Volume 4, Issue 1 December 2011

THE COMMUNITY MONITOR

A Newsletter Publication of the Houston Medical Monitoring Project

Houston Department of Health & Human Services

MEDICAL MONITORING PROJECT

With a single piece, "YOU", we can complete the puzzle
HOUSTON MEDICAL MONITORING PROJECT (HMMP)

The Community Monitor
Volume 4, Issue 1

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HMMP Community Advisory Board Elects a New Chairperson

The Houston Medical Monitoring Project (HMMP) Community Advisory Board (CAB) in its last quarterly meeting on October 11, 2011 elected Eric Roland as the new CAB chairperson. Roland, senior director of marketing and communication at Legacy Community Health Services, has been an active member of HMMP CAB since 2006. He replaced outgoing CAB Chairperson, Dan Snare, president of Bering Omega Community Services, who served as the HMMP CAB Chairperson for five years. The HMMP is a special HIV/AIDS surveillance project funded by the Centers for Disease Control and Prevention (CDC) in collaboration with the Houston Department of Health and Human Services (HDHHS). The CAB consists of a diverse group of people concerned about the well-being of HIV-positive persons in the community and the quality of care they receive. As community advocates, CAB members assist the HMMP team in planning, development and implementation of project programs and activities. They also assess the impact of the project in the community and serve as a voice for the Houston HIV/AIDS community and the survey participants. The project team looks forward to working collaboratively with the new CAB leadership.

Pictured above are CAB members who attended a recent meeting: Back row: (L–R) Dr. E. James Essien, Eric Roland (new Chairperson), Dan Snare (outgoing Chairperson), Paul Simmons, and Jeff Benavides; Front row: (L–R) Dr. Tanvir Bell (Provider Advisory Board Representative) and Steven Vargas.

Assistant Director, OSPHP Commends the Achievements of HMMP

Dr. Raouf Arafat, assistant director of Office of Surveillance and Public Health Preparedness (OSPHP), commended the HMMP team for its impressive achievements since the inception of the project in 2004 during a "one-on-one" project appraisal meeting. He attributed the success to teamwork, innovativeness and dedication to service, traits that he said he notice among the project staff. Arafat said he was impressed with the project team's efforts at enhancing the visibility of the project in Houston and Harris County through educational events at participating providers' offices and attendance of numerous community outreach events to market the project. Apart from being in the forefront of the project implementation process, the CDC also recognized the team for various levels of achievement including being the site with consistent record of highest number of medical record abstractions completion. He said that the Houston Department of Health and Human Services "Key to Excellence" award received by the team in 2010 served as a proof of the team's continuous hard work. [*Continued on page 6*]

Dr. Raouf Arafat MD, MPH

Houston Medical Monitoring Project
Community Advisory Board

Eric Roland [Chairperson]
Legacy Community Health Services

Dan Snare (Chairperson: 2006-2011)
Bering Omega Community Services

Cathy Wiley, *HDHHS*

Maria Rodríguez-Barradas MD
VA Medical Center

Marlene McNeese-Ward, *HDHHS*

Nancy Miertschin MPH, *HCHD*

Porfirio Villarreal, *HDHHS*

Ben Barnett MD
UT Med. School at Houston

Charles Henley, *HCPHES*

Roberto Andrade MD, *TSC*

Sharonda Wright, *NAACP*

Hunter Hammill MD
Primary Health Network of South Texas

Dena Gray, *HDHHS*

Steven Vargas, *AAMA*

Sharon Wagner, *Community Advocate*

Steven Coats PhD
Psychological Consulting, PLLC., Houston, TX

Provider Advisory Board Representative

Tanvir Bell MD
UT Med. School at Houston

Houston Medical Monitoring Project
Consultants

Raouf Arafat MD, MPH,
OSPHP, HDHHS

Herminia Palacio MD, *HCPHES*

Jean Galloway MD
Fort Bend County Health and Human Services

Kaye Reynolds MPH
Fort Bend County Health and Human Services

Ekere J. Essien MD, Dr.PH, FRSPH
Institute of Community Health, U of H

Cathy Troisi, PhD, *UTSPH*

Lupita Thornton, *HDHHS*

Umir Shah, MD, *HCPHES*

Marcia Wolverton, MPH, *HDHHS*

Paul Simmons BSN, RN, ACRN
Center For AIDS

Spotlighting the Outgoing CAB Chairperson

Dan Snare is the president of Bering Omega Community Services, one of Houston's premier charitable organizations providing a continuum of compassionate care for low-income individuals affected by HIV/AIDS. He became the chairperson of the Houston Medical Monitoring Project (HMMP) Community Advisory Board (CAB) in 2006 and served in that capacity for 5 years. Snare has been a pragmatic leader who laid a strong foundation for the MMP implementation in the Houston project area. Being a new project, it was initially very difficult to convince providers and patients to participate in the project. However, Snare's positive leadership and experience enabled him to bring many innovative ideas to bear that enhanced provider and patient participation in the project. Some of his notable achievements include the development and distribution of CAB endorsement letters to providers, the initiation of joint visits of CAB members and project staff to reluctant providers, ensuring regular communication with the non-participating providers in attempt to convince them to be part of the project, and representing the community perspective during reviews of MMP survey instruments, educational materials and local questionnaires. He also encouraged CAB members to present information about MMP at meetings and conferences that they attend. These efforts resulted in increased participation of selected providers from 36% in 2006 to 74% in 2011 and patients' participation rate also increased from 23% in 2006 to 46% in 2010. The CAB and HMMP team will continue to build on Snare's past achievements to advance the project.

HMMP Appreciates Participating Providers in Houston/Harris County

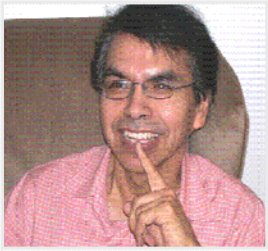
The Houston Medical Monitoring Project team and the Community Advisory Board recently presented the HIV/AIDS care providers in Houston/Harris County who participated in the project during 2009 and 2010 cycles with plaques. This was in appreciation of their continuous participation and support for the project. Thirteen providers representing 65% of selected facilities agreed to participate in the project during the two cycles. The success of MMP depends on the providers and patients' participation and maximum participation will help increased the likelihood of obtaining information that is truly representative of the patients in care for HIV in Houston/Harris County. *Pictured on the right is the Project Coordinator Dr. Salma Khuwaja presenting a plaque to Pete Rodriguez, director of HIV Services at Thomas Street Clinic.*

The HMMP Team

Pictured from left to right are Dr. Osaro Mgbere (team leader), Karen Miller (surveillance investigator), Stella Mokua (intern), Dr. Salma Khuwaja (PI/PC), Brian Goldberg (surveillance investigator), Michelle Lee (public health associate), James Gomez (surveillance investigator) and Lydwina Anderson (surveillance

HMMP Research Corner

Tuberculosis in Persons with HIV and Diabetes Mellitus Diseases in Houston



James Gomez, MPH

In a recent research study, James Gomez, an epidemiologist with the Houston Department of Health and Human Services (HDHHS) reported a decreasing trend in tuberculosis (TB) in Houston between 2004 and 2008. This finding, an outcome of a thesis submitted in partial fulfillment for the award of the Master of Public Health degree at the University of Texas School of Public Health, had the major objectives of exploring the existing TB trends and attendant diseases such as HIV and Diabetes Mellitus (DM).

Previous studies have shown that in general, there is a higher risk for HIV-positive persons to develop active TB, or to re-activate latent TB infection (LTBI), as they progress in their HIV infection. Worldwide, TB is the leading cause of death among persons with HIV infection and almost one in four deaths among people with HIV infection is due to TB. Persons with diabetes have also been shown to have a tendency to develop TB due to the weakening of the immune system. In this five-year study, people co-infected with TB and HIV accounted for 12% of all TB cases in Houston, in contrast to 7.5% of TB cases at the Texas state level and 22.6% of TB cases at the U.S. national level. The highest burden of TB-HIV infection in Houston was among African Americans who accounted for 62% of all TB-HIV cases, followed by Latinos with 27.5% of cases. In Houston, the TB-Diabetes prevalent rate was 12% compared to a higher 17% rate at the Texas state level. Latinos in Houston accounted for 48.5% of all TB-Diabetes cases followed by African Americans with 33% of cases.

However, homelessness among TB persons in Houston remains relatively high at 10%, compared to 4% at the Texas state level and the U.S. national average of 6.4%. Consequently, special attention should be given to this vulnerable group especially those with immune deficient states (such as HIV and diabetes), which may predispose them to TB. The rise of TB infections concurrent with diabetes was noted in this analysis, which is of special concern because of diabetes' known association with TB infections (Tatar et al., 2009). The study identified males in the age group of 45-64 years as the main group that should be targeted for health education and prevention if the declining trend is to be maintained in the near future. This study emphasized the need to test all persons newly diagnosed with HIV infection for TB as soon as possible. Also, people living with HIV and at risk for TB exposure should test annually to determine if they have latent TB infection.

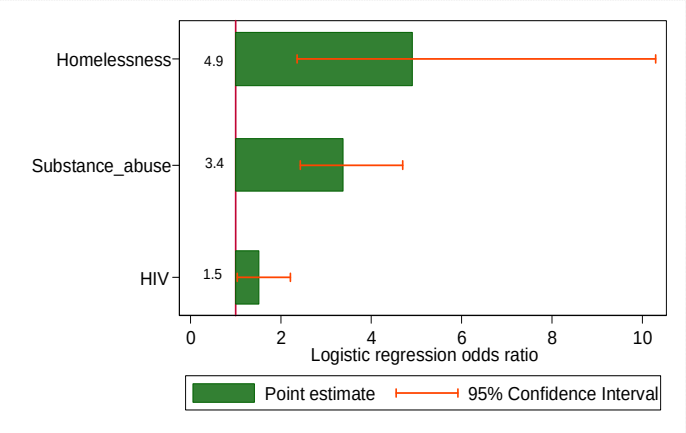


Figure 1: Association between selected risk factors and TB in Houston, Texas from 2004 to 2008

Table 1. Trend analysis of tuberculosis in Houston, Texas TB surveillance program from 2004 to 2008

Characteristic	Total No. (%)	Rate[a]	AAPC (% Change)	AAPC (95% CI)[b]
Risk factors				
Homelessness	136 (10.0)	1.62	**-18.2*** (27.4)	(-33.1, -0.1)
Incarceration	257 (19.0)	3.07	-8.3 (11.4)	(-17.7, 2.1)
Substance abuse	403 (29.4)	**4.81**	-4.0 (5.8)	(-13.9, 7.1)
Unemployed	461 (34.0)	5.50	-4.0 (5.4)	(-11.9, 4.6)
Contact TB	218 (16.0)	2.60	-1.7 (2.8)	(-10, 7.4)
Co-morbidities				
Diabetes (All)	196 (14.3)	2.34	**2.3** (2.1)	(-6.9, 12.5)
HIV-positive	193 (14.1)	2.15	0.9* (3.9)	(-15.4, 16)

[a] *Prevalence TB rates per 100,000; Houston;* [b] *Confidence interval; * The AAPC (Average Annual Percent Change) value is statistically significant (p < 0.05) from zero*

For further information on the study, please contact: James Gomez MPH at James.Gomez@houstontx.gov or Call 832-393-5080.

Reference

Tatar D, Senol G, Alptekin, S, Karakurum C, Aydin M, and Coskunol I. Tuberculosis in Diabetics: Features in an Endemic Area. Jpn. J. Infect. Dis. 2009; 62 (6), 423-427.

HMMP CAB WELCOMES NEW MEMBERS

On the behalf of the Houston Department of Health and Human Services management and the Houston Medical Monitoring Project (HMMP) Community Advisory Board (CAB), we would like to welcome the following new CAB members: Dr. Ben Barnett MD, FACP, Dena Gray, Dr. E. James Essien MD, Dr.PH, F.R.S.P.H and Steven Vargas.

Ben Barnett, MD, FACP is an associate professor of medicine at the Department of Internal Medicine, University of Texas Health Science Center at Houston and associate medical director for HIV Services at the Harris County Hospital District. He is a fellow of the American College of Physicians and a board certified physician in infectious diseases and internal medicine. Barnett is also a clinical instructor for internal medicine residents and infectious disease fellows. Barnett has received several honors and awards including election to the Alpha Omega Alpha honor society, the Bradley-Scott Award for excellence in HIV healthcare services, and UT Health Science Center's teaching excellence award. As a clinical professor, Barnett has been involved in series of HIV/AIDS clinical, laboratory and epidemiology research. He has authored and co-authored several peer reviewed articles in reputable journals in the areas of medicine, HIV/AIDS, infectious diseases, biochemistry and microbiology. As an infectious disease specialist, Barnett has helped to improve the lives of many people living with HIV/AIDS disease through treatment, clinical care management and counseling, and he will surely be a valuable asset to both the CAB and the project team.

Dena A. Gray is the HIV prevention program manager with the Bureau of HIV/STD and Viral Hepatitis Prevention at the Houston Department of Health and Human Services (HDHHS). Gray began her advocacy career working with nonprofit HIV/AIDS organizations, including serving as Director of Volunteer Coordination at Bering Omega Community Services and as Director of Advocacy and Education at the People with AIDS Coalition of Houston. For the past 20 years, Gray has served her community through local and national educational trainings, presentations and consultation on issues related to sexual health, HIV/AIDS and STD education and a host of other health-related advocacy issues. She has also served in different capacities with the Ryan White Planning Council and HDHHS Community Planning Group, and as community liaison and working chair of the Mayor's State of Emergency Task Force on AIDS in the Black Community. Gray has worked collaboratively with local housing departments, HIV/AIDS service providers, clientele and the community to increase housing and supportive service opportunities for HIV positive persons. We welcome her as she brings her vast experience and commendable achievements to play as a new member of HMMP CAB.

Ekere James Essien MD, Dr.PH, F.R.S.P.H is a professor of public health and director of the University of Houston Institute of Community Health, and an adjunct professor of health promotion and behavioral sciences at the University of Texas School of Public Health (UTSPH). Essien is a member of the Baylor College of Medicine Center for AIDS Research and a fellow of the Royal Society of Public Health in the United Kingdom. Essien's research and academic interests are in the examination of issues related to HIV transmission among economically marginalized populations in the United States and Africa. His scholarly contributions include more than 90 scientific publications on issues pertaining to psychovenerology and AIDS. He currently serves as a reviewer and editorial board member of many major scientific journals in the field of behavioral and social sciences. He has also chaired the public information and community outreach section of the Health Disparities Planning Panel on NeuroAIDS in Minority Populations at the National Institute of Neurological Disorders and Stroke. Essien will use his experience to support the Medical Monitoring Project's missions and goals in his new role as consultant to the CAB.

Steven Vargas is the HIV early intervention case manager at the Association for the Advancement of Mexican Americans, Inc. (AAMA). Before joining AAMA, Vargas had worked as a case manager for AIDS Foundation Houston's Project LifeRoad. Vargas says working directly with HIV positive individuals has given him the opportunity to put a "face" to the numbers frequently used to make decisions and plan for the future of HIV prevention and care. With enhancing quality of life for the HIV population in mind, Vargas has served as a Ryan White Planning Council (RWPC) member for 6 years and has chaired and/or co-chaired the Comprehensive HIV Planning Committee for the last 5 years, and served as RWPC's liaison to the Latino HIV Task Force. He has also chaired and/or co-chaired the Latino HIV Task Force, the MSM Task Force (MPACT), and the Hepatitis C Task Force. We have no doubt that as CAB member, Vargas will bring his experience, commitment to HIV community, and known "spark" that will help move the HMMP forward to achieve its goals.

Staff Spotlight

New Principal Investigator Appointed for HMMP

Salma Khuwaja MD, MPH, Dr.PH has been appointed as the new principal investigator (PI) for the Houston Medical Monitoring Project (HMMP) by the assistant director of Office of Surveillance and Public Health Preparedness (OSPHP). The appointment follows the resignation of the former PI. Khuwaja, epidemiologist manager at the Bureau of Epidemiology, had served as the project coordinator from 2007 to 2011. The HMMP is a special HIV/AIDS surveillance project funded by CDC with the primary purpose of gaining a deeper understanding of health-related experiences and needs of people living with HIV/AIDS in the US. The project, initiated in 2004, is in the third year of its second 5-year phase (2009-2013). The HMMP CAB and the project team wish Khuwaja success and good luck in her new role as principal investigator.

HMMP wins Houston Department of Health and Human Services Key to Excellence Trophy

The Houston Medical Monitoring Project (HMMP) won the HDHHS Key to Excellence trophy for the month of September 2010. The award which is given to program/project teams and/or individuals that have served as a role model for others and are a value-add to the City of Houston as a result of your accomplishments. Congratulations to the team. The HMMP is a special HIV/AIDS surveillance project funded by CDC with the primary purpose of gaining a deeper understanding of health-related experiences and needs of people living with HIV/AIDS in the United States. *Pictured below are HMMP team members with the trophy. Standing left to right: Lydwina Anderson, Salma Khuwaja, Cepeda Grimes, Karen Miller, Stephen Williams (HDHHS Director), Osaro Mgbere, Brian Goldberg, Dr. Debo Awosika-Olumo and Dr. Raouf Arafat, assistant director, OSPHP.*

Houston/Harris County HIV/AIDS Healthcare Providers Survey

The Centers for Disease Control and Prevention (CDC) in collaboration with the Houston Department of Health and Human Services conducted a survey of the HIV/AIDS care providers participating in the Medical Monitoring Project (MMP) in Houston/Harris County in 2007. The objectives of the survey were to assess the characteristics of the providers, their care facilities and the type of healthcare services they offer to HIV/AIDS patients in the community. Questionnaires were distributed to staff of the 13 facilities that participated in the MMP during 2007 data collection cycle. Of the 51 questionnaires distributed, only 23 of these were completed and returned. Because of the low response rate, the data may not be representative of the providers that participated in MMP during 2007 cycle. Therefore, the findings should be interpreted with caution. The respondents comprised of 73.9% physicians, 8.7% physician assistants and 17.4% nurse practitioners. Below are the key findings of the survey:

- Percentage of patients living with HIV/AIDS seen on the average per month by race/ethnicity was as follows: Black or African American (43.2%), White (27.8%), Hispanic or Latino (26.6%), Asian (1.43%) and other (0.57%);
- Approximately 91.3% of HIV/AIDS patients receiving care at participating facilities enrolled in the AIDS Drug Assistance Program and/or Medicare Prescription Drug Benefit plan;
- About 43.5% of the providers offer HIV screening to all their patients. CDC recently recommended HIV screening in health care settings for all patients 13 to 64 years of age;
- On the average, participating providers spent 42 minutes with new patients and 19 minutes with established HIV/AIDS patients;
- Seventy-four percent (74%) of patients living with HIV/AIDS seek HIV care only after experiencing symptoms leading to late diagnosis and treatment;
- Percentage of patients living with HIV/AIDS seen on the average It was reported that the majority of HIV/AIDS patients (87%) are involved in their care and understand the meaning and basic interpretation of viral load and CD4 cell counts;
- On the average, 53% of male patients living with HIV/AIDS and receiving care at participating facilities are men who have sex with men.

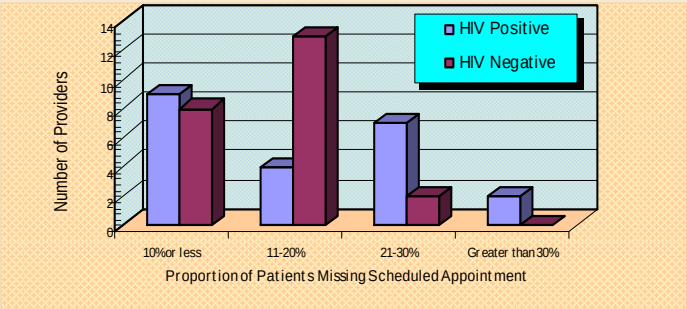


Figure 1: Proportion of Patients Missing Appointments on Average Clinic Week

Houston/Harris County STD Update 2011

Beyond HIV: Why discuss other STDs?

The CDC reports that those infected with sexually transmitted diseases (STDs) are at least two to five times more likely to acquire HIV if exposed. For those individuals that already have HIV, they are more likely to transmit HIV to sex partners if they are co-infected with another STD. This is possible because STDs increase the infectiousness of HIV. Co-infected individuals are more likely to shed HIV in genital secretions, and the HIV virus is more likely to be found in higher concentrations in those secretions. The good news is that treatment of STDs decreases this risk. Chlamydia, gonorrhea, and syphilis are all curable, and adverse health outcomes can greatly be decreased by early detection and treatment. If left untreated, infections such as chlamydia and gonorrhea can lead to complications such as infertility and tubal/ectopic pregnancy. Untreated syphilis can cause damage to internal organs such as the brain, liver, nerves, and heart that may ultimately lead to death. STDs are very common — it is estimated that more than half of all people will have an STD in their lifetime (American Social Health Association). Since sexually transmitted infections are so common and many are asymptomatic, it is recommended to be tested on a regular basis and decrease risk behaviors to prevent infection.

STD Trends in Houston/Harris County

In 2009, Harris County total chlamydia rates were slightly above national rates. Diagnosed and reported cases were higher among females (79% in 2009), with the highest rates recorded among females 15-24 years of age. Harris County gonorrhea rates were also higher than national rates in 2009. Cases were similar between males and females (46%, 54% respectively). Gonorrhea rates remained highest among females 15-24 and males 20-24 years of age. Although syphilis rates in Harris County have been declining since 2007, local rates remained slightly higher than national rates in 2009. Rates of syphilis were highest among males 15-29 and females 20-24 years. The black population of Houston/Harris County carries an uneven STD burden with rates 7.8-18.3 times higher than that of the white population. Chlamydia and gonorrhea rates in the Hispanic population were 3.2 and 1.5 times higher than whites, while syphilis rates were slightly lower. Research has shown that the observed disparities cannot be contributed to individual sexual risk behavior alone. Other drivers of STDs include: access to quality medical care and testing, stigma, poverty, health literacy and discrimination.

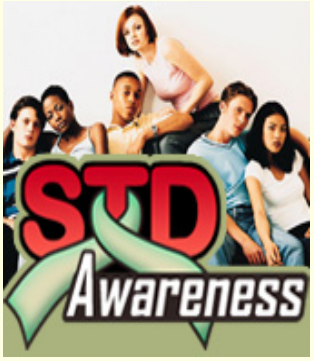


Image courtesy of CDC's National Prevention Information Network

Harris County Nationwide Rankings, 2009

Harris County ranked

- 7th in number of cases of Chlamydia
- 4th in number of cases of gonorrhea
- 5th in number of cases of primary and secondary syphilis

Quick Facts

- Chlamydia, gonorrhea, and syphilis rates in Harris County are all above national rates (as of 2009).
- Chlamydia rates in Harris County have been increasing every year since 2005.
- A disproportionate burden of STDs remains among youth and minority populations.

To learn more about how you can reduce your STD risk, visit HDHHS online at: www.houstontx.gov/health/std.html

[*Continued from page 1*] **Assistant Director OSPHP Commends the Achievements of HMMP**

Dr. Arafat said that with the partnership and support of the Community Advisory Board, he has also witnessed the participation rates of both providers and patients in the project increase steadily over the course of the project cycles. While he requested the project team keep up the good work, he advised the project staff to increase their effort at disseminating the survey findings to providers, patients, and other stakeholders in the community. He said the data collected through this population-based survey will help provide contextual information on prevention, care seeking, treatment, and risk behaviors, in addition to aiding in the design and improvement of existing HIV programs at both the local and national levels. Dr. Arafat is also a consultant to the HMMP CAB and represented the Houston project area at the recent annual National MMP meeting in Atlanta, GA in October 2011.

STD—the risk is not knowing. Get tested

HMMP'S PHOTO GALLERY

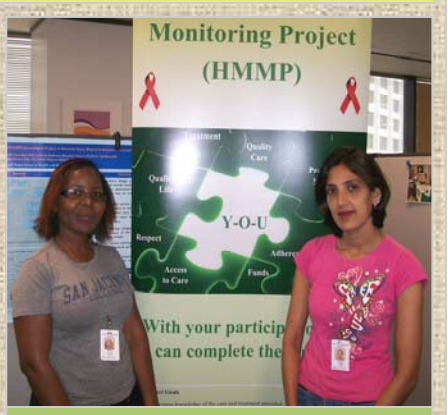
HMMP Community Advisory Board Meeting, - October, 2011

HMMP team Informational Session at Thomas Street Clinic, Houston, TX

HMMP team at 2011 Well Woman Extravaganza at University of Houston

HMMP team: Brian, Karen & James at 2011 UH Downtown Health Fair

Team member attending to CAB members and Guests during CAB meeting - October 2011



HMMP 2011 Interns: Stella Mokua (Walden University) and Umber Shahid (UTSPH)

CDC Project Officers with CAB members during site visit in 2010

CDC Project Officers, CAB members and HMMP team during site visit in 2010

CDC Project Officers with Houston Project team during site visit in 2010

HMMP'S COMMUNITY SPOTLIGHT

National Association for the Advancement of Colored People (NAACP)

Founded in 1909, the National Association for the Advancement of Colored People (NAACP) is the nation's oldest and largest civil rights organization in the country. The NAACP Houston branch is a non-profit agency supported primarily by funds generated from membership as well as corporate and individual contributions. The branch has been experiencing tremendous growth in recent years. As a result of the change in its administrative capacity, operational budgets have also changed tremendously from year to year. The NAACP Houston branch serves the Harris County area through its programs and myriad of committees made up of its dedicated staff and volunteer members. Led by an executive committee of approximately 25 volunteers, there are approximately 1,500 members in the Houston branch. The goal of the branch is to increase its membership to 5,000 members by the end of the year. The NAACP has approximately 22 standing committees nationally and locally.

The organization has several advocacy programs including those on education, economic empowerment, criminal justice and health among others. Specifically, the Health advocacy program of the NAACP Houston branch focuses on initiatives to decrease the disparity of minority health-related issues such as HIV/AIDS, Prostate and Breast Cancer, Heart Attacks/Stroke/High Blood Pressure, Sickle Cell and environmental justice issues that disproportionately impact the health of African Americans and other minority citizens in Houston. The Houston branch provides the only NAACP Family Technology Center (FTC) within the organization. The FTC provides an innovative training infrastructure for empowering communities of color with technology access with classes and services offered in the following areas: computer literacy, career development, entrepreneurship development, legal assistance, employee support services, health services/referrals and political/policy outreach. NAACP also provides legal resources and referral guides, and the Perks program, which provides discounts on every day products and services from major businesses**.** NAACP membership is open to all interested persons and the organization considers one's membership as an opportunity to give back to the organization that has done more to change this country for the betterment of people of color, women, and the disenfranchised, in addition to making a direct and positive impact in the community, where help is most needed.

For further information about membership, available programs and services and upcoming activities, please contact the NAACP Houston branch office at: 2002 Wheeler Street; Houston, TX 77004-5142; Phone: (713) 526-3389; Website: www.naacphouston.org

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The Community Monitor Vol. 4 Issue 1. December 2011

POSTAGE

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Epidemiologist-Biostatistician/Team Leader

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Karen Miller, MS *Surveillance Investigator*

Brian Goldberg, BA *Surveillance Investigator*

James Gomez, MPH *Surveillance Investigator*

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