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The COVID-19 pandemic upended our lives and stole our freedom to work, travel and be with the people we love. As more people became ill and required medical services and useful information on how to protect themselves, the world turned to ID professionals for guidance on mitigation strategies, public health education and, ultimately, life-saving treatments and vaccines.

The COVID-19 pandemic has brought the critical work of ID specialists into sharp focus for the first time for many Americans, yet ID professionals have been saving and improving lives for decades. Around the world, infectious diseases claim the lives of 17 million people every year—and every year, new and dangerous micro-organisms emerge.

Regardless of spotlight, ID specialists take on life-threatening challenges as they immerse themselves in critical research, provide leadership on public health challenges like antimicrobial resistance, help to steer vulnerable patients with cancer or organ transplant to a safe outcome and work on the front lines of outbreaks like Ebola, Zika and COVID-19. Their efforts have made it possible to eliminate diseases like polio and measles in the United States and smallpox worldwide—all of which were once responsible for widespread illness and death.

This year is the IDSA Foundation’s 20th anniversary. Regardless of whether you look back on the last 20 years or the last 20 months, the crucial role that ID specialists play is evident. They need our help and support to move the field forward. This means money to support their trailblazing research through grant opportunities and fellowship programs, mentoring early-career professionals to guide them to success, diversifying the field to better address health care disparities and igniting a fire in medical students to consider the impact they could make by choosing ID as their subspecialty.

By supporting the Foundation, you are not only investing in the talented ID workforce of tomorrow—you are also helping to improve the quality of life of those affected by infectious diseases. As you join us in reflecting on our past successes by turning the pages of this report, I hope it excites you to think about all we still have yet to accomplish. If we’ve come this far in 20 years, just think about how far we can go in the next 20.

Regards,

Thomas Fekete, MD, FIDSA  
IDSA Foundation Chair
BOARD OF DIRECTORS AND STAFF

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Infectious diseases claim the lives of 17 million people around the world every year, and that number has risen in the wake of COVID-19.

In 2020, the average U.S. life expectancy dropped by 1.5 years compared to 2019\(^1\)—the largest decline since World War II.

\(^1\)CDC
With our sights set on reducing the burdens of infectious diseases worldwide, the IDSA Foundation has invested more than $1 million in ID research and development, funded more than 600 research opportunities for emerging practitioners and fostered more than 1,500 early ID doctors through professional development and mentorship opportunities.

And we’re just getting started.
IMPACT OF INFECTIOUS DISEASES

15.5M
Visits to physician offices with infectious and parasitic diseases as the primary diagnosis\(^1\)

At a global level,
3 of the 10 leading causes of deaths in 2019 were communicable diseases\(^2\)

In 2020, COVID-19 was the 3rd Leading Cause of Death in the U.S., behind only heart disease and cancer\(^1\)

In just the past 5 years, more than 1,000 Epidemics of infectious diseases have been identified\(^2\)
THANKS TO ID PRACTITIONERS...

COVID-19 vaccination efforts prevented approximately **279,000 deaths** and up to **1.25 million hospitalizations** by the end of June 2021.³

Deaths from HIV and AIDS have **fallen by 51%** during the last 20 years, moving from the world’s 8th leading cause of death in 2000 to the 19th in 2019.²

Immunizations save up to **5 million lives** every year.²

---

¹ CDC
² WHO
³ *Deaths and Hospitalizations Averted by Rapid U.S. Vaccination Rollout* (Commonwealth Fund, July 2021)
THE RISE OF
THE ID HERO

COVID-19:
Stories from
the Front Lines

When news of a mysterious infection-related illness arose in December of 2019, ID practitioners around the world immediately sacrificed their own priorities to help out in areas where they were needed most.

They spent long days and countless sleepless nights as they investigated the origins of the virus, monitored disease trends, educated decision-makers and the public on prevention strategies, experimented with possible vaccines and treatments, and served as spokespersons to keep science at the center of the global conversation.

These efforts often came at the cost of their own health, both mentally and physically, as they placed themselves in uncertain situations for the benefit of people around the world who were sick and scared. Their salaries didn’t increase to account for the extra work and associated risks, yet they showed up ready, willing and motivated to serve however they could to save lives.

These practitioners are ID heroes, and these are their stories.
MEET
MICHAEL SAAG, MD, FIDSA

Lessons Learned from HIV and a Diagnosis of COVID-19

The first role infectious diseases specialist Michael Saag, MD, FIDSA, played in the COVID-19 pandemic was that of a patient. For two weeks, he battled symptoms that quickly progressed from mild to more severe. At 64, he was concerned for his safety, with fears of being hospitalized and placed on a ventilator.

Once he overcame his illness, he didn’t waste any time putting his personal experience and expertise to work.

Dr. Saag is an ID hero, taking his work beyond clinical walls by diving into advocacy, research, public health education, policy advice and volunteerism.

Backed by decades of experience, Dr. Saag attributes the passion and direction that guided his COVID-19 response to the patients he treated during the HIV pandemic in the 1980s. This meant sharing his story publicly, getting involved in policy and participating in research.

“The day of my diagnosis, I stuck my arm out and said, ‘Draw blood,’” recalled Dr. Saag. “I’ve been on a data safety monitoring board for a national study for treatment of people in the ICU not because I’m a scientist—I’m the patient representative.”

In April 2020, he published an op-ed in the Washington Post about his experience with a stark warning: “This will not be the last time a virus skips from animal to human. It should be the last time we are so unprepared.”

But Dr. Saag’s work didn’t end with his personal recovery. As a researcher, he led numerous studies looking at COVID-19 outcomes among people living with HIV. In patient care, he...
helped to establish a monoclonal antibody clinic to reduce the severity and duration of illness in certain patients.

In local service, he spearheaded a testing campaign for all 280,000 students in the state of Alabama who were returning to colleges and universities. In just six weeks, the team created a platform and process that tested around 200,000 students. This included managing logistics such as lab capacity to manage 6,000-8,000 samples per day.

Despite these efforts, he still made time to educate the masses through media interviews, assist with vaccine distribution and see patients in the hospital on consult.

“I find all of that service and activity to be a bit of silver lining in a clouded, horrific experience,” said Dr. Saag. “ID doctors are called to serve as unpaid consultants to all of these entities to help people respond in the most appropriate way. It’s like a call to battle.”

As he reflects on the parallels between COVID-19 and HIV, he notes the differences in timelines. It took two years to uncover the cause of AIDS after the CDC released its initial report in 1981, and a test wasn’t released until 1985. Forty years later, there still isn’t a vaccine.

In contrast, a candidate vaccine for COVID-19 was developed just two days after the virus’ identification and sequence was released, and the first drug was released within months.

“The fundamental reason we were able to do so much so fast with COVID-19 is grounded in HIV research that goes back four decades. It’s not only HIV, but the nature of how to do clinical trials well, quickly and efficiently without being in a hurry,” said Dr. Saag.

From a science standpoint, he believes we’ll be better prepared for the next pandemic, noting that the place where we’re still lacking is in unity when it comes to a national response.

“If there was ever any question about the value of an ID doctor, that has been put to bed. Now the question is how we can meet the need in the future,” said Dr. Saag. “The current shortage of ID professionals will only grow unless we proactively respond and prepare programs to train more people and support them.”
A ‘Social Responsibility’: Shining a Light on Health Equity and Mental Health

In April 2020, Virginia D. Banks, MD, MBA, FIDSA, was giving a talk on COVID-19 to the National Association of Black Journalists chapter in Cleveland, Ohio, when a question stopped her in her tracks: “Are you aware of the disparities in COVID-19 cases among African American and Latino populations?”

An infectious diseases specialist in Youngstown, Ohio, Dr. Banks had spent so much time trying to give patients the best outcomes that she hadn’t had time to notice the trends, which were happening on a state and national level.

“Patients were coming into the emergency room really sick with signs and symptoms that we hadn’t seen, and then they were dying quickly,” recalled Dr. Banks. “At that time, we didn’t have time to notice gender, race, ethnicity or anything—we were just trying to keep people alive.”

The disparities were startling but not surprising, as Dr. Banks knew from her 47 years of experience in the field that pandemics tend to follow the fault lines of social determinants of health. She immediately got to work amplifying her findings by bringing them to the attention of people who were well-positioned to ignite change.

Dr. Banks is an ID hero, bringing health equity into the national spotlight and sounding the alarm on the pandemic’s effects on health care workers.

With the blessing of the IDSA and IDSA Foundation, Dr. Banks and her colleagues in IDSA’s George W. Counts Memorial Minority Interest Group penned letters to the Congressional Black Caucus and leaders of the U.S. Senate and House of Representatives, asking them to elevate the
issue. Dr. Banks also made use of her public platform to shed light on the disparities during media interviews and webinars.

“I think I should use my platform as an African American leader in the infectious diseases society who comes with some authority and background to educate those individuals who can affect change and make policies,” she said.

What began as an effort to spotlight disparities in case counts and deaths among underrepresented populations has now shifted to public health education of vaccine hesitancy among certain groups.

When people tell her she should be paid for the time she spends participating in interviews, she disagrees, arguing that she does it because it’s her passion.

“This has become my calling,” said Dr. Banks. “There were days during this pandemic when I worked harder than I did as an intern back in the 1970s at University Hospitals of Cleveland, and that’s saying a lot.”

“We didn’t just have COVID-19 patients,” she pointed out. “Other diseases didn’t stop because of that.”

When it comes to future pandemics, Dr. Banks feels we’ll be better prepared, but she worries that the luxury of living in a developed country instills a dangerous sense of invincibility.

“I think we as Americans still walk around with this arrogance thinking it won’t happen to us,” she said. “Our trouble right now in getting people vaccinated shows that there just isn’t a lot of fear.”
Jeffrey Duchin, MD, FIDSA
Chief of the Communicable Disease Epidemiology & Immunization Section for Public Health—Seattle and King County and professor of Allergy and Infectious Diseases
University of Washington School of Medicine

"What I’ve experienced is typical of public health professionals and health care providers across the country who are on the front lines. We’re all looking forward to having time to regain some balance and rejuvenate ourselves a bit before the next outbreak."

The Grueling Pace of Public Health in a Pandemic

COVID-19 first arrived on U.S. shores in January 2020 with the return of a Snohomish County, Washington, man who had traveled to Wuhan, China, and unwittingly brought back the deadly souvenir. Within weeks, the Seattle region had become the epicenter of the first COVID-19 outbreak in the U.S., and Jeffrey Duchin, MD, FIDSA, had the dubious honor of being right there where it all began.

“We had the first U.S. outbreak and the first U.S. death attributed to COVID-19,” said Dr. Duchin. “In some ways, it’s not good to be first, but in other ways, we were lucky, because within a week we had 50 CDC assignees out here helping with the response.”

As chief of the Communicable Disease Epidemiology and Immunization Section for Public Health, Seattle and King County—and as the King County Health Officer—Dr. Duchin’s dual roles placed him at the center of the county’s pandemic response.

Dr. Duchin is an ID hero, developing mitigation guidance and policies to reduce the pandemic’s impacts.

“We were one of the first communities to recommend social distancing and teleworking, and then ultimately isolation and quarantine policies,” Dr. Duchin recalled. Additional responsibilities throughout the pandemic included educating and briefing elected officials and department leadership on the status of the outbreaks, liaising with the state health department and the CDC, vetting public health communications materials and seemingly non-stop press briefings."
“I’d been working 16 months straight without a break until just this past Memorial Day,” said Dr. Duchin. “We were doing weekly press briefings for what seemed like forever.”

Dr. Duchin brings a unique perspective to the pandemic’s many challenges, in part because he began his career as a physician working for the CDC’s Epidemic Intelligence Service (EIS) before training as an ID specialist. The result is a unique combination of both clinical ID and applied public health knowledge and experience. And, after being on the front lines of COVID-19, he believes the country needs more people with similar cross-training in order to build the workforce best prepared to respond to an emerging ID pandemic—which includes treatment and diagnosis as well as collaboration with a wide variety of stakeholders around how to implement successful public health interventions.

“Pandemic preparedness has been an issue for a long time, but in many ways, it has gotten a lot of lip service and not a lot of real attention—or resource allocations—from policymakers at the highest levels. We paid the price for that,” said Dr. Duchin.

While the world reflects on the lasting effects of the pandemic, Dr. Duchin’s hard work in King County continues, thankfully at a less grueling pace.

“What I’ve experienced is typical of public health professionals and health care providers across the country who are on the front lines,” said Dr. Duchin. “I think we’re all traumatized by the long hours and the intensity of the work. We’re all looking forward to having time to regain some balance and rejuvenate ourselves a bit before the next outbreak.”

Dr. Duchin confers with colleagues during patient quarantine training at Harborview Medical Center in Seattle. Photo courtesy of UW Medicine
Beyond the revolving door of clinical practice, a career in clinical research and development opens up a wealth of opportunities to have an even greater impact on human health.

“Beyond the revolving door of clinical practice, a career in clinical research and development opens up a wealth of opportunities to have an even greater impact on human health.”

MEET
CHRISTOPHER T. DA COSTA, MD, PHD, FACP, FIDSA

Vaccine & Therapeutics Development for Diseases with Pandemic Potential

According to Christopher da Costa, MD, PhD, FACP, FIDSA, there is little in medicine that’s quite as exciting as infectious diseases. The unpredictability of an outbreak of a highly contagious infectious disease that could emerge without warning is fascinating—and the COVID-19 pandemic has been no exception.

With more than 20 years of clinical practice experience and over 15 years of experience working predominantly in vaccine and infectious diseases therapeutics development for several large pharmaceutical and smaller biotech companies, Dr. da Costa felt prepared for the complex challenges brought on by the newly emerged COVID-19 pandemic. Working as a consultant for a major contract research organization, he immediately began responding to the outbreak by assisting biotechnology companies with their efforts to develop vaccines and novel therapeutic agents targeted against the SARS-CoV-2 virus.

Dr. da Costa is an ID hero, advocating for equitable health care and working to bring research innovations to the forefront of the fight against deadly infectious diseases.

“There has been significant disruption to clinical work but minimal disruption to consulting work, which is the bulk of what I do. My immunology training has been immensely helpful for the recent work, particularly pertaining to my expertise in vaccinology and cytokine-related therapeutics,” said Dr. da Costa.

Cytokines are small proteins that are crucial in controlling the growth and activity of other immune system cells and blood cells, helping the body's immune and inflammation
responses. When released, they signal the immune system to do its job, including boosting its capabilities for fending off and limiting the untoward effects of invading viruses and other harmful organisms.

“Research has shown that treating cytokine storms in COVID-19 patients may contribute to reducing severity of illness and preventing death,” said Dr. da Costa.

At the Coalition for Epidemic Preparedness Innovations (CEPI), where he serves as a technical expert and leader of several scientific teams working on research and development projects for vaccines and therapeutics targeted to SARS-CoV-2 and viruses causing several other diseases with pandemic potential, Dr. da Costa has contributed toward developing medical and scientific advances in the fight against epidemics and pandemics of infectious diseases. CEPI has been instrumental to the successful clinical development and/or subsequent Emergency Use Authorization of several COVID-19 vaccines and is working toward facilitating equitable access to vaccines for low- and middle-income countries.

Prior to joining CEPI, he worked on clinical trial protocol development for COVID-19 therapeutics for biotechnology companies and in vaccine and blood transfusion safety surveillance for the FDA.

Outside of his research and consulting work, Dr. da Costa serves as the IDSA’s representative for the Ad Council and COVID Collaborative’s COVID-19 Vaccine Education Initiative to address vaccine hesitancy among minority groups.

“I am involved with the IDSA and IDSA Foundation because I feel a responsibility to facilitate and encourage raising awareness among future ID physicians of the importance of working toward more equitable health care, and also on the important role ID-trained physicians can play in bringing research innovations to the clinic to help combat infectious disease epidemics and pandemics,” said Dr. da Costa.

Dr. da Costa encourages anyone seeking a career in health care to consider working in clinical research in addition to clinical practice.

“Beyond the revolving door of clinical practice, a career in clinical research and development opens up a wealth of opportunities to have an even greater impact on human health,” said Dr. da Costa. “The field of infectious diseases is exciting, unpredictable and layered with challenges that sometimes require heroic efforts from a diverse group of scientists and clinicians alike.”
As the global population grows, the number of ID professionals is forecasted to decrease, worsening existing gaps in access to ID specialty care. The IDSA Foundation ensures that the most brilliant minds in medicine are recruited to the ID profession, are mentored and nurtured in their careers, and have the funding to conduct groundbreaking research that could lead to new drugs and vaccines.
9,687 active infectious diseases physicians in the U.S. in 2019

BROKEN DOWN BY MAJOR PROFESSIONAL ACTIVITY:

- Patient Care: 7,448
- Teaching: 287
- Research: 701
- Other: 1,251

41.1% of these physicians were over the age of 55.

58% were male.

42% were female.

Nearly 80% of U.S. counties have no ID specialists.

38% of ID programs failed to fill training slots from 2019–2020, and 19% couldn’t fill any slots.

7.4% increase in the number of first-year ACGME residents and fellows pursuing ID, compared with an increase of 11.7% across all specialties.

1 active ID physician per every 34,214 persons in the U.S. in 2019.
OUR STRATEGIC IMPERATIVES

Cultivating a Diverse Workforce for Today and Tomorrow
We engage and activate new and seasoned ID talent through a robust set of initiatives based on these strategic imperatives:

**WORKFORCE DEVELOPMENT**

The number of new physicians entering the field of ID has declined steeply over the past decade, even as the global trend of ID outbreaks is on the rise. We are working to even the odds in the ongoing battle against ID threats by developing a robust pipeline of ID professionals ready to meet today’s ongoing ID challenges and those yet to come.

**DIVERSITY & INCLUSION**

We envision an ID workforce that mirrors our communities in terms of race, ethnicity, gender, socioeconomic status and other demographic markers to increase health equity and provide trusted, culturally competent care across diverse patient populations. We make proactive efforts to recruit more women and underrepresented minorities into the field and guarantee equal access to all initiatives and opportunities we offer.

**PANDEMIC PREPAREDNESS & RESPONSE**

Science and history tell us the next pandemic is already on the way. We are working to build the capacity to save lives on a grand scale—and to preserve our mental, emotional and economic security in the process—now and for future generations.
Aligning Our Efforts with the Potential for Impact

Our programs are strategically designed around four mission-driven focus areas with the highest potential for impact: Life-saving research, recruitment, mentorship and public health education. By centering our initiatives around these key areas, our work ensures there will be a next generation of ID leaders to identify, mitigate and eradicate disease outbreaks.

**LIFE-SAVING RESEARCH**

Without research into the often complex roots of infectious diseases worldwide, treatment and prevention strategies that save lives would not be possible. Our programs promote innovation and help bring ideas to market.

**RECRUITMENT**

Without a robust, growing field of gifted ID physicians, we cannot maintain a health care system that will support us through the current—and next—pandemic. We’re piggybacking on the momentum brought about by COVID-19 to widen the pathway to impactful ID careers.

**MENTORSHIP**

No matter the stage in a person’s career, mentorship can be a critical segue into the field of ID. We help to prepare the next generation of ID leaders as the drivers of scientific discoveries, leaders of public health programs and the astute clinicians on the front lines providing life-saving care.

**PUBLIC HEALTH EDUCATION**

COVID-19 has created a broader awareness of the ID field. We continue to educate all audiences on the range and impact of infectious diseases and how the work of ID pioneers is leading the charge in reducing burdens that affect us all.
Funding to Support Breakthrough Discoveries

Unraveling a Potential Link Between Infection and Alzheimer’s:

**Microbial Pathogenesis in Alzheimer’s Disease Grant**

Since 2019, we’ve offered more than $3.2 million in grant funding to investigators across disciplines who are searching for evidence that infection may play a role in the causation of Alzheimer’s disease. If found, this potential missing link could lead to new diagnostics or treatments that can bring hope to the more than 47 million people worldwide who are living with the disease.

“

There are a lot of innovation grants out there, but this one challenges the existing paradigms in Alzheimer’s research and challenges researchers to look at Alzheimer’s disease in a new way. That allows us to explore new, untested waters.

”—Marvin K. Schulte, PhD
2019 Microbial Pathogenesis in Alzheimer’s Disease Grant Awardee

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**PROGRAM FUNDERS**

[alzgerm.org](http://alzgerm.org) [benterfoundation.org](http://benterfoundation.org)
Advancing Groundbreaking Ideas in ID

Encouraging Innovation and Improvement: IDea Incubator

A pitch-style competition, IDea Incubator encourages innovators and early-stage ventures with original inventions, products and ideas for improving ID care to share their ideas with the ID community and judges in the business, medicine and technology industries. Since its 2018 inception, IDea Incubator has solicited more than 100 applications and has awarded more than $52,000 in funding. The virtual live event in 2020 had more than 250 registrants.

In 2020, the IDSA Foundation collaborated with Johnson & Johnson Innovation—JLABS ('JLABS') on the IDea Incubator competition, which was held virtually during the 2020 IDWeek conference.

"As evidenced by the COVID-19 pandemic, infectious diseases continue to be some of our greatest threats. Rapid innovations and novel ideas are needed to advance the field. Programs like IDea Incubator support progress and innovation by providing rapid funding to move innovations forward."

—Holly Frost, MD
2020 IDea Incubator first-place finalist

PROGRAM SPONSORS

jlabs.jnjinnovation.com
jlabs.jnjinnovation.com/blue-knight
IDSA FOUNDATION IN ACTION:
RECRUITMENT

Igniting Interest in ID Career Paths

Cultivating Interest in ID through Hands-On Education: ID Student Interest Groups Grant Program

Since its inception in 2016, the ID Student Interest Groups Grant Program has provided 129 grants to 70 student groups across 32 states and Washington, D.C. Designed to elevate the profile of ID careers, the program engages medical students and residents outside of their traditional classroom setting with hands-on education about the field of ID. All groups also benefit from the support of a mentor sponsor who is active in the field of ID.

“The IDSA funding has allowed us to increase our reach to students who might not already be interested in ID but are eager to learn nonetheless. This is one way we can put ID on the radar of students who might not have considered ID as a career before.”

—Avan Antia
Student leader, Infectious Disease Interest Group
Washington University in St. Louis

CASE STUDY: WAYNE STATE UNIVERSITY

Building on existing community outreach efforts, the ID Student Interest Group at Wayne State responded to the COVID-19 pandemic by installing mobile hand hygiene stations around Detroit, particularly for the homeless population in and around shelters.

“Getting access to clean water is extremely important during the times of the pandemic, and these mobile hand hygiene stations have been a huge success in the city of Detroit through the efforts of this ID student interest group,” said Teena Chopra, MD, MPH, FACP, FIDSA, FSHEA, who chairs the group. “I am really excited about more opportunities and the work that this group is going to do in the future.”

Right: Teena Chopra, MD, MPH, FACP, FIDSA, FSHEA
IDSA FOUNDATION IN ACTION: MENTORSHIP

Providing Access to Leaders in the Field

Fostering Meaningful Relationships: IDWeek Mentorship Program

In the past two years alone, the IDWeek Mentorship Program has engaged 212 mentors and 216 mentees in various stages of their career development to help mentees think strategically about their careers. Mentees range from their first year of medical school to their final year of fellowship and are matched with a mentor who works in a focus area in which the mentee has an interest.

MENTOR & MENTEE Q&A

Mentor Jasmine Riviere Marcelin, MD, FACP, FIDSA, assistant professor of Infectious Diseases at University of Nebraska Medical Center, and mentee Virginia “Ginny” Sheffield, MD, who was an internal medicine resident at the University of Michigan at the time of their pairing, were matched during the 2019 IDWeek Mentorship Program. Both passionate about women in medicine, health equity and medical education, they continue to connect to discuss their careers, families and everything in between.

Dr. Sheffield, right, and Dr. Marcelin, left, at the 2019 IDWeek conference where they were first paired.
DR. MARCELIN

Why did you choose to become a mentor?
One reason I chose to participate is because I never had any mentors who looked like me. I wanted to provide that experience to students and residents who were looking for somebody who was like them, whether that meant being a woman or a person of color, to help them along that pathway.

What has been the most rewarding part of your relationship with Dr. Sheffield?
The most rewarding part of being a mentor is seeing my mentees succeed. I love lifting them up and letting them shine, and then stepping back to watch proudly as others recognize how amazing they are.

—Jasmine Riviere Marcelin, MD, FACP, FIDSA
Assistant professor of Infectious Diseases at University of Nebraska Medical Center

DR. SHEFFIELD

What aspects of your relationship with Dr. Marcelin have been the most helpful?
Dr. Marcelin has been a great role model. She is also a great connector. I met her during IDWeek, and we talked about some issues that breastfeeding moms were having during IDWeek. Dr. Marcelin connected me with someone else who shared a similar interest, and the three of us wrote a paper on that topic that was published in Clinical Infectious Diseases. Dr. Marcelin both inspired and connected me with other people who had shared interests, and it resulted in scholarly outputs.

Why would you recommend this program to other residents/medical students who are interested in a career in ID?
I got paired with such a phenomenal mentor who has inspired me to be better at what I do and to take on more in fields that are difficult to work in, including equity, diversity and inclusion. She has made positive impacts on both my personal and professional life, and I would hope the same for anyone else who is thinking about applying to this program.

"The most rewarding part of being a mentor is seeing my mentees succeed. I love lifting them up and letting them shine, and then stepping back to watch proudly as others recognize how amazing they are."

—Jasmine Riviere Marcelin, MD, FACP, FIDSA
Assistant professor of Infectious Diseases at University of Nebraska Medical Center
IDSA FOUNDATION IN ACTION:
PUBLIC HEALTH EDUCATION

Celebrating an ID Workforce That Mirrors Our Communities

Diversifying the Field:
Women of ID Program

Throughout each year, the Foundation spotlights women leaders, mentors and pioneers whose research and guidance make advancements in ID possible while also highlighting opportunities for further diversifying the field. Between 2019 and 2020, the Foundation celebrated 10 women who are leading the field forward.

“I learned from my father that excellence is the best deterrent to discrimination, and I incorporated this important lesson every single day to excel in every opportunity. A vibrant infectious disease community is vital in combating new and emerging infections and increasing antimicrobial resistance while continuing to treat infections that have existed for centuries.”

—Princy Kumar, MD, FIDSA
2020 Women of ID honoree
WAYS TO SUPPORT


Each year, we invest hundreds of thousands of dollars toward ID research for trainees and early-career investigators. At the same time, we engage seasoned ID researchers and clinicians to serve as mentors. This work is supported by individual donors, corporate partners, and corporate and institutional grants, whose generosity makes it possible for us to ignite and sustain interest in ID research and medicine among the future leaders of this critical subspeciality.

When you donate to the IDSA Foundation, you:

- Elevate the profile of ID as a vibrant career choice
- Facilitate additional grants for research and clinical trials
- Expand mentorship opportunities for medical students and residents
- Support our efforts to recruit women and underrepresented minorities to the field
- Ensure that the public knows that ID specialists are leading the charge in the COVID-19 pandemic
WAYS TO SUPPORT

INDIVIDUAL GIVING

2020: Impact of Individual Support

Every donor who gifted...

$5 per month covered

the cost of an annual IDSA membership for a medical student.

$20 per month covered

the cost of the Mentorship Program’s mentoring, learning and engagement platform for six mentor/mentee pairs.

$42 per month provided

grant support for an ID Student Interest Group.

Donor Trends

Increases occurred between 2019 and 2020.

Total donations increased by nearly 80%

200% increase in the number of individual monthly donors

266% increase in the number of individual donors who gifted $5,000 and above (Visionary Society)

In 2020, more than 22% of IDSA members donated to the Foundation, an increase from 15.4% of members who donated in 2019.
Business leaders understand that ID is not only a public health issue—it’s also a core business issue, since preventing the spread of ID ensures a healthier workforce, healthier consumers, a healthier economy and a healthier bottom line. Our corporate supporters showcase themselves as world-class organizations that are invested in public health and the health of their employees and communities through our array of national programming, including at **IDWeek**, which attracts more than 12,000 registrants from around the globe.

**Thank You to Our Industry Partners**

Since 2018, the IDSA Foundation’s corporate supporters have provided more than $3 million in funding to further the field of ID. Our 2020 industry partners included:

![Merck](www.merck.com)  
![Janssen](www.janssen.com)
2019–2020
FINANCIAL INFORMATION

2019

REVENUE

Total Revenue: $1,632,323
- Restricted Program Donations: $770,131
- Unrestricted Corporate, Foundation & Individual Contributions: $478,856
- IDSA: $370,613
- Interest & Dividends: $12,723

EXPENSES

Total Expenses: $1,888,188
- Programs: $1,395,615
- Fundraising & General Administrative: $423,089
- Governance: $69,484
2020

**REVENUE**

Total Revenue: $3,019,130

- Restricted Program Donations: $1,613,088
- Unrestricted Corporate, Foundation & Individual Contributions: $843,780
- IDSA: $552,948
- Interest & Dividends: $9,314

**EXPENSES**

Total Expenses: $2,651,512

- Programs: $1,772,519
- Fundraising & General Administrative: $820,569
- Governance: $58,424
DONORS

2020

Visionary Society ($5,000+)
Paul Auwaerter, MD, MBA, FIDSA
Helen Boucher, MD, FIDSA
Christopher Busky, CAE
Nancy and Stephen Calderwood, MD, FIDSA
Thomas Fekete, MD, FIDSA
Thomas File Jr., MD, MSC, FIDSA
Lynn and Eliot Godofsky, MD, FIDSA
Tim McDaniel, PhD
Cynthia Sears, MD, FIDSA
Steven Sperber, MD, FIDSA
Barbara Thrasher
Lucy S. Tompkins, MD, PhD, FIDSA
Dean Winslow, MD, FIDSA

Leadership Society ($500–$4,999)
Barbara Alexander, MD, FIDSA
Julie Antique, MD
Robin Avery, MD, FIDSA
Carol J. Baker, MD, FIDSA
Johan S. Bakken, MD, PhD, FIDSA
Virginia Banks, MD, FIDSA
Nesli Basgoz, MD, FIDSA
Vladimir Berthaud, DTM&H, MD, MPH, FIDSA
Nikhil Bhayani, MD, FIDSA
Adarsh Bhimraj, MD, FIDSA++
Seth Bloom, MD, PhD
Marshall Bloom, MD
Susan Boruchoff, MD, FIDSA
R. Michael Buckley, MD, FIDSA
Laurie Stuart Buss and William D. Buss
Angela Caliendo, MD, PHD, FIDSA
Rana Chakraborty, MD, MSC, PHD, FIDSA
Henry Chambers, MD, FIDSA
James Cherry, MD, FIDSA
Raymond Chinn, MD, FIDSA
Hanumara Chowdri, MD
George W. Counts, MD, FIDSA++
Lawrence Crane, MD, FIDSA
Carlos Del Rio, MS, FIDSA
James Demaio, MD
Alfred DeMaria, MD, FIDSA
Bob DuBridge, PhD
Michael and Dana Dunne, MD
Paul Edelstein, MD, FIDSA
Judith Feinberg, MD, FIDSA
Victoria Fraser, MD, FIDSA
Christine L. Gavitt
Barton Groh
Dial Hewlett Jr., MD, FIDSA
David Hong, MD
Eric Houpt, MD, FIDSA
Ralph Isberg, PhD
Mamta Jain, MD, FIDSA
Ravi Jhaveri, MD, FIDSA
Patrick Joseph, MD, FIDSA
Robert Kaplan, MD
A. Lee, MD
Oliver Liesenfeld, MD
Ann MacIntyre, DO, MHS, FIDSA
Jeanne Marrazzo, MD, FIDSA
Celia J. Maxwell, MD, FIDSA
Kathleen McDonough
Daniel McQuillen, MD, FIDSA
Barbara E. Murray, MD, FIDSA
Ronald Nahass, MD, MHCM, FIDSA++
Ronald Lee Nichols, MD, MS, FIDSA
Joshua Nosanchuk, MD, FIDSA
George Pankey, MD, FIDSA
Eric Parmer, MD, FIDSA++
Sallie R. Permar, MD, PHD++
Megan C. Powers
Susan Rehm, MD, FIDSA
James Rooney, MD, PHD
Robert Sambursky, MD
Steven Schmitt, MD, FIDSA
Spencer Seufert, MD
Earle Stibitz
Raghavendra Tirupathi, MD, FIDSA++
Salandra Thomas
Julie Vaishampayan, MD, MPH++
Andrea Weddle
James Whitehouse, MD
Richard Whitley, MD
Patricia Whitley-Williams, MD

ID Detectives (Monthly donors)
Olaide Akande, MBBS, MD
Sarah Altamimi, MD
Michael Angarone, DO, FIDSA*
Ali Eskandar, MD
Lisa Glasser, MD
Michael G. Ison, MD, MS, FIDSA*
Tsun Ku, MD
Susanna Naggie, MD, FIDSA*
Stephen E. Peeler, CFRE*
John Sheris, MD, FIDSA*
Uzma Syed, DO, FIDSA
2019

Visionary Society ($5,000+)
Paul Auwaerter, MD, MBA, FIDSA
Carol Baker, MD, FIDSA
Helen Boucher, MD, FIDSA
Christopher Busky, CAE
Thomas Fekete, MD, FIDSA
Russell Glassman, MD
Lynn and Eliot Godofsky, MD, FIDSA
Susan Rehm, MD, FIDSA
Cynthia Sears, MD, FIDSA

Leadership Society ($500–$4,999)
Judith Aberg, MD, FIDSA
Barbara Alexander, MD, FIDSA
Wendy Armstrong, MD, FIDSA
Johan S. Bakken, MD, PhD, FIDSA
Jean and John Bartlett, MD, FIDSA
Nikhil Bhayani, MD, FIDSA
Dale Bratzler, DO, MPH, FIDSA
R. Michael Buckley, MD, FIDSA
Nancy and Stephen Calderwood, MD, FIDSA
Angela Caliendo, MD, PhD, FIDSA
Margarita Cayco, MD
Henry Chambers, MD, FIDSA
James Cherry, MD, MSC, FIDSA
Carlos del Rio, MD, FIDSA
Alfred DeMaria, JR., MD, FIDSA
Kylie Disch, MD
Mark Dougherty, MD
Jeffrey Duchin, MD, FIDSA
Thomas Fekete, MD, FIDSA
Thomas File Jr., MD, MSC, FIDSA
David Hong, MD
James Hughes, MD, FIDSA
Ravi Jhaveri, MD, FIDSA
Patrick Joseph, MD, FIDSA
Robert Kaplan, MD
Andrew Krinsky, MD
Edward Leonard II, MD
Sarah Long, MD, FIDSA
Ann MacIntyre, DO, MHS, FIDSA
Katrina Markoff
Jeanne Marrazzo, MD, FIDSA
Celia J. Maxwell, MD, FIDSA
Daniel McQuillen, MD, FIDSA
Barbara Murray, MD, FIDSA
Ronald Lee Nichols, MD, MS, FIDSA
Stephen and Lisbeth Nordstrom Lerner, MD
Josh Nosanchuk, MD, FIDSA
Ighovwerha Ofotokun, MD, FIDSA
George Pankey, MD, FIDSA
Thomas Patterson, MD, FIDSA
Jan Patterson, MD, FIDSA
Stephen E. Peeler, CFRE
Georges and Carolyn Peter, MD, FIDSA
Hardy Peter, MD, FIDSA
Claire Pomeroy, MD, FIDSA
Susan and Donald M. Poretz, MD, FIDSA
Steven Schmitt, MD, FIDSA
Spencer Seufert, MD
Steven Sperber, MD, FIDSA
Marvin Tenenbaum, MD, FIDSA
Lucy S. Tompkins, MD, PhD, FIDSA

ID Detectives (Monthly donors)
Michael G. Ison, MD, MS, FIDSA*
Tsun Ku, MD
Susanna Naggie, MD, FIDSA*
John Sheris, MD, FIDSA*

*Denotes ID Detectives who gave more than $500 with their monthly gifts
++ Denotes honorarium gifts
While it’s easy to look back and celebrate all that the field of infectious diseases and the IDSA Foundation have accomplished in the last 20 years, it’s perhaps more important to look ahead. Planning for the future means recognizing that new and evolving pathogens aren’t the only risk to the field of ID. The U.S. is facing a shortage of infectious diseases specialists, and without a strong workforce of highly trained ID leaders, we are on the edge of an impending health care crisis.

Our ability to protect ourselves from infectious diseases is dependent on knowing their impact, understanding how they spread and learning what we can do to help.

Through their work, ID specialists and public health experts make serious illnesses preventable and treatment possible, which is why building a strong pipeline of ID leaders through recruitment and mentorship is crucial. A world free of infectious diseases begins with ID specialists.

At the Foundation, our impact is evidenced by the success stories of the IDSA members we support. By funding trailblazing research and idea innovation, supporting our ID community at all career levels, welcoming professionals from all walks of life and encouraging the pursuit of careers in ID among medical students and trainees, we remain committed to ensuring a strong, diverse pipeline of infectious diseases specialists for years to come.

While we’ve made great strides in the war against infectious diseases, there’s still more work to be done. With your support, our vision of a world free of the burdens of infectious diseases is within reach.