

Enhanced Surveillance of Persons with Early or Late HIV Diagnosis

CDC-RFA-PS22-2211 Informational Call

March 2, 2022, | 2:00 PM EST





Introductions

CDC

- **Office of Grants Services (OGS)**

- ✓ **Edna Green**, Grants Management Officer

- **HIV Surveillance Branch (HSB)**

- ✓ **Scott Grytdal**, Epidemiologist

- **Behavioral and Clinical Surveillance Branch (BCSB)**

- ✓ **Buzz Prejean**, Branch Chief
- ✓ **Melissa Cribbin**, Deputy Branch Chief
- ✓ **Ruthanne Marcus**, Associate Chief for Science
- ✓ **Pollyanna Chavez**, Acting Team Lead
- ✓ **Tori Reaves**, Epidemiologist
- ✓ **Shilpa Patel**, Epidemiologist
- ✓ **Marc Pitasi**, Epidemiologist



**General
Information**



**Application
Submission**



Q&A



**General
Information**



**Application
Submission**



Q&A

Program: mpitasi@cdc.gov
Financial: egreen@cdc.gov



General Information

Purpose of PS22-2211

- **Enhance surveillance among persons with early and late diagnosis**
 - Early (stage 0) and late (stage 3) diagnosis defined in accordance with [CDC/CSTE revised surveillance case definitions](#)
 - Focus on recent (past-year) diagnoses to understand current landscape
- **Understand gaps in and barriers to HIV services related to:**
 - Timely testing and diagnosis among people with late (stage 3) diagnosis
 - Preventing infection among people with early (stage 0) and late (stage 3) diagnosis
- **Data will be used to improve HIV prevention and testing strategies and programs to better reach the people who need them**

Eligibility

■ Open competition

- All US state health departments
- 6 local health departments with independent HIV surveillance programs
 - City of Chicago Department of Public Health, Houston Department of Health and Human Services, Los Angeles County Department of Public Health, City of Philadelphia Department of Public Health, New York City Department of Health and Mental Hygiene, and San Francisco Department of Public Health
- District of Columbia Department of Health
- Territorial health departments

Community Engagement and Participant Recruitment



- Engage community partners to inform recruitment approaches and survey instrument
- Recruit adults aged ≥ 18 years with diagnosis at stage 0 or stage 3 in past 12 months

Mixed-Methods Survey



- Quantitative interviewer-administered phone surveys and self-administered web surveys
- Qualitative in-depth interviews by phone

Community Engagement and Data Dissemination



- Share data and key findings with community partners
- Work with community partners to translate findings to action

Community Engagement and Participant Recruitment

Mixed-Methods Survey

Community Engagement and Data Dissemination



- Engage community partners to inform recruitment approaches and survey instrument
- Recruit adults aged ≥ 18 years with diagnosis at stage 0 or stage 3 in past 12 months

CDC contractor will:

- provide scheduling portal
- conduct all interviews
 - offer incentives



- Disseminate data and key findings with community partners
- Work with community partners to translate findings to action

Required Strategies and Activities (1)

■ Preparation and Training

- Obtain local regulatory approvals
- Develop, update, and maintain local protocols
- Hire, train, and retain staff
- Attend required trainings with CDC and CDC contractor



Required Strategies and Activities (2)

■ Identification and Recruitment

- Generate a deduplicated list of adults with a new HIV diagnoses in past year at stage 0 or 3 and update list routinely to include new eligible persons
- Locate, contact, and recruit all persons included in case list
- Use secure data system to maintain unique identifiers (provided by CDC contractor system) and link to personal contact information
- Use centralized scheduling system provided by CDC contractor to schedule interviews
- Track, monitor, and report disposition of contacted and recruited persons
- Facilitate access to referrals for ancillary services for all recruited persons and to care linkage and retention services for all recruited persons not in HIV care

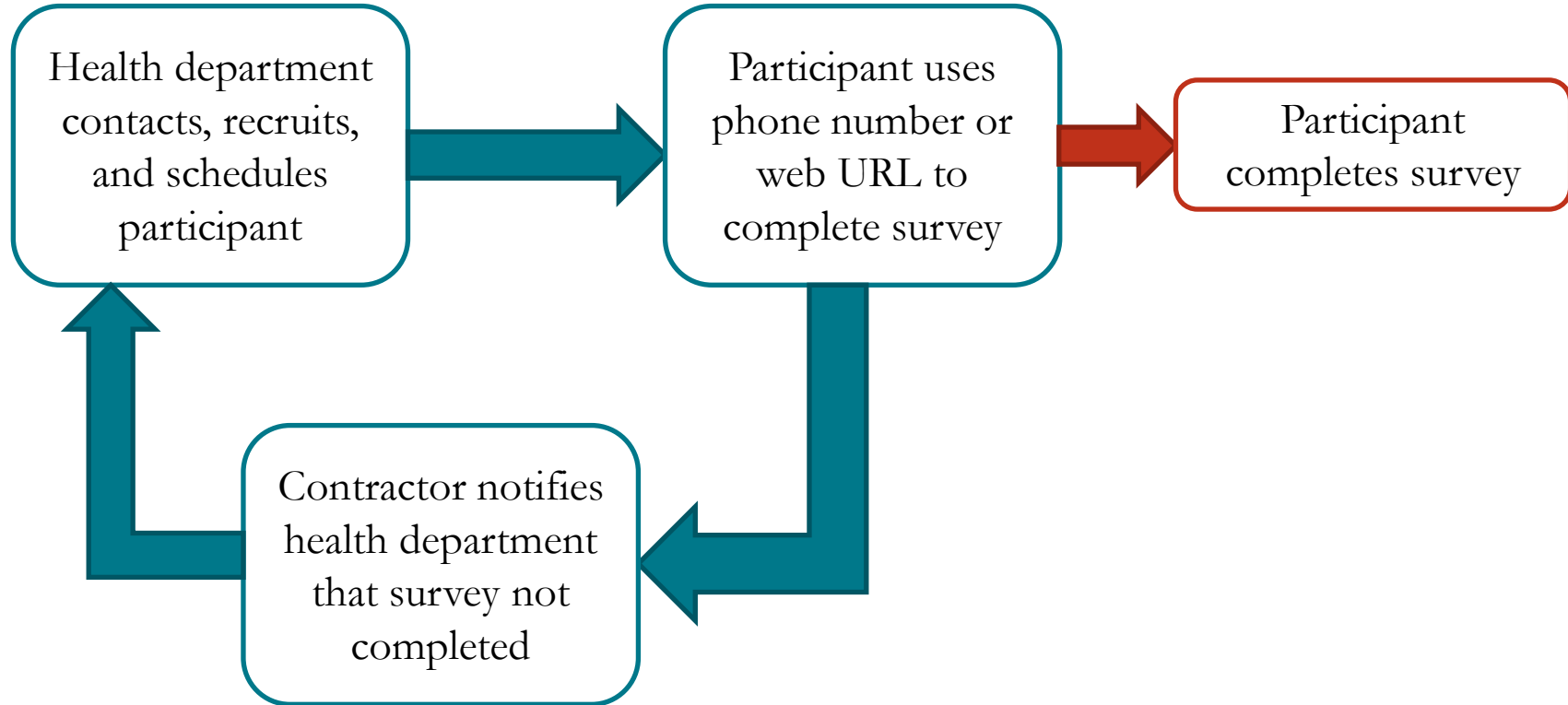
Required Strategies and Activities (2)

■ Identification and Recruitment

- Generate a deduplicated list of individuals with HIV diagnoses in past year at stage 0 or 3 and update list to include new eligible persons
- Locate, contact, and enroll individuals on the list
- Use secure data systems to manage contact information (provided by CDC contractor system)
- Use centralized scheduling system to schedule CDC contractor to schedule interviews
- Track, monitor, and report disposition of contacted and recruited persons
- Facilitate access to referrals for ancillary services for all recruited persons and to care linkage and retention services for all recruited persons not in HIV care

**CDC and contractor
will NOT contact
participants or receive
any PII from HD**

Recruitment Process Overview



Required Strategies and Activities (3)

■ Collaboration and Community Engagement

- Engage community partners to ensure appropriateness of recruitment and dissemination activities
 - E.g., recipients may consider with partners how to recruit special populations such as persons experiencing homelessness or others without access to phone or internet
- Lead dissemination of results to community partners



Additional Evaluation Criteria for Applications



Complete HIV Laboratory Reporting

- refer to definition in [Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data — United States and 6 Dependent Areas, 2018](#)



Occurrence of Stage 0 Diagnoses

- at least 40 stage 0 diagnoses per year OR
- at least 8% of all annual reported diagnoses occur at stage 0



Geographic Diversity

Example Timeline

NOFO Year	Primary Activities
Year 1 August 2022–July 2023	Preparation and Training Community Engagement Begin Recruitment for Data Collection
Year 2 August 2023–July 2024	Recruitment for Data Collection
Year 3 August 2024–July 2025	Recruitment for Data Collection
Year 4 August 2025–July 2026	Recruitment for Data Collection Community-Driven Data Dissemination Close-out

Illustrative example; subject to change and contingent on availability of funding



Application Submission

Application Information



Applications are due April 26, 2022

Submit via www.grants.gov

Project starts on August 1, 2022

> Recipients expected to implement *approach* and *work plan*

Sample Work Plan

Strategy	Activities	Process Measure	Responsible Party	Completion Date
Identification and Recruitment	Generate case list			
Identification and Recruitment	Locate, contact, and recruit all cases			
Identification and Recruitment	Maintain unique IDs linked to contact info			
Identification and Recruitment	Schedule interviews			

Required Attachments

- **Attachment A: Indication of Complete HIV Laboratory Reporting**
 - No longer than 2 pages
 - Clear statement of whether jurisdiction has complete HIV laboratory reporting
- **Attachment B: Enumeration of Stage 0 Diagnoses**
 - No longer than 2 pages
 - Includes the annual number of new stage 0 diagnoses in the jurisdiction
 - Includes the annual percentage of all new diagnoses that occur at stage 0 in the jurisdiction
 - Provides the most recent data available

PS22-2211 and PS22-2202

- **The predecessor NOFO, PS22-2202, was cancelled**
- **Applicants must apply to PS22-2211 to be considered for this funding opportunity**
 - PS22-2202 applications will not be reviewed or considered
- **Changes to PS22-2211**
 - Estimated average award amount increased from \$100,000 to \$200,000 per year
 - Anticipate up to 10 awards (formerly 20 awards), contingent upon funding



HIV

HIV Funding and Budget



[Home](#) Funding Opportunity
Announcement: PS22-2211

[Eligibility Information](#)

[Attachments and Important Resources](#)

[Pre-Application Technical Resources](#)

[Frequently Asked Questions](#)

[Contact Information](#)

[More HIV Topics](#)

Notice of Funding Opportunity PS22-2211: Enhanced Surveillance of Persons with Early and Late HIV Diagnosis

This website is designed to:

- Support the application process for health departments applying for Notice of Funding Opportunity (NOFO) PS22-2211, and
- Provide a forum for the dissemination of important information to potential applicants.

[Access the Notice of Funding Opportunity](#)

Executive Summary

Despite the powerful prevention tools and varied modalities now available to diagnose, treat, and prevent HIV, new HIV infections continue to occur in the United States. Each new HIV infection is considered a failure of HIV prevention. A

(page 3) diagnoses.
to reach those

<https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html>



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Financial: egreen@cdc.gov

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

