



Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

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Anjani Chandra, Ph.D  
Principal Investigator  
National Survey of Family Growth  
National Center for Health Statistics  
Hyattsville, MD 20782

Dear Dr. Chandra,

I am pleased to write in support of the National Survey of Family Growth (NSFG) and to highlight some of the ways data from the survey has been a vital resource in support of the Division of STD Prevention's (DSTDP) mission to assess population burden, determinants, trends and related outcomes/sequelae of sexually transmitted infections (STI) in key populations and strengthen the evidence base for STI prevention and control.

In 2019, DSTDP used data from the 2011-2015 NSFG to examine correlates of injection drug use (IDU) among women and men 15-44 and assess self-reported STI risk. Importantly, the study found the odds of IDU were 2-9 times higher among women and men who reported a chlamydia, gonorrhea or syphilis diagnoses. The recent increase in syphilis, particularly among injection drug users, has been an important focus as the Division seeks to support efforts to better coordinate STI programs and services across health care settings that serve these populations.

Increasing the uptake of CDC STI screening guidelines is an integral part of DSTDP's mission to improve women and men's health and to prevent adverse reproductive health outcomes. In 2020, NSFG data from 2013-2017 were used to examine the prevalence of chlamydia screening among women who had recent anal sex. The study found that chlamydia screening in the past 12 months among women who had anal sex was generally low (38%) but increased when a health care provider asked them about the types of sex they had (oral, anal, vaginal). The NSFG staff has been incredibly responsive to our requests to add questions to elucidate the context of STI screening, such as questions on whether a health care provider conducted a sexual risk assessment. The consistency of NSFG items to reliably assess trends, as well as evolution of questionnaires to reflect current STI data needs, makes NSFG data invaluable when compared with traditional data sources for STI screening such as medical claims data where such information about STI risk is unavailable.

In 2021, several NSFG analyses using the full 8-years of continuous data collection (2011-2019) are planned or underway. We are excited to continue our collaboration with NCHS and look forward to the project's success.

Sincerely,

Casey Copen, MPH, PhD  
Behavioral Scientist, DSTDP