

# insIDer

News & Information from the Division of Infectious

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Contact:  
Stephanie Knight  
[sknigh22@jhmi.edu](mailto:sknigh22@jhmi.edu)

## ID Week

To accommodate these challenging times, the annual ID Week Conference, originally scheduled to be held in Philadelphia in mid-October, was held virtually. This year, 53 Johns Hopkins scientists and clinicians were conference presenters. Special thanks to featured speakers: Robin Avery, Seun Falade-Nwulia, Amita Gupta, Yuka Manabe, Aaron Milestone, Cindy Sears, Pranita Tamma, Chloe Thio, Paul Auwaerter, Valeria Fabre, Julia Johnson, Morgan Katz, Michael Melia, Karen Carrol; Natasha Chida; Sara Cosgrove; Khalil Ghanem; Heba Mostafa; Shmuel Shoham; Anna Sick-Samuels; Trish Simner, Susan Tuddenham; and Clare Rock.

For more information about this year's conference, please visit, <https://idweek.org/>

## In the News



In an article for [Everyday Health](#), Dr. Natasha Chida discusses the similarities between COVID-19 and the common cold, "COVID can present as a common cold, with a runny nose, congestion, and a headache," she says. "In fact, 80 percent of people who get COVID-19 develop mild symptoms that present those of a cold."



Dr. Kathleen Page has been featured in a number of articles this month including a feature for [Latina America Reports](#) about citizens returning to Venezuela and the potential for spreading COVID-19 ; she discusses safety precautions for outdoor sports in the [Washington Post](#) and she shares with JHU's the [Hub](#) about how growing up in Argentina and Bolivia shaped her understanding of the importance of exercising the right to vote. Finally, Dr. Page explains the necessity of a Spanish language web portal that will provide guidance and resources about COVID-19. "This one-stop shop for information in Spanish offers COVID-19 testing sites, information about telemedicine and communicating with health care providers, social distancing tips and resources for children, among other helpful links.

## Kudos



In the November *Top Docs* issue of Baltimore Magazine, some of our very on ID faculty members made the list: Clinical Director, Dr. Paul Auwaerter Professor of Medicine, Dr. Robin Avery and Assistant Professor, Jenny Townsend.



## Contact Us

Our goal is to disseminate information among faculty, staff and students of the Division of Infectious Diseases. **Next submission deadline November 25, 2020.** Please submit items for publication via email to the Editor, [Stacie N. Forrest](#).

Please also visit our new website: [www.hopkinsinfectiousdiseases.jhmi.edu](http://www.hopkinsinfectiousdiseases.jhmi.edu)

And visit us on Twitter: [@JHMed\\_ID](#)

# ID Spotlight

Dr. Amita Gupta is the Deputy Director of the Johns Hopkins Center for Clinical Global Health Education and Professor of Medicine for the Division of Infectious Diseases with a joint appointment in International Health with the Bloomberg School of Public Health. A global health pioneer, her work and her reputation precedes her and her background is as layered as her expertise. Dr. Gupta was born Philadelphia but spent her formative years traveling the world, living in India, England & France. College brought her back to the states and while her work has kept her here, she has an impressive international presence and known as a fierce global and community health advocate.



**Did you always know you wanted to be a physician?**

No, actually I didn't. I finished high school, at the American School of Paris, and I did this program called International Baccalaureate that allows you to have the flexibility of either staying in Europe or coming to the U.S. because you do the course work that's equivalent. While I applied to various colleges, I ended up at MIT probably because I come from a family of engineers; my father and grandfather were engineers; and like the stereotype goes in India families, you either became an engineer or a doctor.

So while my family stayed in Europe, I moved to Boston, pursued a degree in material science engineering (Course 3 as it is known as at MIT). However while going through the whole curriculum, I realized that I wasn't as passionate as I thought I was and found myself gravitating towards public health and the AIDS epidemic, which at that time, was gaining momentum and was highly politicized. I became pretty politicized when I was an undergraduate and even got arrested for anti-apartheid demonstrations. There is actually a picture of me on the front page of the local newspaper being dragged away in handcuffs because we were protesting MIT's investment in South Africa. With respect to HIV, I had a floormate who was a hemophiliac and had developed HIV. He opened our eyes to the reality of HIV. This motivated me to get more involved, and I did AIDS education on campus, which included carrying around condoms and teaching about safer sex! I also had the good fortune of meeting David Baltimore, who was a Nobel Laureate and a biology professor at MIT and Harvey Feinberg who was the Dean of Harvard School of Public Health and went on to lead the Institutes of Medicine, and helped them organize a MIT course about HIV. Listening to the seminars, I got really interested in the global aspect of HIV because it was social, it was political, it was a disease that didn't have treatment and it impacted people that were disenfranchised and didn't have a voice no matter where they lived. So I shifted my career and took pre-medical courses toward the end of college and took a year off after college to work at the Massachusetts Department of Public Health in their AIDS bureau. There, I worked on HIV surveillance and testing policies as well as access to care issues focusing especially on women affected by HIV. I also volunteered at the Fenway Health Center, a LGBTQ community health center in Boston, and the AIDS Action hotline. This complimented my understanding of both community and government perspectives of HIV response.

While I could have stayed at the health department, I decided to apply to medical school because it was a chance for me to dive into this global health crisis, and it was also a way for me to do something that my parents would think was respectable. I wasn't going to be an engineer, but being a doctor was the next best thing.

I ended up at Harvard Medical School and took an extra year and lived in Guatemala for six months. There, I was twinned with Guatemalan medical students from the Universidad Francisco Marroquin and got to learn rural medicine, deliver babies with the comadronas (rural community birthing attendants) and do some field work going door-to-door to collect maternal child health morbidity and mortality data. It also opened my eyes to the politics of Central America as it has such a politically intense history. Being a student that was immersed in that culture was an invaluable and most memorable experience. To further get me out of my comfort zone, I did a three month rotation in the Alaska Native Health Service in Sitka, Alaska, which was another life-changing experience.

After graduating from medical school I went to UCSF for my residency and went into a primary care internal medicine program at San Francisco General Hospital (now named **Zuckerberg San Francisco General Hospital** and Trauma Center). It is a public hospital and specifically cares for the underserved population of San Francisco. It was an amazing residency program because it taught us how to be providers in an inner city, multilingual, environment and be surrounded by health care providers who incorporated activism and social justice for patients and families alike. It had a needle exchange clinic, homeless outreach services, care for undocumented persons providing hypertension management and obesity counseling education. It was truly inspirational. It was also an amazing time in the city as combination antiretroviral therapy had just been introduced and inpatient Ward 5A and outpatient Ward 86 clinic had witnessed a dramatic decline in admissions for opportunistic illnesses.

So I began to learn about how to treat persons living with HIV with these new antiretroviral medications. Lastly, I went to Centers for Disease Control and did the Epidemic Intelligence Service. I would have stayed at CDC had it not been for needing to move to the DC area to be with my partner, Charlotte Sumner, who is now also at Hopkins. So this is a long-winded way of saying I did not always know I was going to be a physician and certainly had no plans of being an academic as I am now!

# ID Spotlight

**You come from a very proud Indian family with an extraordinary legacy. Can you share what it was like in terms of coming out to your family and how it has helped shape your career as a physician and as a physician with a specialty in Infectious Diseases?**

Coming out was a process—a lifelong journey (laughter). There is coming out to yourself, to your family and to your colleagues; each time is a process. I first came out in college, and was out fully in medical school and residency. It took my parents about ten years to come and accept who I was.

My father wrote a book that was initially about his coming to America and was intended to be a story that he could tell his grandchildren, but my sexuality was also a part of the book and his and my mom's journey of acceptance and love. My younger sister, who is a civil rights attorney and national advocate for civil rights, was a great support and she helped to navigate the whole family dynamic.

I met my wife, Charlotte, (Dr. Charlotte Sumner) at UCSF in California while she was training to be a neurologist. We lived apart for two years; she came to Hopkins for neuro-muscular fellowship and then went on to NIH and I went to Atlanta. In 2002 when I finished with the CDC, I needed to decide if I would come to this area which included Charlotte and I deciding what being together in that way looked like.

***“If you want to go fast, go alone.  
If you want to go far, go together.”***

At our commitment ceremony – which my parents insisted I call a party- my sister gave this beautiful speech inspired by the words of Che Gueverra which speak to revolution and love and she talked about love being transformative, and having a way of breaking down barriers and walls and things that we aren't comfortable with but we come around to understanding each other and accepting different perspectives.

I chose infectious diseases as a career because I found it to be the most embracing of diversity, and it really nicely combines my interest in medicine, social justice, public health and global affairs. Being a people person, I wanted to be surrounded by like-minded people. For all of these reasons, I chose ID and initially HIV and then expanded into other areas.

**You are a physician, a wife and a mother....**

Our son, Austin, is nine. He is an absolute joy! Our decision to have a child took some time for us to get our heads around. I'm a flitter; I love to travel and I love to just go and be in the world and in the moment and to kind of just do what I want. But at some point, Charlotte and I started to talk about what we wanted in the long run. How do we feel about having a family? Will our families accept our decision to have a child? We were worried about our parents not being happy about us being gay moms – that would take things to another level. You can't hide a child, and we didn't want our child being uncomfortable. We made the decision – again, another journey- but it has turned out beautifully. Austin is surrounded by love and is really close to both sets of grandparents. We spend as much time as we can with our siblings and parents.

**You followed your heart and moved to the area and you found your fit at Hopkins...**

Charlotte was already here, so I moved to DC and started to figure out where I could land and start a career. I looked at everything, NIH, FDA, CDC, local health department, non-profits, everything. In 2003, I met Bob (Dr. Robert Bollinger) and learned that he did really cool work in India, and he was looking to hire somebody. He had a NIH grant for a trial in India working on HIV prevention in pregnant and breastfeeding women using a drug called nevirapine to see if it could potentially reduce transmission in breast-fed babies. He had 50% of funding, and it turned out Jeanne Keruly needed a clinical provider to help with the HIV clinic. So I seized this great opportunity because I could get back into clinical medicine and I could also work in India which was really exciting.

So that was how I started my career here at Hopkins, as a provider and working on the India project and eventually applying for and being accepted into the ID fellowship program. I actually ended up doing only one year of clinical because I was able to use my two years at the CDC as research time. I did the K12 GTPCI program, did a Master's degree at Bloomberg and then had a terrific mentor in Bob who really made my career at Hopkins and in India possible. He started the program in India and at some point just handed it over and told me I could run with it and I did!

**How often do you get to India?**

I go about three times a year, but I'm on calls and emails daily. Bob started his projects in Pune, India, which is known as a knowledge city; it has a big university, and the Indian government has invested in two of the largest infectious disease institutes there, the National AIDS Research Institute and the National Institute of Virology. We operate out of the BJ Medical College and Sassoon General Hospital in Pune, which is where most of the HIV patients are seen and is one of India's biggest HIV care providers.

# ID Spotlight

**You've mentioned that you are hoping to expand your research in India, what does that look like?**

Well I may have bit more than I can chew, but we are launching a university-wide Johns Hopkins India Institute. The idea is to leverage all of the amazing work we are doing in India, but that is being done in individual silos, and come together to be more strategic in our work, our impact, and our funding. It turns out we have close to 50 faculty members here on campus who are working in India in some shape or form; I think ID alone has probably 11 faculty members with projects involving India. I and now others believe the sum is greater than the parts. Thanks to my CCGHE family and Dave who helped me pitch the idea to the Provost, we are now a reality. We are bringing together the Schools of Medicine, Public Health, Nursing, Business, SAIS, Business, and Engineering with the goals of strengthening and expanding our existing work especially in the domain of health research, education and training. We want to achieve efficiencies and better partnerships by better coordinating work across India; to raise local and international grants and philanthropy to increase quantity and diversity of funding; to establish more in country human capital and physical infrastructure to do our collaborative work, and to attain greater traction with prospective students, trainees, and the public through increased brand-awareness.

If we also put more structures and resources in place both here in Baltimore and in India, we can recruit better, have improved project management, and enact better communication channels for doing impactful research training, education and health policy.

There are people who are in the University including in the Department of Medicine, in Pulmonology, Nephrology, Cardiology, who want to work in India but don't know how to start –

So we have launched the Institute. Of course COVID has changed some of our plans, but we are still forging ahead and we have a strategic plan in place and a vision. This no doubt is exciting and will be a lot of work but just the idea of having a place for networking, knowledge sharing, and pulling together resources is very exciting. It fits well into my personality of being a people person and living by the African proverb: *"If you want to go fast, go alone. If you want to go far, go together."*

**Dr. Gupta, you are a sought after practitioner that could write your own ticket and go anywhere, but you've stayed here at Hopkins. Why?**

The reason why I don't leave is because I feel unbelievably supported. The people in ID and at JHU more broadly have become family. I have the CCGHE family and I have the ID family and the relationships and collaborations that I've made and been a part of are awesome. Everywhere you turn there is someone amazing to work with. For instance, Sunil (Dr. Sunil Solomon) is also working in India but is more focused in other parts of India. He has an amazing portfolio of research and, because we were looking to find new HIV clinical trial sites in India for a grant, we started helping each other and working together because that's what we do here at Hopkins. You've got great leadership with Dave Thomas and this web of really cool people who bring these amazing ideas to the table and viola everyone wants to be a part of it. I'm just not sure I can get this anywhere else.

**This is one of the reasons why you have stayed at Hopkins...**

It is. I never anticipated landing here, after all of these amazing places that I've lived, I'm here and it could not have worked out better. The support, the people and the possibilities are really, really great.

## Fisher Center News

The Fisher Center Discovery Program (FCDP) is accepting applications for the 2021 grant cycle. The FCDP will continue its focus on environmental infectious diseases. However, in response to the pandemic, the Center will also offer funding for clinical and translational research related to SARS-CoV-2. Submissions with both SARS-CoV-2 and an environmental focus will receive special funding consideration. The **submission deadline is November 9**. Details and documents are [online](#).



Richard Moore, MD has announced his stepping down from the Fisher Center Advisory Board. Since 2013, the Board has had the daunting responsibility of selecting FCDP grant awardees from many excellent proposals. We sincerely thank Dr. Moore for his thoughtful proposal reviews and wise counsel that were helpful over the years. As a well-regarded HIV researcher, mentor, and IRB 3 committee chair, Dr. Moore continues his work within the DOM and Johns Hopkins.

Succeeding Dr. Moore on the Board is Yuka Manabe, MD. Dr. Manabe's extensive research and clinical experience in HIV, TB, POC diagnostics, and global health are valuable resources for the FCDP to draw upon for proposal reviews. Welcome to the Board, Dr. Manabe.



# New Staff & Faculty/Open Positions

Karina Collins - Research Program Coordinator (Dr. Seun Falade)  
Opeyemi Oladapo-Shittu—Research Program Coordinator (Alejandra Salinas & Dr. Sarah Keller)  
Steven McDonald—Research Program Supervisor (Dr. Joyce Jones)  
Zybrah Tucker—Medical Office Coordinator (Nick LaBricciosa)  
Stephen Hicks—Program Officer II (Dr. Matthew Hamill & Barbara Wilgus, NP)  
Madison Conte—Research Specialist (Dr. Yuka Manabe & Dr. Johan Melendez)  
Amelia Price—Research Technologist (Dr. Mark Marzinke)

Requisition Number	OPEN JHU Job Posting
42446	Research Tech. (2 positions)
42240	Research Program Manager
41643	Sr. Community Outreach Spec
41396	Research Technologist
41376	Research Specialist
41357	Nurse Practitioner
41337	Clinical Nurse
41256	Physician Assistant
40956	Clinical Nurse
39757	Research Program Assistant II (5 positions to fill)
39756	Research Program Coordinator (5 positions to fill)
38998	Sr. Research Nurse
38976	Research Data Analyst
38856	Research Nurse Manager
37938	Case Manager
35280	Research Specialist
35198	Research Technologist
33678	Clinical Nurse Case Manager



The Office of Well-Being is hosting a **Discussion Series on Parenting and Caregiving during COVID-19** for School of Medicine faculty and staff members. This series, which follows the [symposium](#) on the same topic from earlier this month, will focus on the challenges of parenting, caregiving and virtual learning during the pandemic. We invite you to join your colleagues to share the good, the bad and the ugly, and to provide and find support.

There will be three discussion sessions, each with a different topic focus. Register for as many as you would find helpful. Click the title of the session below to find the Zoom link.

**[Strategies to Support Academic Success in a Year of Magical Thinking](#)**  
Thursday, Nov 5, 2020 at 4 p.m.

Annette Campbell Anderson, PhD, deputy director, Johns Hopkins Center for Safe & Healthy Schools

This session is focused on hearing from parents who are challenged by the impact of COVID-19 on their children's education this year. In addition to identifying key themes in understanding how parents and students are experiencing pandemic education together, we will brainstorm solutions to common issues and focus on creating a plan to navigate the balance of the academic year with grace.

**[Parenting and Self-care](#)**  
Thursday, Nov 12, 2020 at 4 p.m.

Carisa Parrish, PhD, Associate Professor, Department of Psychiatry and Behavioral Sciences

**[Mental Health Challenges for Children and Adolescents during the Covid Era](#)**  
Thursday, Dec 3, 2020 at 4 p.m.

Karen Swartz, MD, Associate Professor, Department of Psychiatry and Behavioral Sciences  
Nadia Zaim, MD, Assistant Professor, Department of Psychiatry and Behavioral Sciences

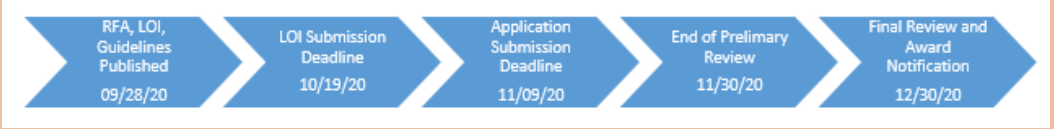
# Funding Notices

## Fisher Center Discovery Program 2021

Five \$50,000 grants to JHU Faculty, Environmental ID

The FCDP will continue its focus on environmental infectious diseases. However, in response to the COVID-19 pandemic, we also offer the funding opportunity for clinical and translational research related to COVID-19 and SARS-CoV-2. Basic laboratory research proposals will not be reviewed. Submissions with both a COVID-19/SARS-CoV-2 and environmental focus (e.g., built environments) will receive special funding consideration.

### TIMELINE



For application and additional information, please visit:

<https://hopkinsinfectiousdiseases.jhmi.edu/research/research-areas/environmental-id/fisher-center-discovery-program-grants/>



The Johns Hopkins Center for AIDS Research provides pilot grants to faculty in the Schools of Public Health, Medicine, and Nursing to enable and support HIV/AIDS research projects. Junior faculty in other JHU schools are eligible to apply if the proposal meets all other criteria. The primary purpose of these awards is to strengthen the individual's ability to secure independent NIH research funding with foci on R- and K-series awards.

### **Funds Available**

The budget for the grants is a maximum of \$50,000 in direct costs. Indirect costs will be calculated by the CFAR and added at the time of funding. We plan to award up to six (6) 1-year grants, with a start date of February 1, 2021.

### **Important Dates**

- Application due date: Tuesday, December 8, 2020 by 8:00 AM ET
- Award Announcement: Monday, February 1, 2021

For More Information please visit <https://hopkinscfar.org/funding-opportunities/faculty-development-awards/>

## Coming Up

### ***All Meetings Held via Zoom Until Further Notice***

ID Monthly Staff Meeting 1st Wednesday of the Month  
ID Fellowship Noon Conference—Mondays at 12p  
COVID-19 Grand Rounds/ID Case Conference - Tuesdays at 8:30a  
ID Faculty Meeting—Second Tuesday of the month at 9:30a  
COVID-19 Off Label Working Group—Tuesdays at 5:00p  
ID Management Conference—Thursdays at Noon  
ID Clinical and Research Topics Meeting, 1st and 3rd Tuesday at 12p  
DOM Medical Grand Rounds—Friday at 8am  
HIV Provider Meeting—Friday at 12

