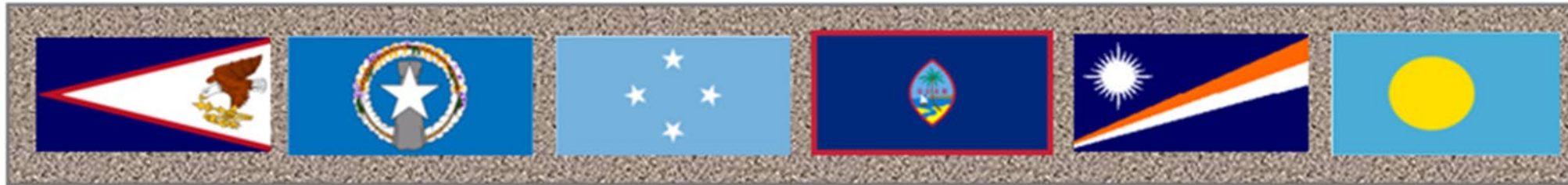


# Accelerating the Prevention and Control of HIV, Viral Hepatitis, STDs, and TB in the U.S.-Affiliated Pacific Islands

## PS23-2302 Integrated Notice of Funding Opportunity



### Informational Call

June 28, 2022

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# Welcome and Opening Remarks

# Welcome to the Informational Call

- **Logistical Details**

- Please hold all questions until the end of the call
- Please mute your phone

- **Roll Call**

# Conference Call Purpose and Objectives

## ■ Purpose

- To present an overview of the U.S.-Affiliated Pacific Islands (USAPI) integrated Notice of Funding Opportunity (NOFO) for prospective applicants to be informed and prepared to develop a strong application

## ■ Objectives

- To provide a forum for the discussion of NOFO details
- To provide clarification on eligibility requirements
- To discuss technical assistance and resources available to applicants
- To discuss details of the procurement and grants process
- To provide an opportunity for applicants to ask questions or request clarification

# Introduction and Overview

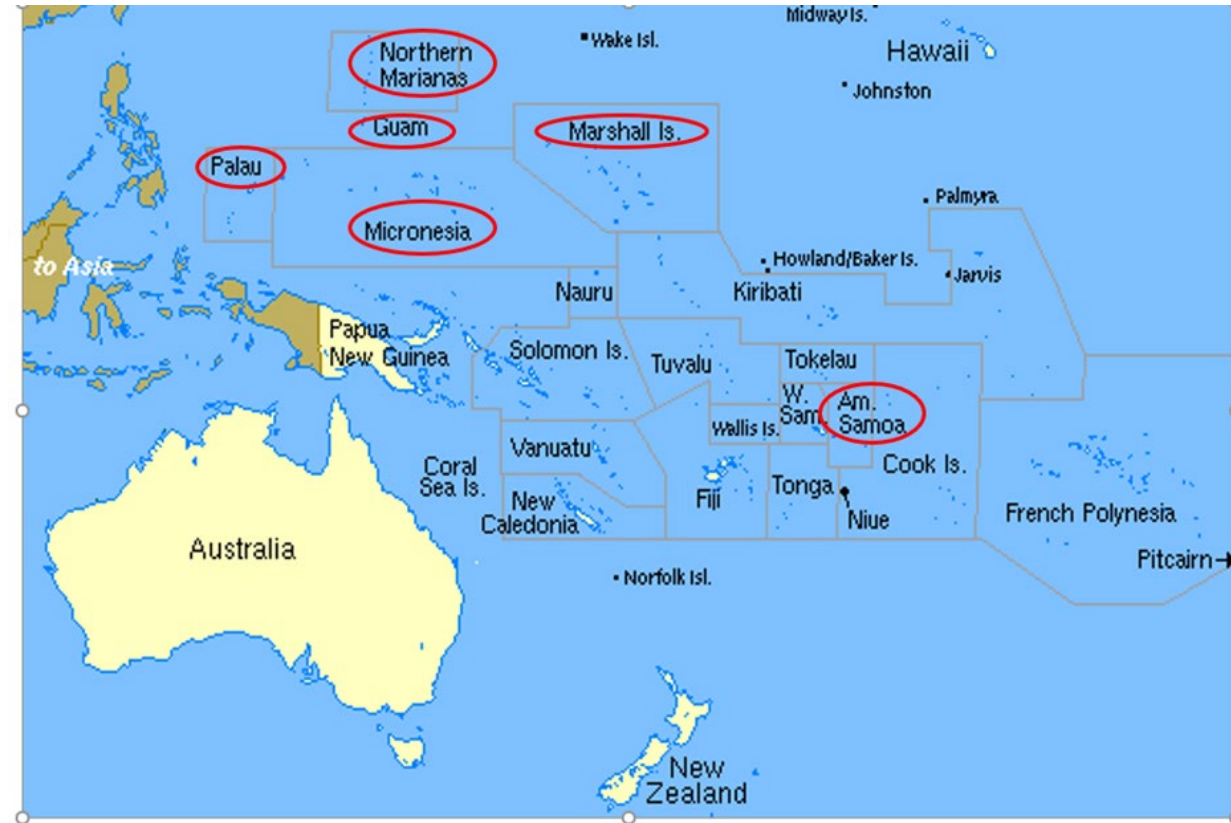
# Anticipated Funding

- **Total Project Period: 5 years**
- **Approximate Total Project Period Funding: \$19,500,000**
- **Approximate Total Fiscal Year Funding: \$3,900,000**
- **Award Ceiling: no ceiling has been set per budget period**
- **Award Floor: no floor has been set per budget period**
- **Approximate Average Award: \$650,000 (per budget period)**

# Eligible Applicants

- **Unrestricted; six applicants will be funded to serve populations in each of the following jurisdictions:**

- Commonwealth of the Northern Mariana Islands
- American Samoa
- Guam
- Federated States of Micronesia
- Republic of the Marshall Islands
- Republic of Palau



# Purpose & Long-Term Outcomes



# Purpose of the Integrated NOFO

- **This NOFO will support the implementation of five core strategies to improve HIV, viral hepatitis, sexually transmitted infections (STIs), and TB prevention, testing, and treatment programs in the USAPI jurisdictions:**
  - Program Collaboration and Service Integration in high-priority settings and for populations who are disproportionately affected
  - Surveillance, Data Management, and Reporting
  - Workforce Development through training and education
  - Laboratory Strengthening for reliable, accurate, and timely delivery of public health laboratory services
  - Disease-Specific Prevention and Care including testing, linkage to care, and partner services

# Long-Term Outcomes

- **Improved integration & coordination of resources for preventing and treating HIV, viral hepatitis, STIs, & TB**
- **Reduced health disparities and inequities among persons in the USAPIs**
- **Sustained capacity of healthcare delivery systems, public health, and health workforce to prevent, diagnose and treat HIV, viral hepatitis, STIs, & TB**
- **Reduced new infections of and morbidity and mortality from HIV, viral hepatitis, STIs, & TB**

# Strategies, Short- & Intermediate-Term Outcomes, and Activities

# Strategy 1: Program Collaboration and Service Integration (PCSI)

- **Outcome:**

- Increased receipt of testing and treatment for multiple diseases as clinically indicated among patients

- **Activities:**

- Implement integrated screening and testing in high-priority settings
- Integrate screening and testing of persons at risk for multiple diseases

# Strategy 2: Surveillance, Data Management, and Reporting

## ■ Outcomes:

- Increased complete and timely data reporting for USAPIs
- Improved prevention programs and service delivery among populations that are disproportionately affected

## ■ Activities:

- Collect and manage surveillance and program data
- Evaluate program effectiveness
- Implement quality assurance processes
- Use and disseminate data to drive public health action
- Implement the current CDC Data Security and Confidentiality Guidelines

## Strategy 3: Workforce Development

### ■ Outcome:

- Increased public healthcare workforce skills to deliver prevention, screening, and care services for HIV, viral hepatitis, STIs, and TB

### ■ Activities:

- Designate a TB Education and Training Focal Point who will become a member (if not already) of the TB Education and Training Network (TB ETN)
- Build public healthcare workforce capacity
- Participate in CDC-sponsored conferences and meetings (e.g., PS23-2302 kickoff meeting)
- Develop and/or update policies and procedures to support program implementation across PCSI programs

## Strategy 4: Laboratory Strengthening

### ■ Outcomes:

- Improved availability of laboratory supplies within expiration date
- Improved availability of high-quality testing services
- Decreased turnaround times for HIV, hepatitis B (HBV), STIs, and TB testing

### ■ Activities:

- Deliver reliable, accurate, and timely public health laboratory services and ensure strong laboratory quality management systems
- Evaluate laboratory data/practices and address needed improvements

## Strategy 5: Disease-Specific Prevention and Care

### ■ Outcomes:

- Increased awareness of HIV, HBV, and STIs, or TB infection
- Increased timely linkage to care for persons diagnosed with HIV, HBV, STIs, and TB
- Increased receipt of partner services and completion of contact investigations
- Improved care outcomes for patients with diagnosed infection

### ■ Activities:

- Conduct or facilitate high-impact prevention including prevention, screening, testing, linkage to care, treatment, and case management
- Provide partner services and contact investigation



# Key Staff Positions

- **To ensure activities under Strategy 1 are implemented, funded jurisdictions should designate a public health professional (100% of time) to serve as the PCSI Lead. Roles and responsibilities include:**
  - Convene regular meetings (no less than quarterly) with the PCSI Steering Committee, which includes the PCSI Surveillance Coordinator, PCSI Laboratory Coordinator, financial official, and key staff from the laboratory, HIV, Viral Hepatitis, STD, and TB programs.
  - Coordinate the PCSI activities required in this NOFO and participate on routine calls with CDC staff.
  - Identify and resolve barriers to implementing the PCSI strategies and activities required in this NOFO.

## Key Staff Positions (cont.)

- **To ensure activities under Strategy 2 are implemented, funded jurisdictions should designate a PCSI Surveillance Coordinator (100% of time). Roles and responsibilities include:**
  - Implement the current *CDC Data Security and Confidentiality Guidelines*.
  - Coordinate the surveillance, data management, and reporting activities required in this NOFO.
  - Ensure HIV testing, HBV, STI, and TB surveillance data are entered on a weekly basis into local surveillance systems.
  - Ensure HIV, HBV, STI, and TB surveillance data are submitted to CDC by reporting deadlines.
  - Identify and resolve barriers to sharing and using data across programs.
  - Review surveillance data monthly to identify any potential outbreaks in any disease area, and ensure potential outbreaks are investigated immediately after identification.

# Activities and Components

**Strategy 1: Program Collaboration and Service Integration (PCSI)**

# Strategy 1: Activities and Components

- **Activity 1.1: Implement integrated screening and testing in high-priority settings**
  - Collaborate with Maternal Child Health (MCH)/Antenatal Care (ANC) departments to ensure pregnant persons receive recommended testing for HIV, HBV, chlamydia, gonorrhea, and syphilis.
    - Convene regular meetings to review screening data and address barriers (no less than quarterly).
  - Ensure follow-up and case reviews of all perinatal deaths in an effort to identify linkage with mother-to-child transmission of syphilis, HBV, and perinatal transmission of HIV. Case reviews shall include staff from HIV, Viral Hepatitis, STD, and MCH/ANC programs. *The Fetal and Infant Mortality Review (FIMR)/HIV Prevention* is a guide to assist with HIV perinatal case review. *The Congenital Syphilis Case Investigation and Reporting Form* is a guide to assist with mother-to-child transmission of syphilis case review.

# Strategy 1: Activities and Components

- **Activity 1.1: Implement integrated screening and testing in high-priority settings**
  - Collaborate with Family Planning Services to prevent STI-related pelvic inflammatory disease (PID), ectopic pregnancy, and infertility.
  - Ensure treatment of persons with STIs and their partners.
  - Promote screening, diagnosis, and treatment recommendations and guidelines among providers.

# Strategy 1: Activities and Components

- **Activity 1.2: Integrate screening and testing of persons at risk for multiple diseases**
  - Ensure recommended testing of pregnant persons for HIV, HBV, chlamydia, gonorrhea, and syphilis (during the same visit), once within their 1<sup>st</sup> trimester.
    - If testing capacity allows, also screen for hepatitis A virus (HAV) and hepatitis C virus (HCV [antibody]) in addition to HBV (hepatitis B surface antigen [HBsAg])
  - Conduct HIV and diabetes testing on persons with TB disease and refer persons newly diagnosed with HIV and/or diabetes for services.
  - Conduct HBV, chlamydia, gonorrhea, syphilis, and TB screening (during the same visit), on persons newly diagnosed with HIV, and annually during routine follow-up care for persons living with HIV.
  - Ensure persons treated for chlamydia, gonorrhea, and/or syphilis are tested for HIV within 30 days.

# Strategy 1: Activities and Components

- **Activity 1.2: Integrate screening and testing of persons at risk for multiple diseases**
  - Ensure testing for all persons seeking STI evaluation who are not already known to have HIV infection.
  - Conduct targeted HIV, chlamydia, gonorrhea, and syphilis testing among populations disproportionately affected, such as men who have sex with men (MSM), persons who inject drugs (PWID), transgender women, and commercial sex workers and their clients.

# Activities and Components

**Strategy 2: Surveillance, Data Management, and Reporting**



# Strategy 2: Activities and Components

- **Activity 2.1: Collect and manage surveillance and program data**
  - Report surveillance and program data to CDC in required format by required deadlines.
  - HIV Surveillance: Within the first year of the award, if not already certified, the HIV Surveillance Programs must complete the HIV certification process to submit HIV Surveillance cases to the CDC, as authorized by the jurisdictions' public health reporting laws, and in compliance with the current *Data Security and Confidentiality Guidelines*.
    - Recipients should mail the HIV case report form to CDC within 1 month from the laboratory report date of the first HIV-positive test result, and from subsequent laboratory results or change in vital status.
  - HIV Prevention: Follow the guidance in the *Pacific Islands HIV Test Form Data Dictionary* which will be shared with recipients post award.

# Strategy 2: Activities and Components

## ■ Activity 2.1: Collect and manage surveillance and program data

- Viral Hepatitis: Follow the *Viral Hepatitis Surveillance and Case Management: Guidance for State, Territorial, and Local Health Departments*.
  - Collect data on persons who test positive for hepatitis B surface antigen (HBsAg) to facilitate the notification, counseling and management of persons with chronic HBV infection.
  - A copy of the original laboratory report indicating the pregnant person's HBsAg status should be provided to the hospital or birthing facility where the delivery is planned and to the health provider who will care for the infant.
- STD: Follow the *Program Operations and Guidelines for STD Prevention and Data Management*.
  - Develop surveillance activities to review and investigate all reports on all perinatal deaths, and to identify and complete reports for possible links with maternal syphilis and perinatal HIV.

# Strategy 2: Activities and Components

- **Activity 2.1: Collect and manage surveillance and program data**
  - TB: Enhance identification, reporting, and follow up of persons with confirmed or suspected TB by establishing collaborative relationships with appropriate reporting sources.
  - Ensure complete, accurate, and timely reporting of persons with confirmed or suspected TB.
  - Notify CDC of TB cases in a complete, accurate, and timely manner.
  - Ensure prompt identification and investigation of TB genotype clusters.
  - Ensure appropriate response to large TB outbreaks ( $\geq 10$  cases diagnosed in a 3-year period that are related by recent transmission).

# Strategy 2: Activities and Components

## ■ Activity 2.1: Collect and manage surveillance and program data

- LAB: Implement and maintain activities to support complete laboratory reporting of HIV, viral hepatitis, chlamydia, gonorrhea, syphilis, and TB cases. Additionally, monitor trends in antimicrobial susceptibility profiles for TB.
- Build and strengthen disaster recovery and business continuity plans for CDC data protections and maintenance.
  - Within the first year, recipients should submit their disaster recovery and business continuity plans for review of data protections and maintenance.
  - The plans will be reviewed, and support will be provided to recipients to eliminate and or reduce deficiencies for final plans as needed.
  - Where needs are identified for improvements, recipients should work with the NOFO Subject Matter Experts (SME) to make improvements for a final optimal plan.

# Strategy 2: Activities and Components

- **Activity 2.2: Evaluate program effectiveness**
  - Use surveillance and program data to assess effectiveness of screening, targeted testing, partner services/contact tracing, and treatment.
- **Activity 2.3: Implement quality assurance processes**
  - Conduct quality assurance of surveillance data monthly to ensure data completeness, timeliness, and accuracy.
- **Activity 2.4: Use and disseminate data to drive public health action**
  - Develop an annual publication of HIV, viral hepatitis, STI, and TB activities and data that includes a summary per disease.
  - Use the National Tuberculosis Indicators Project (NTIP) to submit the “*Indicator Summary*” report annually and describe barriers to meeting National Performance Targets.
  - Disseminate programmatic findings to key stakeholders, including medical providers, government officials, and other collaborative partners.

# Strategy 2: Activities and Components

- **Activity 2.5: Implement the current *Data Security and Confidentiality Guidelines***
  - Develop policies and procedures for security and confidentiality and ensure yearly reviews to keep them current.
  - Provide yearly staff training on security and confidentiality and upon onboarding new staff.
  - Ensure all staff complete the security and confidentiality agreement annually.
  - Submit the *Certification of Implementation of the CDC Data Security and Confidentiality Standards* and *Designation of Overall Responsible Party (ORP)* statement annually and provide updated information as needed.
  - Use the *USAPI Integrated Site Visit Review Guide* to prepare for a site visit. Template will be shared with recipients post award.

# Activities and Components

## Strategy 3: Workforce Development

# Strategy 3: Activities and Components

- **Activity 3.1: Designate a TB Education and Training Focal Point who will become a member (if not already) of the TB Education and Training Network (TB ETN). This focal point will be responsible for the following activities:**
  - Serve as primary contact in their respective TB program for CDC and TB Centers of Excellence (TB COEs) education and training activities, including needs assessments, capacity building, and resource development/sharing.
  - Ensure development and implementation of annual training and Human Resource Development (HRD) activities specific to their TB program.
  - Attend the biennial focal point meeting and the biennial TB ETN conference.
  - Identify training and HRD needs.
  - Coordinate competency-based in-service TB training and human resource development.
  - Establish evaluation strategies to improve existing trainings and to identify ongoing training and HRD needs.



# Strategy 3: Activities and Components

- **Activity 3.1: Designate a TB Education and Training Focal Point who will become a member (if not already) of the TB Education and Training Network (TB ETN). This focal point will be responsible for the following activities:**
  - Improve patient education and communications capacity within the program.
  - Coordinate trainings related to TB control with training for other disease control programs, such as HIV, viral hepatitis, and STIs.
  - Target TB trainings to other healthcare providers or organizations serving high-risk populations.
  - Provide an update on HRD activities year-to-date and HRD plans for the upcoming budget period in the annual performance report.

# Strategy 3: Activities and Components

## ■ Activity 3.2: Build public healthcare workforce capacity

- Develop or update individual training plans for programmatic, surveillance, and laboratory staff.
- Develop and deliver local in-service trainings related to programmatic, surveillance, and laboratory. The target audiences may include internal and external partners. Base content on existing training resources or develop in collaboration with partners (e.g., HIV Capacity Building Assistance Provider Network, National Network of STD Clinical Prevention Training Centers, and TB COEs).

# Strategy 3: Activities and Components

## ■ Activity 3.2: Build public healthcare workforce capacity

- The following describes the types of trainings to be developed or delivered including existing training resources where available.
  - HIV: Cover HIV testing algorithms, including use of rapid and point-of-care testing.
  - HBV: Cover HBV testing algorithm, case definitions, data quality assurance, HBsAg data collection and reporting by using a CDC-approved data system.
  - STIs: Cover Partner Services for program and medical staff.
  - TB: Incorporate materials from the resources provided.
  - LAB: Implement and document annual training and competency assessment for laboratory technicians, including safety training and shipping of infectious and diagnostic specimens per International Air Transportation Association (IATA) standards as well as basic and test-specific laboratory procedures.

# Strategy 3: Activities and Components

- **Activity 3.3: Participate in CDC-sponsored conferences and meetings**
  - PS23-2302 PCSI NOFO Meetings
  - National HIV Prevention Conference and National HIV Surveillance Conference
  - National STD Prevention Conference
  - National TB Conference (NTC)
  - TB Education and Training Network/Program Evaluation Network (TB PEN/ETN) Conference
  - Pacific Islands TB Controllers Association (PITCA) Conference
  - ORP and PCSI Leadership (i.e., PCSI Lead, PCSI Surveillance Coordinator, and PCSI Laboratory Coordinator) should attend pandemic mitigation and control related trainings as available and needed

# Strategy 3: Activities and Components

- **Activity 3.4: Develop and/or update policies and procedures to support program implementation across PCSI programs**
  - Develop and/or update policies and procedures to ensure PCSI staff are adequately trained to implement programmatic activities. Policies and procedures may include those needed to conduct service delivery, reporting of data, etc.
  - Ensure policies and procedures are provided to PCSI staff.

# Activities and Components

## Strategy 4: Laboratory Strengthening

Angela Starks, PhD, Division of TB Elimination, NCHHSTP, CDC

# Strategy 4: Activities and Components

- **Activity 4.1: Deliver reliable, accurate, and timely public health laboratory services and ensure strong laboratory quality management systems**
  - Ensure strong inventory control system whereby test kits within expiration date are available as well as ordered with sufficient lead time with consideration of procurement timeframes.
  - Develop standard operating procedures (SOPs) for proper specimen(s) collection, handling, transport, storage, processing, testing, and results reporting for HIV, viral hepatitis, STI, and TB testing. SOPs should be reviewed at least annually and updated as needed.
  - Follow procedures to ensure referred specimens are stored, packaged, and shipped in a timely manner to the associated reference laboratory per International Air Transport Association (IATA) standards. Report local results as applicable.

# Strategy 4: Activities and Components

- **Activity 4.1: Deliver reliable, accurate, and timely public health laboratory services and ensure strong laboratory quality management systems**
  - Establish or maintain a laboratory quality assurance program including use of appropriate laboratory controls and participation in an external quality assurance program.
  - Develop procedures to report Laboratory Testing Metrics to include information about numbers of tests performed and results. Metrics should also include review of results for referred specimens shipped to reference laboratories.
  - Participate on quarterly TB laboratory conference calls with the Pacific Island Health Officer's Association (PIHOA) Regional Laboratory Coordinator, regional TB reference laboratory, and CDC.



# Strategy 4: Activities and Components

- **Activity 4.2: Evaluate laboratory data/practices and address needed improvements**
  - Develop and maintain an accurate and complete laboratory register (electronic or paper-based) that includes local and reference laboratory results.
  - Develop procedures to report notifiable diseases to the appropriate local public health program.
  - Develop procedures to collate and review quarterly laboratory statistics.
  - Develop procedures to annually assess progress towards meeting CDC recommended and laboratory specific turnaround times.
  - Develop procedures to maintain laboratory equipment to ensure accurate test results.
  - Evaluate inventory control procedures to ensure system is efficient and effective in ensuring an adequate supply of all necessary test reagents. The system should monitor supplies and anticipate (forecast) the need to order recommended laboratory testing reagents and kits for HIV, HBV, STIs, and TB.

# Activities and components

## Strategy 5: Disease-Specific Prevention and Care

Pilgrim Spikes, PhD & Ndidi Nwangwu-Ike, PhD, Division of HIV Prevention, NCHHSTP, CDC

# Strategy 5: HIV Prevention Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Implement and/or coordinate targeted HIV testing in non-healthcare settings to identify undiagnosed HIV infection using a point-of-care HIV test (i.e., results available within 30 minutes) on the following populations disproportionately affected by HIV: men who have sex with men (MSM), persons who inject drugs (PWID), transgender women, and commercial sex workers (CSW).
    - In non-healthcare settings, at least 70% of point-of-care tests should be used among disproportionately affected populations.
  - Use a second rapid HIV test (i.e., results available within 30 minutes) to confirm a preliminary positive HIV test result
  - Distribute condoms for persons disproportionately affected by HIV and STIs, including persons with HIV (PWH).

# Strategy 5: HIV Prevention Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Provide linkage to medical care, treatment, and prevention services for PWH.
  - Link persons with newly diagnosed HIV infection to medical care within 30 days of diagnosis.
  - Support retention in medical care, treatment, and prevention services for PWH.
  - Provide guidance on the importance of early HIV screening for all pregnant persons, according to current CDC recommendations.
    - Note: Other funding sources should be leveraged to implement HIV screening among pregnant persons. PS23-2302 funds should be used as payer of last resort to conduct HIV screening among pregnant persons. **Additionally, given the low burden of disease among pregnant persons in this region in clinical settings, a cap of 10% of HIV funding can be used to test this population.**

# Strategy 5: HIV Prevention Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Develop a plan to implement point-of-care testing in non-healthcare settings.
  - Utilize the CDC/HRSA integration of prevention and care plan to facilitate prevention, treatment, case management, and linkage to care for persons newly diagnosed with HIV infection and PWH.
  - Educate medical providers on the use of pre-exposure prophylaxis (PrEP) an HIV prevention strategy.

# Strategy 5: HIV Prevention Activities and Components

## ■ Activity 5.2: Provide partner services and contact investigation

- Provide ongoing partner services for all persons with newly diagnosed infection, those with previously diagnosed infection, and their partners following the *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*.
- Collaborate and coordinate with STD surveillance programs to use data to maximize the number of persons identified as candidates for Partner Services.
- Partner with non-health department providers, including non-governmental organizations (NGOs) and private medical treatment providers, to identify more opportunities to provide Partner Services.

# Activities and components

## Strategy 5: Disease-Specific Prevention and Care

Clarisse Tsang, MPH, Division of Viral Hepatitis, NCHHSTP, CDC

# Strategy 5: Viral Hepatitis Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Work with partners (e.g., Maternal and Child Health [MCH]/ Antenatal Clinics [ANC], Immunization Programs, Community Health Center, private hospitals, DIS) to screen pregnant persons for HBV.
  - Ensure the HbsAg status for all pregnant persons is recorded and provided to the hospital or birthing facility where the delivery is planned and to the health provider who will care for the infant (prophylaxis (hepatitis B vaccine and HBIG) within 12 hours of birth for all infants born to HbsAg-positive women).
  - Provide HBV test kits to hospitals and other venues reaching populations disproportionately affected by HBV.
  - Work with immunization programs to support an increase in HBV vaccination coverage for infants, children and adolescents, susceptible adults at risk for HBV (household contacts, sexual partners, PWID, MSM, occupational exposures, others).



# Strategy 5: Viral Hepatitis Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Implement and/or promote HBV testing and screening among pregnant persons, and others included in the Target Populations section as resources allow, according to the *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination 2021-2025* and *CDC Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (2018)*, including Screening All Pregnant Women for Hepatitis B Virus (HBV) Infection. As well as the *Global Health Sector Strategy on Viral Hepatitis 2016-2021* (To be updated to the *Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections 2022-2030*), and *WHO Interim Guidance for Country Validation of Viral Hepatitis Elimination*.

# Strategy 5: Viral Hepatitis Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Conduct a needs assessment for viral hepatitis including:
    - An inventory of hospitals, clinics or other settings where HBV testing can be conducted
    - An inventory of type of tests for HBV and HAV (if available) ---POC tests, type of POC test (WHO PQ or any vendor)
    - An estimate the number of tests needed/year
    - An assessment of the availability of facilities for viral hepatitis testing—ELISA machines, qualified staff (need for training)
    - An inventory of laboratories where hepatitis B serum tested
  - Identify at least two high-volume clinics to expand hepatitis B testing.

# Strategy 5: Viral Hepatitis Activities and Components

- **Activity 5.2: Provide partner services and contact investigation**
  - Follow up with household contacts and sex partners of persons with hepatitis B.
    - Asking about vaccination history and testing as needed.
    - If previously unvaccinated and susceptible, then provide hepatitis B vaccines.

# Activities and components

## Strategy 5: Disease-Specific Prevention and Care

Tranita Anderson, MPH, Division of STD Prevention, NCHHSTP, CDC

# Strategy 5: STD Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Promote and monitor the extent to which pregnant persons receive recommended prenatal screening for chlamydia, gonorrhea, and syphilis within the first trimester.
  - Monitor the extent to which pregnant persons receive recommended treatment for chlamydia, gonorrhea, and syphilis.
  - Conduct annual testing for sexually active females younger than age 25 years for chlamydia and gonorrhea using a CDC recommended testing technology.
  - Identify internal and external partners and venues to increase chlamydia, gonorrhea, and syphilis screening rates among priority and vulnerable populations (see Target Populations section).
    - Venues include family planning, women clinics, adolescent clinics, or other facilities providing reproductive healthcare, and schools/colleges.

# Strategy 5: STD Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Develop/enhance the data sharing system to ensure treatment of cases and their partners.
  - Monitor extent to which clients with chlamydia, gonorrhea, and syphilis are appropriately managed according to *CDC Sexually Transmitted Infections Treatment Guidelines*
  - Manage, monitor, and document the number of women with a positive test for chlamydia, gonorrhea, and/or syphilis whose partners are treated.
  - To eliminate congenital syphilis, manage, monitor, and document the number of pregnant persons with a positive syphilis test.

# Strategy 5: STD Activities and Components

- **Activity 5.2: Provide partner services and contact investigation**
  - Provide partner services for sex contacts of persons diagnosed with syphilis, gonorrhea, and/or chlamydia within 14 days of diagnosis and link or provide treatment for those diagnosed.

# Activities and components

## Strategy 5: Disease-Specific Prevention and Care

Derrick Felix, BS, Division of TB Elimination, NCHHSTP, CDC



# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Implement the TB case management approach to coordinate the necessary medical, nursing, outreach, and social services needed to ensure all persons with suspected or confirmed TB disease complete an appropriate and effective course of treatment.
    - Assign a specific worker (e.g., a case manager) who will be primarily responsible for each person with suspected or confirmed TB disease.
    - All reported persons with suspected or confirmed TB disease should be assigned to a case manager, regardless of whether medical care is provided by a health department/ministry of health TB clinic or a private provider.
    - The case manager will be responsible for ensuring that patients adhere to treatment, comply with medical visits, and complete treatment.
    - Case managers are also responsible for ensuring contacts are identified, evaluated, and complete treatment for latent TB infection (LTBI), if appropriate.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Ensure adherence to TB treatment by using in-person directly observed therapy (DOT), electronic directly observed therapy (eDOT), incentives, enablers, and/or outreach staff who are culturally competent.
  - Assess adequacy and appropriateness of therapy for each patient by reviewing initial regimen, susceptibility results, adherence, and response to therapy. Therapy should be consistent with American Thoracic Society/ Infectious Disease Society of America/Centers for Disease Control and Prevention guidelines.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Seek expert consultation for treatment of multidrug-resistant TB (MDR TB) and other complex cases from TB experts who are up to date on current evidence-based practices and guidelines, and who are readily available to provide timely documented advice and ongoing medical guidance. The TB COEs for Training, Education, and Medical Consultation services should be readily used as needed, and relationships should be fostered between any local TB experts who provides the program with clinical guidance and the funded jurisdictions' regional COE. Healthcare providers of record for patients with TB disease should be expected to be familiar with laboratory and chest imaging results as well as current medications and comorbidities when seeking additional medical consultation services.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Seek expert consultation regarding laboratory results for molecular detection of drug resistance or interpretation of other laboratory results when needed.
  - Collaborate with partners at local jails, correctional facilities, homeless shelters, and substance abuse settings to ensure that all newly diagnosed TB cases are treated to completion.
  - Partner with CDC Division of Global Migration and Quarantine (DGMQ) to support international TB quarantine efforts.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Conduct monthly case conference meetings to systematically review the progress and treatment of persons with suspected or confirmed TB disease and develop plans to address any barriers to adherence.
    - These meetings should include staff who are involved in the care and management of TB patients including, case managers, DOT workers, contact investigation staff, nurses, and clinicians.
    - The case manager presents information about the status of each TB patient under medical care and the progress of the contact investigation.
    - Each TB patient is presented once within 30 days of starting the intensive phase of treatment and again within 30 days of starting the continuation phase of treatment.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Ensure that immigrants and refugees classified as A, B1, or B2 are located promptly and examined and treated appropriately.
  - Report examination results of domestic TB follow-up activities including treatment outcomes for TB and LTBI to the Electronic Disease Notification (EDN) system.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Within the first three months of the NOFO, identify a local population for targeted TB testing and treatment using epidemiological data. The selected local population must be at increased risk for LTBI or developing TB disease once infected with *M. tuberculosis* and may include, but are not limited to, persons with diabetes, end-stage renal disease, persons experiencing homelessness, have substance use disorders, or who are incarcerated.
  - Within the first year of the NOFO, establish a baseline for seeking and evaluating persons from the target population and identify a goal and strategy for increasing targeted testing for LTBI.

# Strategy 5: TB Activities and Components

- **Activity 5.1: Conduct or facilitate high-impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management**
  - Within the first year of the NOFO, establish a baseline for initiating and completing treatment for persons diagnosed with LTBI who are recommended for treatment and identify a goal and strategy for increasing LTBI treatment initiation and completion rates.
  - Establish or build on existing partnerships with non-communicable disease programs, primary care providers, community health centers, or other partners to expand LTBI testing and treatment.
  - Report targeted testing and treatment data using the Aggregate Reports for Tuberculosis Program Evaluation (ARPE): Targeted Testing and Treatment of Patients with Latent TB Infection form.



# Strategy 5: TB Activities and Components

## ■ Activity 5.2: Provide partner services and contact investigation

- Ensure that contact investigation activities are initiated and completed promptly; including interviewing TB cases or utilizing location-based methods to identify contacts and ensuring that infected contacts begin and complete an appropriate diagnostic evaluation to exclude TB disease and a course of treatment for LTBI if recommended after TB disease has been excluded.
- Assess reasons for cases with fewer than 3 contacts elicited, for delays in interviewing cases or examining contacts, and for lower rates of completion of LTBI treatment, and devise strategies for improvement. Combine epidemiologic data with TB genotyping results, where appropriate, to confirm or identify previously unidentified transmission links between TB cases and use genotyping results to evaluate the completeness of contact investigation activities.
- Submit data from contact investigations in the Aggregate Reports for Tuberculosis Program Evaluation (ARPE): Follow-up and Treatment of Contacts to Tuberculosis Cases. Additionally, programs that have a more robust database for contact investigation should continue to make improvements to the data collection instrument and ensure data are used to inform progress on TB control and prevention.

# **Direct Assistance**

**Tamika Hoyte, MPH, Program and Performance  
Improvement Office, NCHHSTP, CDC**

# Direct Assistance

- **Direct assistance is available through this cooperative agreement**
  - A recipient of an award under a notice of funding opportunity may request that CDC provide supplies, equipment, services, or detail a CDC employee to the recipient for the purpose carrying out the activities of the award.
  - If the request is approved, CDC shall reduce the amount of the recipient's award by either the fair market value of any supplies (including laboratory supplies and other preventive agents) equipment, or services; the amount of the pay, allowances, and travel expenses of any CDC employee when detailed to the recipient.
  - **Specifically, for this funding opportunity, you may request laboratory supplies to carry out the activities required of this award based on an identified need and pending the availability of funds.**

## Direct Assistance (cont.)

- **To request laboratory supplies, provide the information requested below:**
  - Names of supply items needed (e.g., test kit, reagent)
  - Brand name of item
  - Cost per each item requested
  - Number of each item requested
  - Purpose of each item requested
  - Stock number (if available)
- **Note: The request should be submitted as part of the application for Year 1 and the continuation application process for subsequent years. If a request for supplies is approved, the award will be reduced by the fair market value of such items.**

## Direct Assistance (cont.)

- Additionally, a request for supplies may also include medication from the TB Emergency Drug Stockpile (TEDS). Recipients will be notified by email when TEDS medications are available. Fair market value will be determined at the time of the request is to be fulfilled, which may result in the need for a reduction of the award in that amount.

# **Application & Deadlines**

**Edna Green, AS, Office of Grants Services, CDC**

# Application & Submission Information

- **Application Deadline: July 31, 2022, 11:59 p.m. EST**
- **Project Abstract (maximum of 1 page)**
  - Summary of the proposed activity suitable for dissemination
- **Project Narrative (maximum of 20 pages)**
  - This includes the work plan
  - Activities to be conducted over the entire project period
  - 12-point font, 1-inch margins, number all pages
  - Content beyond the specified page number will not be reviewed
- **Application Appendices**
  - These may include MOAs/MOUs

# Application & Submission Information

## ■ Funding Restrictions

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.



# Tips for Preparing Application

- **In the Budget Information section, applicants should fill out column**
  - “Grant Program Function or Activity,” under “Section A – Budget Summary” for each proposed component.
  - Under “Section B - Budget Categories,” each column should reflect requested funds for each component.
  - The “Object Class Categories” totals under Section B should match what is being requested in the budget narrative.
  - Column (5) – “Total” should be a cumulative total of all requested funds.
- **Assurances and Certifications**
- **Risk Assessment Questionnaire**
- **Indirect Cost Rate Agreement**
- **Electronic Submission**
  - [www.grants.gov](http://www.grants.gov)
    - Validation process may take up to two (2) business days

# Application Review Information

## ■ Review and Selection Process

- Initially reviewed for completeness by Office of Grants Services (OGS).
- Eligible applicants jointly reviewed for responsiveness by the Program Office and OGS.
- Technical Structured Review conducted by Program Office.

## ■ Scoring Criteria

- Approach (45 points)
- Evaluation and Performance Measurement (25 points)
- Organizational Capacity to Implement the Approach (30 points)
- Budget and Budget Narrative (reviewed but not scored)

# Award Administration Information

## ■ Award Notices

- Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and a notification will be sent through GrantSolutions to the Recipients staff listed in the project assignment of the award.
- Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
- Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

## ■ Administrative and National Policy Requirements

- Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

# Award Administration Information (cont.)

## ■ Reporting to CDC

- Annual Performance Report (no later than 120 days before end of budget period and serves as yearly noncompeting continuation application).
- Quantitative indicator data (twice within each budget year).
- Final Performance and Federal Financial Reports (due 90 days after the end of the project period).
- Payment Management System (PMS) Reporting (quarterly reports due January 30<sup>th</sup>, April 30<sup>th</sup>, July 30<sup>th</sup>, and October 30<sup>th</sup>).

# Resources

- **PS23-2302 website**

- <https://www.cdc.gov/nchhstp/funding/usapi/index.html>

- **Budget preparation guidance**

- <https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>

# Agency Contacts

## ■ Programmatic Technical Assistance

- Project Officer: Tamika Hoyte
- Telephone: (404) 639-6029
- Email: [thoyte@cdc.gov](mailto:thoyte@cdc.gov)

## ■ Financial, Grants Management, or Budget Assistance

- Grants Management Specialist: Edna Green
- Telephone: (770) 488-2858
- Email: [egreen@cdc.gov](mailto:egreen@cdc.gov)

## ■ Submission Difficulties Assistance

- Grants.gov Contact Center Phone: 1-800-518-4726
- Email: [support@grants.gov](mailto:support@grants.gov)

**Participant Question and Answer Session**