

SHIPS Biannual Performance Measures

Document Drafted November 2024 Form Approved

OMB Control Number: 0920-1282

Expiration Date: 06/30/2026

If you need to exit before finishing, click "Save & Return Later" at the bottom of the page. Your progress will be saved, and you can resume using the link in your email. In case of a computer crash, your responses will be automatically saved and can be resumed via the same link. Form to be completed by SHIPS recipients biannually in September and March. The estimated time to complete it is 60 minutes.

Clinic Volume in Reporting Period Volume tables should capture total numbers and not be limited to unique patients.

Volume of Visits Conducted in the Reporting Period

Total number of clinic visits conducted

Are there any data limitations, including reasons
unable to report, in the table above?

☐ Yes
☐ No

Please explain the data issues and your clinic's plans
to enhance the completeness of your data.

Volume of Tests Conducted in the Reporting Period

Total number of tests conducted for syphilis Total number of tests conducted for chlamydia Total number of tests
conducted for gonorrhea Total number of tests conducted for Mpox Total number of tests conducted for HIV STI Test
Volume (Total # of syphilis, chlamydia, gonorrhea, and Mpox tests)
_____ [bipm_14]

Volume of Cases Diagnosed in the Reporting Period

Total number of cases diagnosed for syphilis Total number of cases diagnosed for chlamydia Total number of cases
diagnosed for gonorrhea Total number of cases diagnosed for Mpox

Volume of Cases Treated in the Reporting Period

Total number of cases treated for syphilis Total number of cases treated for chlamydia Total number of cases
treated for gonorrhea Total number of cases treated for Mpox

Volume of Vaccines Administered in the Reporting Period

Total number of mpox vaccines administered

STI test volume (syphilis, chlamydia, gonorrhea, and
Mpox)

Are there any data limitations, including reasons
unable to report, in the table above?

☐ Yes
☐ No

Please explain the data issues and your clinic's plans
to enhance the completeness of your data.

CDC estimates the average public reporting burden for this collection of information as 57 hours annually, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ASTDR Information Collection Review Office, 1600 Clifton Rd NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282)

Priority Populations Served in the Reporting Period How successful was your clinic at reaching priority populations this reporting period? Please provide the number of persons served during the reporting period.

Note that race/ethnicity, population group, and sexual orientation table counts may not be mutually exclusive. For example, one person may fall into multiple racial/ethnic categories and therefore race/ethnicity numbers may not sum to 100%. OMB published Revisions to OMB's Statistical Policy Directive No. 15 on 3/29/2024. The new Standards require CDC to collect race/ethnicity data in the manner below. Of note, an "other" race/ethnicity option is to be removed, a Middle Eastern or North African category is to be added, and racial and ethnic categories are considered "select all that apply". For more information, see the SHIPS data entry guidance document.

Race/Ethnicity

Is your clinic able to collect and extract data for this demographic variable? Count

_____ Hispanic or Latino _____
_____ White _____
_____ Black/African American _____
_____ Asian _____
_____ American Indian/Alaskan Native _____
_____ Native Hawaiian/Pacific Islander _____
_____ Middle Eastern or North African _____
_____ Missing, unknown, or unable to disaggregate

Population Group

Is your clinic able to collect and extract data for this demographic variable? Count

_____ Persons who are unhoused/persons experiencing homelessness

_____ Women of reproductive age

_____ Pregnant women

_____ Persons who inject drugs

Age Group

Is your clinic able to collect and extract data for this demographic variable?

Count

_____ Under 15 years _____
_____ 15-19 years _____
_____ 20-29 years _____
_____ 30-64 years _____
_____ 65 years and older _____
_____ Missing, Unknown, or Unable to Disaggregate Variable _____

Sex

Is your clinic able to collect and extract data for this variable? Count

Male
 Female
 Undetermined
 Missing

Sexual Orientation

Is your clinic able to collect and extract data for this variable? Count

Gay

Lesbian

Straight, that is, not lesbian or gay

Bisexual

Missing, Unknown, or Unable to Disaggregate Variable

Are there any data limitations, including reasons
unable to report, in the table above?

☐ Yes
☐ No

Please explain the data issues and your clinic's plans
to enhance the completeness of your data.

Unique Persons Served in the Reporting Period How successful was your clinic at serving priority populations this reporting period? Please provide the number of persons served during the reporting period.

Number of persons who are HIV positive includes new and previous diagnoses and self-reports.

Number of Unique Persons Served in the Reporting Period _____

HIV status of unique persons served in the reporting period Number of persons who are HIV positive Number of persons who are HIV negative Number of persons whose HIV status is unknown Total number of persons served in the reporting period _____ [totalnumserved]

Number served by HIV status

Are there any data limitations, including reasons unable to report, in the table above?

☐ Yes
☐ No

Please explain the data issues and your clinic's plans to enhance the completeness of your data.

Prevention Interventions in the Reporting Period

Please provide your clinic's PrEP eligibility definition:

Prevention Interventions

Is your clinic able to collect and extract data for this variable? Count

_____ Number of unique persons who were prescribed HIV nPEP _____

_____ Number of unique persons prescribed or given doxyPEP _____

_____ Number of unique persons PrEP eligible _____

_____ Number of unique persons already on PrEP as prescribed at/by clinic [refill/maintenance] _____

_____ Number of unique persons referred to a PrEP provider [internally or in-house] _____

_____ Number of unique persons referred to a PrEP provider [externally] _____

_____ Number of unique persons prescribed PrEP at/by clinic [Initial Prescription] _____

Are there any data limitations, including reasons unable to report, in the Prevention Interventions tables above?

☐ Yes
☐ No

Please explain the data issues and your clinic's plans to enhance the completeness of your data.

Diagnoses and Treatment in the Reporting Period

Diagnoses and Treatment in the Reporting Period

Is your clinic able to collect and extract data for this variable? Count

 Number of unique persons tested for HIV Number of unique persons newly diagnosed with HIV Number of unique persons newly diagnosed with HIV & linked to care within 7 days of diagnosis [internally or in-house] Number of unique persons newly diagnosed with HIV & linked to care within 7 days of diagnosis [externally] Number of unique persons newly diagnosed with HIV though unlinked to care within 7 days of diagnosis/Lost to follow-upAre there any data limitations, including reasons
unable to report, in the table above?☐ Yes
☐ NoPlease explain the data issues and your clinic's plans
to enhance the completeness of your data.When you are finished, please click the **Submit** button to ensure your responses are recorded. The next screen will allow you to download your answers. You should also receive a confirmation email with your submission as a PDF.