

STD PCHD Performance Measurement Year 1

Project Area:

Period of Performance: 1/1/2019 - 12/31/2019

Submission Date:

If other reporting period, or if varies by performance measure, describe:

Other comments related to this submission (optional):

Click the navigation bar or a tab at the bottom of the workbook to jump to the corresponding worksheet.

Instructions:

You may use this template to prepare a **STD PCHD Performance Measures for DSTDP**. Please refer to the supplemental guidance document for more information.

Complete each tab in this workbook, except for those labeled "optional."

Applicants will complete and submit performance measures each year, depending on approval from OMB.

If you need technical support at any time, please send an email with a detailed description of your need to the following address:

STD_PCHD@cdc.gov

Notes on Data Entry:

All light yellow cells are available for user input. White cells are auto-calculated based on information provided in the yellow cells.

Drop-down menus are included in all worksheets, and should be identifiable through a downward arrow that appears when you select it.

The core performance measures in each worksheet are bolded. Measures that are auto-calculated but not considered core performance measures are italicized (not bolded).

Saving and Submitting Your Work:

Click "File" from the ribbon above and then "Save" from the menu. If this is your first time saving this document, you will be prompted to choose a location for where this file will be saved. **Please save this file as "[ProjectAreaName]_Performance.Measures.2019_yy-mm-dd" and as an .xlsm version.** (Note: you will see a warning message reminding you that if you change the format of the document, you may lose some of the functionality. Click "Ok" and save the file in your preferred location.)

Click "File" from the ribbon above and then "Save As" from the menu or use the button below. Choose the .xls or .xlsx file type from the "Save as type" drop-down menu. You will see a warning sign that says "The following features cannot be saved in macro-free workbooks: VB project". Click "Yes" to save the file as a .xls or .xlsx file type. You will still be able to edit light yellow cells, but a few features from this workbook will no longer be available.

To submit this document, attach the file ending in .xls or .xlsx as a Grant Note in GrantSolutions.

Relevant Links:

To access the series of Technical Assistance Notes for the PS19-1901 STD PCHD strategies, click here:

[PS19-1901 STD PCHD Technical Assistance Notes](#)

To find general information on using Microsoft Excel, click here:

[Microsoft Excel Basics](#)

Reporting Burden

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to monitor recipient's progress under cooperative agreement PS19-1901 STD PCHD.

Public reporting burden of this collection of information is estimated to average 30 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1282)

Surveillance			
Line No.	Enhanced GC surveillance	Data Fields	
a_1	Did your project area complete follow-up of any GC cases for any enhanced GC surveillance purposes (Strategy 2b) in the reporting period?		drop down menu
a_2	If yes (a_1), what geographic area(s) were included in the enhanced GC surveillance activities?		text field
a_3	Out of 12 months in the reporting period, what dates did your project area conduct enhanced GC surveillance?		
a_4	Total # of GC cases that were reported in that time period (a_3) and in that geographic area (a_2)		
a_5	Among those (a_4), # of GC cases that were randomly selected for enhanced surveillance		
a_6	Among those (a_5), # that received provider and/or patient follow-up for enhanced surveillance		
a_7	Among GC cases sampled for enhanced surveillance follow-up, % that received provider and/or patient follow-up	#DIV/0!	auto-calculated
a_8	Low or poor data quality?		drop down menu
a_9	Any data limitations, including reasons unable to report		text field
Pregnancy Ascertainment			
a_10	Total # of female syphilis cases (all stages)		
a_11	Total # of female syphilis cases (all stages) with pregnancy status documented as "Yes, pregnant"		
a_12	Total # of female syphilis cases (all stages) with pregnancy status documented as "No, not pregnant"		
a_13	Total # of female syphilis cases (all stages) with pregnancy status documented as "Unknown" or "Missing"		
a_14	<i>Proportion of female syphilis cases (all stages) that had pregnancy status documented as "Yes, pregnant" or "No, not pregnant"</i>	#DIV/0!	auto-calculated
a_15	Is your surveillance and/or case management system able to document when pregnancy status was obtained?		drop down menu
a_16	If yes (a_15): Total # of female syphilis cases (all stages) with pregnancy status documented as "Yes, pregnant" or "No, not pregnant" within 14 days of specimen collection		
a_17	Among all female syphilis cases (all stages), % with pregnancy status documented as "Yes, pregnant" or "No, not pregnant" within 14 days of specimen collection	#DIV/0!	auto-calculated
a_18	Low or poor data quality?		drop down menu
a_19	Any data limitations, including reasons unable to report		text field

Congenital Syphilis		
Line No.	Potential cases averted	Data Fields
b_1	Total # of females with syphilis (all stages) in the project area in the reporting period	
b_2	Total # of pregnant females with syphilis (all stages)	
b_3	% of total female syphilis cases that were pregnant	#DIV/0!
b_4	Total # of reported congenital syphilis cases and stillbirths	
b_5	Total # of potential congenital syphilis cases averted	0.00
b_6	Among all potential congenital syphilis cases, % averted	#DIV/0!
b_7	Low or poor data quality?	
b_8	Any data limitations, including reasons unable to report	

auto-calculated

auto-calculated

auto-calculated

drop down menu

text field

Outbreak response		
Line No.	Disease Investigation and Intervention	Data Fields
Activation of STD outbreak response plan		
c_1	Total # of times that the outbreak plan was initiated for syphilis by the project area in the reporting period	
c_2	Total # of times that the outbreak plan was initiated for GC in the reporting period	
c_3	Total # of times that the outbreak plan was initiated for another STD in the reporting period	
c_4	Total # of times that the outbreak plan was initiated for an STD	0
Staff assignments to assist other outbreaks		
c_5	Total # of the STD program staff who were given temporary, formal assignments to assist with outbreaks with HIV, Hepatitis, or TB, during the reporting period	
c_6	Total # of STD program staff who were given temporary, formal assignments to assist with outbreaks with other conditions (not STD, HIV, Hepatitis, TB) during the reporting period	
c_7	Total # of STD staff deployed for non-STD outbreaks	0
c_8	Total # of outbreak responses (HIV, Hepatitis, TB, or other conditions) for which those staff were formally assigned to assist.	
Data quality		
c_9	Low or poor data quality?	
c_10	Any data limitations, including reasons unable to report	

auto-calculated

auto-calculated

drop down menu

text field

Early Syphilis Cases: Disease Investigation and Intervention						
Line No.	Key Populations:	Pregnant females under age 45	Other females under age 45	Men with only female partners (MSW)	Men with male partners (MSM and MSMW)	Sum Totals (auto-calculated)
d_1	Total # of early syphilis cases by the project area in the reporting period					0
d_2	Total # of cases initiated					0
d_3	Total # of cases interviewed					0
d_4	<i>Interview Rate</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	auto-calculated
d_5	Total # of contacts (partners) initiated for partner services					0
d_6	<i>Contact Index</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	auto-calculated
d_7	Total # of contacts examined (tested) within 30 days before or after the index patient's initial specimen collection (Dispo A, B, C, D, E, F, Z)					0
d_8	<i>New Exam Rate</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	auto-calculated
d_9	Total # of contacts previously treated (Dispo E) within 30 days before or after the index patient's initial specimen collection					0
d_10	Total # of contacts preventively treated (Dispo A) within 30 days before or after the index patient's initial specimen collection					0
d_11	Total # of contacts preventively treated (Dispo Z) within 30 days before or after the index patient's initial specimen collection					0
d_12	Total # of contacts brought to Tx for new syphilis infection (Dispo C) within 30 days after the index patient's initial specimen collection					0
d_13	<i>Treatment Index</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	auto-calculated
d_14	Total # of cases w/at least 1 contact treated for syphilis (Dispo A, C, E, Z) within 30 days before or after the index patient's initial specimen collection					0
d_15	<i>Disease intervention rate</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	auto-calculated
d_16	Total number of contacts (partners) brought to treatment	0	0	0	0	0
d_17	<i>Total number of new cases of syphilis found through partner services</i>	0	0	0	0	0.00
d_18	Low or poor data quality?					drop down menu
d_19	Any data limitations, including reasons unable to report					text field

Line No	STD -related HIV Prevention in Disease Investigation	Syphilis Cases, by priority population				MSM GC Cases (If any investigated)		
		Pregnant females under age 45 with early syphilis	Other females under age 45 with early syphilis	Men with only female partners (MSW) with early syphilis	Men with male partners (MSM and MSMW) with early syphilis	Men with male partners (MSM and MSMW) with GC cases only		
e_1								
e_2	Total # of cases in the project area in the reporting period	0	0	0	0		prepopulated from sheets D and E	
e_3	Total # of cases initiated	0	0	0	0		prepopulated from sheets D and E	
e_4	Total # of cases interviewed	0	0	0	0		prepopulated from sheets D and E	
e_5	Of interviewed, # known to be living with HIV at the time of syphilis (of GC) diagnosis							
e_6	Of interviewed, # newly-diagnosed with HIV within 30 days of syphilis (or GC) diagnosis							
e_7	Of syphilis (or GC) cases newly diagnosed with HIV, # linked to HIV care within 30 days of new HIV diagnosis							
e_8	Of interviewed, # referred for PrEP within 30 days of syphilis (or GC) diagnosis							
e_9	Among interviewed, (known) HIV coinfection rate	0	#DIV/0!	0	0	#DIV/0!		
e_10	Among interviewed syphilis or GC cases (and not known to be HIV+), % newly-diagnosed with HIV within 30 days of syphilis (or GC) diagnosis	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
e_11	Low or poor data quality							drop down menu
e_12	Any data limitations, including reasons unable to report							text field
e_13	Among interviewed and newly diagnosed with HIV, % linked to HIV care within 30 days of new HIV diagnosis	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
e_14	Low or poor data quality?							drop down menu
e_15	Any data limitations, including reasons unable to report							text field
e_16	Among interviewed (and not known to be HIV+), % referred for PrEP within 30 days of syphilis (or GC) diagnosis	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
e_17	Low or poor data quality?							drop down menu
e_18	Any data limitations, including reasons unable to report							text field

Treatment			
Line No.	Recommended Treatment for syphilis	Data Fields	
f_1	Total # of early syphilis (ES) cases in the project area in the reporting period		
f_2	Total # of early syphilis cases missing data on medication		
f_3	Total # of early syphilis cases missing data on medication AND date of treatment or date of specimen collection (unable to calculate timeliness of treatment)		
f_4	% of early syphilis cases missing documentation of medication	#DIV/0!	auto calculated
f_5	% of early syphilis cases missing data to calculate timely treatment AND documentation of medication	#DIV/0!	auto calculated
f_6	Total # of early syphilis cases documented as having been prescribed/received BPG within 14 days of date of specimen collection		
f_7	Among early syphilis cases, % treated by BPG within 14 days of specimen collection	#DIV/0!	
f_8	Low or poor data quality?		drop down menu
f_9	Any data limitations, including reasons unable to report		text
Recommended Treatment for Gonorrhea			
f_10	For this measure, is the project area reporting on all cases or a random sample of cases, based on enhanced GC surveillance? If neither, explain below in Data Notes (g_21)		drop down
f_11	Total # of GC cases reported in the reporting period (Overall or in random sample)		
f_12	Total # of GC cases missing data on medication (among all or among random sample)		
f_13	Total # of GC cases missing data on medication AND date of treatment or date of specimen collection (among all or among random sample)		
f_14	% of GC cases missing documentation of medication (among all or among random sample)	#DIV/0!	auto calculated
f_15	% of GC cases missing data to calculate timely treatment AND documentation of medication (among all or among random sample)	#DIV/0!	auto calculated
f_16	Total # of GC cases with recommended medication (in 2019: <u>dual therapy</u>) documented (among all or among random sample)		
f_17	Total # of GC cases with recommended medication (in 2019: <u>dual therapy</u>) documented as having been prescribed/received within 14 days of date of specimen collection (among all or among random sample)		
f_18	Among all GC cases, % with recommended medication documented, per CDC guidance (among all or among random sample)	#DIV/0!	auto calculated
f_19	Among all GC cases, % with recommended medication documented within 14 days of the date of specimen collection, per CDC guidance (among all or among random sample)	#DIV/0!	auto calculated
f_20	Low or poor data quality?		drop down menu
f_21	Any data limitations, including reasons unable to report		text

General Description of Safety Net Assistance (SNA)

Line No.	Description	Data Fields
sna_1	Approximately what % of the STD PCHD budget did the project area devote to safety net assistance in the reporting period?	
sna_2	Did the project area specifically focus the safety net assistance towards any of the following demographic groups? (select all that apply)	Adolescents/young adults
sna_3		MSM
sna_4		Pregnant women
sna_5		No, none of these groups were specifically focused on (though they may have benefited)
sna_6	What were the <u>main formal criteria</u> used for selecting which providers or organizations were eligible to access the safety net assistance (SNA) or were funded for SNA? (select all that apply)	They met a certain threshold for positivity for testing
sna_7		They met a certain threshold for STD disease morbidity or a certain STD case count or rate
sna_8		They served under/uninsured populations
sna_9		They served other priority populations or geographic areas in need of subsidized services
sna_10		They had a track record of effective partnership with us
sna_11		I'm not sure/don't know
sna_12		Other: (please write answer below in sna_45 text box)
sna_13	Which STD clinical prevention services did the safety net assistance support? Select all that apply.	CT/GC urine testing/screening
sna_14		CT/GC extragenital testing/screening
sna_15		CT/GC treatment, including EPT
sna_16		Syphilis testing/screening
sna_17		Syphilis treatment
sna_18		Other STD clinical preventive service: (please write answer below in sna_45 text box)
sna_19		Which types of providers were funded directly by the project area for safety net assistance (SNA) or were given the opportunity to take advantage of the SNA during the reporting period? Select all that apply.
sna_20	Local health department clinics (general)	
sna_21	Family planning/ reproductive health clinics	
sna_22	Maternal and child health programs	
sna_23	HIV prevention or care clinics	
sna_24	Behavioral or mental health agencies, including drug treatment	
sna_25	Federally-qualified health centers (FQHC) or other community health centers	
sna_28	Correctional facilities (prison, jail, juvenile detention)	
sna_29	School-based, college, or university health centers	
sna_30	Tribal or Indian Health Service health care centers	
	Other non-profit, private health care providers or organizations (e.g., CBOs)	
	Other private health care providers or organizations	
sna_31	Others not listed: (please write answer below in sna_45 text box)	
sna_32	We don't know/ aren't sure	
	Often found in Contract budget line:	

all drop down menus unless noted as "text"

sna_33	What are the primary mechanisms through which the project area provided the safety net assistance (SNA)? Select all that apply.	(A) Direct contracts or subgrants with health care organizations or providers for safety net assistance only	
sna_34		(B) Direct contracts or subgrants with health care organizations or providers for various services that include safety net assistance	
sna_35		(C) Direct contracts or subgrants with lab(s) (public or private) to conduct testing for certain providers	
		Often found in Supplies, Other, or Personnel:	
sna_36		(D) Purchase of test kits or treatment/EPT, which are then distributed or allocated to certain providers by us	
sna_37		(E) Support all/part of the salary of lab(s) staff to conduct testing for certain providers or types of tests	
sna_38	(F) Other: (please write answer below in sna_45 text box)		
sna_39	Did the project area combine the STD PCHD safety net assistance with funding from other sources, to fund those contracts/ subgrants (A-C), to make those purchases (D), or support those staff (E)? Select all that apply.	Yes, we added state (or local) project area funds (e.g. STD, general)	
sna_40		Yes, we added federal funds (e.g. HIV, Title X, HRSA)	
sna_41		Yes, we added other funding sources	
sna_42		No, STD PCHD was the only funding we put into those contracts/subgrants/purchases	
sna_43		Don't know/ too unsure to answer	
	(Optional) Please provide any other information you would like to add about your approach to providing SNA in the reporting period, or answers to question on this worksheet for which you selected "Other":		
sna_44			
		Often found in Contract budget line:	
sna_45	For which parts of your safety net assistance do you have data on tests conducted, test results, or treatment purchased?	(A) Direct contracts or subgrants with health care organizations or providers for safety net assistance only	
sna_46		(B) Direct contracts or subgrants with health care organizations or providers for various services that include safety net assistance	
sna_47		(C) Direct contracts or subgrants with lab(s) (public or private) to conduct testing for certain providers	
		Often found in Supplies, Other, or Personnel:	
sna_48		(D) Purchase of test kits or treatment/EPT, which are then distributed or allocated to certain providers by us	
sna_49		(E) Support all/part of the salary of lab(s) staff to conduct testing for certain providers or types of tests	
sna_50	(F) Other: (please write answer below in line s)		
sna_51	We do not have any data at this time (please provide reason why not, above in sna_45 text box)		
If A-F is selected, please complete an "Admin_SNA_test_TX_data" worksheet for each mechanism selected. Up to 3 total.			

text

Complete 1 table per mechanism selected in Admin_SNA_overall (sna_45-sna_51)				
Line No.	Description	Data Fields	Data Fields	Data Fields
sna_52	Which mechanism does the following refer to?			
sna_53	Which of the following groups of clients does the following testing data refer to?	[Select from Dropdown]		
	How many tests were conducted?	Syphilis tests performed	GC tests performed	CT tests performed
sna_54	Total tests conducted			
sna_55	All Males			
sna_56	Males, 15-24 years			
sna_57	Males, 25-44			
sna_58	Males, 45+			
sna_59	All Females			
sna_60	Females, 15-24 years			
sna_61	Females, 25-44			
sna_62	Females, 45+			
	Of those tests, how many were positive or reactive?	Positive Syphilis tests	Positive GC tests	Positive CT tests
sna_63	Total positive or reactive tests			
sna_64	All Males			
sna_65	Males, 15-24 years			
sna_66	Males, 25-44			
sna_67	Males, 45+			
sna_68	All Females			
sna_69	Females, 15-24			
sna_70	Females, 25-44			
sna_71	Females, 45+			
	Positivity	Among Syphilis tests performed	Among GC tests performed	Among CT tests performed
sna_72	Total tests	#DIV/0!	#DIV/0!	#DIV/0!
sna_73	All Males	#DIV/0!	#DIV/0!	#DIV/0!
sna_74	Males, 15-24 years	#DIV/0!	#DIV/0!	#DIV/0!
sna_75	Males, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_76	Males, 45+	#DIV/0!	#DIV/0!	#DIV/0!
sna_77	All Females	#DIV/0!	#DIV/0!	#DIV/0!
sna_78	Females, 15-24	#DIV/0!	#DIV/0!	#DIV/0!
sna_79	Females, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_80	Females, 45+	#DIV/0!	#DIV/0!	#DIV/0!
	Treatment medication (if any purchased with STD PCHD safety net assistance)	Syphilis medication	GC medication	CT medication
sna_81	Total medication units purchased in reporting period. Please write in units tracked by your program, e.g. "X# BIC injections" or "Y# pills" or "Z# patient TX packs."			
	If you are unable to provide the above information on the tests performed, test results, or treatment purchases attributable to STD PCHD, please explain why not:			
sna_82				
	(Optional) Please provide any other information you would like to add about the treatment or patient testing data that you provided on the safety net assistance in the reporting period:			
sna_83				

text

text

USE ONLY IF MORE THAN 1 MECHANISM IS BEING REPORTED ON

Complete 1 table per mechanism selected in Admin_SNA_overall (sna_45-sna_51)

Line No.	Descripton	Data Fields	Data Fields	Data Fields
sna_52	Which mechanism does the following refer to?			
sna_53	Which of the following groups of clients does the following testing data refer to?	[Select from Dropdown]		
	How many tests were conducted?	Syphilis tests performed	GC tests performed	CT tests performed
sna_54	Total tests conducted			
sna_55	All Males			
sna_56	Males, 15-24 years			
sna_57	Males, 25-44			
sna_58	Males, 45+			
sna_59	All Females			
sna_60	Females, 15-24 years			
sna_61	Females, 25-44			
sna_62	Females, 45+			
	Of those tests, how many were positive or reactive?	Positive Syphilis tests	Positive GC tests	Positive CT tests
sna_63	Total positive or reactive tests			
sna_64	All Males			
sna_65	Males, 15-24 years			
sna_66	Males, 25-44			
sna_67	Males, 45+			
sna_68	All Females			
sna_69	Females, 15-24			
sna_70	Females, 25-44			
sna_71	Females, 45+			
	Positivity	Among Syphilis tests performed	Among GC tests performed	Among CT tests performed
sna_72	Total tests	#DIV/0!	#DIV/0!	#DIV/0!
sna_73	All Males	#DIV/0!	#DIV/0!	#DIV/0!
sna_74	Males, 15-24 years	#DIV/0!	#DIV/0!	#DIV/0!
sna_75	Males, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_76	Males, 45+	#DIV/0!	#DIV/0!	#DIV/0!
sna_77	All Females	#DIV/0!	#DIV/0!	#DIV/0!
sna_78	Females, 15-24	#DIV/0!	#DIV/0!	#DIV/0!
sna_79	Females, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_80	Females, 45+	#DIV/0!	#DIV/0!	#DIV/0!
	Treatment medication (if any purchased with STD PCHD safety net assistance)	Syphilis medication	GC medication	CT medication
sna_81	Total medication units purchased in reporting period. Please write in units tracked by your program, e.g. "X# BIC injections" or "Y# pills" or "Z# patient TX packs."			
	If you are unable to provide the above information on the tests performed, test results, or treatment purchases attributable to STD PCHD, please explain why not:			
sna_82				
	(Optional) Please provide any other information you would like to add about the treatment or patient testing data that you provided on the safety net assistance in the reporting period:			
sna_83				

text

text

USE ONLY IF MORE THAN 2 MECHANISMS ARE BEING REPORTED ON

Complete 1 table per mechanism selected in Admin_SNA_overall (sna_45-sna_51)

Line No.	Descripton	Data Fields	Data Fields	Data Fields
sna_52	Which mechanism does the following refer to?			
sna_53	Which of the following groups of clients does the following testing data refer to?	[Select from Dropdown]		
	How many tests were conducted?	Syphilis tests performed	GC tests performed	CT tests performed
sna_54	Total tests conducted			
sna_55	All Males			
sna_56	Males, 15-24 years			
sna_57	Males, 25-44			
sna_58	Males, 45+			
sna_59	All Females			
sna_60	Females, 15-24 years			
sna_61	Females, 25-44			
sna_62	Females, 45+			
	Of those tests, how many were positive or reactive?	Positive Syphilis tests	Positive GC tests	Positive CT tests
sna_63	Total positive or reactive tests			
sna_64	All Males			
sna_65	Males, 15-24 years			
sna_66	Males, 25-44			
sna_67	Males, 45+			
sna_68	All Females			
sna_69	Females, 15-24			
sna_70	Females, 25-44			
sna_71	Females, 45+			
	Positivity	Among Syphilis tests performed	Among GC tests performed	Among CT tests performed
sna_72	Total tests	#DIV/0!	#DIV/0!	#DIV/0!
sna_73	All Males	#DIV/0!	#DIV/0!	#DIV/0!
sna_74	Males, 15-24 years	#DIV/0!	#DIV/0!	#DIV/0!
sna_75	Males, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_76	Males, 45+	#DIV/0!	#DIV/0!	#DIV/0!
sna_77	All Females	#DIV/0!	#DIV/0!	#DIV/0!
sna_78	Females, 15-24	#DIV/0!	#DIV/0!	#DIV/0!
sna_79	Females, 25-44	#DIV/0!	#DIV/0!	#DIV/0!
sna_80	Females, 45+	#DIV/0!	#DIV/0!	#DIV/0!
	Treatment medication (if any purchased with STD PCHD safety net assistance)	Syphilis medication	GC medication	CT medication
sna_81	Total medication units purchased in reporting period. Please write in units tracked by your program, e.g. "X# BIC injections" or "Y# pills" or "Z# patient TX packs."			
	If you are unable to provide the above information on the tests performed, test results, or treatment purchases attributable to STD PCHD, please explain why not:			
sna_82				
	(Optional) Please provide any other information you would like to add about the treatment or patient testing data that you provided on the safety net assistance in the reporting period:			
sna_83				

text

text