

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

**Centers for Disease Control
and Prevention**

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Anjani Chandra, PhD
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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 Prevention (DHP) at the Centers for Disease Control and Prevention (CDC) is responsible for funding HIV prevention activities in the United States and evaluating those efforts. Although much of what we know about HIV infection has come from HIV case surveillance data and from behavioral surveillance studies of groups at increased risk for acquiring HIV or people living with HIV, data from national probability samples such as the NSFG are also critical to our ability to monitor HIV in the United States.

The NSFG is a source of several important indicators we use to monitor progress toward national goals. These include indicators of sexual risk such as multiple sex partners, sex with persons who inject drugs 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. The NSFG also provides important information about behaviors that can reduce HIV acquisition or transmission in the U.S. population, such as condom use and HIV testing. HIV testing data provided by NSFG help evaluate the uptake of 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.

DHP also uses data from NSFG to monitor indicators in populations at high risk for HIV, such as men who have sex with men (MSM), a population that accounted for 69% of all new diagnoses in 2018. DHP has frequently relied on NSFG data to analyze and disseminate information about HIV testing and risk behaviors among MSM as well as other populations at increased risk (see references below). Furthermore, NSFG data were instrumental in enabling DHP to produce national population size estimates for

populations at risk for HIV, including MSM (Purcell 2011), persons who inject drugs (Lansky 2013), and heterosexuals at risk (Lansky 2015), which have improved our estimation of HIV rates in these populations.

The NSFG is one of only a few nationally representative surveys that collect 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 DHP.

We look forward to continued success of the NSFG.

Sincerely,

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