

Priority Strategy	Assessment: 9 Required Activities
Conduct Surveillance	1) Ensure confidentiality and security guidelines for the collection, storage, and use of all surveillance data according to NCHHSTP guidance; 2) Improve the quality of case-based data collection by routinely obtaining information on gender of sex partners, pregnancy status, HIV status, treatment given, patient address and provider information; 3) Geocode case-based surveillance data to target interventions to providers serving a high volume of patients with STDs and to populations in geographic areas with high numbers of reported infections; 4) Conduct automated matching of STD and HIV cases for identification of syndemics and for targeting health department DIS partner services for co-infected individuals; and 5) Disseminate surveillance information to affected populations, communities, providers and key stakeholders.
Monitor Screening Rates	6) Measure annual CT screening rates among young females (15-24 years) enrolled in Medicaid programs, and Title X and other family planning clinics, ideally using the CT HEDIS measure 7) Measure annual syphilis and rectal GC screening rates among MSM seen in high volume HIV care settings.
Assess Gaps in Safety Net Services	8) Determine where uninsured or underinsured clients are receiving safety net service; 9) Identify the clinical and prevention service gaps for patients who are receiving care (e.g., missed opportunities by providers).
	Assurance: 8 Required Activities
Screening and Treatment of Individuals per CDC guidance	10) Increase CT screening rates among young females (15-24 years) seen in Medicaid programs, and Title X and other family planning clinics, ideally using the CT HEDIS measure; 11) Provide assistance (at least 13.5 percent of the overall award amount) to non-profit organizations that have demonstrated their ability to provide such safety net STD clinical preventive services and provide a methodology to document the number of uninsured or underinsured females screened for CT/GC through this assistance; 12) Increase syphilis and rectal GC screening rates among MSM seen in high volume HIV care settings; 13) Increase the proportion of patients with GC that are correctly treated according to current CDC guidelines in areas of high GC morbidity.
Partner Services/Outreach Services and Linkage to Care	14) Increase the provision of targeted and effective health department Disease Intervention Specialist (DIS) partner services for: (a) Primary and secondary syphilis cases; (b) HIV co-infected GC and syphilis cases;

	<p>(c) GC cases with possible GC treatment failure or suspected or probable cephalosporin-resistant GC isolate using the criteria in the Cephalosporin-Resistant GC Public Health Response Plan.</p> <p>15). Link partners contacted who have not been diagnosed previously with HIV who test positive for HIV to care.</p>
Health Promotion and Prevention Education	<p>16) Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy maker;</p> <p>17) Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other providers who see many at-risk patients.</p>
Priority Strategy	Policy: 3 Required Activities
Monitor and evaluate impact of relevant policies.	18) Monitor and evaluate policies relevant to STD prevention and control in the project area;
Educate public, providers and key stakeholders	19) Educate public, providers and key stakeholders on the positive potential or proven impacts of policies on reducing sexually transmitted infections.
Enhance collaboration with primary care.	20) Work with external partners and other agencies within the executive branch of state or local governments to improve access and quality of STD prevention services through enhanced collaboration with primary care.