

**ID: 86248016**

**Infectious Diseases - Host Site Description**

**Georgia Department of Public Health**

**Assignment Location:** Atlanta, US-GA  
Georgia Department of Public Health  
Division of Epidemiology, HIV Epidemiology Unit

**Primary Mentor:** Jenna Gettings, DVM, MPH  
Viral Hepatitis, HIV, STI Epidemiology (VHHSES) Section Director  
Georgia Department of Public Health

**Secondary Mentor:** Eleanor (Nellie) Garlow, MPH  
HIV Epidemiology Deputy Director  
Georgia Department of Public Health

**Work Environment**

Hybrid

**Assignment Description**

The CSTE fellow will work within the HIV Epidemiology Unit at the Georgia Department of Public Health (GA DPH), which is responsible for managing the state HIV surveillance system, conducting HIV-related surveys, and disseminating summary data on HIV in a confidential and secure manner. The data are used to describe and monitor the HIV epidemic in Georgia, guide data-driven planning and resource allocation, and evaluate the effectiveness and impact of prevention and care services. The HIV Epidemiology Unit is part of the Viral Hepatitis, HIV, and STI Epidemiology Section, which is under the Division of Epidemiology at GA DPH.

GA DPH is using new laboratory and epidemiological approaches to help identify communities affected by recent and rapid transmission of HIV, called cluster detection and response (CDR). The HIV Epidemiology Unit has been conducting HIV CDR since 2018, which consists of molecular cluster detection and time-space alerts. In 2024, GA DPH was selected as one of five U.S. jurisdictions to receive additional funding to advance CDR activities by piloting innovations, enhancing internal CDR efforts, and translating promising practices for implementation in other U.S. jurisdictions (funding mechanism is called HIV C-CORE (HIV Centers for Cluster and Outbreak Response Enhancement)). GA DPH's work with the C-CORE project includes strong cross-jurisdictional collaboration and opportunities to work with and learn from public health staff in California, Los Angeles, Michigan, and Philadelphia.

The fellow's primary role will be to work on CDR activities and on the C-CORE project. This is an emerging area of HIV public health surveillance, is fast-paced, and requires a high-level of innovative and critical thinking. There are exciting opportunities for the fellow to spearhead new CDR projects and analyses, lead outbreak investigation meetings, and present findings at national conferences on CDR. Clear communication about CDR is a major priority at GA DPH and the fellow will be asked to assist in enhancing our CDR communication efforts through their project work. The Surveillance Activity and the Major Project for the fellow are related to CDR and both are meaningful activities that help the state work towards ending the HIV epidemic.

The fellow will also be assigned to work on HIV core surveillance epidemiology activities and gain foundational skills that are critical for general HIV surveillance. Additionally, the fellow will have assignments that span other HIV Epidemiology Unit teams, other sections within the Division of Epidemiology, giving them a well-rounded experience. The fellow will have the opportunity to learn from and work with local, state, and national public health experts. The fellow's primary and secondary mentors are happy to connect the fellow with staff for informational interviews so that they can learn about various roles in epidemiology.

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While the position is hybrid, the fellow will have ample opportunities to attend in-person events including community meetings, national meetings with CDC, meetings at HIV care facilities and/or CBOs, and local health department events.

Day-to-day activities will include:

- Statistical coding and analysis in SAS and/or R
- Reviewing HIV cluster case records
- Reviewing literature on HIV and CDR
- Developing PPT presentations, fact sheets, and reports
- Meeting weekly with supervisors for mentoring and to review workload
- Attending meetings with epidemiology teams
- Leading meetings related to project work
- Consulting with local health department staff
- Attending trainings

Together, these projects and activities will give the fellow a well-rounded experience in applied epidemiology at a state agency, strong foundational skills, and will prepare them for future leadership roles in epidemiology.

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

The fellow will be provided with statistical coding software (SAS and/or R and R Studio), which they will use for data cleaning and analysis. Several epidemiologists in the HIV Epidemiology Unit have strong experience with one or both of these coding software. The primary supervisor can provide training in R and the secondary supervisor can provide training in SAS. Together, the primary and secondary supervisors can also provide training in ArcGIS, Tableau, JoinPoint, and MS Excel. The fellow will have access to the HIV surveillance system (eHARS) and our notifiable disease surveillance system (SendSS).

**Projects**

**Surveillance Activity Title: Surveillance of Special Populations in Rapidly Growing HIV Clusters in GA**

*Surveillance Activity Description:*

The HIV Epidemiology Unit has been conducting HIV cluster detection and response (CDR) since 2018, a surveillance system that consists of molecular cluster detection and time-space alerts. At this time, we conduct additional surveillance activities for certain subgroups (e.g., young individuals who are highly represented in molecular clusters), but are looking to expand the number of special populations of focus to include 1) females of reproductive age, 2) individuals experiencing homelessness, 3) individuals without health insurance, and 4) school-specific populations (specific high schools or colleges in Georgia that are mentioned in case interviews). The fellow will begin by working with our molecular epidemiologist to learn the foundational steps for conducting CDR surveillance and will perform a systematic literature review on CDR to ensure they are grounded in the subject matter. Afterwards, they will meet with our syndemics epidemiologist to generate an initial framework for the logic needed for ongoing surveillance of the new special populations. The fellow will lead the development of new SAS and/or R code to incorporate the surveillance of the four new special populations into our molecular cluster detection and time-space processes. The fellow may have the opportunity to learn from epidemiologists in other U.S. jurisdictions that have recently develop similar processes. This activity will also include data analysis, writing an accompanying SOP, presenting findings to stakeholder groups, and working with local health districts if follow-up is needed. There may also be opportunities for the fellow to analyze qualitative data from expanded interviews or utilize natural language processing to increase automation when identifying key themes from interview notes.

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*Surveillance Activity Objectives:*

Objectives:

- To master the foundational steps of CDR surveillance (utilizing existing code to analyze data) and identify possible areas of improvement
- To enhance molecular and time-space processes by building new methods for monitoring four additional special populations
- To analyze, interpret, and present data related to the surveillance of new special populations

Deliverables:

- Updated SAS code and/or R code, and an accompanying SOP for molecular cluster and time-space alert processes that incorporates new special populations
- PowerPoint presentation for quarterly CDR Advisory Group Meeting on new methods and initial findings

*Surveillance Activity Impact:*

Adding additional special populations into our CDR surveillance system helps to improve our understanding of how these populations are affected by rapid HIV transmission. Ongoing surveillance ensures that these populations are not overlooked, which is especially important for subgroups with smaller counts, and may result in new CDR response activities being initiated in Georgia.

**Surveillance System Evaluation Title: Evaluating the Availability of Information on HIV Diagnoses in Georgia's State Electronic Notifiable Disease Surveillance System (SendSS)**

*Surveillance System Evaluation Description:*

Surveillance information on individuals newly diagnosed with HIV is primarily housed within the enhanced HIV/AIDS Reporting System (eHARS), a surveillance system that is separate from all other notifiable diseases in Georgia due to heightened security protocols for HIV data. All other notifiable diseases are housed within SendSS. In situations where an individual is diagnosed with an STI and HIV, very limited information is available in SendSS on the person's HIV status (positive result, date of diagnosis). With this information, local public health staff can conduct HIV partner services activities, which consist of outreach to help individuals get connected to HIV services and notifying their partners. Because not all individuals diagnosed with HIV have a co-occurring STI diagnosis, not all individuals newly diagnosed with HIV are in SendSS nor do they receive partner services outreach. Through this evaluation, the fellow will perform an evaluation of HIV diagnosis data that is available in SendSS by comparing its completeness to the information available in eHARS. Specifically, they will assess differences in completeness by local health jurisdiction and identify gaps. Next, the fellow will develop an interview guide and conduct stakeholder interviews with a sample of local health district staff to understand their current experience using the surveillance system (including how they receive the information and what gaps or challenges they face) and proposed solutions.

The fellow will also evaluate how SendSS data is pulled and incorporated into our new CDR surveillance processes, what impact this new work has had, and develop recommendations for improvement and automation steps. This work will likely include opportunities for collaboration with our programmatic partners in the Office of HIV.

*Surveillance System Objectives:*

Objectives:

- To evaluate completeness of HIV diagnosis data in SendSS system compared to eHARS system
- To identify gaps and local health district differences
- To assess the process for pulling SendSS data into the CDR surveillance processes
- To develop process improvement recommendations

Deliverables:

- A written evaluation report on the availability of HIV diagnosis data in the SendSS surveillance system

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*Surveillance System Impact:*

At this time, GA DPH has not conducted a systematic surveillance evaluation of HIV diagnosis data in SendSS. This evaluation will provide us with a baseline assessment of data availability, help us to identify gaps, and provide process improvement recommendations. This evaluation will be a critical tool to be used when assessing partner services staff capacity by local health district and may be used to inform future hiring and funding decisions.

**Major Project Title: Identifying Missed Opportunities for Healthcare Providers to Order HIV Sequences to Inform HIV Cluster Detection**

*Major Project Description:*

In Georgia, only 60% of individuals newly diagnosed with HIV have an HIV sequence on record. HIV sequences are ordered by providers as part of drug-resistance testing and health departments use HIV sequence information to identify molecular clusters. As part of GA DPH's C-CORE grant, we are one of five jurisdictions in the U.S. working to find innovative methods for increasing HIV sequence ordering and thus, increasing our ability to see a more complete view of molecular HIV clusters. Through this project, the fellow will develop logic to identify which healthcare facility (or facilities) in the diagnosis continuum may be designated as the "missed opportunity" for ordering an HIV sequence. After developing the logic in SAS and/or R, the fellow will perform state-wide and local health district-specific analyses to understand where missed opportunities are occurring most frequently. This will include generating lists for local health districts of healthcare facilities in their jurisdiction that most commonly have missed opportunities for ordering sequences and may need outreach. The fellow will draft a "Dear Provider" letter that districts can send out to healthcare facilities to educate them on the importance of order HIV sequences for public health surveillance purposes. The project will also include opportunities for additional analyses, such as determining the average time between diagnosis and ordering of HIV sequences among those with a sequence on record, whether sequence completeness varies by facility type, and whether well-known gaps in sequence ordering for certain populations (such as females) are common across all providers or are driven by a small number of healthcare facilities. This work may include a survey of healthcare providers to better understand the findings from the statistical analyses.

*Major Project Objectives:*

Objectives:

- To understand the importance of ordering HIV sequences for public health surveillance purposes
- To develop logic that can be used to identify missed opportunities for ordering an HIV sequence
- To work with local health districts to help make analytic findings actionable

Deliverables:

- SAS and/or R code to identify healthcare facilities that had missed opportunities for ordering a sequence among individuals with no HIV sequence on record
- Summary of analytic findings on where missed opportunities are occurring most frequently
- Lists for districts of healthcare facilities with higher levels of missed opportunities
- Draft a "Dear Provider" letter

*Major Project Impact:*

This is a high priority project at GA DPH with high impact potential for public health action. By identifying which healthcare facilities have a higher amount of "missed opportunities" and by providing local health districts with facility contact information (address, phone number), the fellow will enable local health districts to initiate outreach to providers.

This project has the potential to increase HIV sequencing, and as a result, broaden our understanding of the full scope of HIV clusters, thus allowing us to take more tailored public health response actions to the specific needs of the people impacted by rapid HIV transmission.

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**Additional Project #1 Title: Co-Lead 2027 Strategic Planning Meeting for VHHSES Section**

**Project #1 Type: Other**

*Project #1 Description:*

A unique opportunity to strengthen leadership and strategic thinking skills, this project would involve collaborating with the section director and the deputy director to plan for and co-facilitate the 2027 strategic planning meeting for the Viral Hepatitis, HIV, and STI Epidemiology Section (VHHSES). To prepare for this 2-day in-person meeting with ~20 staff members, the fellow will review feedback surveys from prior years, co-lead a subcommittee to assist with idea generation and meeting facilitation, prepare PowerPoint slides, research and select training exercises to occur during the meeting, and develop an agenda. During the strategic planning meeting, the fellow will manage timing of the meeting activities, document staff feedback, lead group discussions, and conduct an exit survey to inform the following year's meeting design. Through this project, the fellow will have a robust understanding of the epidemiologic priority areas and implementation plans of 12 teams across VHHSES.

*Project #1 Objectives and Expected Deliverables:*

Objectives:

- To design and implement a strategic planning meeting that supports epidemiology teams in identifying priority areas for the upcoming year
- To facilitate cross-team collaborations and peer learning activities

Deliverables:

- Strategic Planning Meeting Agenda and Materials (e.g., PowerPoint slides)
- Discussion Notes from Strategic Planning Meeting
- Exit Survey and Results

*Project #1 Impact:*

Given time and resource constraints, this activity is critical for giving teams in VHHSES the space to select epidemiologic areas of high importance and impact that will serve as the focus for the following year.

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

The fellow's primary role will be focused on HIV cluster detection and response, which includes emergency preparedness and response activities. The fellow will have the opportunity to lead HIV cluster review meetings and/or case conferencing meetings, which would include reviewing individual cases in high-priority clusters, preparing summaries of key characteristics, presenting findings to state and local health department staff, facilitating conversation to select response activities based on cluster characteristics, and conducting follow-up to monitor response activities. This is an area where clear communication is critical and we will ask the fellow to review our current communication practices and propose improvements. Outside of the HIV Epidemiology Unit, there are numerous opportunities for fellows to get involved in preparedness and response work within the broader Division of Epidemiology on an as-needed basis. The fellow will also have the opportunity to participate in a day-long Crisis Communications Training in our Emergency Operations Center and complete trainings on incident command structure. We anticipate that this work will account for 10% of their time.

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

A major component of the fellow's role will focus on HIV cluster and outbreak investigations. Through the fellow's surveillance activity project, they will learn start-to-finish how data is obtained, analyzed, and interpreted to identify

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clusters and outbreaks. As part of further investigations into HIV clusters and outbreaks, the fellow will have the opportunity to review individual cases, including reading notes from partner services interviews to learn more about potential barriers to HIV prevention and care resources. The fellow may have the opportunity to participate in Rapid Qualitative Assessments occurring at local health departments in response to HIV clusters, which may include conducting interviews, analyzing qualitative data, and identifying key themes. Outside of the HIV Epidemiology Unit, there are numerous opportunities for fellows to get involved in preparedness and response work within the broader Division of Epidemiology on an as-needed basis. We anticipate that this work will account for 20% of their time.