



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

Centers for Disease Control  
and Prevention

September 21, 2017

Anjani Chandra, Ph.D.  
Principal Investigator and Team Leader  
National Survey of Family Growth  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

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/AIDS Prevention (DHAP) 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/AIDS 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. Additionally, NSFG serves as the primary data source for monitoring several HIV-related objectives in Healthy People 2020, such as increasing the proportion of adolescents and adults who have ever been tested for HIV.

DHAP 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 70% of all diagnoses in 2015. DHAP 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 DHAP 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 DHAP.

We look forward to continued success of the NSFG.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Marc Pitasi', followed by a long horizontal line.

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cc: Joseph Prejean, Chief, Behavioral and Clinical Surveillance Branch  
Kevin Delaney, Acting Team Lead, Special Studies and Diagnostics Team

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