

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

**Centers for Disease Control
and Prevention**

October 9, 2014

Anjani Chandra, Ph.D.
Principal Investigator and Team Leader
National Survey of Family Growth
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Dear Dr. Chandra,

I am writing in support of the National Survey of Family Growth (NSFG), and to emphasize its importance in monitoring HIV prevention activities. The Division of HIV/AIDS Prevention (DHAP) is responsible for funding HIV prevention activities in the United States and evaluating those efforts. Much of what we know about HIV infection has come from HIV/AIDS case surveillance data and from behavioral surveillance studies of groups at increased risk for acquiring HIV as well as those individuals living with HIV; however, data from national probability samples, such as the NSFG, are also critical to our ability to monitor the HIV epidemic.

The NSFG is important to DHAP because the survey measures several important indicators we use to monitor the epidemic in the United States. These include indicators of sexual risk such as multiple sex partners, sex with injection drug users or HIV-infected persons, and the exchange of sex for money or drugs. Each of these behaviors place individuals at increased risk for HIV infection. There are also questions on condom use, which is an important factor for preventing HIV acquisition and transmission. Questions on HIV testing are pivotal to evaluate the uptake of Centers for Disease Control and Prevention (CDC)'s recommendations on routine HIV testing in all healthcare settings for patients between the ages of 13 through 64 as well as repeat screening every year for patients at high risk for HIV infection. We have recently used data from NSFG to report on national baseline HIV testing rates (CDC, 2013). NSFG also affords DHAP the ability to monitor trends in sexual violence – which is related to increased HIV/AIDS risk – because it collects information not only on HIV-related sexual risk behaviors but also on sexual violence, perpetrators of violence and circumstances leading to sexual violence (Nasrullah, under review).

The Division of HIV/AIDS Prevention uses data from NSFG along with those from other sources to monitor progress towards goals of our Division's and Center's strategic plans, as well as goals of the National HIV/AIDS Strategy. One of the goals is to reduce HIV-related disparities in the country. Men who have sex with men (MSM) are disproportionately affected by HIV epidemic and accounted for 63% new HIV infections in 2010 in the United States. We have used NSFG to conduct reports on HIV testing and sexual risk behaviors among MSM; these manuscripts have been either submitted in journals or in different phases of preparation or CDC clearance (see references below). DHAP has also used NSFG data to produce national estimates of populations at-risk of HIV in the United States; one on MSM (Purcell 2011) and one on IDU (Lansky 2013) have been published and another on heterosexuals at risk of HIV infection is soon to be submitted to CDC clearance.

The NSFG is one of a few nationally representative surveys of adults collecting data related to HIV risk and prevention on a regular basis. It has a history of successfully collecting sensitive information from respondents, and it continues to be an important data source for DHAP.

We look forward to continued success of the NSFG.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Muazzam Nasrullah", is written over a horizontal line.

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References

Purcell DW, Johnson CH, Lansky A, Prejean J, Stein R, et al. (2012) Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS J* 6: 98–107

Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. *PLoS ONE* 9(5): e97596

HIV Testing in the United States, 2002-2006. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/resources/reports/pdf/AHITS_Baseline_Report.pdf .

Nasrullah M, Oraka E, Chavez P, Valverde E, DiNenno E. Sexual Violence and HIV-related Risk Behaviors among Men Who Have Sex with Men in a Nationally Representative Cross Sectional Survey of the United States. *Clin Infect Dis* (under review)

Chavez P, Oraka E, Nasrullah M, DiNenno E. The Impact of Medical Encounters on Reasons for HIV Testing among Men Who Have Sex with Men. (CDC clearance)

Dietz P, Lyons B, Van Handel M, Nasrullah M, Oraka E, DiNenno L. Factors Associated with Being Tested in the Last 12 Months and More Than the Last 12 Months Compared to Never Being Tested for HIV Among Men who are Engaged in Sexual Risk Behaviors (under preparation)

Nasrullah M, Oraka E, Chavez P, Christopher Johnson, DiNenno E. Factors Associated with Condom Use Among U.S. Adult Men and Women, National Survey of Family Growth, 2006-2010 . (under preparation)

Nasrullah M, Oraka E, Chavez P, DiNenno E. Sexual Violence, an Important Indicator for HIV-related Sexual Risk Behaviors for Men and Women—Evidence from the U.S. National Survey of Family Growth. (under preparation)