

Sexually Transmitted Diseases (STDs)



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# Division of STD Prevention Strategic Plan 2022-2026



### Vision

A society where people and communities are empowered to achieve sexual health and protect themselves and others from sexually transmitted infections (STIs).



### Priority Populations

Adolescents and Young Adults  
Men Who Have Sex with Men  
Pregnant People  
Transgender Individuals



### Mission

To maximize the impact of STI prevention through science, programs, and policy.



### Core Values

Accountability | Collaboration  
Equity | Inclusiveness  
Excellence and Innovation



#### Goals



1 Prevent New STIs



2 Improve the health of people by reducing adverse outcomes of STIs

3

Accelerate progress in STI research, technology, and innovation

4

Reduce STI-related health disparities and health inequities

5

Achieve integrated, coordinated efforts that address the STI epidemic

6

Enhance and support an effective internal workforce



Indicators

## Goals

### GOAL 1. Prevent New STIs

#### 1.1. Raise the visibility of sexual health, STIs, evidence-based screening guidelines, and support actionable conversations

1.1.1 Cultivate training and policy development opportunities that reduce stigma, promote holistic sexual health, and increase awareness and understanding of health systems and policies

1.1.2 Produce and disseminate timely data on the burden of STIs, populations most impacted, as well as estimates of screening coverage, diagnosis, and treatment

1.1.3 Strengthen communication approaches and partnerships to increase the uptake of evidence-based guidelines and trainings for providers, expand the reach of prevention messages for priority audiences, and increase knowledge and support for STI prevention programs

#### 1.2 Reduce syphilis among people of reproductive age to prevent cases of congenital syphilis

1.2.1 Monitor adherence to syphilis testing and treatment recommendations during pregnancy and subsequent testing for those at high risk, and address identified testing and treatment barriers using economic, health services, and policy-focused interventions

1.2.2 Provide disease intervention technical assistance, mentoring, and direct support to state, tribal, local, and territorial (STLT) STI programs

1.2.3 Provide appropriate information on the prevention and management of STIs among people of reproductive age who may become pregnant

### **1.3 Reduce antimicrobial-resistant gonococcal (AR GC) infections domestically and internationally**

1.3.1 Monitor susceptibility patterns in GC isolates to inform treatment recommendations and slow continued transmission of resistant strains

1.3.2 Develop, validate, and disseminate genomic and molecular detection methods for genetic markers of antimicrobial susceptibility

1.3.3 Increase the number of laboratories that can diagnose drug resistance or susceptibility to manage treatment failure

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## **GOAL 2. Improve the health of people by reducing adverse outcomes of STIs**

### **2.1 Increase STI screening, treatment, management, and holistic care among all people, particularly priority populations**

2.1.1 Expand local health department and health system capacity to conduct syphilis screening and treatment in traditional and non-traditional settings, including increased use of drug discount programs (e.g., 340B) and access to and delivery of benzathine penicillin G and other effective STI medications

2.1.2 Identify and promote culturally relevant and inclusive STI prevention messaging and policies that facilitate STI prevention and control

2.1.3 Develop business case models for diverse groups to identify costs and outcomes of current and potential prevention interventions

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### **2.2 Expand workforce knowledge and experience, and healthcare systems capacity to implement quality STI prevention, screening, diagnosis, surveillance, and treatment**

2.2.1 Improve public health services provided to communities by Disease Intervention Specialists (DIS) through a high quality, standardized approach to DIS certification and professional development

2.2.2 Leverage partnerships to produce timely evidence-based guidelines and recommendations for STI prevention, diagnosis, and treatment

2.2.3 Identify gaps and best practices in service delivery to increase the knowledge and skills of the STI workforce and provide high quality training

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### **2.3 Support training, and expanded staff capacity, including DIS in programs and settings that serve communities and populations disproportionately impacted by STIs**

2.3.1 Provide clinical support for telehealth development with STI care

2.3.2 Support and promote (Clinical Laboratory Improvement Amendments) CLIA-waived STI testing

2.3.3 Scale up and enhance culturally responsive and sex positive STI and HIV prevention services by providing knowledge and skills-based training for DIS and other relevant health care professionals serving communities at increased risk for STIs

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### **2.4 Optimize, expand use of, and improve the effectiveness of expedited partner therapy, STI partner services, and linkage to care**

2.4.1 Support health departments and STI clinics to expand and improve the uptake of expedited partner therapy, partner services, and linkage to care

2.4.2 Reduce policy barriers and leverage policy opportunities to improve testing, expedited partner therapy, partner services, and linkage to care

## 2.5 Monitor and advance the understanding of burden and trends of STIs and their sequelae

2.5.1 Routinely review data

2.5.2 Explore the use of alternative data sources for surveillance purposes

2.5.3 Build analytics and informatics capacity among the STI workforce

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# GOAL 3. Accelerate Progress in STI Research, Prevention, and Technology

## 3.1 Use translational, implementation, and communication science research to identify, evaluate, scale up, and promote best practices in STI prevention and treatment in diverse settings

3.1.1 Broadly disseminate STI science, policy, and program successes and best practices through tools, resources, and learning opportunities

3.1.2 Develop or adopt a research translation and implementation framework that focuses on expanding access to quality STI prevention and treatment services

3.1.3 Identify and address gaps in communication needs for priority audiences with community input

## 3.2 Support the development and uptake of innovative STI diagnostics, prevention technologies, therapeutic agents, and other interventions for the prevention, identification, and treatment of STIs, including new and emerging disease threats

3.2.1 Advance the development and uptake of point-of-care, self-collection, and self-testing STI diagnostics

3.2.2 Develop and leverage partnerships for the development, approval, and manufacture of new, short supplied, and/or high-cost STI diagnostic technologies, therapeutic agents, vaccines, and other interventions and innovations, including multi-purpose prevention technologies

3.2.3 Support the development of rapid diagnostic tests to identify and characterize antimicrobial resistance, STI, and other emerging threats

## 3.3 Support the development, assessment (or evaluation), and dissemination of innovative STI service delivery models in settings such as clinics, emergency departments, pharmacies, urgent care, correctional facilities, schools and school-based health centers, mental health programs, substance use disorder programs, retail clinics, and field and community settings

3.3.1 Increase the capacity of STLT health departments, STI programs, and clinics to implement and assess innovative service delivery models in sexual health clinics and non-traditional settings

3.3.2 Develop and leverage partnerships with minority-serving and other community-based organizations to expand innovation in STI service delivery and care

3.3.3 Build the evidence for the public health benefits of scope of practice and reimbursement policies of non-physician health care practitioners that facilitate delivery of sexual health services

## 3.4 Promote and strengthen the use of innovative technologies and develop new mechanisms for accessing, analyzing, and disseminating data

3.4.1 Explore and build information systems that interface between clinical care systems and public health systems to enhance electronic laboratory and case reporting

3.4.2 Utilize state-of-the-art technologies to store, visualize, and disseminate STI surveillance and genomics data

3.4.3 Promote development and use of integrated surveillance and partner health and notification systems across all levels of public health infrastructure

### **3.5 Support research to better understand foundational STI biology and STI transmission dynamics**

3.5.1 Explore use of genomic data for STI biology, pathogenesis, and transmission analysis

3.5.2 Develop and adapt mathematical models of networking and STI transmission to assess individual and population-level factors and program optimization

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## **GOAL 4. Reduce STI-related health disparities and health inequities**

### **4.1 Expand access to trauma-informed, stigma- and discrimination-free, culturally competent and linguistically appropriate STI prevention, care, and treatment services in communities disproportionately impacted by STIs**

4.1.1 Evaluate factors within the health care system driving inequities in access to quality sexual health services

4.1.2 Build the capacity of healthcare providers to deliver culturally and linguistically appropriate sexual health services

4.1.3 Develop and disseminate CDC policies, guidelines, tools, and training curricula (or curriculums) that support non-stigmatizing, discrimination-free, and culturally competent STI care

### **4.2 Support, monitor, evaluate, and disseminate programs and policies that reduce barriers to improve the delivery and receipt of services for communities and populations disproportionately impacted by STIs**

4.2.1 Support health departments implementing sustainable, community-driven interventions to reduce STIs and advance health equity

4.2.2 Work with population-appropriate partners to identify and disseminate policies and best practices that improve equitable access to sexual health services, especially in populations that are disproportionately impacted

### **4.3 Support development, assessment (or evaluation) and dissemination of interventions that address social and structural determinants of health (e.g., housing, transportation, food, racism, discrimination, education, job opportunities, etc.) and co-occurring conditions that impede access to STI services and exacerbate disparities**

4.3.1 Support and conduct research and analyses that identify and monitor disparities in STI service utilization and barriers to accessing care among priority populations

4.3.2 Use data to identify and understand the impact of social determinants of health on STI incidence and prevalence

4.3.3 Support health departments and STI clinics in implementing a holistic approach to sexual health care that facilitates linkage to prevention and care services for co-occurring conditions and linkage to wraparound services; and referrals to social services whenever possible

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## **GOAL 5. Achieve integrated and coordinated efforts to address the STI epidemic**

### **5.1 Maximize use of surveillance data**

5.1.1. Collect STI surveillance data to fill knowledge gaps and develop estimates of economic and disease burden and health services utilization

5.1.2 Develop processes for integration of molecular assay data and genomics data with epidemiologic data for monitoring of STIs and strains of concern and for application to a targeted public health response

5.1.3 Translate and disseminate surveillance data in audience-tailored communications and materials

## **5.2 Expand accountability for STI prevention and control**

5.2.1 Work with partners to identify gaps in accountability measures and propose and pilot new measures

5.2.2 Establish and promote routine review of surveillance and other data sources to monitor shifts in disease burden, rates, and risk, and support data-driven decision making by programs

## **5.3 Coordinate and align efforts to address the syndemic of HIV, STIs, viral hepatitis, and substance use disorders**

5.3.1 Work with federal partners, NCHHSTP divisions, other CIOs, and other partners as appropriate to enhance engagement, knowledge, data sharing, and transparency and eliminate redundancies and silos to support a syndemic approach that places STI in the context of other diseases and wider aspects of health and well-being

5.3.2 Support efforts to approach the prevention and control of STIs, HIV, and viral hepatitis from a whole person perspective, including social and economic factors that increase exposure to risk

5.3.3 Engage cross-branch (DSTD), -divisional, and -center partnerships, and external partners as appropriate in program planning and on cross-cutting issues (e.g., outbreak response)

## **5.4 Support health departments with technical assistance to address the STI epidemic**

5.4.1 Improve the capacity of state, Tribal, local, and territorial health departments to conduct community engagement, surveillance, outbreak response, disease intervention services, program evaluation, epidemiologic analysis, etc.

5.4.2 Support health departments and STI clinics in fostering partnerships with local service providers that can address the unmet needs of individuals receiving STI services

5.4.3 Serve as the national reference laboratory for STLT public health laboratories for specialized test options of difficult-to-diagnose and/or emerging STI and drug resistance

# **GOAL 6. Enhance and support an effective internal workforce**

## **6.1 Work within DSTDP to increase professional development opportunities and retention**

6.1.1 Foster staff development through mentorship, fellowships, training, and leadership opportunities

6.1.2 Address barriers to retention and increase equitable ways for talented staff to grow

## **6.2 Work to improve morale, inclusiveness, and diversity of staff**

6.2.1 Create opportunities to enhance staff connectedness, morale, and engagement

6.2.2 Optimize and facilitate DSTDP communication, including about diversity, equity, and inclusion

6.2.3 Ensure diversity and equity in the workforce experience from recruitment to retirement

DSTDp will track performance of its strategic plan's goals using a series of existing data-driven national-level indicators from the following initiatives:

- [STI National Strategic Plan Progress Indicators](#)  
- [Healthy People STI Objectives and Measures](#) 
- Congressional STI Performance Measures (found in [CDC's Congressional Justifications](#))

These indicators aim to measure progress in:

- Increasing the proportion of sexually active female adolescents and young women who get screened for chlamydia.
- Reducing gonorrhea rates.
- Reducing syphilis rates.
- Reducing congenital syphilis.
- Increasing proportion of congenital syphilis cases averted.
- Reducing the proportion of adolescents and young adults with genital herpes.
- Reducing pelvic inflammatory disease in female adolescents and young women.
- Reducing disparities.

DSTDp reports annually to Congress and to the Department of Health and Human Services Office of Infectious Disease and HIV/AIDS Policy (HHS/OIDP) on these sets of STI-related indicators. Both the STI Plan and congressional indicators have annual targets to help track trends in performance and examine where course corrections are needed. Healthy People 2030 forecasts 10-year targets for its objectives out to year 2030. Data are provided for core objectives at least three time periods throughout the decade.

All indicators use the following existing data sources, which are based on national data:

- The Healthcare Cost and Utilization Project Nationwide Emergency Department Sample (HCUP NEDS).
- The Health Effectiveness Data and Information Set (HEDIS).
- The National Notifiable Diseases Surveillance System (NNDSS).
- Marketscan, Thomson Reuters (Healthcare) Inc.
- STD Surveillance Network (SSuN).

These data sources generate regular and consistent data and allow for stratification by priority populations and regions to further assess disparities.