U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Print Date: *7/22/25*

Title:	Sexually Transmitted Disease Surveillance Network (SSuN)
Project Id:	0900f3eb825181f3
Accession #:	NCHHSTP-SDSB-2/20/25-181f3
Project Contact:	Emily E Rowlinson
Organization:	NCHHSTP/DSTDP/SDSB
Status:	**Project In Progress**
Intended Use:	**Project Determination**
Estimated Start Date:	09/30/2024
Estimated Completion Date:	09/29/2029
CDC/ATSDR HRPO/IRB Protocol #:	
OMB Control #:	0920-1072
OMB Discontinuation Date:	

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: **Does NOT Require HRPO Review**	Not Research - Public Health Surveillance *45 CFR 46.102(l)(2)*	3/14/25	Dodson_Janella R. (jhd7) CIO HSC
PRA: **PRA Applies**		3/20/25	Cody_Aisha (xvt3) CTR OMB/PRA Coordinator
ICRO: **PRA Applies**	OMB Approval date: 9/19/23 OMB Expiration date: 9/19/26	3/24/25	Zirger_Jeffrey (wtj5) ICRO Reviewer

Description & Funding

Description

Priority: Standard

Date Needed: 09/29/2025

Priority Justification:

CDC Priority Area for this Project: Not selected

Determination Start Date: 03/06/25

Description:

In light of resurgent sexually transmitted infections (STIs), and a public health imperative to respond to related epidemics such as HIV, this project proposes approaches to enhanced and sentinel surveillance that integrates monitoring of STIs, HIV and behavioral data from populations at risk. The data will be used to identify opportunities and gaps in prevention and to direct disease control efforts at the local and national level. Systematic, ongoing collection of patient-level information to monitor the occurrence of, and factors associated with, STIs is the foundation upon which STI control programs are based. Reporting by clinicians, laboratories and healthcare facilities is limited and does not fully provide information needed to characterize STIs and co-occurring epidemics, to identify populations at risk for adverse health impacts, or to identify opportunities and gaps in sexual health and preventive services. SSuN addresses these information needs, and incorporates flexibility to respond to emergent health issues related to STIs by supporting a network of geographically diverse health departments and STI-related clinical partners implementing protocol-based surveillance activities. These activities complement existing national surveillance strategies such as case reporting. They also expand the capacity of health departments to collect high-quality, timely data to inform disease prevention and direct control activities. SSuN supports the goals of the Sexually Transmitted Infections National Strategic Plan for the United States to 1) prevent new STIs, 2) improve the health of people by reducing adverse health outcomes of STIs, 3) reduce STI-related health disparities, and 4) achieve integrated, coordinated efforts that address the STI epidemic. SSuN collects supplemental STI surveillance data via two project strategies: Strategy A - Sentinel surveillance in STI Clinics: Following predefined protocols, visit-level demographic, clinical and behavioral information will be extracted from medical records, all patient records will be matched with the jurisdiction#s HIV surveillance registry, and relevant laboratory data extracted. Records will be de-identified, re-formatted and transmitted to CDC every two months for a full census of patients presenting for care in collaborating facilities. Strategy B - Enhanced case-based surveillance: Collaborating jurisdictions will provide a full census of gonorrhea and all stages of syphilis reported in their

	jurisdictions, match all records with the jurisdiction#s HIV surveillance registry. Case records will be de-identified, re-coded and formatted in compliance with protocols and transmitted to CDC on a predetermined schedule. A random sample of gonorrhea and early syphilis cases from this dataset will be identified for enhanced provider and patient investigations. Results of these investigations will be integrated into case datasets and transmitted to CDC on a predetermined schedule.
IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission:	No
IMS Activation Name:	Not selected
Submitted through IMS Clearance Matrix:	Not selected
Primary Scientific Priority:	Not selected
Secondary Scientific Priority (s):	Not selected
Task Force Responsible:	Not selected
CIO Emergency Response Name:	Not selected
Epi-Aid Name:	Not selected
Lab-Aid Name:	Not selected
Assessment of Chemical Exposure Name:	Not selected
Goals/Purpose	SSuN supports the goals of the Sexually Transmitted Infections National Strategic Plan for the United States to 1) prevent new STIs, 2) improve the health of people by reducing adverse health outcomes of STIs, 3) reduce STI-related health disparities, and 4) achieve integrated, coordinated efforts that address the STI epidemic. Expected outcomes by component Strategy include Strategy A: (Protocol-based sentinel surveillance in collaborating STI/Sexual Health Clinics) # Improved, timely ascertainment of patient characteristics, clinical services, diagnoses, laboratory testing, and treatments prescribed/provided to patients. # Improved, timely ascertainment of HIV, STI and mpox preventive services delivered to patients (e.g., HIV PrEP/ PEP, Doxycline Post Exposure Prophylaxis [doxy PEP], mpox, Meningococcal B (MenB) and other relevant vaccinations such as HPV and the viral hepatidities). # Improved provider compliance with screening, treatment, and preventive service recommendations through timely ascertainment and reporting of patient outcomes. # Improved timeliness, data completeness and data quality through continuous quality assurance activities. # Improved ability to understand disparities in health outcomes across different populations. Strategy B: (Protocol-based enhanced STI case surveillance in defined geographic areas) # Improved, timely ascertainment of reported cases of gonorrhea and all stages of non-congenital syphilis. # Improved ability to estimate patient demographic characteristics, behavioral risk, treatment, and access to (and use of) preventive services through enhanced investigations on a representative sample of reported gonorrhea and early syphilis cases. # Improved, timely information on HIV co-infection and trends among diagnosed and reported gonorrhea and early syphilis cases. # Improved, timely information on HIV and mpox-related preventive services delivered to persons diagnosed and reported with gonorrhea and/or early syphilis. # Improved provider and community-level compliance with gonorrhea and syphilis treatment recommendations. # Improved ability to understand community-wide health disparities issues across multiple demographic and behavioral groups through timely ascertainment and analyses of patient characteristics and outcomes. # Improved timeliness, data completeness and data quality through continuous quality assurance activities. The objective of this surveillance project is to enhance capacity for STI surveillance and better meet CDC#s disease surveillance mandate. The primary objectives of Strategy A are 1) monitoring trends in people seeking care in STI clinics, and 2) monitoring STI-related HIV prevention opportunities among persons seeking care in STI clinics. The objectives for Strategy B are: 1) implement protocol-based enhanced case surveillance for gonorrhea and early syphilis, including HIV registry matching and 2) patient interviews on a representative sample of persons diagnosed with these infections. Enhanced data collection on all reported cases of

Objective:	gonorrhea and all stages of non-congenital syphilis provides a valuable supplement to national case notifications allowing assessment of key surveillance data quality measures. Collection of HIV registry matching provides information valuable for assessing progress toward HIV prevention goals and gaps in HIV preventive services among persons diagnosed with STIs. Additional patient and provider data obtained on a representative sample of gonorrhea and early syphilis cases allows for valid estimation of person characteristics often missing or not present in routine cases reporting.
Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?:	Yes
Does your project investigate underlying contributors to health inequities among populations /groups experiencing social, economic, geographic, and/or environmental disadvantages?:	Yes
Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?:	No
Activities or Tasks:	New Collection of Information, Data, or Biospecimens ; Secondary Data or Specimen Analysis ; Purchase, Use, or Transfer of Information, Data, Biospecimens or Materials
Target Populations to be Included/Represented:	General US Population ; Pregnant Women ; American Indian or Alaska Native ; Asian ; Black or African American ; Hispanic or Latino ; Native Hawaiian or Other Pacific Islander ; White ; Female ; Male ; Adult 18-24 years ; Older adults > 64 years
Tags/Keywords:	Sexually Transmitted Diseases ; Sexually Transmitted Diseases, Bacterial ; Sexually Transmitted Diseases, Viral ; Neisseria gonorrhoeae ; Syphilis ; Chlamydia
CDC's Role:	Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided ; CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens ; CDC employees will participate as co-authors in presentation(s) or publication(s) ; CDC employees will provide substantial technical assistance or oversight ; CDC is providing funding
Method Categories:	Analytic Services (can be data/specimen TA for non-research,research,investigations)
Methods:	Strategy A - Sentinel surveillance in STI Clinics: Following predefined protocols, visit-level demographic, clinical and behavioral information will be extracted from medical records, all patient records will be matched with the jurisdiction's HIV surveillance registry, and relevant laboratory data extracted. Records will be de-identified, re-formatted and transmitted to CDC every two months for a full census of patients presenting for care in collaborating facilities. Strategy B - Enhanced case-based surveillance: Collaborating jurisdictions will provide a full census of gonorrhea and adult (non-congenital) syphilis reported in their jurisdictions, match all records with the jurisdiction's HIV surveillance registry. Case records will be de-identified, re-coded and formatted in compliance with protocols and transmitted to CDC on a predetermined schedule. A random sample of gonorrhea and syphilis cases from this dataset will be identified for enhanced provider and patient investigations. Results of these investigations will be integrated into case datasets and transmitted to CDC on a predetermined schedule.
Collection of Info, Data or Biospecimen:	Participating jurisdictions will submit de-identified datasets to CDC in compliance with project protocols every month, alternating between Strategy A and B and following a predetermined data transmission schedule. Participating jurisdictions will conduct local data quality assurance processes, and data will be merged into de-identified national datasets for analysis and reporting.
	Subject matter experts and science officer collaborating with the STI Surveillance Network produce routine process and progress reports disseminated to collaborating health departments. Cross-sectional and trend data from SSuN are routinely presented at

Expected Use of Findings/Results and their impact: national STI-related conferences and published in relevant peer-reviewed journals. Selected cross-sectional data from SSuN is also included in the annual STI Surveillance report produced by CDC to provide enhanced information not obtained by case-based surveillance.

Could Individuals potentially be identified based on Information Collected? No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
CDC Cooperative Agreement	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5	CDC-RFA-PS-24-0082	2024	5	4562000.00

HSC Review

Regulation and Policy

Do you anticipate this project will require review by a CDC IRB or HRPO? No

Estimated number of study participants

Population - Children Protocol Page #:

Population - Minors Protocol Page #:

Population - Prisoners Protocol Page #:

Population - Pregnant Women Protocol Page #:

Population - Emancipated Minors Protocol Page #:

Suggested level of risk to subjects	
Do you anticipate this project will be exempt research or non-exempt research	

Requested consent process waviers

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection
Alteration of authorization under HIPAA Privacy Rule	No Selection

Requested Waivers of Documentation of Informed Consent

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection

Consent process shown in an understandable language

Reading level has been estimated	No Selection
Comprehension tool is provided	No Selection
Short form is provided	No Selection
Translation planned or performed	No Selection
Certified translation / translator	No Selection
Translation and back-translation to/from target language(s)	No Selection
Other method	No Selection

Clinical Trial

Involves human participants	No Selection
Assigned to an intervention	No Selection
Evaluate the effect of the intervention	No Selection
Evaluation of a health related biomedical or behavioral outcome	No Selection

Registerable clinical trial	No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus	No Selection
Human genetic testing is planned now or in the future	No Selection
Involves long-term storage of identfiable biological specimens	No Selection
Involves a drug, biologic, or device	No Selection
Conducted under an Investigational New Drug exemption or Investigational Device Exemption	No Selection

Institutions & Staff

Institutions

Will you be working with an outside Organization or Institution? Yes

Institution	FWA #	FWA Exp Date	Funding	Funding Restriction Amount
Baltimore City Hlth Dept	FWA00002106	06/23/28	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
California Health & Human Services Agency	FWA00000681	01/23/30	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Chicago Department of Public Health	FWA00001184	05/03/29	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
City of Columbus	FWA00008429	03/21/27	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Colorado Department of Public Health & Environment	FWA00003044	01/22/29	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
District of Columbia Dept of Hlth	FWA00003034	07/01/29	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Indiana State Department of Health	FWA00001959	03/18/26	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Massachusetts Department of Public Health	FWA00000786	08/26/27	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Michigan Department of Health and Human Services	FWA00007331	04/09/29	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
New York City Dept of Hlth & Mental Hygiene	FWA00009459	03/18/27	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Philadelphia Department of Public Health	FWA00003616	06/07/28	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
San Francisco Dept of Public Hlth	FWA00000162	01/25/28	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
State of Florida, Dept of Hlth	FWA00004682	04/25/30	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Tennessee Department of Health	FWA00000379	01/18/27	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	
Washington State Department of Health	FWA00000327	10/12/26	Sexually Transmitted Infections (STI) Surveillance Network (SSuN) Cycle 5 - CDC-RFA-PS-24-0082	

Institution	Funding Restriction Percentage	Funding Restriction Reason	Funding Restriction has been Lifted
Baltimore City Hlth Dept			
California Health & Human Services Agency			
Chicago Department of Public Health			
City of Columbus			
Colorado Department of Public Health & Environment			
District of Columbia Dept of Hlth			
Indiana State Department of Health			
Massachusetts Department of Public Health			
Michigan Department of Health and Human Services			
New York City Dept of Hlth & Mental Hygiene			
Philadelphia Department of Public Health			
San Francisco Dept of Public Hlth			
State of Florida, Dept of Hlth			
Tennessee Department of Health			
Washington State Department of Health			

Institution	Institution Role(s)	Institution Project Title	Institution Project Tracking #	Prime Institution
Baltimore City Hlth Dept	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
California Health & Human Services Agency	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			

Chicago Department of Public Health	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
City of Columbus	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Colorado Department of Public Health & Environment	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
District of Columbia Dept of Hlth	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Indiana State Department of Health	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Massachusetts Department of Public Health	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Michigan Department of Health and Human Services	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
New York City Dept of Hlth & Mental Hygiene	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Philadelphia Department of Public Health	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
San Francisco Dept of Public Hlth	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
State of Florida, Dept of Hlth	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
Tennessee Department of Health	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			
	Receiving Direct HHS Support (Prime Awardee); Obtaining, Storing or Transferring Non-Identifiable Private Information			

Washington State Department of Health	or Non-Identifiable Biospecimens; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens			

Institution	Regulatory Coverage	IRB Review Status
Baltimore City Hlth Dept	IRB Review is Not Required	
California Health & Human Services Agency	IRB Review is Not Required	
Chicago Department of Public Health	IRB Review is Not Required	
City of Columbus	IRB Review is Not Required	
Colorado Department of Public Health & Environment	IRB Review is Not Required	
District of Columbia Dept of Hlth	IRB Review is Not Required	
Indiana State Department of Health	IRB Review is Not Required	
Massachusetts Department of Public Health	IRB Review is Not Required	
Michigan Department of Health and Human Services	IRB Review is Not Required	
New York City Dept of Hlth & Mental Hygiene	IRB Review is Not Required	
Philadelphia Department of Public Health	IRB Review is Not Required	
San Francisco Dept of Public Hlth	IRB Review is Not Required	
State of Florida, Dept of Hlth	IRB Review is Not Required	
Tennessee Department of Health	IRB Review is Not Required	
Washington State Department of Health	IRB Review is Not Required	

Institution	Registered IRB	IRB Registration Exp. Date	IRB Approval Status
Baltimore City Hlth Dept			
California Health & Human Services Agency			
Chicago Department of Public Health			
City of Columbus	Children's Hosp (Columbus) IRB #1	07/12/27	
Colorado Department of Public Health & Environment			
District of Columbia Dept of Hlth			
Indiana State Department of Health			
Massachusetts Department of Public Health			
Michigan Department of Health and Human Services			
New York City Dept of Hlth & Mental Hygiene			
Philadelphia Department of Public Health			
San Francisco Dept of Public Hlth			
State of Florida, Dept of Hlth			
Tennessee Department of Health			
Washington State Department of Health			

Institution	IRB Approval Date	IRB Approval Exp. Date	Relying Institution IRB
Baltimore City Hlth Dept			
California Health & Human Services Agency			
Chicago Department of Public Health			
City of Columbus			
Colorado Department of Public Health & Environment			
District of Columbia Dept of Hlth			
Indiana State Department of Health			
Massachusetts Department of Public Health			
Michigan Department of Health and Human Services			
New York City Dept of Hlth & Mental Hygiene			
Philadelphia Department of Public Health			
San Francisco Dept of Public Hlth			
State of Florida, Dept of Hlth			
Tennessee Department of Health			
Washington State Department of Health			

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	CITI Good Laboratory Practice Exp. Date	Staff Role	Email	Phone	Organization
Eloisa Llata	07/25/2026		02/19/2022			Program Official	gge3@cdc.gov	404-639-6183	ENHANCED SURVEILLANCE AND SPECIAL STUDIES TEAM
Kristen Eberly	08/17/2026					Program Official	tgo7@cdc.gov	- -	ENHANCED SURVEILLANCE AND SPECIAL STUDIES TEAM
Lazetta Grier	02/24/2028					Data Owner	lig9@cdc.gov	404-639-1845	DATA MANAGEMENT TEAM1
Marvin Fleming	08/21/2026					Project Officer	mqf6@cdc.gov	404-639-2	ENHANCED SURVEILLANCE AND SPECIAL STUDIES TEAM
Rebekah Frankson	08/11/2026	03/08/2025	11/23/2024			Program Official	gny7@cdc.gov	404-498-5749	ENHANCED SURVEILLANCE AND SPECIAL STUDIES TEAM

Data

DMP

Proposed Data Collection Start Date: 9/30/24

Proposed Data Collection End Date: 9/29/29

Proposed Public Access Level: Non-Public

Non-Public Details:

Reason For Not Releasing Data: Country/Jurisdiction owns the data with protections under their laws and regulations

Public Access Justification: The STI Surveillance Network (SSuN) is a combination of secondary and primary data collected and maintained by local jurisdictions for the purposes of providing routine clinical care or STI surveillance Local collaborators retain full control of and rights to analysis, research, and publication of their locally collected data, regardless of whether these data are also provided to CDC as part of SSuN activities.

Sites send SSuN data through SAMS using specified encryption methods. CDC will securely store these data, accessible only to CDC staff/contractors . Data will not be integrated into other datasets maintained by CDC and will at all times be stored on secure servers with fully restricted access. The Surveillance and Data Science Branch in the Division of STD Prevention is charged with the

How Access Will Be Provided for Data:	responsibility of maintaining the security and confidentiality and the scientific integrity of all SSuN databases, dataset and subsequent analyses. Appropriate CDC staff will be designated custodians of the SSuN data and accept full responsibility for observance of all conditions of use and for establishment and maintenance of CDC-standard security precautions to prevent unauthorized use. Other CDC staff in the Division of STD Prevention may be granted access to dataset derived from SSuN data as needed for legitimate data management or analytic purposes. All CDC staff with access to SSuN data will remain current with the annual Health and Human Services Information Security Awareness Training. A record of the completion of security training for all CDC staff is maintained by the CDC Information Technology Services Office (ITSO).
Plans for Archival and Long Term Preservation:	CDC may retain SSuN data as long as the data are protected as described herein and local use of these data to direct STI surveillance and prevention activities is ongoing. CDC will annually review the need for the data with SSuN Principal Collaborators and will destroy all copies of the data if it is determined that no further analysis will be conducted.

Spatiality

Country	State/Province	County/Region
United States	Washington	
United States	Ohio	Franklin County
United States	Michigan	
United States	Massachusetts	
United States	Maryland	City of Baltimore
United States	Illinois	Cook County
United States	Indiana	Marion County
United States	Florida	
United States	District of Columbia	
United States	Colorado	Denver County
United States	California	
United States	New York	New York County
United States	New York	Kings County
United States	New York	Bronx
United States	Ohio	Fairfield County
United States	Ohio	Delaware County
United States	Tennessee	
United States	Pennsylvania	Philadelphia County
United States	New York	Richmond County
United States	New York	Queens County

Dataset

Dataset Title	Dataset Description	Data Publisher /Owner	Public Access Level	Public Access Justification	Landing Page URL	Direct Download URL	Type of Data Released	Collection Start Date	Collection End Date
Dataset yet to be added...									

Supporting Info

Current	CDC Staff Member and Role	Date Added	Description	Supporting Info Type	Supporting Info
	Zirger_Jeffrey (wtj5) ICRO Reviewer	03/24/2025	NOA 0920-1072 (2023)	Notice of Action	NOA 0920-1072_2023.pdf
Current	Rowlinson_Emily E. (fva5) Project Contact	03/06/2025	SSuN Protocol: Revised 2/25/2025 to comply with EO #14168	Protocol	Master_Protocol_Cycle5_V1.0 Revised 02.27.2025 Clean.pdf
Current	Rowlinson_Emily E. (fva5) Project Contact	03/06/2025	Data Elements List with Descriptions and Value Sets. The document is in tracked changes mode until we receive OMB approval to implement the changes needed to comply with EO #14168, after which we will upload a clean data elements list.	Other-Enter new type	SSuN_DataBase_V16_OMB_NonSubstantiveChange.xlsx
Current	Rowlinson_Emily E. (fva5) Project Contact	03/06/2025	Uploading the current version of the clinic survey administered as required activities in Part A. Document is in tracked changes format until we receive approval from OMB to implement changes to comply with EO #14168.	Data Collection Form	Proposed_Revised_ClinicSurvey.docx

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention