Sexually Transmitted Diseases

Number	Objective Short Title
STD-1	Chlamydia
STD-2	Chlamydia among females
STD-3	Annual screening for genital Chlamydia by Medicaid
STD-4	Annual screening for genital Chlamydia by insurance plans
STD–5	Pelvic inflammatory disease
STD-6	Gonorrhea
STD-7	Primary and secondary syphilis
STD-8	Congenital syphilis
STD-9	Human papillomavirus infection
STD-10	Genital herpes

Topic Area: Sexually Transmitted Diseases

STD–1: Reduce the proportion of adolescents and young adults with \hat{O} and \hat{Q} a

STD–1.1 Reduce the proportion of females aged 15 to 24 years with \hat{O} and $\hat{\mathcal{A}} = \hat{\mathcal{A}} = \hat{\mathcal{A}}$

Target: 6.7 percent.

Baseline: 7.4 percent of females aged 15 to 24 years who attended family planning clinics in the past 12 months tested positive for \hat{O} and $\hat{\mathcal{A}}$ and $\hat{\mathcal{A}}$ and $\hat{\mathcal{A}}$ infections in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–1.2 Reduce the proportion of females aged 24 years and under with \hat{O} and $\hat{\mathcal{A}} = \hat{\mathcal{A}} = \hat{\mathcal$

Target: 11.5 percent.

Baseline: 12.8 percent of females aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for \hat{O} and $\hat{\mathcal{A}}$ and $\hat{\mathcal{A}}$

Target setting method: 10 percent improvement.

Data sources: STD Surveillance System (STDSS), CDC, NCHHSTP; the National Job Training Program, U.S. Department of Labor.

STD–1.3 Reduce the proportion of males aged 24 years and under enrolled in a National Job Training Program with \hat{O} and $\hat{\mathcal{A}}$ and $\hat{\mathcal$

Target: 6.3 percent.

Baseline: 7.0 percent of males aged 24 years and under who enrolled in a National Job Training Program in the past 12 months tested positive for \hat{O} and $\hat{\mathcal{A}}$ and $\hat{\mathcal{A}}$ and $\hat{\mathcal{A}}$ infections in 2008.

Target setting method: 10 percent improvement.

Data sources: STD Surveillance System (STDSS), CDC, NCHHSTP; National Job Training Program, U.S. Department of Labor.

STD-2: (Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.

Potential data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–3: Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

STD–3.1 Increase the proportion of sexually active females aged 16 to 20 years enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

Target: 74.4 percent.

Baseline: 52.7 percent of sexually active females aged 16 to 20 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–3.2 Increase the proportion of sexually active females aged 21 to 24 years enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year.

Target: 80.0 percent.

Baseline: 59.4 percent of sexually active females aged 21 to 24 years enrolled in Medicaid plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD-4: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

STD-4.1 Increase the proportion of sexually active females aged 16 to 20 years enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

Target: 65.9 percent.

Baseline: 40.1 percent of sexually active females aged 16 to 20 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD-4.2 Increase the proportion of sexually active females aged 21 to 24 years enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year.

Target: 78.3 percent.

Baseline: 43.5 percent of sexually active females aged 21 to 24 years enrolled in commercial health insurance plans were screened for genital Chlamydia infections during the measurement year, as reported in 2008.

Target setting method: Projection/trend analysis.

Data source: Healthcare Effectiveness Data and Information Set (HEDIS), NCQA.

STD–5: Reduce the proportion of females aged 15 to 44 years who have ever required treatment for pelvic inflammatory disease (PID).

Target: 3.59 percent.

Baseline: In 2006–08, 3.99 percent of females aged 15 to 44 years reported that they had ever required treatment for pelvic inflammatory disease (PID).

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

STD–6: Reduce gonorrhea rates.

STD–6.1 Reduce gonorrhea rates among females aged 15 to 44 years.

Target: 257 new cases per 100,000 population.

Baseline: 285 new cases of gonorrhea per 100,000 females aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD-6.2 Reduce gonorrhea rates among males aged 15 to 44 years.

Target: 198 new cases per 100,000 population.

Baseline: 220 new cases of gonorrhea per 100,000 males aged 15 to 44 years were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD-7: Reduce sustained domestic transmission of primary and secondary syphilis.

STD–7.1 Reduce sustained domestic transmission of primary and secondary syphilis among females.

Target: 1.4 new cases per 100,000 population.

Baseline: 1.5 new cases of primary and secondary syphilis per 100,000 females were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–7.2 Reduce sustained domestic transmission of primary and secondary syphilis among males.

Target: 6.8 new cases per 100,000 population.

Baseline: 7.6 new cases of primary and secondary syphilis per 100,000 males were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD-8: Reduce congenital syphilis.

Target: 9.1 new cases per 100,000 live births.

Baseline: 10.1 new cases of congenital syphilis per 100,000 live births were reported in 2008.

Target setting method: 10 percent improvement.

Data source: STD Surveillance System (STDSS), CDC, NCHHSTP.

STD–9: (Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection.

STD–9.1 (Developmental) Reduce the proportion of females with human papillomavirus (HPV) types 6 and 11.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.2 (Developmental) Reduce the proportion of females with human papillomavirus (HPV) types 16 and 18.

Potential data sources: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Health Interview Study (NHIS), CDC, NCHS.

STD–9.3 (Developmental) Reduce the proportion of females with other human papillomavirus (HPV) types.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

STD–10: Reduce the proportion of young adults with genital herpes infection due to herpes simplex type 2.

Target: 9.5 percent.

Baseline: 10.5 percent of young adults tested positive for herpes simplex virus type 2 in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.