ID: 73785743
Infectious Diseases - Host Site Description
District of Columbia Department of Health

Assignment Location: Washington, US-DC
District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration - HAHSTA

Primary Mentor: Kate Drezner, MPH
Chief - Strategic Information Division
DC Department of Health

Secondary Mentor: Taylor Hoj, MPH
Epidemiologist
DC Department of Health

Work Environment
Hybrid

Assignment Description

The proposed fellow assignment will be based in DC Health within the HIV/AIDS, Hepatitis, STD, & TB Administration (HAHSTA). HAHSTA holds primary responsibility for monitoring the occurrence of the infections/diseases referenced in the name of the administration, as well as responsibility for the coordination and implementation of related evidence-based prevention and treatment strategies in collaboration with local and federal partners. HAHSTA related public health surveillance activities are conducted by staff within the Strategic Information Division (SID). Comprised of individuals with expertise in disease investigation, public health analysis, epidemiology, and biostatistics, SID provides support to the programmatic and policy related divisions of HAHSTA through the routine collection and analysis of case report and laboratory data concerning individuals infected with HIV, STDs, hepatitis, mpox, and/or tuberculosis. Additionally, SID staff are actively engaged in data-to-care efforts focused on ensuring that individuals impacted by one or more of the aforementioned infections receive appropriate treatment, care, and support services. One unique advantage of DC Health is that it functions both as a state and city health department, providing greater control over programs, data collection, and evaluation in addition to strong and direct relationships with its community partners.

Given the collaborative work environment within HAHSTA, the fellow will receive training/mentoring support from key disease investigation and epidemiology staff within SID and from select programmatic staff within other HAHSTA divisions. Such external divisions include the DC Health & Wellness Center which provides direct screening and treatment services, and the Prevention & Intervention Services Division and other local HIV/STI, hepatitis, and TB prevention programs. The fellow will assist members of the core surveillance team and field team working on HIV and STI investigations to identify and bring into care individuals who are co-infected with hepatitis and other diseases within HAHSTA. This will allow the fellow to work both independently and in a team when coordinating investigations. Given HAHSTA's recent transition to NBS as the core surveillance system for its data collection, many opportunities exist to develop new reporting workflows and routinely updated and interactive dashboards. The current reports and dashboards need to be adapted from the previously used system, providing many opportunities to be guided through understanding and improving the quality of the data, creating reports to export and clean the data, preparing and matching/merging the data to the new system, and then feeding that data into improved dashboards and reports. The fellow's day-to-day activities would consist of involvement and mentorship through each stage of this process.

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Describe Statistical and Data Analysis Support, Such as Databases, Software, and Surveillance Systems Available to the Fellow

SID utilizes a variety of statistical packages to analyze disease data which is uploaded to various platforms for the tracking and reporting of disease indicators and outcomes. The data analysis packages include primarily SAS and Microsoft Office Suite programs, but staff have also been able to use R to analyze data sets for various projects. SID has recently migrated our HIV and STI surveillance to the NEDSS Base System (NBS) platform which provides a central location for all our data to be collected and shared both internally and to communicate with the CDC. This data not only includes individual demographic data which allows for tracking disease surveillance in focus populations, but also clinical information for reporting on disease progression, care adherence, and morbidity and mortality within Washington DC. SID uses the Electronic HIV/AIDS Reporting System (eHARS) as the repository for HIV specific data and the candidate will become exposed to both how the data is stored and ways in which the data can be viewed and downloaded to perform analyses that are used both internally and to report to the CDC.

The candidate will also be exposed to our clinical data collection systems (Eclinical Works) which is instrumental in tracking patient data at our publicly funded STI Wellness Center. SID also transmits internal data to regional information platforms including the Chesapeake Regional Information System (CRISP) because of DC's small size and proximity to other reporting jurisdictions. This information is used to track clients that may live in one reporting jurisdiction but may be receiving care in others. This platform allows the more comprehensive and accurate patient tracking of the conditions we monitor.

Projects

Surveillance Activity Title: Hepatitis Data Management

Surveillance Activity Description:
Improve and Maintain the Hepatitis Dashboard, including cleaning and analyzing hepatitis B and C data

Surveillance Activity Objectives:
Objectives

1. Clean and analyze Hepatitis B and C data
2. Update and format the current Hepatitis Dashboard.
3. Manage the Hepatitis Dashboard and refresh data monthly
4. Discuss the results with the Hepatitis Epidemiologist.
5. Present and report the results at a quarterly meeting.

Deliverables

1. Updated Hepatitis Dashboard
2. Dashboard Presentation

Surveillance Activity Impact:
The public health impact would be to alert HAHSTA the potential of a Hepatitis Outbreak. Additionally, monitoring the key demographic and risk variables will improve the completeness of the case reports. This in turn will provide higher quality data to make informed decisions to address the burden of Hepatitis in The District.

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Surveillance System Evaluation Title: Evaluation and Monitoring of Data Quality, Completeness, and Timeliness in DC Health's Nascent NEDSS-Based System (NBS)

Surveillance System Evaluation Description:
At the start of 2026, DC Health switched from a MAVEN-based disease surveillance system to the CDC-supported NBS for surveillance of all of the diseases for which HAHSTA has responsibility. As part of this transition to NBS, new tools for evaluating and monitoring data quality, completeness, and timeliness are needed. The fellow's proposed involvement in this project would consist of creating a custom report for each of the diseases to extract the investigation page data from NBS; cleaning and organizing that data for ingestion into Tableau or other data visualization software, and developing a routinely updated dashboard to evaluate and monitor the data quality, completeness, and timeliness of HAHSTA disease investigation data. The fellow would be supported by the HAHSTA's Tableau Administrator and HIV Epidemiologist, Taylor Hoj, in carrying out each of these steps.

Surveillance System Objectives:
Objectives:

1. Create a custom report for each HAHSTA disease to extract investigation page data from NBS
2. Create a Tableau Prep flow or SAS program to clean, organize, and format the data for ingestion into Tableau or other data visualization software
3. Use the prepared data to create a routinely updated Tableau dashboard to evaluate and monitor the data quality, completeness, and timeliness of HAHSTA disease investigation data
4. Identify several opportunities for data improvement and work with HAHSTA investigators and data managers to improve those numbers over time

Deliverables:

1. Custom reports for extraction of each HAHSTA disease's investigation page data
2. Tableau Prep flow file or SAS program that prepares NBS data for viewing in Tableau Dashboard or other visualization software
3. Tableau dashboard and/or other data visualization tool to evaluate and monitor HAHSTA NBS data
4. List of fields for targeted improvement and plans for their improvement

Surveillance System Impact:
Data is the lifeblood of much of the work that HAHSTA performs, as it informs many of our core strategies for preventing new infections and treating existing ones, such as our HIV data to care and molecular HIV surveillance initiatives. With the transition to NBS in 2026, many of the reports we relied on for understanding the quality of our data have not yet been rebuilt for NBS. As such, development of new and improved methods of identifying data quality issues is crucial for ensuring a proper public health response and more complete and trustworthy data leads to more discerning interventions among those who need the support the most. In addition, providing a dashboard which supervisors can use to track data timeliness can provide leverage to improve investigation timeliness and get individuals access to care more quickly, thereby preventing new infections.

Major Project Title: Exploring associations between cancer and sexually transmitted infections

Major Project Description:
The CSTE fellow will assist HAHSTA's Epidemiologists in matching STI surveillance data (syphilis, gonorrhea, chlamydia) with cancer registry data from the Community Health Administration (CHA) at DC Health. The objective is to identify patterns of coinfection. The analysis will focus on descriptive trends and demographic characteristics, providing insights into how STIs and cancer diagnoses may intersect.

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Major Project Objectives:
Objectives

1. Match cancer registry data with STI surveillance data to identify individuals with both conditions.
2. Perform descriptive analyses of demographic and temporal patterns among matched cases.

Deliverables:

1. A report summarizing prevalence, demographic patterns, and co-infections.
2. A presentation for internal stakeholders summarizing findings and recommendations for community-based interventions and program planning.

Major Project Impact:
Understanding the overlap between STIs and cancer can inform integrated prevention strategies and highlight populations at risk. These insights can guide resource allocation, improve screening efforts, and promote collaboration between two DC Health administrations (CHA and HAHSTA) by breaking down silos.

Additional Project #1 Title: Characterizing co-infections among Mpox, HIV, and STIs
Project #1 Type: Other

Project #1 Description:
This project will support analysis of surveillance data to examine patterns of co-infection among Mpox, HIV, and STIs. The CSTE fellow will assist HAHSTA's Epidemiologists in identifying demographic, behavioral, and trends, providing insights into how these conditions overlap and interact.

Project #1 Objectives and Expected Deliverables:
Objectives:

1. Match Mpox data with HIV and STI surveillance data to identify co-infected individuals.
2. Perform descriptive analyses of demographic characteristics and risk factors, as well as trends in co-infection.

Deliverables:

1. A report summarizing prevalence, demographic patterns, and co-infections.
2. A presentation for internal stakeholders summarizing findings and recommendations for community-based interventions and program planning.

Project #1 Impact:
Identifying co-infection patterns among Mpox, HIV, and STIs can inform targeted prevention and response strategies, improve outbreak preparedness, and support integrated care approaches.

Please Describe the Fellow's Anticipated Role in Preparedness and Response Efforts – Include Activities and Time Allocation (Required Competency of Fellowship)

The prospective fellow will have the opportunity to understand how health emergency preparedness is structured, with the recent experience our health department has had with the COVID pandemic, we have well established protocols that the fellow may benefit from reviewing. HAHSTA also surveys through cluster detection, localized HIV infection clusters and how that response effort can form across jurisdictions through our collaboration with other local health departments. The fellow will also have the opportunity to work with HSPA - the Health Systems and Preparedness Administration, that coordinates public health and emergency healthcare preparedness, response, and recovery efforts by leveraging partnerships in order to ensure readiness to protect DC residents and visitors.

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Please Describe the Fellow's Anticipated Role in Cluster and Outbreak Investigations – Include Activities and Time Allocation (Required Competency of Fellowship)

The fellow will have the opportunity to work with epidemiologists tasked with cluster investigation to identify clusters of HIV infection and ensure that patients affected are linked to care and virally suppressed. Outbreak investigation is also not limited to HIV and within SID, this extends to Mpox, hepatitis (B,C), tuberculosis, gonorrhea, and syphilis. The fact that our surveillance includes a portfolio of health issues means that any prospective candidate will have multiple opportunities for disease surveillance. In collaboration with EHA, the prospective candidate could also be able to design and execute a research tool that identifies environmental correlations to foodborne illnesses and fully participate in a foodborne outbreak investigation. Additional opportunities could include waterborne or respiratory illness outbreak investigations.