Grant Activities
Disease Intervention Specialist (DIS) Workforce Development

1. Service Overview

The Grantee will use this funding to develop, expand, train, and sustain the disease investigation and intervention workforce and address jurisdictional prevention and response needs for human immunodeficiency virus (HIV), sexually transmitted infections (STIs), hepatitis C virus (HCV), and mpox. **The funding is intended to scale prevention, increase capacity to conduct disease investigation, ensure appropriate treatment, link people to care and ongoing case management, monitor disease trends and rapidly respond to changes in disease trends and outbreaks of STIs, HIV, HCV, and mpox.**

STI prevention is HIV prevention. People with STIs are at an increase risk for acquiring and transmitting HIV. CDC states in the STI Treatment Guidelines that "diagnosis of an STI is a biomarker for HIV acquisition, especially among persons with primary or secondary syphilis or, among MSM individuals with rectal gonorrhea or chlamydia." Data shows men who have sex with men (MSM) diagnosed with rectal gonorrhea and early syphilis were at the greatest risk of being diagnosed with HIV infection post-STI diagnosis and that these individuals should be prioritized for more intensive prevention interventions, including PrEP (Katz et al, 2016). Hence, identifying, treating and preventing STIs has a clear link to preventing HIV infection.

Additionally, HIV, STIs, HCV, and mpox have shared populations at risk, including MSM due to similar transmission mechanisms including sexual activity. In California, STI and HIV rates are particularly high among vulnerable populations already at elevated risk for HIV, including gay, bisexual, and other MSM, transgender and non-binary individuals, BIPOC communities, people who use drugs, and people experiencing homelessness or incarceration. Recent data also indicates STI rates are significantly higher - up to 39% (Williams & Bryant, 2018) and the CDC reports an increased HIV burden among people experiencing homelessness. Additionally, a composite literature review of STI prevalence in homeless adults identified HCV as the highest reported prevalence, at 52% among older men experiencing homelessness (Williams & Bryant, 2018).

According to HHS Guidelines: Both HIV and HCV can be transmitted by percutaneous exposure to blood or blood products, sexual intercourse, and perinatal transmission; however, the relative efficiency of transmission by these routes varies substantially. HCV transmission via injection drug use remains the most common mode of acquisition in the United States. The prevalence of HCV infection among people with HIV is distributed in the following subgroups: people who inject drugs (82.4%), men who have sex with men (MSM, 6.4%). In the United States, it is estimated that 62% to 80% of people who inject drugs and have HIV also have HCV infection. Estimates of HCV/HIV coinfection in the United States have been cited as 21% but have ranged from 6% to 30% with high variability based on the distribution of HIV transmission risk factors.

The potential for rapid spread of HIV among this population of PWID was realized during a 2015 outbreak in rural Scott County, Indiana. In January 2015, disease intervention specialists reported 11 new cases of confirmed HIV infection epidemiologically linked through injection drug use; by comparison, only 5 HIV infections had been diagnosed in this county in the prior 10 years (2004–2013). By November 2015, 181 new cases of HIV had been diagnosed; 92% of infected persons were coinfected with HCV. In this outbreak among PWID, HCV infection typically preceded HIV infection, representing an important opportunity for HIV prevention. HCV among PWID is often an indicator of syringe-sharing, which also increases HIV risk. Empirical evidence and program evaluation data in California has shown that offering HCV testing increases acceptability and utilization of HIV testing among PWID.

Finally, people who are living with or are at risk for HIV are disproportionately impacted by mpox. Mitigation of mpox severity and transmission through vaccination is a core priority in California since approximately 40% of mpox cases in California in 2023 were among people with HIV. People with HIV, particularly those with a low CD4 cell count or those not receiving antiretroviral therapy, are at higher risk for severe mpox and even death.

Evidence for increasing STI, HCV and mpox incidence and prevalence in HIV-negative men seen in HIV PrEP clinics has also led to current recommendations to monitor for STIs, HCV and mpox as part of PrEP care. For this reason, it is critical that HIV prevention funds also incorporate these preventive services.

The syndemic of HIV, STIs, HCV and mpox from sexual and/or bloodborne transmission highlights the need for a syndemic approach to risk reduction. Given this context, LHJ disease investigators, epidemiologists, clinicians, and other program and grant managers play a critical role in identifying and responding to cases of HIV, STIs, HCV, and mpox, as well as reaching their partners. This work is essential for identifying those at greatest risk for HIV for expanding prevention, conducting investigations, monitoring disease trends, ensuring treatment, linking individuals and their partners to care and prevention are vital strategies for controlling the spread of HIV, STIs, HCV and mpox in California.

The Grantee must adhere to the Grant Activities, and any subsequent revisions, along with all instructions, policy memorandums, or directives issued by the California Department of Public Health (CDPH)/STD Control Branch (STDCB). CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, when possible, notification of such changes shall be made 30 days prior to implementation. Any updates to the Grant Activities or additional guidance can be found at the STI/HCV Local Assistance Funding SharePoint site.

2. Service Location

The services shall be performed at applicable facilities within the Grantee's jurisdiction.

3. Service Hours

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and include evenings, weekends, and holidays as needed.

4. Project Representative

The project representative for the DIS Workforce Development Grants at CDPH/STDCB is Adriana Cervantes at Adriana.Cervantes@cdph.ca.gov.

5. Services to be Performed

See the attached Grant Activities as follows for a description of the services to be performed.

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Activities	Performance Indicators	Timeline
A. Required Activity Scale-up implementation of prevention: doxycycline as pre- or post- exposure prophylaxis (doxy-PEP), HIV PEP/PrEP, vaccines to prevent mpox. Allowable activities can include the following: • Purchase of medications, including starter packs for doxy-PEP or HIV PEP/PrEP, and mpox vaccine or other preventative medications or vaccines that become available. • Development and implementation of patient and provider education and communication materials. • Monitoring and evaluation activities including information system improvements to allow for collection of data about doxy-PEP implementation.	**A. Required Data Collection**: • Number of individuals receiving doxyPEP • Number of individuals receiving HIV PrEP and HIV PEP • Number of individuals receiving vaccines • Patient education or training materials developed or distributed	07/01/25 – 06/30/30 Reported at least annually

B. Required Activity
Increase awareness of and access to testing for people at risk for STIs, HIV, HCV, and mpox and other emerging infections for at risk populations.
	B. Required Data Collection
	• Number of self-tests (over the counter) ordered/number distributed
	• Number of CLIA-waived tests performed by specific infection (e.g., syphilis/HIV/HCV)
	• For CLIA-waived tests:
	  • Number of CLIA-waived positive tests/total, number of CLIA-waived tests performed, by test type (STI/HCV/HIV)
	  • Number of individuals initiating treatment/total number of positive individuals for whom treatment was indicated, by specific infection
	• When possible, stratify the above data points by gender identity, sexual orientation, and sex assigned at birth
		07/01/25 – 06/30/30
		
		Reported at least annually

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Activities	Performance Indicators	Timeline
C. Required Activity Maintain the workforce through hiring or retention of disease investigation staff and supervisors, PH nursing or other clinical staffing, epidemiological staff and other roles that support successful disease prevention, treatment, investigation and partner services focusing on disease prevention, treatment and investigation. Closely monitor surveillance and respond to disease trends by providing disease investigation and clinical consultation or expertise to ensure timely STI/HIV/HCV/mpox prevention, treatment and partner notification & services and rapidly respond to changing disease trends or outbreaks.	**C. Required Data Collection** • Number of full-time equivalents funded, by staff type • Number of individuals hired, rehired or able to be retained with these funds • Complete surveys and other requests from CDPH for workforce assessments, and retention measures	07/01/25 – 06/30/30 Reported at least annually
D. Required Activity Incorporate a focus on diversity, health equity, and inclusion by delineating goals for hiring, retention and training a diverse workforce across all levels who are representative of and have language competence for the local communities they serve.	**D. Required Data Collection** • Description of how LHJ will retain, or recruit DIS and other support staff from impacted communities • Description of training plan for new DIS that maximizes opportunities for a diverse workforce across all levels	07/01/25 – 06/30/30
E. Required Activity Train new and existing staff in core public health competencies for STI, HIV, HCV, and mpox disease investigation, case definition, appropriate treatment and prevention with DoxyPEP, HIV PEP/PrEP, vaccines or other preventative medications or vaccines that become available.	**E. Required Data Collection** • Number of DIS and managers completing CDPH HIV PrEP/PEP and doxy PrEP/PEP module (LCB webinar Oct 14, 2025, or asynchronous module available Nov 2025) / total number of all disease investigators and managers • Number of disease investigators and managers that have completed CDPH DIS advisorship/total number of disease investigators • Annual list of trainings completed by disease investigation and support staff regardless of funding source, including CDPH advisorship, and any other trainings for STIs/HIV/HCV/mpox	07/01/25 – 06/30/30 Reported at least annually

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Activities	Performance Indicators	Timeline
F. Required Activity Monitor data, clear backlogged STI/HIV/HCV and mpox cases and respond to emerging infectious diseases. Support timely and effective response to incident infections and outbreaks for STI/HIV/HCV and mpox and emerging infectious diseases.	**F. Required Data Collection** • Percent of pregnant syphilis cases that were open >45 days • Percent of non-pregnant syphilis cases, including males, that were open >30 days • Percent of disseminated gonococcal infections that were open >14 days • Number and percent of infants 2-36 months of age with a HCV RNA positive result for which a Perinatal Hepatitis C Case Report Form (CDPH 8704) was not submitted in CalREDIE with a Process Status of "Closed by LHD" within 60 days of the Episode Date • Number and percent of infants 18-36 months of age with a reactive HCV antibody result and no known RNA at the time of initial case report who did not receive RNA testing within 60 days of the HCV antibody episode date • Number and percent of acute hepatitis C cases for which an Acute Hepatitis C Case Report Form (CDPH 8703) was not submitted in CalREDIE with a Process Status of "Closed by LHD" within 60 days of the Episode Date (Target: <10 percent) • Percent of pregnant people with HIV cases open >30 days • Percent of infants exposed to HIV in-utero that were open >30 days • Percent of acute HIV cases open >30 days • Description of outbreak detection and response activities	07/01/25 – 06/30/30 Reported at least annually

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Activities	Performance Indicators	Timeline
G. Required Activity Input data into CalREDIE, CalCONNECT, or other surveillance or case management database approved by CDPH to monitor project outcomes, including data specific to all stages of syphilis and complications including neuro ocular or oto syphilis; congenital syphilis; disseminated or antibiotic-resistant gonococcal infection; HIV; HCV; mpox and other emerging STIs.	**G. Required Data Collection** • Complete data elements as required (specific to disease process)	07/01/25 – 06/30/30
H. Optional Activity Establish and update policies as needed to support adaptable, agile and timely outbreak response efforts, including outbreak detection.	• Updated policies provided	07/01/25 – 06/30/30
I. Optional Activity Increase access to trainings and materials for providers and for outreach to people at risk for STI/HIV/HCV/mpox.	• Number of training sessions performed, with number of attendees present • Number of providers receiving resources • Number and type of resources distributed to people at risk for STIs (educational materials and/or safer sex supplies)	07/01/25 – 06/30/30 Reported at least annually

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Summary of Required Reports and Data

Frequency	[1]Timeframe	[2]Deadline	Activities	Report Recipient
1. Annual 2. Final report after the grant ends (to be determined).	07/01/2025 – 06/30/2030	To be determined	CDPH will provide reporting template/survey for Grantees to complete.	To be determined

[1] Timeframe dates are subject to change and will not require an amendment to the Grant Agreement.
[2] Deadline dates are subject to change and will not require an amendment to the Grant Agreement.