

Country Information

Q1.1 Record ID (Country):

Q1.2 First name:

Q1.3 Last name:

Q1.4 Job title:

Q1.5 Organisation:

Q1.6 Email address:

Q1.7 Phone number (optional):

Q1.8 Did other representatives from your country participate in completing this questionnaire and/or providing data?

- Yes
 No

Please list additional person involved in completion of the questionnaire and provision of data (first name, surname, job title, organisation, email)

Q1.9 First name:

Q1.10 Last name:

Q1.11 Job title:

1.12 Organisation name:

Q1.12.1 Organisation type:

- Policy
 Civil society
 Government
 Health care
 Academia
 Other (please specify)

Q1.12.2 Please specify "other" organisation type:

Q1.13 Email address:

Q1.14 Did other representatives from your country participate in completing this questionnaire and/or providing data?

- Yes
 No

Please list additional person involved in completion of the questionnaire and provision of data (first name, surname, job title, organisation, email)

Q1.15 First name:

Q1.16 Last name:

Q1.17 Job title:

Q1.18 Organisation name:

Q1.18.1 Organisation type:

- Policy
 Civil society
 Government
 Health care
 Academia
 Other (please specify)

Q1.18.2 Please specify "other" organisation type:

Q1.19 Email address:

Q1.20 Did other representatives from your country participate in completing this questionnaire and/or providing data?

- Yes
 No

Please list additional person involved in completion of the questionnaire and provision of data (first name, surname, job title, organisation, email)

Q1.21 First name:

Q1.22 Last name:

Q1.23 Job title:

Q1.24 Organisation name:

Q1.24.1 Organisation type:

- Policy
- Civil society
- Government
- Health care
- Academia
- Other (please specify)

Q1.24.2 Please specify "other" organisation type:

Q1.25 Email address:

Q1.26 If other representatives from your country participated in completing this questionnaire and/or providing data, please list the individual(s) here and provide the same information as you have done for the representatives listed above (first name, surname, job title, organisation, email).

Form status: at the end of each form, please select one of the following options to indicate the state of data entry. Incomplete - Data entry has started but not finished. Unverified - All data has been entered but internal country review (if any) has not occurred yet. Complete - Data entry for the form is finished and internal country review (if any) is complete.

Enabling Environment

Policy environment

Q2.1 Does your country have a national strategy, plan or policy for the prevention and control of STIs?

A national strategic plan (NSP) for STIs is a key document that guides national authorities and stakeholders on how to comprehensively address the [disease] epidemic through interventions within the health and across other sectors.

- Yes (standalone)
 - Yes (integrated within broader [health/reproductive or sexual health/infectious disease/other] strategy)
 - Under development
 - No
 - Do not know
-

Q2.1.0 If no, are there plans in place to develop a national strategy, plan or policy for STIs in the next two years?

- Yes
 - No
 - Do not know
 - Other (please specify)
-

Q2.1.0.1 Please specify:

Q2.1.1 If yes, please indicate the year (YYYY) of publication of the national strategy, plan or policy currently in place in your country:

Q2.1.2 If yes, are there funds allocated from the national budget to implement the strategy, plan or policy?

- Yes
 - No
 - Do not know
 - Other (please specify)
-

Q2.1.2.1 Please specify:

Q2.1.2.2 Do you have any further comment on the funds allocated to the national budget to implement the national plan/strategy or recommendations?

Q2.1.3 If yes, does it mention or specifically focus on any of the following populations? Please select all that apply:

- General population
- Young people (aged 15-24 years)
- Gay, bisexual and other men who have sex with men (gbMSM)
- People who inject drugs (PWID)
- People on HIV PrEP
- People living with HIV
- Migrants
- Undocumented migrants
- Sex workers
- Prisoners
- Transgender people
- Non-binary people
- Chemsex users
- Ethnic minorities
- Homeless people
- Other (please specify)

Q2.1.3.1 Please specify 'other' population:

Q2.2 Do you have any other comments about the policy environment in your country relating to the prevention and control of STIs?

Legal environment

Q2.3 In your country, what is the legal age for an individual to receive testing for STIs, without parental consent?

- 15 years
- 16 years
- 17 years
- 18 years
- Other (please specify)

Q2.3.1 Please specify the 'other' legal age for an individual to receive testing for STIs, without parental consent:

Q2.4 Is there mandatory STI testing for any population groups (excluding blood donors)?

- Yes (please specify)
- No

Q2.4.1 Please specify for which population groups (excluding blood donors) there is mandatory STI testing:

Q2.5 Does your country have laws criminalising the transmission of, non-disclosure of or exposure to STI transmission?

- Yes (please specify)
- No, but prosecution occurs based on general criminal laws
- No
- Do not know

Q2.5.1 Please specify regarding laws in your country criminalising the transmission of, non-disclosure of or exposure to STI transmission:

Q2.6 Do you have any other comments about the legal environment in your country relating to the prevention and control of STIs?

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Prevention

Policy environment

Q3.1 In your country, is there a national policy for the following STI vaccinations among gay, bisexual and other men who have sex with men (gbMSM)?

	Yes	No	Do not know
Q3.1.1 Hepatitis A virus (HAV) vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3.1.2 Human papillomavirus (HPV) vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3.1.3 Mpox vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3.1.4 Other STI vaccination (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HAV vaccination

Q3.1.1.1 If possible, please provide a weblink for the national immunisation guidelines on HAV vaccination. If they are not online, please upload them below. _____

Q3.1.1.2 Upload the national immunisation guidelines on HAV vaccination by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

HPV vaccination

Q3.1.2.1 If possible, please provide a weblink for the national immunisation guidelines on HPV vaccination. If they are not online, please upload them below. _____

Q3.1.2.2 Upload the national immunisation guidelines on HPV vaccination by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Mpox vaccination

Q3.1.3.1 If possible, please provide a weblink for the national immunisation guidelines on Mpox vaccination. If they are not online, please upload them below. _____

Q3.1.3.2 Upload the national immunisation guidelines on Mpox vaccination by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

"Other" STI vaccination

Q3.1.4.0 Please specify "other" STI vaccination where there is national policy to vaccinate gbMSM: _____

Q3.1.4.1 If possible, please provide a weblink for the national immunisation guidelines on the "other" STI vaccination you have referred to. If they are not online, please upload them below. _____

Q3.1.4.2 Upload the national immunisation guidelines on the "other" STI vaccination you have specified by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Q3.2 What are the costs to the individual gbMSM to be vaccinated for the following STIs?**Please check all that apply:**

	Available free for all gbMSM	Available for free if the individual gbMSM has insurance	Available for free for some population groups of gbMSM (please specify)	Available at a cost	Other (please specify)	Do not know
Q3.2.1 Hepatitis A virus (HAV) vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3.2.2 Human papillomavirus (HPV) vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3.2.3 Mpox vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAV vaccination cost to individual gbMSM

Q3.2.1.1 Please specify for which gbMSM population groups HAV vaccination is available for free:

Q3.2.1.2 If available at a cost, please provide information on the current cost to the individual gbMSM to be vaccinated for HAV:

Q3.2.1.3 Please specify if cost to the individual gbMSM to be vaccinated for HAV is 'other':

HPV vaccination cost to individual gbMSM

Q3.2.2.1 Please specify for which gbMSM population groups HPV vaccination is available for free:

Q3.2.2.2 If available at a cost, please provide information on the current cost to the individual gbMSM to be vaccinated for HPV:

Q3.2.2.3 Please specify if cost to the individual gbMSM to be vaccinated for HPV is 'other':

Mpox vaccination cost to individual gbMSM

Q3.2.3.1 Please specify for which gbMSM population groups Mpox vaccination is available for free:

Q3.2.3.2 If available at a cost, please provide information on the current cost to the individual gbMSM to be vaccinated for Mpox:

Q3.2.3.3 Please specify if cost to the individual gbMSM to be vaccinated for Mpox is 'other':

Q3.3 In your country, are there population groups other than boys and girls (under 15 years of age) and gbMSM for which there exists HPV vaccination policy? (e.g. people living with HIV, sex workers, migrants, transgender people)?

- Yes (please specify)
 No
 Do not know
-

Q3.3.1 If yes, please specify for which other populations where there exists an HPV vaccination policy in your country:

Q3.4 Do you have any other comments about STI vaccination policies or programmes in your country?

STI vaccination coverage

Q3.5 Are data available on the number of gbMSM fully vaccinated for hepatitis A virus (HAV) in your country?

- Yes (please provide details)
 No data available
 Do not know
-

Q3.5.0 If yes, please specify the calendar year (YYYY) for which you are able to provide data on gbMSM fully vaccinated for HAV in your country:

Please provide as much detail as you can on gbMSM fully vaccinated for HAV in your country. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q3.5.1 Numerator: Number of gbMSM fully vaccinated for HAV _____

Q3.5.2 Denominator: Number of gbMSM in your country _____

Q3.5.3 Percentage (%) of gbMSM fully vaccinated for HAV in your country: _____

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Doxycycline post-exposure prophylaxis (doxy-PEP)

Q3.6 In your country, is there a national guidance/policy/recommendation on Doxycycline post-exposure prophylaxis (doxy-PEP) for prevention of bacterial STIs?

- Yes
 No
 Do not know

Q3.6.1 If yes, please specify for which populations there is a national guidance/policy/recommendation on doxy-PEP (check all that apply):

- gbMSM irrespective of risk factors
- gbMSM with a history of bacterial STIs in past 12 months
- gbMSM living with HIV
- gbMSM using PrEP for HIV
- Transgender women irrespective of risk factors
- Transgender women with a history of bacterial STIs in past 12 months
- Transgender women living with HIV
- Transgender women using PrEP for HIV
- Any HIV PrEP user
- Any individual with a history of bacterial STIs in past 12 months
- Any person living with HIV
- Sex workers
- Other (please specify)

Q3.6.1.0 Please specify 'other' population:

Q3.6.2 If no, is doxy-PEP being prescribed by clinicians for STI prophylaxis?

- Yes (empirical evidence)
- Yes (anecdotal evidence)
- No
- Do not know
- Other (please specify)

Q3.6.2.0 Please specify:

Q3.6.2.1 If yes, please specify which populations clinicians prescribe doxy-PEP for STI prophylaxis (check all that apply):

- gbMSM irrespective of risk factors
- gbMSM with a history of bacterial STIs in past 12 months
- gbMSM living with HIV
- gbMSM using PrEP for HIV
- Transgender women irrespective of risk factors
- Transgender women with a history of bacterial STIs in past 12 months
- Transgender women living with HIV
- Transgender women using PrEP for HIV
- Any HIV PrEP user
- Any individual with a history of bacterial STIs in past 12 months
- Any person living with HIV
- Sex workers
- Other (please specify)

Q3.6.2.1.1 Please specify 'other' population:

Q3.7 Is there evidence of informal use* of doxy-PEP in your country?

- Yes (please specify)
- No
- Do not know

*informal use: without prescription or obtained by prescription for another purpose

Q3.7.1 Please specify on the evidence of informal use of doxy-PEP in your country:

Q3.8 Are you aware of any doxy-PEP demonstration project ongoing in your country?

- Yes (please provide details)
 No

A doxy PEP demonstration project is a time-limited initiative aiming to assess the real-world impact of using doxycycline as post-exposure prophylaxis for STI prevention and guide broader public health use. The objectives can include assessing feasibility, effectiveness, and safety of doxyPEP.

Q3.8.1 Please provide details of the doxy-PEP demonstration project(s) ongoing in your country:

Q3.9 Do you have any comments regarding national guidance, policy or recommendation on doxy-PEP for prevention of bacterial STIs in your country?

Condom use

Please note that condom use data for HIV key populations are already collected in the Dublin Declaration HIV Monitoring

Q3.10 In your country, are data available on condom use among young people (aged 15-24 years)?

- Yes (please provide details)
 No

Q3.10.1 Data measurement tool / source:

Q3.10.2 Data collection period from:

Q3.10.3 Data collection period to:

Please provide as much detail as you can on condom use among young people (aged 15-24 years) in your country. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q3.10.4 Numerator: Number of young people (aged 15-24 years) who reported using a condom the last time they had sexual intercourse:

Q3.10.5 Denominator: Number of young people (aged 15-24 years) who reported having had sexual intercourse in the past six months:

Q3.10.6 Percentage (%): Percentage of the young people (aged 15-24 years) reporting using a condom the last time they had sexual intercourse:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q3.11 Do you have any comments regarding condom use or the availability of data on condom use in your country?

Chemsex

Q3.12 Does your country tailor STI prevention interventions specifically to chemsex users?

- Yes (please specify)
 No
 Do not know

Q3.12.1 Please specify the tailored STI prevention interventions to chemsex users in your country:

Q3.13 Do you have any other comments about STI prevention policy and prevention coverage data in your country?

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Testing

Policy environment

Q4.1 Is there a national strategy, guidance or other recommendations from your government on STI testing?

- Yes (standalone)
 - Yes (part of overall national strategy, guidance or policy for example [health/reproductive/sexual health/infectious disease/other])
 - Under development
 - No, but international recommendations are followed (please specify)
 - No
 - Do not know
-

Q4.1.0 If no, are there plans to introduce a national policy, strategy, guidance or other recommendations from your government on STI testing in the next two years?

- Yes
 - No
 - Do not know
 - Other (please specify)
-

Q4.1.0.1 Please specify 'other' plans to introduce a national policy, strategy, guidance or other recommendations from your government on STI testing in the next two years: _____

Q4.1.1 If international guidance is followed in your country, please indicate which:

- World Health Organization
 - US CDC (Centers for Disease Control and Prevention)
 - Other (please specify)
-

Q4.1.1.1 Please specify 'other' international STI guidance is followed in your country: _____

Q4.1.2 If yes, please indicate the year (YYYY) of publication of the strategy/guidance currently in place in your country: _____

Q4.1.2.1 If yes, does the guidance have content on specific population groups?

- Yes (please specify)
 - No
 - Do not know
-

Q4.1.2.2 If yes, which population groups? _____

Testing policy - antenatal testing

Q4.2 What is the current policy, guideline or recommendation in your country with regards to STI testing of pregnant women?

	Universal screening: Systematic voluntary testing offered to all pregnant women as part of routine care regardless of individual risk factors. Consent may or may not be discussed	Targeted screening offered by healthcare providers based on individual risk and in line with national eligibility criteria (please specify)	Testing of pregnant women as part of antenatal care not recommended but is available upon request by the individual	Mandatory screening: All pregnant women are screened as part of antenatal care, with legislation in place enforcing it	Do not know	Other (please specify)
Q4.2.1 Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.2.2 Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.2.3 Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.2.1.1 Please specify the targeted screening offered by healthcare providers based on individual risk and in line with national eligibility criteria for Syphilis:

Q4.2.1.2 Please specify 'other' policy, guideline or recommendation in your country with regards to testing pregnant women for Syphilis:

Q4.2.2.1 Please specify the targeted screening offered by healthcare providers based on individual risk and in line with national eligibility criteria for Gonorrhoea:

Q4.2.2.2 Please specify 'other' policy, guideline or recommendation in your country with regards to testing pregnant women for Gonorrhoea:

Q4.2.3.1 Please specify the targeted screening offered by healthcare providers based on individual risk and in line with national eligibility criteria for Chlamydia:

Q4.2.3.2 Please specify 'other' policy, guideline or recommendation in your country with regards to testing pregnant women for Chlamydia:

Q4.3 If there are antenatal screening policies, guidelines or recommendations in your country, when during pregnancy is testing recommended for the following STIs? Please check all that apply:

	First trimester	Third trimester as repeat testing for all pregnant women	Third trimester as repeat testing for pregnant women with identified risk factors	At delivery if not tested before	At delivery as repeat testing for pregnant women with identified risk factors	Other (please specify)
Q4.3.1 Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.3.2 Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.3.3 Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.3.1.1 Please specify if 'other' timing of testing for Syphilis is recommended during pregnancy:

Q4.3.2.1 Please specify if 'other' timing of testing for Gonorrhoea is recommended during pregnancy:

Q4.3.3.1 Please specify if 'other' timing of testing for Chlamydia is recommended during pregnancy:

Q4.3.4 Do you have any other comments about policies, guidelines or recommendations with regards to antenatal screening for STIs in your country?

Testing policy - other populations

Chlamydia testing policy

Q4.4 What is the current policy, guideline or recommendation in your country with regards to testing for Chlamydia? Please check all that apply.

	Asymptomatic screening on a regular basis (please specify)	Asymptomatic screening on an ad hoc basis as requested	Asymptomatic screening after an exposure	Symptomatic testing	No current policy, guideline or recommendation	Do not know	Other (please specify)
Q4.4.1 Young people (aged 15-24 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.4.2 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.4.3 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.4.4 Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.4.1.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing young people (aged 15-24 years) for chlamydia: _____

Q4.4.2.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing gbMSM for chlamydia: _____

Q4.4.3.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing HIV PrEP users for chlamydia: _____

Q4.4.4.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing sex workers for chlamydia: _____

Q4.4.5 Is there another population for which there is a policy, guideline or recommendation regarding chlamydia testing (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population? _____

Q4.5 Please specify how often routine asymptomatic screening for Chlamydia is recommended in your country for the population(s) you have selected.

	Not mentioned in guidance	At least once in a lifetime	At least once a year	Every 6 months	Every 3 months	Do not know	Other (please specify)
Q4.5.1 Young people (aged 15-24 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.5.2 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.5.3 HIV PrEP users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.5.4 Sex workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.5.1.1 Please specify if 'other' frequency of routine asymptomatic screening for chlamydia is recommended for young people (aged 15-24 years) in your country: _____

Q4.5.2.1 Please specify if 'other' frequency of routine asymptomatic screening for chlamydia is recommended for gbMSM in your country: _____

Q4.5.3.1 Please specify if 'other' frequency of routine asymptomatic screening for chlamydia is recommended for HIV PrEP users in your country: _____

Q4.5.4.1 Please specify if 'other' frequency of routine asymptomatic screening for chlamydia is recommended for sex workers in your country:

Q4.5.5 Is there another population for which there is a policy, guideline or recommendation regarding routine asymptomatic screening for chlamydia (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Q4.6 In your country, what sites are tested during asymptomatic screening for Chlamydia for the population(s) you have selected? Check all that apply:

	Urogenital	Pharyngeal	Rectal	Do not know	Other (please specify)
Q4.6.1 Young people (aged 15-24 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.6.2 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.6.3 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.6.4 Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.6.1.1 Please specify if 'other' sites are tested during asymptomatic screening for chlamydia among young people (aged 15-24 years) in your country:

Q4.6.2.1 Please specify if 'other' sites are tested during asymptomatic screening for chlamydia among gbMSM in your country:

Q4.6.3.1 Please specify if 'other' sites are tested during asymptomatic screening for chlamydia among HIV PrEP users in your country:

Q4.6.4.1 Please specify if 'other' sites are tested during asymptomatic screening for chlamydia among sex workers in your country:

Q4.6.5 Is there another population for which there is a policy, guideline or recommendation regarding the sites tested during asymptomatic screening for chlamydia (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Gonorrhoea testing policy

Q4.7 What is the current policy, guideline or recommendation in your country with regards to testing for Gonorrhoea? Please check all that apply:

	Asymptomatic screening on a regular basis (please specify)	Asymptomatic screening on an ad hoc basis as requested	Asymptomatic screening after an exposure	Symptomatic testing	No current policy, guidelines or recommendations	Do not know	Other (please specify)
Q4.7.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.7.2 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.7.3 Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.7.4 Young people (aged 15-24 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.7.1.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing gbMSM for gonorrhoea:

Q4.7.2.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing HIV PrEP users for gonorrhoea:

Q4.7.3.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing sex workers for gonorrhoea:

Q4.7.4.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing young people (aged 15-24 years) for gonorrhoea:

Q4.7.5 Is there another population for which there is a policy, guideline or recommendation regarding gonorrhoea testing (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Q4.8 Please specify how often routine asymptomatic screening for Gonorrhoea is recommended in your country for the population(s) you have selected.

	Not mentioned in guidance	At least once in a lifetime	At least once a year	Every 6 months	Every 3 months	Do not know	Other (please specify)
Q4.8.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.8.2 HIV PrEP users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.8.3 Sex workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.8.4 Young people (aged 15-24 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.8.1.1 Please specify if 'other' frequency of routine asymptomatic screening for gonorrhoea is recommended for gbMSM in your country:

Q4.8.2.1 Please specify if 'other' frequency of routine asymptomatic screening for gonorrhoea is recommended for HIV PrEP users in your country:

Q4.8.3.1 Please specify if 'other' frequency of routine asymptomatic screening for gonorrhoea is recommended for sex workers in your country:

Q4.8.4.1 Please specify if 'other' frequency of routine asymptomatic screening for gonorrhoea is recommended for young people (aged 15-24 years) in your country:

Q4.8.5 Is there another population for which there is a policy, guideline or recommendation regarding the frequency of routine asymptomatic screening for gonorrhoea (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Q4.9 In your country, what sites are tested during asymptomatic screening for Gonorrhoea for the population(s) you have selected? Please check all that apply:

	Urogenital	Pharyngeal	Rectal	Do not know	Other (please specify)
Q4.9.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.9.2 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.9.3 Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.9.4 Young people (aged 15-24 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.9.1.1 Please specify which "other" sites are tested during asymptomatic gonorrhoea screening for gbMSM:

Q4.9.2.1 Please specify which "other" sites are tested during asymptomatic gonorrhoea screening for HIV PrEP users:

Q4.9.3.1 Please specify which "other" sites are tested during asymptomatic gonorrhoea screening for sex workers:

Q4.9.4.1 Please specify which "other" sites are tested during asymptomatic gonorrhoea screening for young people (aged 15-24 years):

Q4.9.5 Is there another population for which there is a policy, guideline or recommendation regarding the sites tested during asymptomatic screening for gonorrhoea (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Syphilis testing policy

Q4.10 What is the current policy, guideline or recommendation in your country with regards to testing for Syphilis? Please check all that apply:

	Asymptomatic screening on a regular basis (please specify)	Asymptomatic screening on an ad hoc basis as requested	Asymptomatic screening after an exposure	Symptomatic testing	No current policy, guidelines or recommendations	Do not know	Other (please specify)
Q4.10.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.10.2 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.10.3 Migrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.10.4 Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.10.1.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing gbMSM for syphilis:

Q4.10.2.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing HIV PrEP users for syphilis:

Q4.10.3.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing migrants for syphilis:

Q4.10.4.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing sex workers for syphilis:

Q4.10.5 Is there another population for which there is a policy, guideline or recommendation regarding syphilis testing (for example people living with HIV, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population?

Q4.11 Please specify how often routine asymptomatic screening for Syphilis is recommended in your country for the population(s) you have selected.

	Not mentioned in guidance	At least once in a lifetime	At least once a year	Every 6 months	Every 3 months	Do not know	Other (please specify)
Q4.11.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.11.2 HIV PrEP users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.11.3 Migrants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.11.4 Sex workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.11.1.1 Please specify if 'other' frequency of routine asymptomatic screening for syphilis is recommended for gbMSM in your country: _____

Q4.11.2.1 Please specify if 'other' frequency of routine asymptomatic screening for syphilis is recommended for HIV PrEP users in your country: _____

Q4.11.3.1 Please specify if 'other' frequency of routine asymptomatic screening for syphilis is recommended for migrants in your country: _____

Q4.11.4.1 Please specify if 'other' frequency of routine asymptomatic screening for syphilis is recommended for sex workers in your country: _____

Q4.11.5 Is there another population for which there is a policy, guideline or recommendation regarding routine asymptomatic screening for syphilis (for example people living with HIV, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population? _____

Mpox testing policy

Q4.12 What is the current policy, guideline or recommendation in your country with regards to testing for Mpox? Please check all that apply.

	Asymptomatic screening on a regular basis (please specify)	Asymptomatic screening on an ad hoc basis as requested	Asymptomatic screening after an exposure	Symptomatic testing	No current policy, guidelines or recommendations	Do not know	Other (please specify)
Q4.12.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.12.2 HIV PrEP users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.12.1.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing gbMSM for mpox: _____

Q4.12.2.1 Please specify if 'other' policy, guideline or recommendation in your country with regards to testing HIV PrEP users for mpox: _____

Q4.12.3 Is there another population for which there is a policy, guideline or recommendation regarding mpox testing (for example people living with HIV, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population? _____

Q4.13 Please specify how often routine asymptomatic screening for Mpox is recommended in your country for the population(s) you have selected.

	Not mentioned in guidance	At least once in a lifetime	At least once a year	Every 6 months	Every 3 months	Do not know	Other (please specify)
Q4.13.1 Gay, bisexual and other men who have sex with men (gbMSM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.13.2 HIV PrEP users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.13.1.1 Please specify if 'other' frequency of routine asymptomatic screening for mpox is recommended for gbMSM in your country: _____

Q4.13.2.1 Please specify if 'other' frequency of routine asymptomatic screening for mpox is recommended for HIV PrEP users in your country: _____

Q4.13.3 Is there another population for which there is a policy, guideline or recommendation regarding the frequency of routine asymptomatic screening for mpox (for example people living with HIV, migrants, transgender people, etc)? If so, what is the policy, guideline or recommendation for that population? _____

Q4.14 Do you have any other comments about policies, guidelines or recommendations with regards to STI testing in your country?

STI testing access and availability

Q4.15 In which settings is STI testing available?
Please select all that apply:

Please note "clinic" refers to out-patient facilities

- Dermatology-venereology clinic
- Gynaecology clinic
- Infectious disease clinics (public)
- NGO/community settings
- Pharmacy
- HIV PrEP clinics
- Primary care (public)
- Private clinics
- Public health clinics
- Sexual health clinics (public)
- Specialised HIV clinics (public)
- Urology clinic
- Youth clinic
- Other (please specify)

Q4.15.1 Please specify "other" setting where STI testing is available:

Q4.16 Are there any restrictions regarding who can legally carry out an STI test?

- Yes
- No
- Do not know

Q4.17 If yes, which of the following service providers are able to carry out the following STI tests? Please check all that apply.

	Doctors	Nurses	Trained non-medical providers such as community or social workers	Other (please specify)
Q4.17.1 Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.17.2 Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.17.3 Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.17.4 Mpox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.17.1.1 Please specify if an "other" service provider can carry out a test for chlamydia:

Q4.17.2.1 Please specify if an "other" service provider can carry out a test for gonorrhoea:

Q4.17.3.1 Please specify if an "other" service provider can carry out a test for syphilis:

Q4.17.4.1 Please specify if an "other" service provider can carry out a test for mpox:

Q4.18 In your country, is self sampling* for STIs at home available?

***Self-sampling: When the individual collects any of the following from themselves using a suitable kit: urine, finger-prick blood, vaginal, throat or rectal swab, typically outside healthcare setting. The sample is then delivered to designated laboratory for processing. Results are usually delivered by phone, text message or online, with referral mechanisms in place to ensure linkage to treatment and care as appropriate.**

	Yes - widely available	Yes - limited availability	No	Do not know
Q4.18.1 Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.18.2 Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.18.3 Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.19 If yes, what follow up is there in case of a positive Chlamydia self-sampling test result?

- Medical provider contacts patient
 None
 Other (please specify)

Q4.19.1 Please specify:

Q4.20 If yes, what follow up is there in case of a positive Gonorrhoea self-sampling test result?

- Medical provider contacts patient
 None
 Other (please specify)

Q4.20.1 Please specify:

Q4.21 If yes, what follow up is there in case of a positive Syphilis self-sampling test result?

- Medical provider contacts patient
 None
 Other (please specify)

Q4.21.1 Please specify:

Q4.22 Do you have any other comments regarding the self-sampling for STIs at home in your country?

Q4.23 What are the costs to the individual to be tested for the following STIs? Please check all that apply:

	Free for all individuals	Free if the individual has insurance	Free for some population groups or if certain criteria are met - for example in some settings, if the person has symptoms, for certain age groups etc. (please specify)	Available at cost	Other (please specify)	Do not know
Q4.23.1 Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.23.2 Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.23.3 Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost to the individual to be tested for Chlamydia

Q4.23.1.1 Please specify for which population groups chlamydia testing is available for free:

Q4.23.1.2 If available at a cost, please provide information on the current cost to the individual for a chlamydia test:

Q4.23.1.3 Please specify "other" cost to the individual to be tested for chlamydia:

Cost to the individual to be tested for Gonorrhoea

Q4.23.2.1 Please specify for which population groups gonorrhoea testing is available for free:

Q4.23.2.2 If available at a cost, please provide information on the current cost to the individual for a gonorrhoea test:

Q4.23.2.3 Please specify "other" cost to the individual to be tested for gonorrhoea:

Cost to the individual to be tested for Syphilis

Q4.23.3.1 Please specify for which population groups syphilis testing is available for free:

Q4.23.3.2 If available at a cost, please provide information on the current cost to the individual for a syphilis test:

Q4.23.3.3 Please specify "other" cost to the individual to be tested for syphilis:

Q4.24 Do you have any other comments about access and availability with regards to STI testing in your country?

STI testing numbers

Gonorrhoea tests

Overall testing numbers

Q4.25 Are data from routine programme or surveillance available on the number of tests for gonorrhoea infection performed in your country for a calendar year?

- Yes (please provide details)
 No data available
 Do not know

Q4.25.1 If no data for gonorrhoea testing are available, what are the barriers to reporting these data for your country?

Q4.25.2 Year (YYYY) of data collection:

Q4.25.3 Total number of tests for gonorrhoea infection performed:

Q4.25.4 Do you have any other comments regarding the data you have entered on the overall number of tests for gonorrhoea infection performed?

Proportion of young people (aged 15-24 years) screened for gonorrhoea

Q4.26 In your country, are data available on the proportion of young people (aged 15-24 years) screened for gonorrhoea?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q4.26.0.1 Please specify region:

Q4.26.0.2 Please specify city:

Q4.26.1 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.26.1.1 Please specify "other" source of data:

Q4.26.3 Please specify which setting(s) these data refer to:

Q4.26.4 Data collection period from:

Q4.26.5 Data collection period to:

Please provide the proportion of young people (aged 15-24 years) screened for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.26.6 Numerator: number of young people (aged 15-24 years) screened for gonorrhoea:

Q4.26.7 Denominator: number of young people (aged 15-24 years) in your country:

Q4.26.8 Percentage (%) of young people (aged 15-24 years) screened for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of gbMSM screened for gonorrhoea

Q4.27 In your country, are data available on the proportion of gbMSM screened for gonorrhoea?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q4.27.0.1 Please specify region:

Q4.27.0.2 Please specify city:

Q4.27.1 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.27.1.1 Please specify "other" source of data:

Q4.27.2 Please specify which setting(s) these data refer to:

Q4.27.3 Data collection period from:

Q4.27.4 Data collection period to:

Please provide the proportion of gbMSM screened for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.27.5 Numerator: number of gbMSM screened for gonorrhoea:

Q4.27.6 Denominator: number of gbMSM in your country:

Q4.27.7 Percentage (%) of gbMSM screened for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of "other" population screened for gonorrhoea

Please note: you have the option to enter gonorrhoea screening data for 3 "other" populations.

Q4.28 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for gonorrhoea?

- Yes
 No data available
 Do not know

Q4.28.1 If yes, please specify the population:

Q4.28.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.28.2.1 Please specify region:

Q4.28.2.2 Please specify city:

Q4.28.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.28.3.1 Please specify "other" source of data:

Q4.28.4 Please specify which setting(s) these data refer to:

Q4.28.5 Data collection period from:

Q4.28.6 Data collection period to:

Please provide the proportion of the "other" population screened for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.28.7 Numerator: number of "other" population screened for gonorrhoea:

Q4.28.8 Denominator: total "other" population size in your country:

Q4.28.9 Percentage (%) of "other" population screened for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q4.29 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for gonorrhoea?

- Yes
 No data available
 Do not know

Q4.29.1 If yes, please specify the population:

Q4.29.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.29.2.1 Please specify region:

Q4.29.2.2 Please specify city:

Q4.29.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.29.3.1 Please specify "other" source of data:

Q4.29.4 Please specify which setting(s) these data refer to:

Q4.29.5 Data collection period from:

Q4.29.6 Data collection period to:

Please provide the proportion of the "other" population screened for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.29.7 Numerator: number of "other" population screened for gonorrhoea:

Q4.29.8 Denominator: total "other" population size in your country:

Q4.29.9 Percentage (%) of "other" population screened for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q4.30 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for gonorrhoea?

- Yes
 No data available
 Do not know

Q4.30.1 If yes, please specify the population:

Q4.30.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.30.2.1 Please specify region:

Q4.30.2.2 Please specify city:

Q4.30.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.30.3.1 Please specify "other" source of data:

Q4.30.4 Please specify which setting(s) these data refer to:

Q4.30.5 Data collection period from:

Q4.30.6 Data collection period to:

Please provide the proportion of the "other" population screened for gonorrhoea in your country for the specified time period. If possible, please include the numerator and denominator. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that.

Q4.30.7 Numerator: number of "other" population screened for gonorrhoea:

Q4.30.8 Denominator: total "other" population size in your country:

Q4.30.9 Percentage (%) of "other" population screened for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Syphilis tests

Overall testing numbers

Q4.31 Are data from routine programme or surveillance available on the number of syphilis tests performed in your country for a calendar year?

- Yes
 No data available
 Do not know

Q4.31.1 If no data for syphilis testing are available, what are the barriers to reporting these data for your country?

Q4.31.2 Year of data collection (YYYY):

Q4.31.3 Total number of tests for syphilis infection performed:

Q4.31.4 Do you have any other comments regarding the data you have entered on the overall number of tests for syphilis infection performed?

Proportion of gbMSM screened for syphilis

Q4.32 In your country, are data available on the proportion of gbMSM screened for syphilis?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q4.32.0.1 Please specify region:

Q4.32.0.2 Please specify city:

Q4.32.1 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.32.1.1 Please specify "other" source of data:

Q4.32.2 Please specify which setting(s) these data refer to:

Q4.32.3 Data collection period from:

Q4.32.4 Data collection period to:

Please provide the proportion of gbMSM screened for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.32.5 Numerator: number of gbMSM screened for syphilis:

Q4.32.6 Denominator: number of gbMSM in your country:

Q4.32.7 Percentage (%) of gbMSM screened for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of pregnant women screened for syphilis

Q4.33 In your country, are data available on the proportion of pregnant women screened for syphilis (preferably in the most recent calendar year)?

- National-level data
- Regional-level data (please specify)
- City-level data (please specify)
- No data available

Q4.33.0.1 Please specify region:

Q4.33.0.2 Please specify city:

Q4.33.1 Source of data:

- Surveillance
- Cohort
- Survey
- Modelling
- Other (please specify)

Q4.33.1.1 Please specify "other" source of data:

Q4.33.4 Please specify which setting(s) these data refer to:

Q4.33.5 Data collection period from:

Q4.33.6 Data collection period to:

Please provide the proportion of pregnant women screened for syphilis in your country for the specified time period (preferably the most recent calendar year). If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.33.7 Numerator: Number of pregnant women attending antenatal care who were screened for syphilis:

Q4.33.8 Denominator: Number of pregnant women attending antenatal care:

Q4.33.9 Percentage (%) of pregnant women screened for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of "other" population screened for syphilis

Please note: you have the option to enter syphilis screening data for 3 "other" populations.

Q4.34 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for syphilis?

- Yes
 No data available
 Do not know

Q4.34.1 If yes, please specify the population:

Q4.34.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.34.3 Please specify region:

Q4.34.4 Please specify city:

Q4.34.5 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.34.5.1 Please specify "other" source of data:

Q4.34.6 Please specify which setting(s) these data refer to:

Q4.34.7 Data collection period from:

Q4.34.8 Data collection period to:

Please provide the proportion of the "other" population screened for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.34.9 Numerator: number of "other" population screened for syphilis:

Q4.34.10 Denominator: total "other" population size in your country:

Q4.34.11 Percentage (%) of "other" population screened for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q4.35 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for syphilis?

- Yes
 No data available
 Do not know

Q4.35.1 If yes, please specify the population:

Q4.35.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.35.2.1 Please specify city:

Q4.35.2.2 Please specify region:

Q4.35.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.35.3.1 Please specify 'other' source of data:

Q4.35.4 Please specify which setting(s) these data refer to:

Q4.35.5 Data collection period from:

Q4.35.6 Data collection period to:

Please provide the proportion of the "other" population screened for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.35.7 Numerator: number of "other" population screened for syphilis:

Q4.35.8 Denominator: total "other" population size in your country:

Q4.35.9 Percentage (%) of "other" population screened for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q4.36 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) screened for syphilis?

- Yes
 No data available
 Do not know

Q4.36.1 If yes, please specify the population:

Q4.36.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q4.36.2.1 Please specify region:

Q4.36.2.2 Please specify city:

Q4.36.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q4.36.3.1 Please specify 'other' source of data:

Q4.36.4 Please specify which setting(s) these data refer to:

Q4.36.5 Data collection period from:

Q4.36.6 Data collection period to:

Please provide the proportion of the "other" population screened for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q4.36.7 Numerator: number of "other" population screened for syphilis:

Q4.36.8 Denominator: total "other" population size in your country:

Q4.36.9 Percentage (%) of "other" population screened for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q4.37 Do you have any other comments regarding the availability of STI testing data in your country?

Partner notification / contact tracing

Q4.38 Is there national policy / guidance for the management of partners (sexual and/or drug injecting partners) of persons with sexually transmitted infections?

- Yes (please specify)
 No
 Do not know

Q4.39 If yes, which of the following strategies are used to deliver information to the partners of the client case? Please check all that apply:

	Partner referral	Enhanced partner referral	Delayed assisted partner services	Provider-assisted services	Expedited partner therapy
Q4.39.1 Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.39.2 Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.39.3 Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.39.4 Mpox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4.39.5 Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see more on methods for delivering partner services in the WHO consolidated guidelines on differentiated HIV testing services: <https://www.who.int/publications/i/item/9789240096394>

Partner referral: Trained providers encourage clients to suggest testing to their partners, with or without disclosing their status. Providers advise clients on the need for partners to get tested, strategies for disclosing safely, and where and how partners can obtain testing, prevention services and treatment.

Enhanced partner referral: Trained providers use various support tools (written information, referral slips, web-based messaging, provision of HIV self-testing kits) to facilitate the offer of testing by clients to their partners, with or without disclosing their status

Delayed assisted partner services: Clients enter into an agreement with a trained provider to suggest testing to partners within an agreed period. If the partners do not access HIV testing services (HTS) or contact the provider within that period, the provider contacts the partners directly to offer voluntary HTS.

Provider-assisted services: Trained providers ask clients about their partners and then, with the consent of the client, inform partners of their potential exposure. The provider then offers voluntary testing and additional services to partners.

Expedited partner therapy: Clients diagnosed with one or more STIs are provided STI treatment, either prescriptions or medications, to deliver to their sex partners without requiring partners to receive examination by a health worker.

Form status: at the end of each form, please select one of the following options to indicate the state of data entry. Incomplete - Data entry has started but not finished. Unverified - All data has been entered but internal country review (if any) has not occurred yet. Complete - Data entry for the form is finished and internal country review (if any) is complete.

Treatment

Policy environment

Q5.1 Does your country have national treatment guidelines or recommendations available for the following STIs?

	Yes (standalone)	Yes (part of broader guidelines or recommendations)	No, but international guidelines are followed (please specify)	No	Do not know	Other
Q5.1.1 Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5.1.2 Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5.1.3 Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5.1.4 Mycoplasma genitalium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.1.1.0 Please specify if 'other' treatment guidelines or recommendations for Gonorrhoea:

Q5.1.2.0 Please specify if 'other' treatment guidelines or recommendations for Chlamydia:

Q5.1.3.0 Please specify if 'other' treatment guidelines or recommendations for Syphilis:

Q5.1.4.0 Please specify if 'other' treatment guidelines or recommendations for Mycoplasma genitalium:

Q5.1.1.1 If international guidelines are followed in your country for the treatment of Gonorrhoea, please indicate which:

- IUSTI-Europe (International Union Against Sexually Transmitted Infection-Europe)
- World Health Organization
- US CDC (Centers for Disease Control and Prevention)
- BASHH (British Association for Sexual Health and HIV)
- Other (please specify)

Q5.1.1.2 Please specify:

Q5.1.2.1 If international guidelines are followed in your country for the treatment of Chlamydia, please indicate which:

- IUSTI-Europe (International Union Against Sexually Transmitted Infection-Europe)
- World Health Organization
- US CDC (Centers for Disease Control and Prevention)
- BASHH (British Association for Sexual Health and HIV)
- Other (please specify)

Q5.1.2.2 Please specify:

Q5.1.3.1 If international guidelines are followed in your country for the treatment of Syphilis, please indicate which:

- IUSTI-Europe (International Union Against Sexually Transmitted Infection-Europe)
 World Health Organization
 US CDC (Centers for Disease Control and Prevention)
 BASHH (British Association for Sexual Health and HIV)
 Other (please specify)
-

Q5.1.3.2 Please specify:

Q5.1.4.1 If international guidelines are followed in your country for the treatment of Mycoplasma genitalium, please indicate which:

- IUSTI-Europe (International Union Against Sexually Transmitted Infection-Europe)
 World Health Organization
 US CDC (Centers for Disease Control and Prevention)
 BASHH (British Association for Sexual Health and HIV)
 Other (please specify)
-

Q5.1.4.2 Please specify:

Gonorrhoea

Q5.2.1 If yes, please indicate the year (YYYY) of publication of the gonorrhoea treatment guidance or recommendations currently in place in your country: _____

Q5.2.1.1 If possible, please provide a weblink for the national treatment guidelines or recommendations for gonorrhoea in your country. If they are not online, please upload them below. _____

Q5.2.1.2 Upload the national treatment guidelines or recommendations for gonorrhoea by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Chlamydia

Q5.2.2 If yes, please indicate the year (YYYY) of publication of the chlamydia treatment guidance or recommendations currently in place in your country: _____

Q5.2.2.1 If possible, please provide a weblink for the national treatment guidelines or recommendations for chlamydia in your country. If they are not online, please upload them below. _____

Q5.2.2.2 Upload the national treatment guidelines or recommendations for chlamydia by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Syphilis

Q5.2.3 If yes, please indicate the year (YYYY) of publication of the syphilis treatment guidance or recommendations currently in place in your country: _____

Q5.2.3.1 If possible, please provide a weblink for the national treatment guidelines or recommendations for syphilis in your country. If they are not online, please upload them below. _____

Q5.2.3.2 Upload the national treatment guidelines or recommendations for syphilis by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Mycoplasma genitalium

Q5.2.4 If yes, please indicate the year (YYYY) of publication of the Mycoplasma genitalium treatment guidance or recommendations currently in place in your country: _____

Q5.2.4.1 If possible, please provide a weblink for the national treatment guidelines or recommendations for Mycoplasma genitalium in your country. If they are not online, please upload them below. _____

Q5.2.4.2 Upload the national treatment guidelines or recommendations for Mycoplasma genitalium by clicking on the icon. Any file format is acceptable, but it must be less than 8MB in size. When it has uploaded successfully, a unique ID will appear in the box. _____

Guidelines / recommendations for the treatment of gonorrhoea

Q5.3 Do the national treatment guidelines or recommendations include the following for uncomplicated gonorrhoea cases? Please check all that apply:

- First line treatment (please specify)
 Routine antimicrobial susceptibility testing (AST)
 Test of cure
-

Q5.3.0 Please specify the first line treatment for uncomplicated Neisseria gonorrhoea infections:

Q5.3.1 Are the national treatment guidelines or recommendations informed by national antimicrobial resistance (AMR) surveillance data ?

- Yes (please specify)
 No
 Other (please specify)
-

Q5.3.1.1 Please specify how the guidelines or recommendations are informed by national antimicrobial resistance (AMR) surveillance data :

Q5.3.1.2 Please specify how the guidelines or recommendations are informed by a source other than national antimicrobial resistance (AMR) surveillance data:

Q5.3.2 Please include any information you have on the proportion of cases treated according to the guidelines. If some are treated with other regimens, please mention which ones.

Interventions for neonates

Q5.3.3 In your country, what are the interventions for neonates born to gonorrhoea positive women?

Q5.3.4 In your country, what are the interventions for neonates born to syphilis positive women?

Q5.3.5 Do you have any other comments about national treatment guidelines or recommendations for STIs in your country?

STI treatment access and availability

Q5.4 In which settings is STI treatment available?
Please select all that apply:

Please note "clinic" refers to out-patient facilities

- Dermatology-venereology clinic
- Gynaecology clinic
- Infectious disease clinics (public)
- NGO/community settings
- Pharmacy
- HIV PrEP clinics
- Primary care (public)
- Private clinics
- Public health clinics
- Sexual health clinics (public)
- Specialised HIV clinics (public)
- Urology clinic
- Youth clinic
- Other (please specify)

Q5.4.1 Please specify "other" setting:

Q5.5 What are the costs to the individual to be treated for the following STIs? Please check all that apply:

	Free for all individuals	Free if the individual has insurance	Free for some population groups or if certain criteria are met - for example in some settings, if the person has symptoms, for certain age groups etc. (please specify)	Available at cost	Other (please specify)	Do not know
Q5.5.1 Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5.5.2 Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5.5.3 Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost to the individual to be treated for Chlamydia

Q5.5.1.1 Please specify for which population groups Chlamydia treatment is available for free:

Q5.5.1.2 If available at a cost, please provide information on the current cost to the individual for Chlamydia treatment:

Q5.5.1.3 Please specify "other" cost to the individual to be treated for Chlamydia:

Cost to the individual to be treated for Gonorrhoea

Q5.5.2.1 Please specify for which population groups
Gonorrhoea treatment is available for free:

Q5.5.2.2 If available at a cost, please provide
information on the current cost to the individual for
Gonorrhoea treatment:

Q5.5.2.3 Please specify "other" cost to the individual
to be treated for Gonorrhoea:

Cost to the individual to be treated for Syphilis

Q5.5.3.1 Please specify for which population groups
Syphilis treatment is available for free:

Q5.5.3.2 If available at a cost, please provide
information on the current cost to the individual for
Syphilis treatment:

Q5.5.3.3 Please specify "other" cost to the individual
to be treated for Syphilis:

Q5.6 In your country, how often are the following clinical indications treated syndromically? (i.e. treated on the basis of symptoms only and without any testing. This does not apply to cases that are started on treatment while waiting for test results.)

	Always	Often	Sometimes	Rarely	Never	Do not know
Q5.6.1 Genital ulcer disease (GUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5.6.2 Urethral discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q5.6.3 Vaginal discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.7 Do you have any other comments about access and availability with regards to STI treatment in your country?

STI treatment numbers

Gonorrhoea treatment

Overall treatment numbers

Q5.8 Are data from routine programme or surveillance
available on the number of screen-positive people
treated for gonorrhoea in your country for a calendar
year?

- Yes
 No data available
 Do not know

Q5.8.1 If no data for gonorrhoea treatment are available, what are the barriers to reporting these data for your country?

Q5.8.2 Year (YYYY) of data collection:

Q5.8.3 Total number of people screen-positive for gonorrhoea infection:

Q5.8.4 Total number of screen-positive people treated for gonorrhoea infection:

Q5.8.5 Do you have any other comments regarding the data you have entered on the overall number of screen-positive people treated for gonorrhoea infection?

Proportion of young people (aged 15-24 years) treated for gonorrhoea if positive

Q5.9 In your country, are data available on the proportion of young people (aged 15-24 years) treated if positive for gonorrhoea?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q5.9.0.1 Please specify region:

Q5.9.0.2 Please specify city:

Q5.9.1 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.9.1.1 Please specify "other" source of data:

Q5.9.2 Please specify which setting(s) these data refer to:

Q5.9.3 Data collection period from:

Q5.9.4 Data collection period to:

Please provide the proportion of screen-positive young people (aged 15-24 years) treated for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.9.5 Numerator: number of screen-positive young people (aged 15-24 years) treated for gonorrhoea:

Q5.9.6 Denominator: number of screen-positive young people (aged 15-24 years) for gonorrhoea: Q5.9.7 Percentage (%) of screen-positive young people (aged 15-24 years) treated for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of gbMSM treated for gonorrhoea if positive

Q5.10 In your country, are data available on the proportion of gbMSM treated if positive for gonorrhoea?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q5.10.0.1 Please specify region:

Q5.10.0.2 Please specify city:

Q5.10.1 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.10.1.1 Please specify "other" source of data:

Q5.10.2 Please specify which setting(s) these data refer to:

Q5.10.3 Data collection period from:

Q5.10.4 Data collection period to:

Please provide the proportion of screen-positive gbMSM treated for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.10.5 Numerator: number of screen-positive gbMSM treated for gonorrhoea:

Q5.10.6 Denominator: number of screen-positive gbMSM for gonorrhoea: Q5.10.7 Percentage (%) of screen-positive gbMSM treated for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of "other" population treated for gonorrhoea if positive

Please note: you have the option to enter gonorrhoea treatment data for 3 "other" populations.

Q5.11 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) treated for gonorrhoea if positive? Yes No data available Do not know

Q5.11.1 If yes, please specify the population: _____

Q5.11.2 Please specify the geographic coverage of these data for the specific population: National-level data Regional-level data (please specify) City-level data (please specify)

Q5.11.2.1 Please specify region: _____

Q5.11.2.2 Please specify city: _____

Q5.11.3 Source of data: Surveillance Cohort Survey Modelling Other (please specify)

Q5.11.3.1 Please specify "other" source of data: _____

Q5.11.4 Please specify which setting(s) these data refer to: _____

Q5.11.5 Data collection period from: _____

Q5.11.6 Data collection period to: _____

Please provide the proportion of screen-positive "other" population treated for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.11.7 Numerator: number of screen-positive "other" population treated for gonorrhoea:

Q5.11.8 Denominator: number of "other" population screen-positive for gonorrhoea: Q5.11.9 Percentage of screen-positive "other" population treated for gonorrhoea

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q5.12 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) treated for gonorrhoea if positive?

- Yes
 - No data available
 - Do not know
-

Q5.12.1 If yes, please specify the population:

Q5.12.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 - Regional-level data (please specify)
 - City-level data (please specify)
-

Q5.12.2.1 Please specify region:

Q5.12.2.2 Please specify city:

Q5.12.3 Source of data:

- Surveillance
 - Cohort
 - Survey
 - Modelling
 - Other (please specify)
-

Q5.12.3.1 Please specify "other" source of data:

Q5.12.4 Please specify which setting(s) these data refer to:

Q5.12.5 Data collection period from:

Q5.12.6 Data collection period to:

Please provide the proportion of screen-positive "other" population treated for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.12.7 Numerator: number of screen-positive "other" population treated for gonorrhoea:

Q5.12.8 Denominator: number of "other" population screen-positive for gonorrhoea: Q5.12.9 Percentage of screen-positive "other" population treated for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q5.13 In your country, are data available on the proportion of another population (e.g. people living with HIV, sex workers, migrants, transgender people, etc) treated for gonorrhoea if positive?

- Yes
 No data available
 Do not know

Q5.13.1 If yes, please specify the population:

Q5.13.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q5.13.2.1 Please specify region:

Q5.13.2.2 Please specify city:

Q5.13.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.13.3.1 Please specify "other" data source:

Q5.13.4 Please specify which setting(s) these data refer to:

Q5.13.5 Data collection period from:

Q5.13.6 Data collection period to:

Please provide the proportion of screen-positive "other" population treated for gonorrhoea in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.13.7 Numerator: number of screen-positive "other" population treated for gonorrhoea:

Q5.13.8 Denominator: number of "other" population screen-positive for gonorrhoea: Q5.13.9 Percentage of screen-positive "other" population treated for gonorrhoea:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Syphilis treatment

Overall treatment numbers

Q5.14 Are data from routine programme or surveillance available on the number of screen-positive people treated for syphilis in your country for a calendar year?

Yes
 No data available
 Do not know

Q5.14.1 If no data for syphilis treatment are available, what are the barriers to reporting these data for your country?

Q5.14.2 Year (YYYY) of data collection:

Q5.14.3 Total number of people screen-positive for syphilis infection:

Q5.14.4 Total number of screen-positive people treated for syphilis infection:

Q5.14.5 Do you have any other comments regarding the data you have entered on the overall number of screen-positive people treated for syphilis infection?

Proportion of gbMSM treated for syphilis if positive

Q5.15.1 In your country, are data available on the proportion of gbMSM treated if positive for syphilis?

National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q5.15.1.1 Please specify region:

Q5.15.1.2 Please specify city:

Q5.15.2 Source of data:

Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.15.2.1 Please specify "other" source of data:

Q5.15.3 Please specify which setting(s) these data refer to:

Q5.15.4 Data collection period from:

Q5.15.5 Data collection period to:

Please provide the proportion of screen-positive gbMSM treated for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.15.6 Numerator: number of screen-positive gbMSM treated for syphilis:

Q5.15.7 Denominator: number of gbMSM screen-positive for syphilis: Q5.15.8 Percentage (%) of screen-positive gbMSM treated for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of pregnant women treated for syphilis if positive

Q5.16.1 In your country, are data available on the proportion of pregnant women treated if positive for syphilis (preferably in the most recent calendar year)?

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)
 No data available

Q5.16.0.1 Please specify region:

Q5.16.0.2 Please specify city:

Q5.16.2 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.16.2.1 Please specify "other" source of data:

Q5.16.3 Please specify which setting(s) these data refer to:

Q5.16.4 Data collection period from:

Q5.16.5 Data collection period to:

Please provide the proportion of screen-positive pregnant women treated for syphilis in your country for the specified time period (preferably in the most recent calendar year). If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.16.6 Numerator: number of screen-positive pregnant women attending antenatal care treated for syphilis:

Q5.16.7 Denominator: number of pregnant women attending antenatal care screen-positive for syphilis: Q5.16.8 Percentage (%) of screen-positive pregnant women treated for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Proportion of "other" population treated for syphilis if positive Please note: you have the option to enter syphilis treatment data for 3 "other" populations.

Q5.17 Are syphilis treatment data available for another population (e.g. people living with HIV, sex workers, migrants, etc)?

- Yes
 No data available
 Do not know

Q5.17.1 If yes, please specify the population:

Q5.17.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q5.17.2.1 Please specify region:

Q5.17.2.2 Please specify city:

Q5.17.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.17.3.1 Please specify "other" data source:

Q5.17.4 Please specify which setting(s) these data refer to:

Q5.17.5 Data collection period from:

Q5.17.6 Data collection period to:

Please provide the proportion of screen-positive "other" population treated for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.17.7: Numerator: number of screen-positive "other" population treated for syphilis:

Q5.17.8 Denominator: number of "other" population screen-positive for syphilis: Q5.17.9 Percentage (%) of screen-positive "other" population treated for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q5.18 Are syphilis treatment data available for another population (e.g. people living with HIV, sex workers, migrants, etc)?

- Yes
 No data available
 Do not know

Q5.18.1 If yes, please specify the population:

Q5.18.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q5.18.2.1 Please specify region:

Q5.18.2.2 Please specify city:

Q5.18.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.18.3.1 Please specify "other" source of data:

Q5.18.4 Please specify which setting(s) these data refer to:

Q5.18.5 Data collection period from:

Q5.18.6 Data collection period to:

Please provide the proportion of screen-positive "other" population treated for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.18.7: Numerator: number of screen-positive "other" population treated for syphilis:

Q5.18.8 Denominator: number of "other" population screen-positive for syphilis: Q5.18.9 Percentage (%) of screen-positive "other" population treated for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q5.19 Are syphilis treatment data available for another population (e.g. people living with HIV, sex workers, migrants, etc)?

- Yes
 No data available
 Do not know

Q5.19.1 If yes, please specify the population:

Q5.19.2 Please specify the geographic coverage of these data for the specific population:

- National-level data
 Regional-level data (please specify)
 City-level data (please specify)

Q5.19.2.1 Please specify region:

Q5.19.2.2 Please specify city:

Q5.19.3 Source of data:

- Surveillance
 Cohort
 Survey
 Modelling
 Other (please specify)

Q5.19.3.1 Please specify "other" source of data:

Q5.19.4 Please specify which setting(s) these data refer to:

Q5.19.5 Data collection period from:

Q5.19.6 Data collection period to:

Please provide the proportion of screen-positive "other" population treated for syphilis in your country for the specified time period. If possible, please include both numerator and denominator. If you only have the numerator, or if you only have a percentage you can also include that. Q5.19.7: Numerator: number of screen-positive "other" population treated for syphilis:

Q5.19.8 Denominator: number of "other" population screen-positive for syphilis: Q5.19.9 Percentage (%) of screen-positive "other" population treated for syphilis:

Note: all percentages must be entered using one decimal point with a full stop, and not a comma (for example: 3.0 is acceptable while 3 or 3,0 are not). If not entered in the acceptable manner, an error message will be displayed and you will not be allowed to continue.

Q5.20 Do you have any other comments regarding the availability of STI treatment numbers in your country?

Shortages of antibiotics for STIs

Q5.21 In your country, have there been any shortages of benzathine penicillin for treatment of syphilis?

- Yes
 No
 Do not know

Q5.21.1 If yes, is there any evidence that this has impacted the provision of treatment for syphilis among pregnant women in your country?

- Yes
 No
 Do not know

Q5.21.2 If yes, please explain what happened and any measures taken to mitigate potential future shortages of benzathine penicillin for treatment of syphilis in your country:

Q5.21.3 Have there been any shortages of other antibiotics for STI treatment in your country?

- Yes (please specify)
 No
 Do not know

Q5.21.3.1 If yes, please explain what happened and any measures taken to mitigate potential future shortages of the antibiotic(s) for STI treatment(s) in your country:

Q5.21.4 Do you have any other comments regarding shortages of antibiotics for STIs in your country?

Shigella infection among gbMSM

Please note: Data on AMR related to gonorrhoea are collected through the Euro-GASP questionnaire, hence we do not ask specifically about that here.

Q5.22 Are there data on the number of MDR/XDR shigella infections among gbMSM in your country?

- Yes (please specify)
 No
 Do not know
-

Q5.22.1 Please specify the calendar year (YYYY) for which you have available data on the number of MDR/XDR shigella infections among gbMSM in your country:

Q5.22.2 Number of MDR/XDR shigella infections among gbMSM in your country:

Form status: at the end of each form, please select one of the following options to indicate the state of data entry. Incomplete - Data entry has started but not finished. Unverified - All data has been entered but internal country review (if any) has not occurred yet. Complete - Data entry for the form is finished and internal country review (if any) is complete.