web-based and virtual education and communications campaigns for veterans and clinicians.<br><br>Incorporate STI prevention education into harm reduction programs across VA.<br><br>Develop data resources that include markers of health equity in PrEP. | 2021-2024 | VA               | 2, 4, 5, 12, 13 |
| Disseminate and implement evidence-based interventions for STI prevention to funded community-based organizations.   | 2021-2025 | CDC              |                 |
| 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 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 |
|---|-----------|------------------|------------|
| Implement an evidence-based approach to school-based HIV, STD, 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          |

*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 |
|--|-----------|------------------|------------|
| 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 |
|---|-----------|------------------|------------|
| Create a community of practice among clinical, public health, community organization staff, and STD 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 |
|---|-----------|------------------|------------|
| 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              |            |
| Disseminate education materials (e.g., You Call the Shots and You are the Key presentations), links to up-to-date information, shareable content, and advertisement (Ad council, AAP): (1) ensure clear, complete, accurate messaging; (2) emphasize vaccine safety, efficacy, and expected side effects; (3) clarify HPV vaccination as cancer prevention; and deliver standardized HPV presentation materials for use by state, local, tribal, and territorial partners.                              | 2021-2025 | CDC              |            |
| Establish the epidemiology of HPV-associated disease for AI/AN people and historical and baseline trends on HPV disease for IHS-eligible populations. Disseminate findings to relevant stakeholders including health care providers, public health partners, and community organizations.   | 2022-2025 | IHS              | 1          |
| 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 |
|--|-----------|------------------|------------|
| 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              |            |
| 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          |
| Establish HPV coverage trends for AI/AN populations, particularly for IHS-eligible populations. Disseminate findings with relevant stakeholders including health care providers, public health partners and community organizations.   | 2022-2025 | IHS              | 1          |

*Strategy 1.3.3 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 |
|--|-----------|------------------|------------|
| <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 finding from the annual report into materials used to promote routine vaccination and decrease missed opportunities.</p> <p>Publish and disseminate updates of 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              |            |

| Action Step  | Timeframe | Federal Partners | Indicators |
|--|-----------|------------------|------------|
| Establish HPV coverage trends for AI/AN populations, particularly for IHS-eligible populations. Disseminate findings with relevant stakeholders including health care providers, public health partners and community organizations. | 2022-2025 | IHS              | 1          |

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

| Action Step  | Timeframe | Federal Partners | Indicators |
|--|-----------|------------------|------------|
| 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              |            |

*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.*

| Action Step   | Timeframe | Federal Partners | Indicators      |
|---|-----------|------------------|-----------------|
| Provide disease intervention technical assistance and direct support to state and local STD programs through onsite and/or remote technical assistance and mentoring of DI workforce.   | 2021-2023 | CDC              |                 |
| Launch the VA National STI Work Group and Women's STI Work Group.<br><br>Continue to support the STI Affinity Group Program to educate the workforce and provide resources.<br><br>Develop data resources for STI testing and care.<br><br>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 |

| Action Step  | Timeframe | Federal Partners | Indicators  |
|--|-----------|------------------|-------------|
| 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              |             |
| Support the National Network of Disease Intervention Training Centers (NNDITC) to increase the knowledge and skills of Disease Intervention Specialists (DIS) and/or those conducting partner services (PS) activities.  | 2021-2025 | CDC              |             |
| 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 STD prevention and control programs.  | 2021-2025 | CDC              |             |
| Conduct periodic surveys of STD program infrastructure and STD clinic clients.   | 2021-2025 | CDC              |             |
| 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 1.4.2 Increase diversity of the workforce that delivers STI prevention services.*

| Action Step   | Timeframe | Federal Partners | Indicators      |
|---|-----------|------------------|-----------------|
| <p>Launch the VA National STI Work Group and Women's STI Work Group.</p> <p>Continue to support the VA STI Affinity Group.</p> <p>Reach diverse veterans across extensive geography through the HIV/PrEP Telehealth Program.</p> <p>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.</p> | 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      |
|--|-----------|------------------|-----------------|
| Launch the VA National STI Work Group.<br><br>Create integrated testing, treatment, and prevention of STI through an accessible platform through the HIV/PrEP Telehealth Program.  | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| 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, STD, and unintended pregnancy prevention program | 2021-2023 | CDC              | 7               |

*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      |
|--|-----------|------------------|-----------------|
| Launch the VA National STI Work Group.<br><br>Continue to support the VA STI Affinity Group Program.<br><br>Deliver platform for substance use screening modalities in addition to STI prevention/treatment through the HIV/PrEP Telehealth Program.<br><br>Incorporate prevention education and HIV PrEP into harm reduction/syringe services programs in VA. | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| 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 | <b>CDC, ODP</b>  | 4, 5            |
| Include STI, HIV, viral hepatitis, and substance abuse prevention services in all relevant educational, capacity building and technical assistance resources, PrEP and PEP guidance, demonstration projects, and implementation science research projects.   | 2021-2025 | CDC              |                 |

## 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      |
|--|-----------|------------------|-----------------|
| Launch VA National STI Work Group and Women’s STI Work Group.<br><br>Continue to support the VA STI Affinity Group Program.<br><br>Through HIV/PrEP Telehealth Program, work with HCV testing/prevention.<br><br>Conduct outreach to program offices to provide educational sessions (LGBTQ+, women’s health, etc.).<br><br>Coordinate telehealth hub coordination with Veteran’s Justice Outreach and housing resources (HUD-VASH). | 2021-2024 | VA               | 2, 4, 5, 12, 13 |
| 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              |                 |
| Expand the Ryan White HIV/AIDS Program AIDS Education and Training Center Program network’s education and targeted outreach efforts to reach minority-serving institutions on STI prevention, screening, diagnosis, and treatment, emphasizing the importance on people with HIV to decrease HIV transmission.   | 2021-2025 | HRSA             | 2, 3, 4, 5      |
| 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     |
| Enhance syphilis and congenital syphilis screening.  | 2022-2025 | IHS              | 2, 10           |

*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 |
|--|-----------|------------------|------------|
| Provide disease intervention technical assistance and direct support to state and local STD programs.<br><br>Provide technical assistance in response to STD outbreaks in collaboration.   | 2021-2023 | CDC              |            |
| 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.<br><br>Provide disease intervention technical assistance and direct support to state and local STD programs.<br><br>Provide technical assistance in response to STD outbreaks. | 2021-2025 | CDC              |            |

*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      |
|---|-----------|------------------|-----------------|
| Explore service delivery and identify barriers to optimizing STI preventive services in Medicaid. to assess syphilis screening in pregnancy and STD screening for patients on PrEP who are covered by Medicaid; 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               |
| Launch the VA National STI Work Group.<br><br>Continue to support the VA STI Affinity Group Program.<br><br>Expand access to STI testing and treatment expertise to surrounding affiliated VA clinics through HIV/PrEP Telehealth Program.<br><br>Launch national GC/CT self-collection validation study.   | 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      |
|---|-----------|------------------|-----------------|
| 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               |
| Conduct qualitative research with pregnant women with a history of substance use and law enforcement officials to better understand healthcare seeking/avoiding behaviors among pregnant women with a history of substance use and the systems they interact with.  | 2021-2023 | CDC              | 3               |
| Develop guidance to facilitate school-based chlamydia and gonorrhea screening events.   | 2021-2023 | CDC              | 5               |
| Continue to support the VA STI Affinity Group Program.<br>Launch the VA National STI Work Group.<br><br>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.<br><br>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 who use substances  | 2021-2024 | CDC              | 3, 9            |
| 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              |                 |

| Action Step   | Timeframe | Federal Partners | Indicators  |
|---|-----------|------------------|-------------|
| Provide health education, risk assessment, and screening for pregnant women served by HRSA's Healthy Start (HS) program to ensure early diagnosis and treatment to prevent congenital syphilis.   | 2021-2025 | HRSA             | 3, 9        |
| 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 |
| Enhance syphilis and congenital syphilis screening.   | 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      |
|--|-----------|------------------|-----------------|
| 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               |
| Continue to support the VA STI Affinity Group program.<br><br>Through HIV/PrEP Telehealth Program, work to utilize SSP in telehealth clinics and refer to substance use counselors.<br><br>Provide education and resources via VA Syringe Services Programs.   | 2021-2024 | VA               | 2, 4, 5, 12, 13 |
| Support health departments to enhance and expand integrated screening activities (e.g., screening for STDs, 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. (PS20-2010)  | 2021-2025 | CDC              |                 |
| Support organizations to work in transgender (TG) clinics and partner with TG 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. (PS22-2209)   | 2022-2025 | CDC              |                 |
| 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 (YMSM) young transgender persons of color (YTG) and their partners. (PS22-2203) | 2022-2025 | CDC              |                 |

| Action Step   | Timeframe | Federal Partners | Indicators |
|---|-----------|------------------|------------|
| Support and promote collaboration between HIV, STD, viral hepatitis, and/or TB programs through the support and provision of integrated screening activities delivered in conjunction with HIV testing. (PS21-2102) | 2022-2026 | CDC              |            |

*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 |
|--|-----------|------------------|------------|
| Assess the provision of services for STIs among patients receiving HIV treatment and primary health care services at Ryan White HIV/AIDS Program-funded clinics to better understand service delivery, health outcomes, and data completeness. | 2021-2023 | HRSA             | 2, 3, 4, 5 |
| Enhance syphilis and congenital syphilis screening.  | 2022-2025 | IHS              | 2, 10      |

*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  |
|---|-----------|------------------|-------------|
| Complete STI/HIV/PrEP CDS pilot study being conducted in collaboration with DSTDP.  | 2021-2022 | CDC              |             |
| 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 |
| Enhance syphilis and congenital syphilis screening.   | 2022-2025 | IHS              | 2, 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      |
|--|-----------|------------------|-----------------|
| 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              |                 |
| <p>Launch the VA National STI Work Group and Women’s STI Work Group.</p> <p>Continue to support the VA STI Affinity Group Program.</p> <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 TA for the integration of STD screening with HIV testing and linkage to care and/or PrEP in clinical and non-clinical settings. (PS19-1904)  | 2021-2024 | CDC              |                 |
| Include STI screening content in PrEP and PEP guidelines, Prevention is Care website, education materials for clinicians, and CME 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              |                 |

*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      |
|---|-----------|------------------|-----------------|
| Provide ongoing expertise for sites expanding telehealth services locally through HIV/PrEP Telehealth Program.<br><br>Provide VA-to-VA interfacility consultations by infectious disease groups HHRC supported telehealth hubs.<br><br>Continue to support the VA STI Affinity Group Program. | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| Continue to support TA for the integration of STD screening with HIV testing and linkage to care and/or PrEP in clinical and non-clinical setting. (PS19-1904)  | 2021-2024 | CDC              |                 |
| 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 Disease Intervention Specialist (DIS) mentorship program framework, guidance documents, training materials for mentors and mentees, and tools to guide mentorship sessions.   | 2021-2025 | CDC              |                 |
| 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              |                 |

*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      |
|--|-----------|------------------|-----------------|
| Launch the VA National STI Work Group and EPT Sub-Committee.<br><br>Continue to support the VA STI Affinity Group Program.   | 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      |
|---|-----------|------------------|-----------------|
| Continue to support the VA STI Affinity Group Program.<br>Launch STI Health Equity Sub-committee.<br>Develop data resources that include markers of health equity in diagnosis and prevention of STIs and HIV.<br>HIV/PrEP telehealth visit platforms, with care often delivered in veteran's secure home environment | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| Provide integrated syndemic disease care in demonstration projects and implementation science research projects.  | 2021-2025 | CDC              |                 |

### **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 |
|--|-----------|------------------|------------|
| Conduct mathematical modeling of a low-efficacy NG vaccine (e.g., Bexsero Meningitis B). | 2021-2022 | CDC              | 4          |
| Increase understanding of STI pathogenesis, immunity, and correlates of protection.      | 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 |
|--|-----------|------------------|------------|
| 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 |
|---|-----------|------------------|------------|
| 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      |
|--|-----------|------------------|-----------------|
| 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 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 PWID; 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 |
|---|-----------|------------------|------------|
| 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 |
|--|-----------|------------------|------------|
| 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          |
| Support the development of bioinformatic genomic analysis tools for dissemination to partners in public health laboratories for STD resistance marker identification and strain surveillance in jurisdictions. | 2021-2023 | CDC              | 4          |
| Maintain recent expansion of U.S. capacity for antibiotic susceptibility testing of <i>Neisseria gonorrhea</i> and whole genomic sequencing.   | 2021-2023 | CDC              | 4          |
| 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 <i>Neisseria gonorrhoeae</i> ).             | 2021-2023 | CDC              | 4          |

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

| Action Step   | Timeframe | Federal Partners | Indicators      |
|---|-----------|------------------|-----------------|
| 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>Mycoplasma genitalium</i> tests).                           | 2021-2023 | CDC              | 2               |
| Launch the VA National STI Work Group.<br>Launch National GC/CT self-collection validation study.<br>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         |
|--|-----------|------------------|--------------------|
| 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 |
| Provide advice, guidance, and review related to sponsor proposals and data submissions.  | 2021-2025 | FDA              |                    |

### **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      |
|---|-----------|------------------|-----------------|
| 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            |
| Continue to support the VA STI Affinity Group.<br><br>Launch the VA National STI Work Group, HIV/PrEP Telehealth Group, and Women's STI Work Group.<br><br>Collect and disseminate information about implementation strategies.<br><br>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              |                 |

| Action Step   | Timeframe | Federal Partners | Indicators  |
|---|-----------|------------------|-------------|
| Support the development of innovative approaches to address STIs among MSM, for example expansion of express visits and services in other non-traditional settings (e.g., test and treat) | 2023-2025 | CDC              | 2, 4, 12, 8 |
| Increase uptake of expedited partner services in MSM, among clinical providers and in non-traditional 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      |
|--|-----------|------------------|-----------------|
| 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            |
| Continue to support the VA STI Affinity Group.<br><br>Launch the VA National STI Work Group and HIV/PrEP Telehealth Group.<br><br>National Center for Health Promotion and Disease Prevention implements communication science research through TEACH and MI training courses to scale best practices to health living teams<br>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, syringe service programs, and community-, mobile-, and home-based settings.  | 2022-2025 | CDC              |                 |

*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      |
|---|-----------|------------------|-----------------|
| Identify criteria for routine 28-week syphilis screening in pregnancy to reduce the rates of congenital syphilis.   | 2021-2022 | CDC              | 3, 9, 10, 11    |
| Launch the VA National STI Work Group and HIV/PrEP Telehealth Group.  | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| 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              |                 |

*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      |
|--|-----------|------------------|-----------------|
| 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              |                 |
| Continue to support the STI Affinity Group (Evaluation Team).<br><br>Launch the National STI Work Group.<br><br>Communicate via websites and VA outlets (blogs, social media) during awareness events.<br><br>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      |
|---|-----------|------------------|-----------------|
| Continue to support the VA STI Affinity Group Program.<br><br>Develop sexual history resource toolkit and case-based training via HIV/PrEP Telehealth Group.  | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| Provide regional TA to address stigma and discrimination associated with HIV. (PS19-1904)   | 2021-2024 | CDC              |                 |
| Support the Tuskegee Public Health Ethics Program to advance public health ethics education and practice.<br><br>Develop partnerships, and enhance community engagement in the development and implementation of public health services | 2021-2025 | CDC              |                 |
| Include language in NOFOs that promote health care settings with welcoming, non-stigmatizing, and sex-positive spaces and affirm individuals.   | 2023-2025 | CDC              |                 |

*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      |
|---|-----------|------------------|-----------------|
| Launch national GC/CT self-collection validation study.<br><br>Develop sexual history resource toolkit including self-testing handouts.<br><br>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              |                 |

*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 |
|---|-----------|------------------|------------|
| In July 2021, OCR presented on the City of New Haven, CT, health information privacy case. at the Health Care Compliance Association's Seattle Regional Conference. | 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      |
|--|-----------|------------------|-----------------|
| 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 <i>Ending the HIV Epidemic in the U.S.</i> (EHE) jurisdictions to enhance and scale up culturally competent HIV and STI prevention services. | 2021-2023 | CDC              | 2, 4, 8, 12, 13 |
| Conduct regional and national training for staff at state and local health departments, community-based organizations (CBOs) and healthcare providers to deliver high-quality, culturally and linguistically appropriate health services.  | 2021-2023 | CDC              |                 |
| Continue to support the VA STI Affinity Group Program.<br><br>Launch the VA National STI Work Group.<br><br>Develop sexual history resource toolkit.<br><br>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.  | 2021-2025 | IHS              | 2, 4, 5, 10     |
| Identify and disseminate successful models that support enhanced health center partnerships with health departments and community-based organizations to increase access to culturally competent and linguistically appropriate STI prevention, care, and treatment for medically underserved populations.   | 2021-2025 | HRSA             | 2, 3, 4, 5      |
| In communities served by both a HS recipient and a health center, HS recipients may partner with health centers to create a process through which HS grantees could refer clients/pregnant women found to be at-risk for syphilis infection to the health centers for diagnosis, care, and treatment in order to prevent perinatal transmission.   | 2021-2025 | HRSA             | 3, 9            |



| Action Step  | Timeframe | Federal Partners | Indicators  |
|--|-----------|------------------|-------------|
| 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 |

### **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 |
|--|-----------|------------------|------------|
| 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          |
| 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              | 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          |

*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 |
|--|-----------|------------------|------------|
| 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          |
| Include language in NOFOs to connect and link clinics or patients with wrap around services, whether directly or through MOUs with community-based organizations.  | 2021-2025 | CDC              |            |

*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      |
|---|-----------|------------------|-----------------|
| 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               | 2, 4, 5, 12, 13 |
| Collect self-reported STD 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               |

## **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      |
|--|-----------|------------------|-----------------|
| 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               |
| Continue to support the VA STI Affinity Group Program and HIV/PrEP Telehealth Group.<br>Launch the VA National STI Work Group.   | 2021-2023 | VA               | 2, 4, 5, 12, 13 |
| Through EHE investments, strengthen the infrastructure of STI clinics, which serve a high volume of racial/ethnic and sexual minorities, to scale up HIV prevention services.  | 2021-2025 | CDC              |                 |
| Provide integrated syndemic disease care in demonstration projects, programs, and implementation science research projects   | 2021-2025 | CDC              |                 |
| 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). | 2022-2022 | CDC              |                 |
| Develop syndemic-related messaging for consumers, providers, and public health programs.   | 2022-2025 | CDC              |                 |
| Develop an HIV/VH/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  |
|--|-----------|------------------|-------------|
| 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        |
| Support health departments to enhance and expand integrated screening activities (e.g., screening for STDs, 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. (PS20-2010)  | 2021-2025 | CDC              |             |
| 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 |
| Support organizations to work in transgender (TG) clinics and partner with TG 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. (PS22-2209)   | 2022-2025 | CDC              |             |
| 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 (YMSM) young transgender persons of color (YTG) and their partners. (PS22-2203) | 2022-2025 | CDC              |             |
| Support and promote collaboration between HIV, STD, viral hepatitis, and/or TB programs through the support and provision of integrated screening activities delivered in conjunction with HIV testing. (PS21-2102)  | 2022-2025 | CDC              |             |

## 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  |
|--|-----------|------------------|-------------|
| Enhance surveillance and program evaluation of chlamydia using chlamydia serology in the National Health and Nutrition Examination Survey.   | 2021-2022 | CDC              | 5, 6        |
| 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     |
| Improve and train states to use MMGs for HL7 messaging to standardize how notifiable disease surveillance data is formatted and reported to CDC (Data Modernization Initiative).   | 2021-2025 | CDC              | 4           |
| Support STI-related measures and specimen collection in the 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        |
| 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             | 2, 3, 4, 5  |
| 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, CDC        |             |
| 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 |
| 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.   | 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 |
|--|-----------|------------------|------------|
| 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 NEST project.                    | 2021-2022 | CDC              | 8          |
| Enhance STD surveillance by assessing how the CDC's Social Vulnerability Index/Community Resilience Estimates, a measure of community-level resilience to multiple stressors, may inform STD 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 STD 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 |
|---|-----------|------------------|------------|
| 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          |
| Collaborate with the World Health Organization (WHO) to monitor antimicrobial-resistant <i>Neisseria gonorrhoeae</i> internationally (EGASP Project), particularly from those countries where resistance may be imported.   | 2021-2025 | CDC              |            |

*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      |
|---|-----------|------------------|-----------------|
| Develop data resources that include social determinants of health (SDOH) and outcome measures of health equity in STI testing, treatment, and prevention.<br><br>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 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 findings in surveillance reports and manuscripts and present findings in webinars and conferences.   | 2021-2025 | IHS, CDC         | 2, 4, 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              |
| Conduct assessments in health care databases (Market scan, Centers for Medicare & Medicaid Services, Cerner, IQVIA) of STI screening and treatment, including among HIV PrEP patients.  | 2022-2025 | CDC              |                 |

*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      |
|---|-----------|------------------|-----------------|
| Develop data resources that include markers of health equity in STI testing, treatment, and prevention.<br><br>Disseminate resources to VA field via data SharePoint. | 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              |                 |

| Action Step   | Timeframe | Federal Partners | Indicators        |
|---|-----------|------------------|-------------------|
| 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 findings in surveillance reports and manuscripts and present findings in webinars and conferences.   | 2021-2025 | IHS, CDC         | 2, 4, 10          |
| 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       |
| 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.  | 2021-2025 | IHS              | 2, 3, 4, 5, 6, 10 |
| 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                |

*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.*

| Action Step  | Timeframe | Federal Partners | Indicators      |
|--|-----------|------------------|-----------------|
| Continue to support the VA STI Affinity Group Program.<br><br>Launch the VA National STI Work Group.<br><br>Disseminate data about implementation strategies that address barriers to STI testing and treatment. | 2021-2023 | VA               | 2, 4, 5, 12, 13 |

### 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 |
|--|-----------|------------------|------------|
| Assess common areas of interest with the Treatment Action Group (TAG) for integration of STI and sexual health advocacy, including research priorities and increasing collaborations with community-based organizations. | 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              |            |

*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      |
|---|-----------|------------------|-----------------|
| Develop data resources that include SDOH and equity of STI testing, treatment, and prevention.<br><br>Continue to support the VA STI Affinity Group Program.<br><br>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 STD surveillance trends.   | 2021-2025 | CDC              | 2, 3, 4, 8      |

*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      |
|---|-----------|------------------|-----------------|
| Develop STI equity measures.<br><br>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 |



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

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

<sup>b</sup> 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.

<sup>c</sup> This core indicator has a corresponding disparities indicator(s).

**Table B.2.** STI Plan Disparities Indicators

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

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

## APPENDIX C: ACRONYMS LIST

|          |  |
|----------|--|
| AI/AN    | American Indian/Alaska Native  |
| AIDS     | acquired immunodeficiency syndrome   |
| CDC      | Centers for Disease Control and Prevention                                 |
| CMS      | Centers for Medicare & Medicaid Services                                   |
| COVID-19 | Coronavirus Disease 2019   |
| DIS      | Disease Intervention Specialist  |
| DSTDP    | Division of STD Prevention (CDC)   |
| ECHO     | Extension for Community Healthcare Outcomes                                |
| EHE      | <i>Ending the HIV Epidemic in the U.S.</i>                                 |
| FDA      | Food and Drug Administration   |
| HHS      | U.S. Department of Health and Human Services                               |
| HIV      | Human Immunodeficiency Virus   |
| HPV      | Human Papillomavirus   |
| HRSA     | Health Resources and Services Administration                               |
| HS       | Health Start   |
| IHS      | Indian Health Service  |
| MHAF     | Minority HIV/AIDS Fund   |
| NCHHSTP  | National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (CDC) |
| NEST     | Network Epidemiology of Syphilis   |
| NG       | Neisseria gonorrhoeae  |
| NHBS     | National HIV Behavioral Surveillance                                       |
| 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                           |
| PEP      | Post-Exposure Prophylaxis  |
| PHN      | Public Health Nursing  |
| PrEP     | Pre-Exposure Prophylaxis   |
| STD      | Sexually Transmitted Disease   |
| STI      | Sexually Transmitted Infection   |
| TAG      | Treatment Action Group   |
| U.S.     | United States  |
| VA       | U.S. Department of Veterans Affairs  |
| VHA      | Veterans Health Administration   |

|       |   |
|-------|---|
| WHO   | World Health Organization               |
| YRBSS | Youth Risk Behavior Surveillance System |