Letter of Award

DATE: October 28, 2025

TO: CALIFORNIA LOCAL HEALTH JURISDICTIONS

SUBJECT: DISEASE INTERVENTION SPECIALIST (DIS) WORKFORCE DEVELOPMENT GRANT

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB), is awarding Local Health Jurisdictions (LHJ) local assistance funds through the Disease Intervention Specialist (DIS) Workforce Development Grant. Funded by the AIDS Drug Assistance Program Rebate Fund, this Grant is to fund local disease intervention specialists supporting current or eligible services and programs as per Sections 120956 and 120972.2 of the Health and Safety Code. This Grant is set to begin on July 01, 2025, and end on June 30, 2030.

Grant Activities

The purpose of the Disease Intervention Specialist (DIS) Workforce Development Grant is 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 Grant Activities are enclosed for your information and available on the STI/HCV Local Assistance Funding SharePoint site. Grantees are responsible for all grant objectives in the Grant Activities unless they are marked as “Optional.”

Grantees must adhere to the Grant Activities, and any subsequent revisions, along with all instructions, policy memoranda, or directives issued by CDPH/STDCB. CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation.

Updates to the Grant Activities or additional guidance can be found at the STI/HCV Local Assistance Funding SharePoint site.

Funding

These annual DIS Workforce Development Grant funds will maintain the disease intervention specialist workforce across 61 LHJs and ensure the continuation of essential services to prevent and control STIs, HIV, HCV, and mpox. A detailed summary of the funding for the 61 LHJs in California, including final amounts, is available at STI/HCV Local Assistance Funding SharePoint site. Funding availability in subsequent fiscal years will be determined by satisfactory recipient performance and is subject to the availability of appropriated funds.

Next Steps

To receive these funds, the LHJs must return the following documents no later than close of business, **December 05, 2025** via email to Adriana.Cervantes@cdph.ca.gov with a cc to STDLHJContracts@cdph.ca.gov. The name of the LHJ must be included in the subject line to help us easily identify which LHJ you represent (*County of XXXX – Agreement # - DIS Workforce Development Grant*).

1. **Signed Grant Agreement (CDPH 1229)**
   - The signature page only. It must bear original or digital signatures.
2. **Copy of the Board Resolution/Order/Motion, ordinance, or other similar document authorizing execution of the agreement.**
   - The LHJs may exercise their delegated authority to accept and implement this grant and future amendments to support the continuation of DIS Workforce Development activities.
     - If your next board meeting is after December 05, 2025, email Adriana.Cervantes@cdph.ca.gov with the date you plan to add this to the board of supervisor's agenda.
3. **California Civil Rights Laws and Attachment (DGS OLS 04)**
4. **Certificate of Insurance (COI)**
   - The COI must also include the following language under the Description of Operations section: *"The State of California, its officers, agents and employees are included as additional insured, but only with respect to work performed for the State of California under the contract. The additional insured endorsement must accompany the certificate of insurance."*
   - The certificate holder must be listed as California Department of Public Health (CDPH).
5. **Contractor Certification Clause (CCC 042017)**
6. **Government Agency Taxpayer ID Form (CDPH 9083)**
7. **Budget for FY 2025-2026**
   - The budget template can be accessed on the STI/HCV Local Assistance Funding SharePoint site.
   - The budgets are due for future FYs as follows:
     - FY 2026-2027 due March 6, 2026
     - FY 2027-2028 due March 5, 2027
     - FY 2028-2029 due March 3, 2028
     - FY 2029-2030 due March 2, 2029

Upon final approval of the grant agreement documents, you will receive an executed copy.

The DIS Workforce Development Grant webinar has been scheduled for November 19, 2025, from 9:30 am to 10:30 am.

Microsoft Teams Meeting Information
Join the meeting now
Meeting ID: 211 238 838 633 1
Passcode: iX7EN2rZ

During the webinar, the STDCB will provide an overview of the Grant including background, goals of the funding, funding information, Grant Activities, and anticipated next steps and timeline. The presentation will be followed by a question-and-answer period. Please forward this invitation to staff in your jurisdiction that should participate in the webinar. This meeting will be recorded for those unable to attend and posted to the STI/HCV Local Assistance Funding SharePoint site.

Contact Information
We look forward to collaborating with you to support the DIS workforce. If you have any questions, please do not hesitate to contact your Local Assistance Funding Specialist, Adriana Cervantes by email (Adriana.Cervantes@cdph.ca.gov).

Sincerely,

Alexia McGonagle
Assistant Branch Chief
STD Control Branch

Enclosures

cc: Kathleen Jacobson, MD, Chief, STD Control Branch
Jill Marek, Chief, Disease Intervention Section
Orlanda Tafolla, Chief, Business Operations Support Section
Rachel Piper, Chief, Contracts and Purchasing Unit
Adriana Cervantes, Local Assistance Funding Specialist