IDSA



Inclusion, Diversity, Access & Equity Progress Report

November 2026

IDSA's commitment to advancing IDA&E remains steadfast

A letter from IDSA President Ronald G. Nahass, MD, MHCM, FIDSA

At IDSA, promoting the principles of inclusion, diversity, access and equity in clinical practice, research and education is a top priority. We believe IDA&E is fundamental to achieving better health outcomes, strengthening organizations and earning the trust of the communities we serve. As federal policy shifts and reshapes the landscape of science, research and public health, IDSA remains steadfast in our commitment to the values that define our profession.

As evidenced in this year's IDA&E Progress Report, which covers the period between October 2025 and August 2026, these principles are embedded in our strategic plan, and we are committed to ensuring that the ID workforce reflects and is accessible to the communities we serve. These priorities have guided our work, and the Society has advanced many meaningful initiatives in support of these goals.

Here are a few highlights from the past year:

- Through our Health Equity blog series and related publications, we've continued to highlight IDA&E topics and showcase member perspectives on the evolving challenges and opportunities shaping health equity in infectious diseases. Several blog posts highlight a critical need for equity-based research, collaborative care and targeted solutions for people aging with HIV. Links to these publications are included in the report.
- The Society joined forces with several organizations that cultivate direct engagement with student communities that are underrepresented in medicine, including partnering with the Latino Medical Student Association and collaborating with two historically Black colleges and universities to showcase ID career pathways.
- IDSA successfully launched the Health Equity Champions Initiative, recognizing eight inaugural honorees who are advancing bold solutions to help reduce health disparities.
- IDSA expanded our IDA&E presence during **ID**Week 2025, including launching a portfolio of IDA&E-focused educational sessions and events; holding two diversity-focused events hosted by the IDSA Foundation; and awarding the 2025 IDSA Foundation Diversity Champion honor to Jasmine Marcelin, MD, FIDSA, FACP.

The accomplishments outlined in this report wouldn't be possible without the diligent work of IDSA's IDA&E Committee. I want to thank Jacinda C. Abdul-Mutakabbir (JAM), PharmD, MPH, FIDSA, the outgoing chair, for her leadership over the past year, and I look forward to continuing impactful work from the committee as Carina Marquez, MD, MPH, FIDSA, takes on the role of committee chair.

I hope this report provides a fuller understanding of the full breadth of activities implemented and what the Society continues to champion. We remain dedicated to advancing the principles of IDA&E in extremely challenging times, and we welcome your feedback.

With gratitude,

Ronald G. Nahass, MD, MHCM, FIDSA
IDSA President

Collaboration and commitment to IDA&E and health equity

A letter from IDA&E Committee Chair Jacinda C. Abdul-Mutakabbir (JAM), PharmD, MPH, FIDSA

It is clear that we are living in consequential times. Infectious diseases and public health threats are increasingly pronounced, with serious and disproportionate impacts on marginalized groups. At the same time, we are witnessing the ramifications of a diminished ID workforce as we face these growing threats. These circumstances underscore the necessity of collaboration among the specialties and disciplines represented across the ID profession, as well as strong and steady leadership from ID professional organizations.

IDSA's IDA&E Committee has recognized IDSA's important role during these critical times and has worked to lead and support the Society's efforts to advance equitable care for all individuals. To help clinicians and researchers navigate a precarious funding and legal landscape in providing equitable care, IDSA developed the "Advancing Fairness Program Practices" resource guide to support and sustain their efforts.

The Society also held a series of IDA&E member forums, led by Committee leaders, to provide a safe and inclusive environment for members to share their concerns and strategies for navigating the complex landscape. In late 2025, IDSA launched the "Health Equity Champions" initiative, which provides an opportunity for members engaged in equity-focused work to be publicly acknowledged and to heighten awareness among other IDSA members of these champions' impactful work.

With the leadership and support of the IDA&E Committee, the organization has also launched the "Health Equity Series" on the IDSA *Science Speak*s blog, which features perspectives on equitable care in ID and highlights some of the work conducted by the Health Equity Champions. The committee has supported the inclusion of health equity-focused topics in **ID**Week programming and on **ID**Week TV.

In addition to these new efforts, the organization has remained committed to diversifying the ID workforce by providing in-depth presentations of careers in ID at historically Black colleges and universities and other organizations that serve underrepresented individuals.

While these times have presented trials, it is through collaboration and a willingness to support and understand one another that we are able to make progress. Together, we can do it.

With love and gratitude,

Jacinda C. Abdul-Mutakabbir (JAM), PharmD, MPH, FIDSA
Chair, IDA&E Committee



Purpose

We are pleased to present our IDA&E 2026 Progress Report. Covering October 2025 through August 2026, the report highlights IDA&E efforts across the organization that advance our Inclusion, Diversity, Access & Equity Roadmap and Strategy. Our commitment to continuous improvement and accountability is demonstrated through sharing progress in our annual reports from 2022, 2023, 2024 and 2025, which keeps us focused on our journey, while pausing each year to celebrate wins and inspire action to address gaps and new challenges.

We encourage you to take a moment to review its content and engage by sharing feedback here. Together, we can shape innovative solutions to achieve a more inclusive and equitable future for the field of infectious diseases.

The goals of the progress report are to:

- Communicate progress to our members and the public
- Leverage data and insights to drive meaningful change
- Foster action and accountability through measurable outcomes
- Demonstrate our unwavering commitment to IDA&E principles

Inside the report you will find:

- The breadth of activities, initiatives and policies implemented across the organization
- Resources and data to inspire action in your own communities and professional context

Disclaimers

- This report includes notations on the limitations of the demographic data and is not intended to be inclusive of all past, current or future activities.
- Demographic categories used in this report are adapted from the latest U.S. Census standards. While IDSA has updated these categories to better reflect the diversity of our membership and recent Census changes, the updates may not yet be visible in the data presented here. Members will see the updated demographic categories in their member profiles and will be able to make updates when they renew their membership.
- The academic degrees identified in the Appendix are based on degree types most broadly attained in the field of infectious diseases.



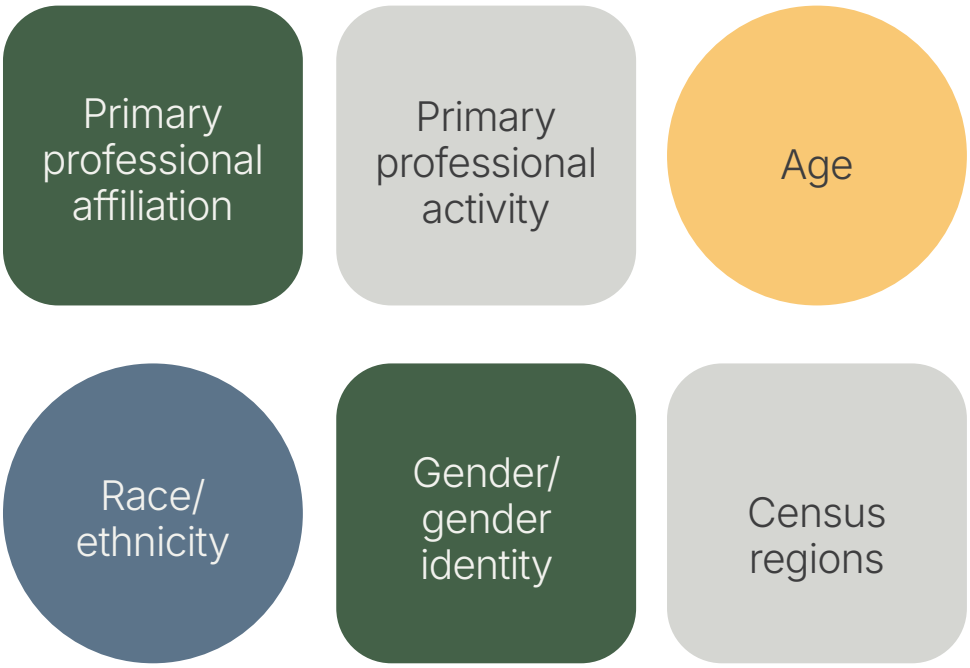
IDA&E goals

1. **Cultivate** a welcoming environment
2. **Adopt** processes, policies & practices that reflect our values
3. **Guarantee** transparency & access
4. **Collect** and share data to inform and educate the IDSA community and IDA&E initiatives
5. **Develop** a diverse workforce & reduce health inequity

IDSA's diversity in numbers — 2026 demographics

To advance our goal for IDSA's volunteer leadership to reflect the perspectives and needs of our diverse membership, we closely monitor multiple demographic indicators, which we believe are one of several opportunities to drive innovative solutions for a strong, diverse and valuable future ID workforce.

IDSA defines diversity broadly, including categories such as practice setting, career stage, geographic location and professional activity.



Data charts

Board Members: Members who are currently appointed to the IDSA Board of Directors.

Governance Volunteers: Individuals who are volunteering on a committee, council or subcommittee that is a part of the IDSA governance structure. Governance Volunteers must apply and be accepted in order to serve.

Communities of Practice: Both members and nonmembers who are participating in a Community of Practice.

Membership: Membership data includes all IDSA members as of January 2026.

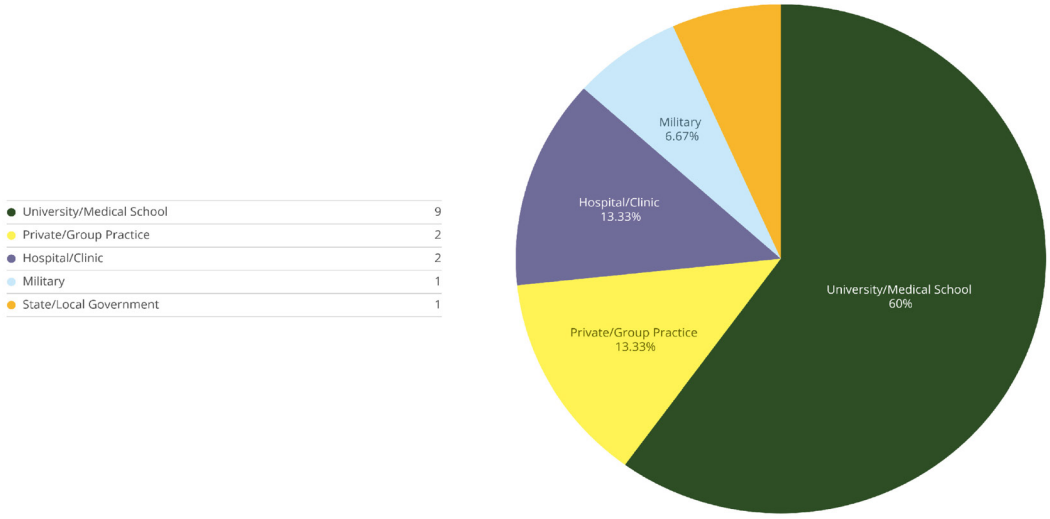
*Individuals are encouraged to provide demographic information but may choose not to answer some or all demographic questions, resulting in partial demographic data.

**Charts in the appendix include respondents who opted out of a specific demographic field, captured as "No Response Selected."

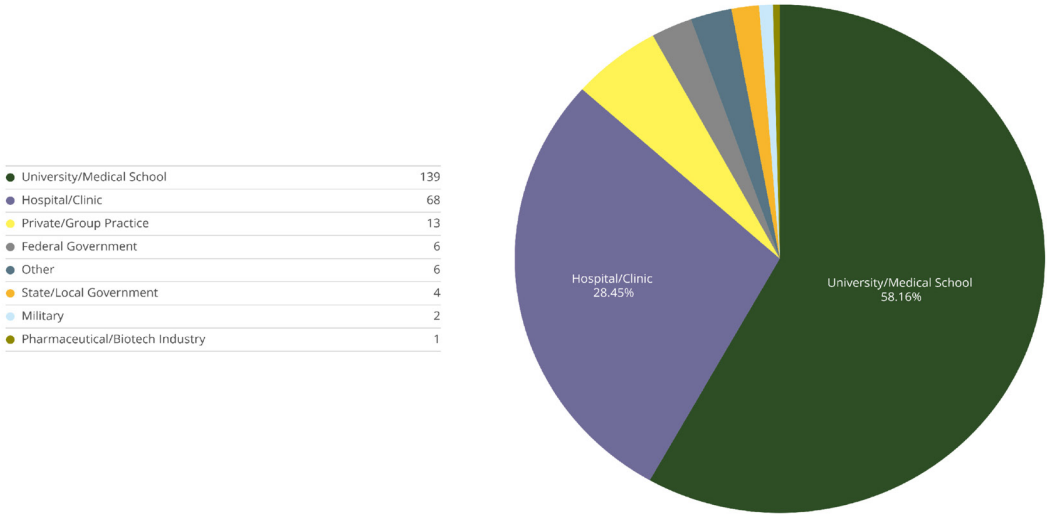
2026 demographics

Since 2019, we have progressively seen **positive shifts on gender representation** among governance volunteers and the Board of Directors. Likewise, for the **Board of Directors' race/ethnicity composition, underrepresented groups have increased from 7% (2019) to approximately 60% (as of January 2026).** In the **age category,** there is still an opportunity to **engage more with early- to mid-career members (under 40 age groups)** to increase their representation in governance roles, especially at the Board of Directors level. This gap may be related to career stage, as reported in American Medical Association data, given early-career physicians are typically under multiple pressures, such as "navigating early-career demands, managing heavy workloads and establishing clinical confidence."

2026 IDSA Board of Directors—Primary Employment Affiliation
15 Board Members



2026 IDSA Governance Committees—Primary Employment Affiliation
238 Governance Committee Members (excluding Communities of Practice)

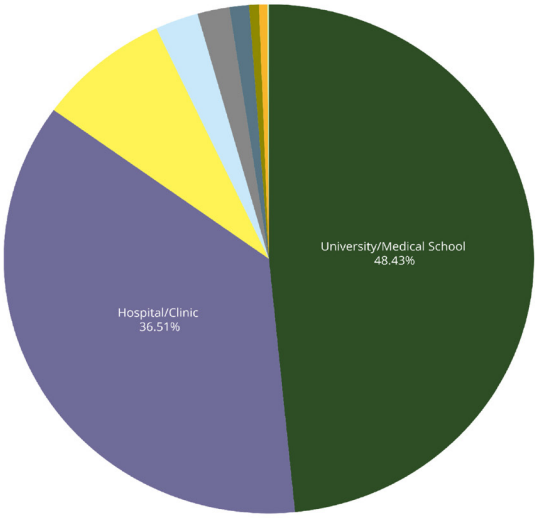


2026 demographics

2026 IDSA Communities of Practice—Primary Employment Affiliation

1,175 Communities of Practice Participants

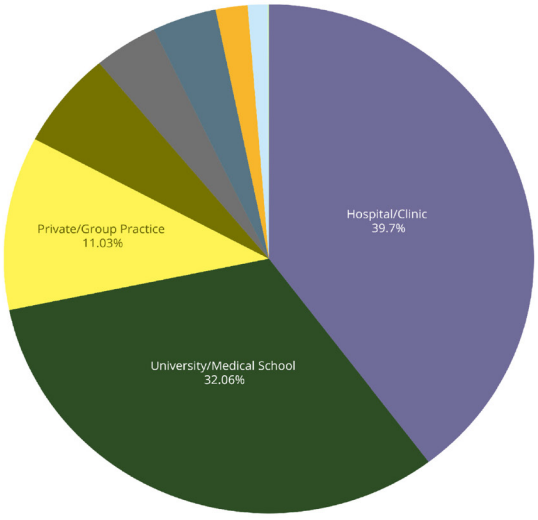
University/Medical School	569
Hospital/Clinic	429
Private/Group Practice	95
Military	31
Federal Government	23
Other	14
Pharmaceutical/Biotech Industry	7
State/Local Government	6
Correctional Facilities	1



2026 IDSA Membership—Primary Employment Affiliation

10,075 Members

Hospital/Clinic	4,000
University/Medical School	3,230
Private/Group Practice	1,111
Pharmaceutical/Biotech Industry	621
Federal Government	395
Other	393
State/Local Government	196
Military	122
Correctional Facilities	7

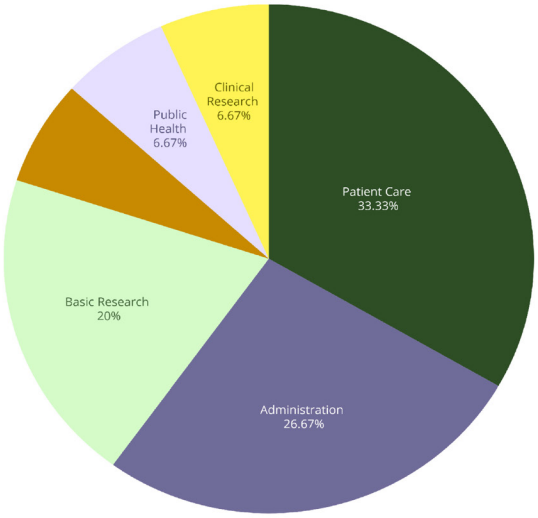


2026 demographics

2026 IDSA Board of Directors—Primary Professional Activity

15 Board Members

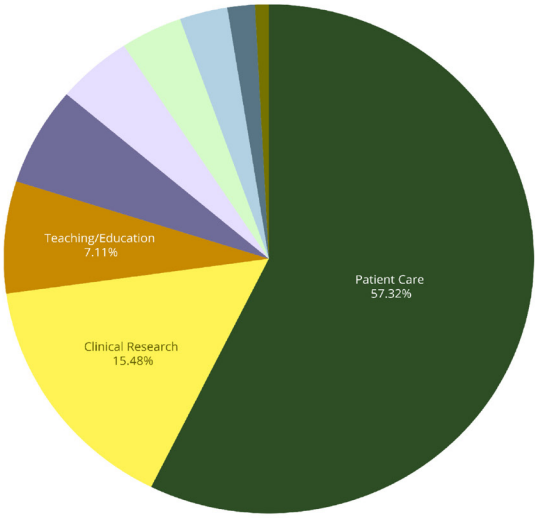
Patient Care	5
Administration	4
Basic Research	3
Teaching/Education	1
Public Health	1
Clinical Research	1



2026 IDSA Governance Committees—Primary Professional Activity

239 Governance Committee Members (excluding Communities of Practice)

Patient Care	137
Clinical Research	37
Teaching/Education	17
Administration	15
Public Health	11
Basic Research	9
Hospital Epidemiology	7
Other	4
Clinical Microbiology	2

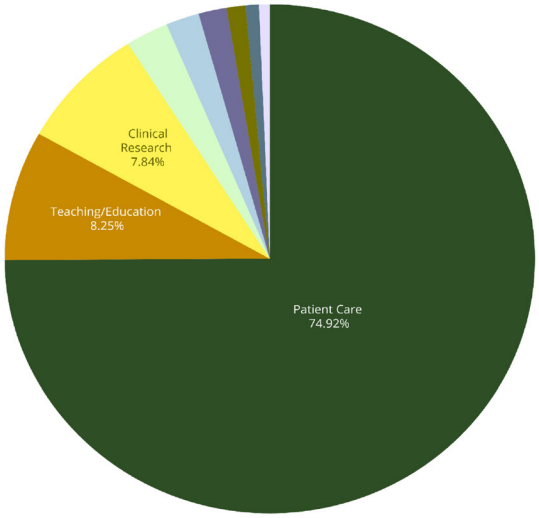


2026 demographics

2026 IDSA Communities of Practice—Primary Professional Activity

1,224 Communities of Practice Participants

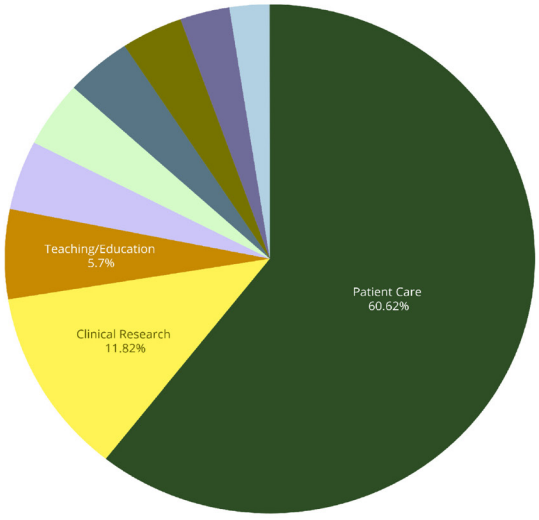
Patient Care	917
Teaching/Education	101
Clinical Research	96
Basic Research	32
Hospital Epidemiology	25
Administration	21
Clinical Microbiology	14
Other	10
Public Health	8



2026 IDSA Membership—Primary Professional Activity

10,868 Members

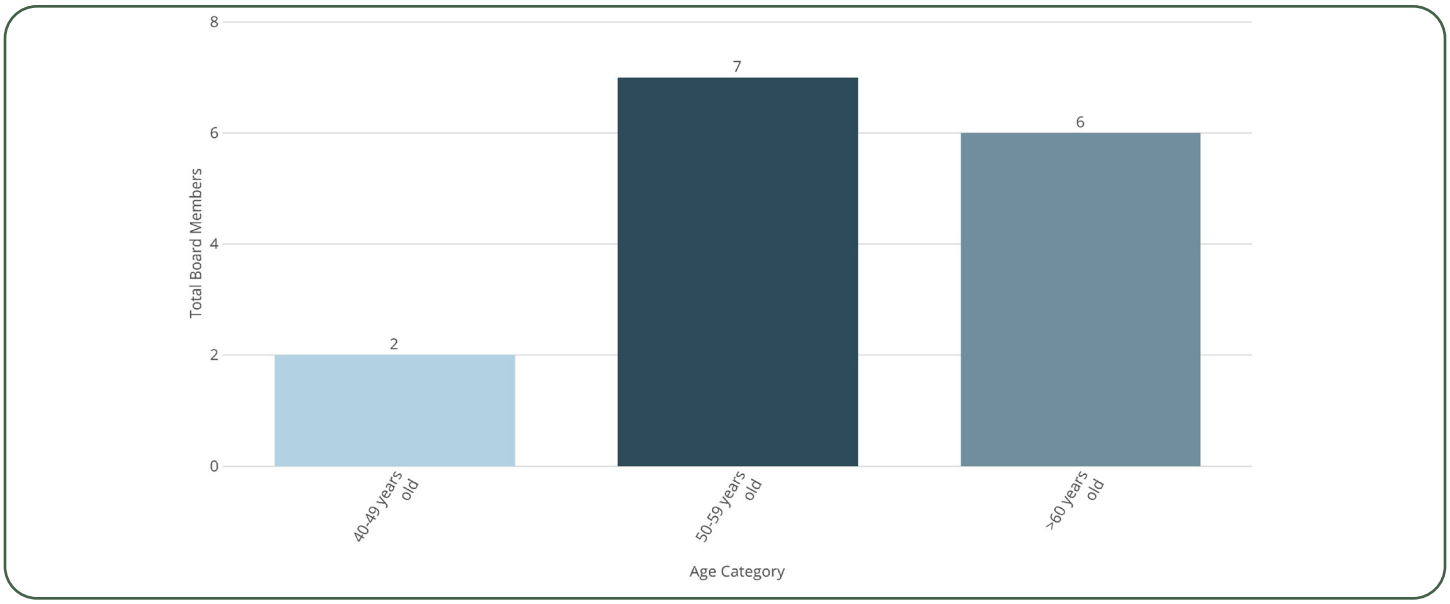
Patient Care	6,588
Clinical Research	1,285
Teaching/Education	619
Public Health	479
Basic Research	456
Other	438
Clinical Microbiology	408
Administration	329
Hospital Epidemiology	263
Infection Prevention/ Hospital Epidemiology	1
Research	1
Antibiotic Stewardship	1



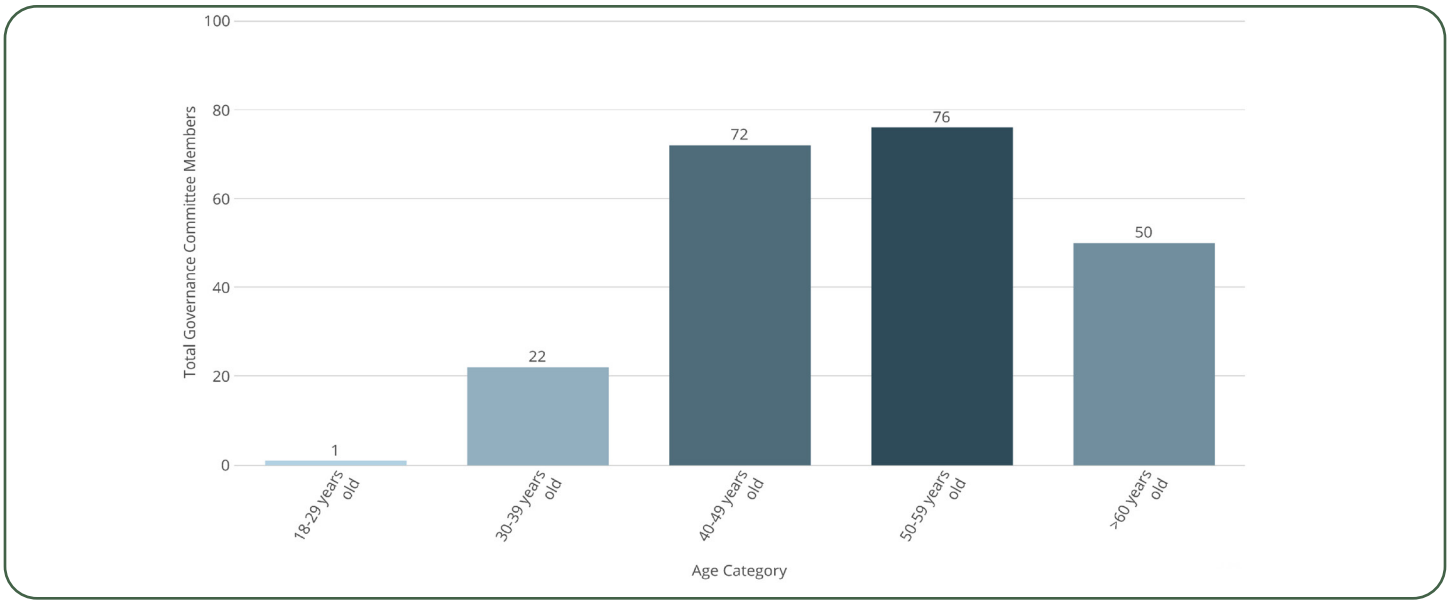
For the 2026 IDSA volunteer appointment year, the major focus areas for overall volunteer composition are engaging more professionals in patient care (primary professional activity), and in private practice and hospital/clinic (primary employment affiliation). Pharmacists continue to play an important role in IDSA, with participation in volunteer leadership, committees and Society initiatives that reflect their growing presence within the membership.

2026 demographics

2026 IDSA Board of Directors—Age Category
15 Board Members



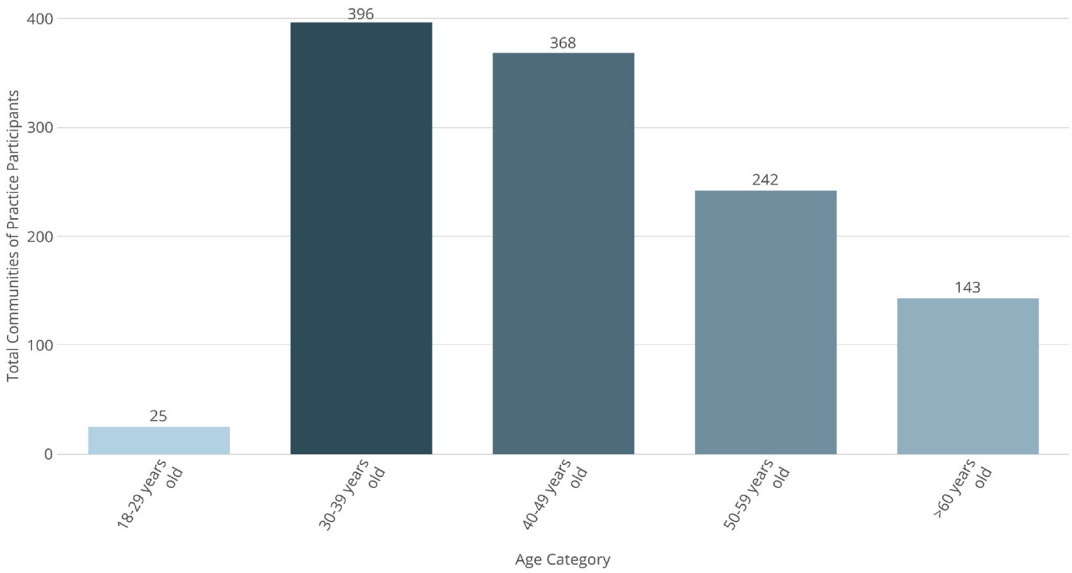
2026 IDSA Governance Committees—Age Category
221 Governance Committee Members (excluding Communities of Practice)



2026 demographics

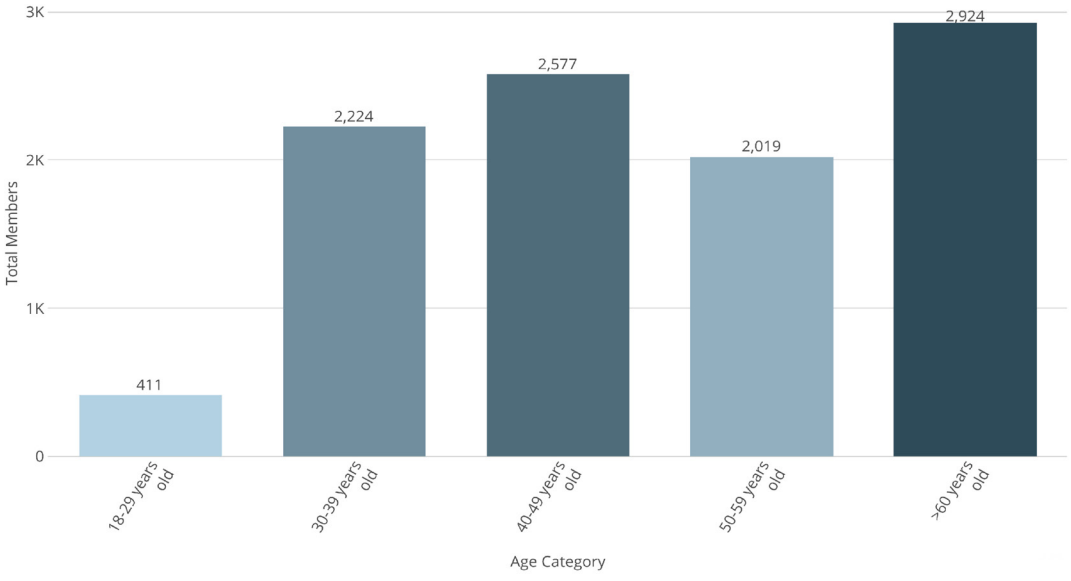
2026 IDSA Communities of Practice—Age Category

1,174 Communities of Practice Participants



2026 IDSA Membership—Age Category

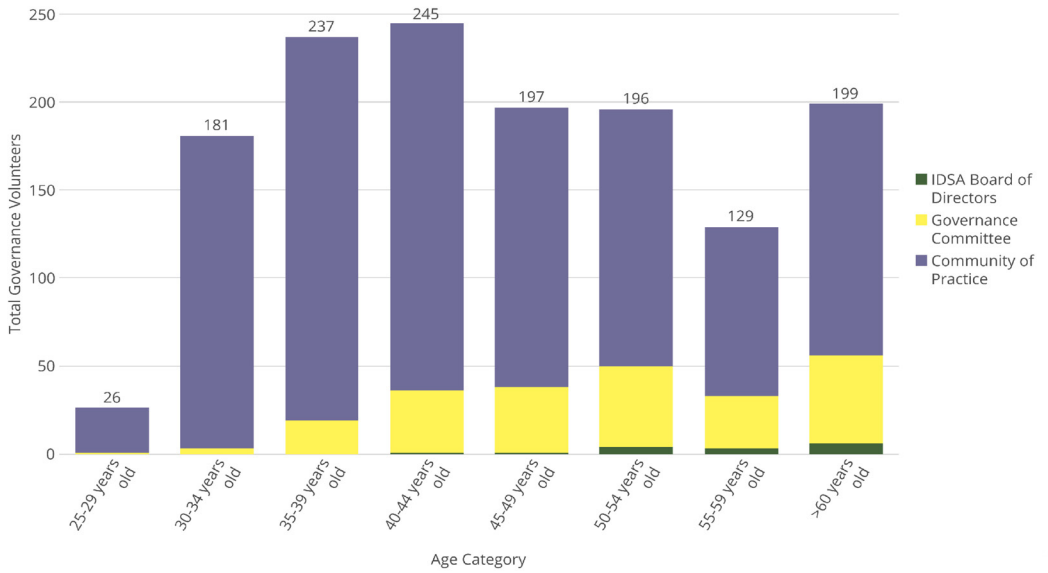
10,155 Members



2026 demographics

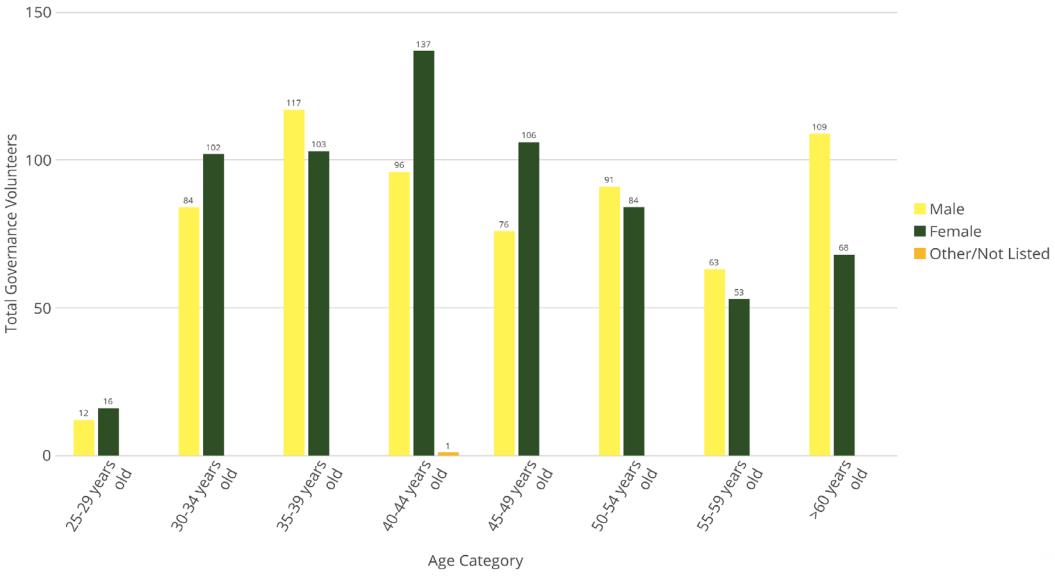
2026 IDSA All Governance Volunteers—Age Category

1,325 Governance Volunteers



2026 IDSA All Governance Volunteers—Age Category by Gender

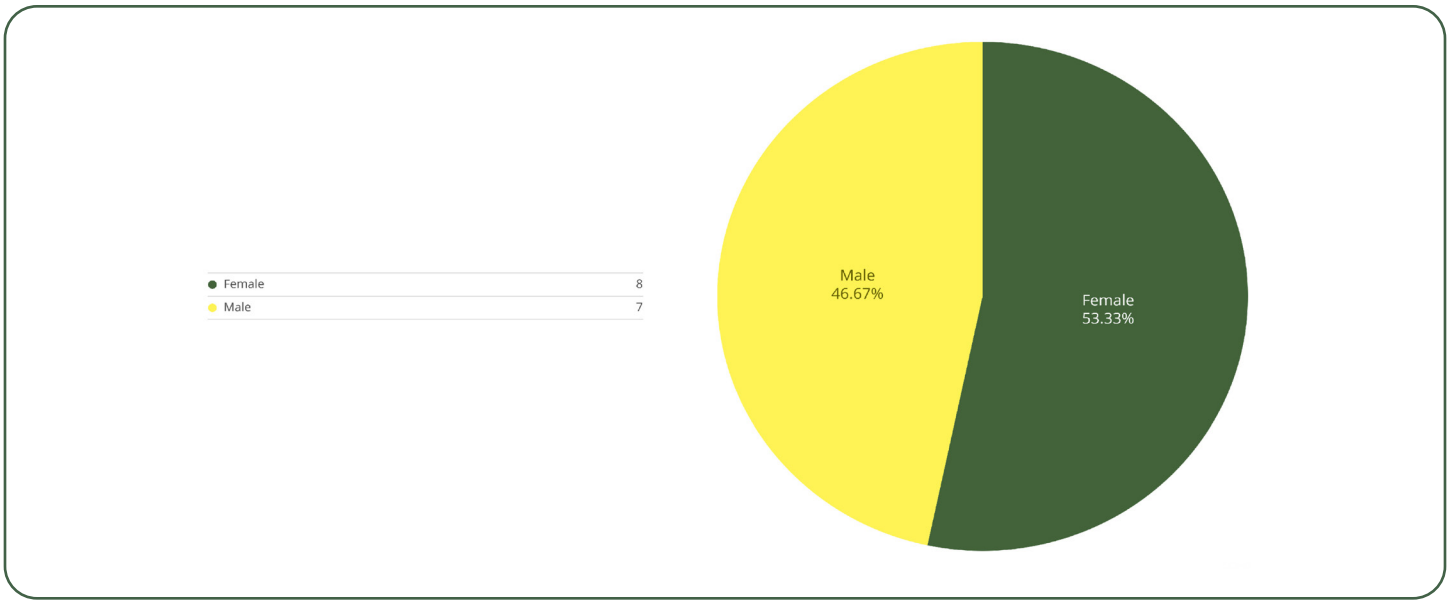
1,305 Governance Volunteers



2026 demographics

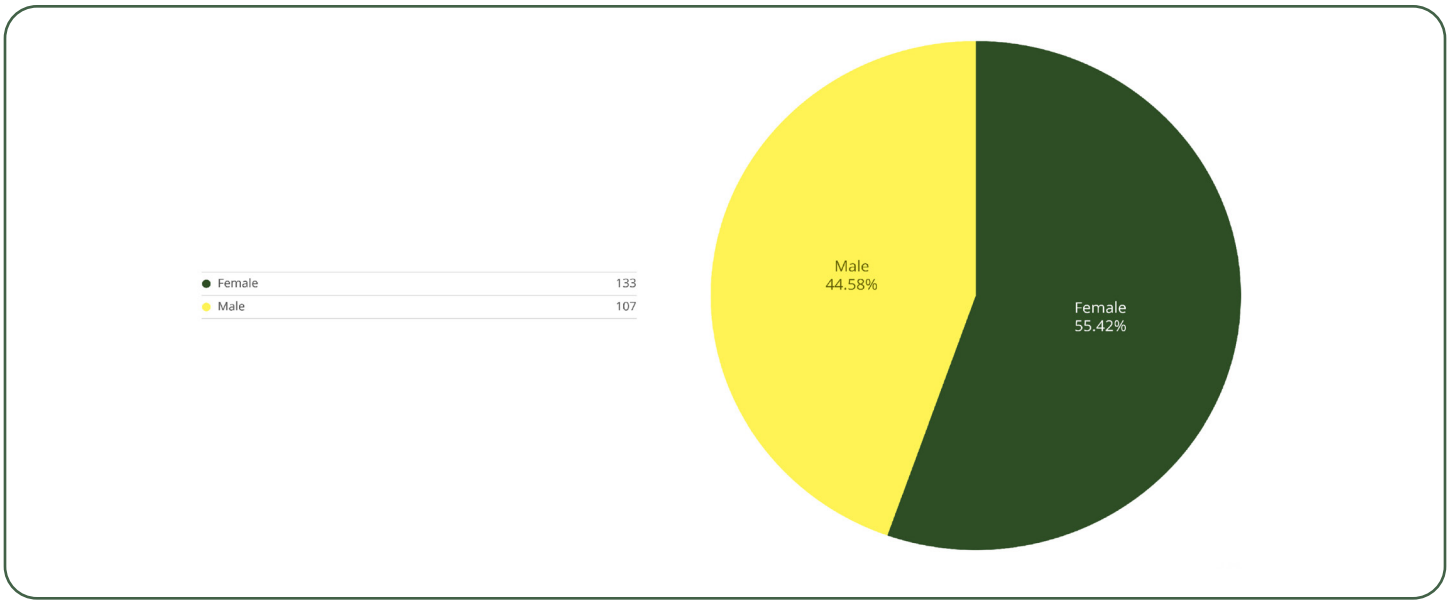
2026 IDSA Board of Directors—Gender

15 Board Members



2026 IDSA Governance Committees—Gender

240 Governance Committee Members (excluding Communities of Practice)

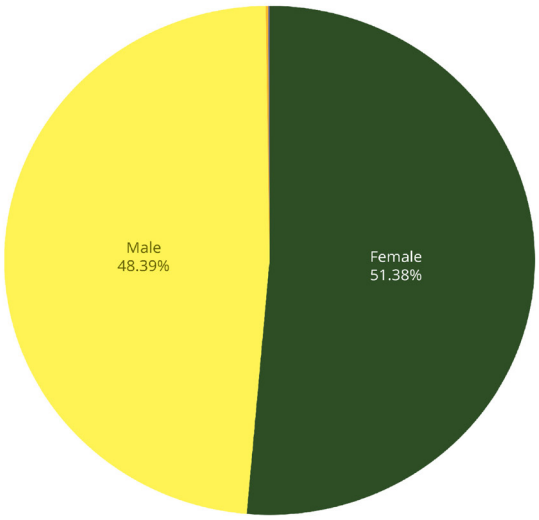


2026 demographics

2026 IDSA Communities of Practice—Gender

1,308 Communities of Practice Participants

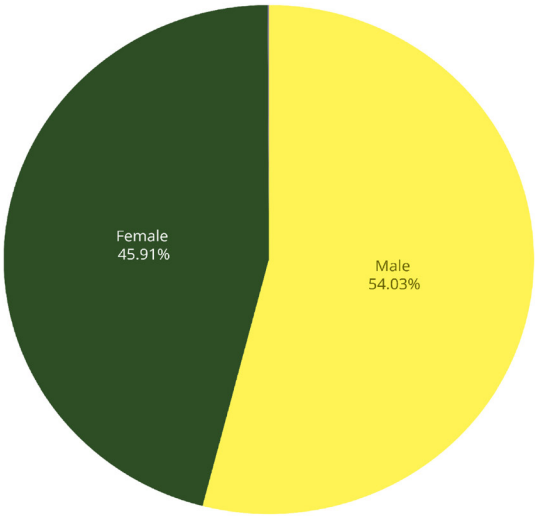
Female	672
Male	633
Other/Not Listed	2
Nonbinary	1



2026 IDSA Membership—Gender

11,483 Members

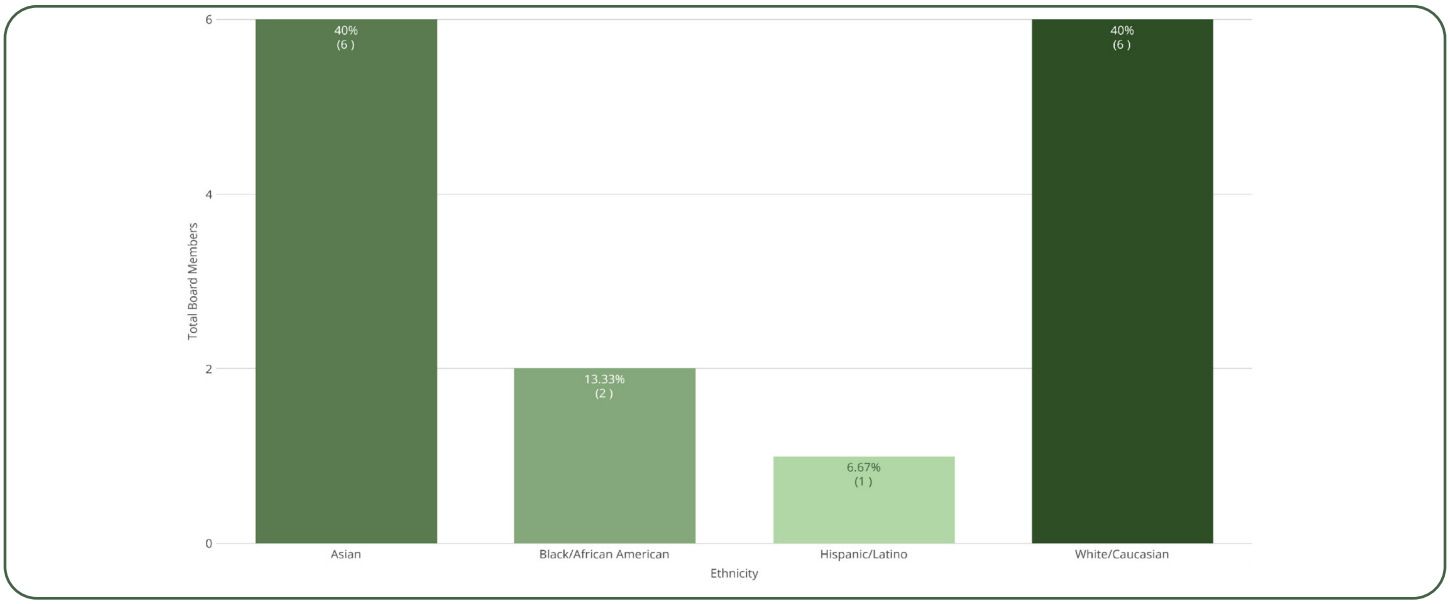
Male	6,313
Female	5,364
Nonbinary	7
Other/Not Listed	1



2026 demographics

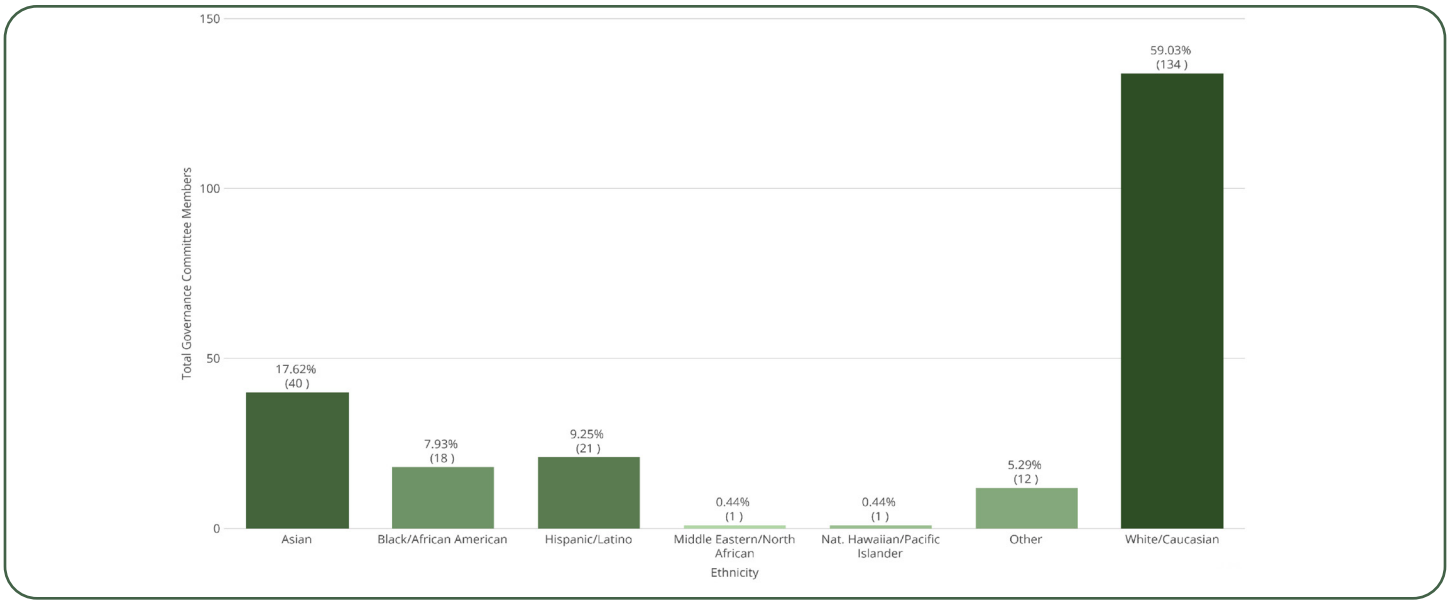
2026 IDSA Board of Directors—Ethnicity

15 Board Members



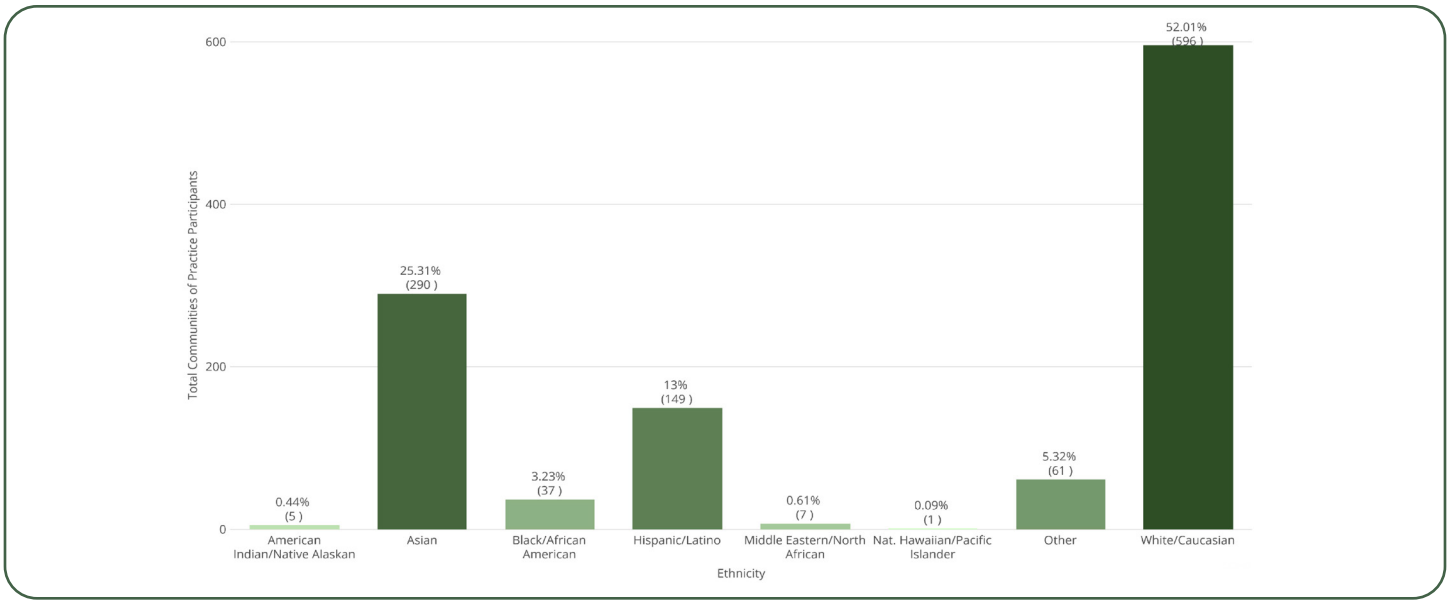
2026 IDSA Governance Comittees—Ethnicity

227 Governance Committee Members (excluding Communities of Practice)

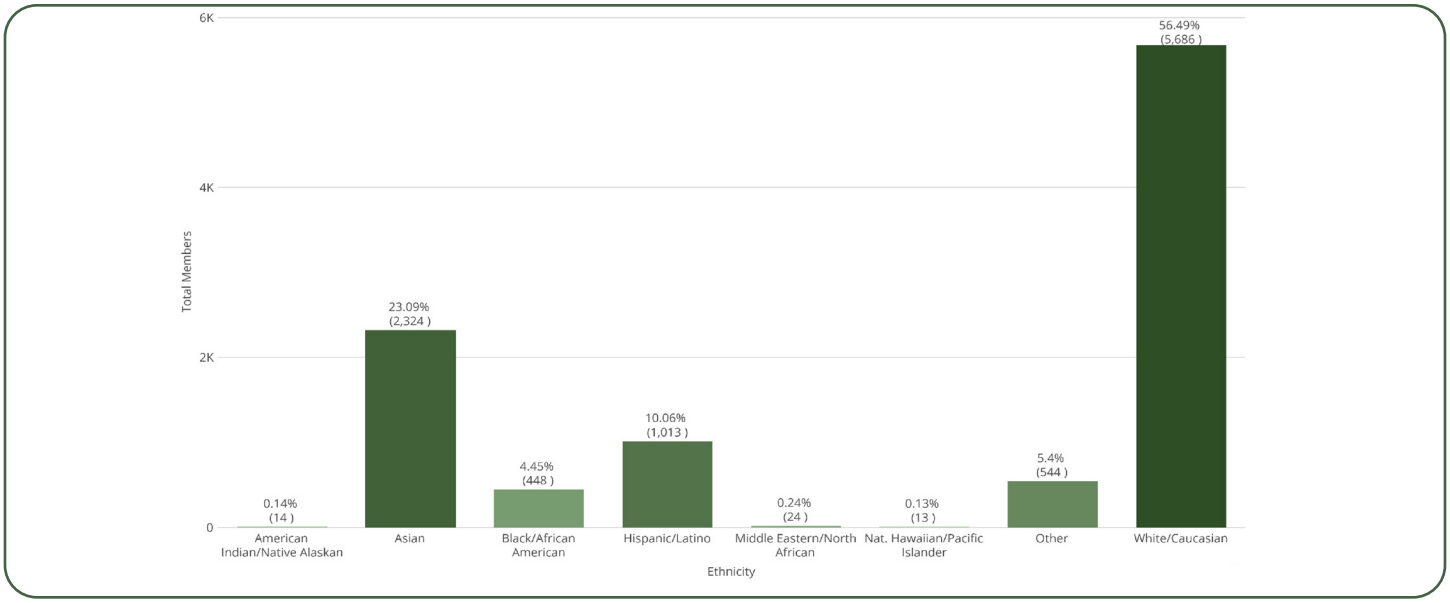


2026 demographics

2026 IDSA Communities of Practice—Ethnicity
1,146 Communities of Practice Participants



2026 IDSA Membership—Ethnicity
10,066 Members



The **2026 class of Fellows of IDSA includes 25 international inductees, the largest international contingent in the Society's history.** This milestone reflects the growing global impact of the infectious diseases community and the outstanding contributions of clinicians and researchers advancing the field around the world. Their induction strengthens the international perspective within IDSA and underscores the Society's commitment to recognizing excellence wherever it is found.

*Data tables can be found in the Appendix.

Goal 1 | Cultivate a welcoming environment

National heritage month observations

- To increase awareness of the diverse experiences and perspectives represented across staff and membership, official heritage months have been recognized through initiatives that highlight the groundbreaking contributions of health professionals from a range of backgrounds. In April 2026, IDSA President Ronald G. Nahass, MD, MHCM, FIDSA, joined the IDSA all-staff meeting for **Arab American Heritage Month**. Drawing on his experience as an Arab American, he shared traditions, experiences and how his heritage influenced his upbringing.

- For **Pride Month** 2026, HIVMA Board Chair Anna K. Person, MD, FIDSA, joined IDSA's staff meeting as a guest speaker to highlight current challenges underserved groups face in accessing health care services and coverage for people vulnerable to and with HIV. Dr. Person specifically focused on the trans community's increased challenges given the multiple adverse presidential executive orders, court rulings and overall health care restrictions targeting this group.

Crafting intentional spaces to acknowledge and celebrate the diversity of IDSA's community is core to our commitment to welcoming all voices and perspectives as we pursue our mission.

- **Formation of the new OPAT Interest Group:** This year the creation of the new OPAT Interest Group was key to **strengthening PharmDs' engagement and presence.** The group brings together pharmacists, physicians and infection preventionists to share best practices, exchange ideas and learn from one another. The expanding involvement of PharmDs enriches IDSA's multidisciplinary community and ensures a broader range of expertise helps shape the Society's work.

- ***Open Forum Infectious Diseases*** launched a "top-up" waiver program (see under "Open Access and Funding" at the link) to support authors in low- and middle-income countries. Our publishers at Oxford University Press have a list of 129 low- and middle-income countries where authors receive a discount of 25%, 50%, 75% or 100% on publication fees (depending on the country). *OFID* now offers an additional 25% discount for any author from one of these countries that is not already receiving a 100% waiver from Oxford.

- **IDWeek** continues to include **accessibility features** such as a nursing lounge, on-site childcare and closed captioning. **IDWeek** continues to measure awareness and impact of these features through post-meeting surveys.

Goal 2 | Adopt processes, policies & practices that reflect our values

- **Increased IDA&E presence at IDWeek:** We expanded the visibility of IDA&E across the conference experience, including an increased portfolio of IDA&E-focused educational sessions and events. We also added dedicated IDA&E segments on **ID**Week TV to amplify thought leadership shaping the future of infectious diseases. By embedding fresh perspectives and forward-thinking dialogue across multiple conference platforms, we enhance member engagement and reinforce our commitment to making IDA&E central to the field's evolution.

- **Society Citation Awards**: We celebrated the addition of health equity to the criteria for Society Citation Awards, which offers an annual opportunity to recognize exemplary contributions to IDSA, outstanding discovery in the field of infectious diseases or a lifetime of outstanding health equity achievements. The 2025 recipient, **Florence Momplaisir, MD, MSHP,** was recognized for her scholarship, community engagement and extensive advancements in the field.

- In 2025, **Jasmine Marcelin, MD, FIDSA, FACP,** was distinguished with the inaugural **IDSA Foundation Diversity Champion** award for exemplifying extraordinary commitment to promote IDA&E within the ID community at the Diversity Party event.



IDSA Foundation Vice Chair Max Brito, MD, MPH, FIDSA, presents Jasmine Marcelin, MD, FIDSA, FACP, with the inaugural 2025 IDSA Foundation Diversity Champion award.

HIVMA continues to invest in impactful initiatives to advance health equity in the ID field, including:

- HIVMA supported Florida health care professionals in averting cuts to the AIDS Drug Assistance Program, which would have left 16,000 people without HIV treatment.

- As a co-lead of the Save HIV Funding campaign, HIVMA successfully advocated for preserving funding for federal HIV programs in the fiscal year 2026 Labor, Health and Human Services, Education, and Related Agencies funding bill, averting nearly $2 billion in proposed federal cuts to HIV care and prevention programs.

- HIVMA supported the Save HIV Funding campaign's launch of the #CutsKill Quilt and held a #CutsKill rally at IDWeek 2025 to raise awareness about the impacts of the proposed cuts to federal HIV programs.

- HIVMA continued co-leading the Save HIV Funding campaign to sustain federal funding for HIV, STI, viral hepatitis, and substance use prevention, care and research for fiscal year 2027.

Goal 3 | Guarantee transparency & access

- **Volunteer leadership:** We continue to strengthen practices to help ensure our volunteer leadership reflects the diversity of our membership. Following a review of our Board application and slate development processes, we introduced a more structured application review process to promote greater consistency, inclusion and fairness. We also identified additional opportunities to further enhance these processes in the future.
  - ◇ Last fall, we surveyed members in private practice and hospital/clinic settings to identify barriers to volunteering. We are now implementing several Board-approved actions as a result of the feedback.
  - ◇ The Board authorized a **task force** charged with reviewing Board application and selection processes as well as our current approach to Board elections.

- **Member experience:** The Leadership Development Committee issued a set of Frequently Asked Questions on our website to help increase transparency and understanding of the recent application and slate development process.

- The journals editorial mentoring program has now completed three cycles and has had a fourth applicant call for mentees. The journals are hoping to build ongoing engagement with former mentees over time. So far, a past mentee has joined the IDSA Journals Committee and another has joined *OFID* as an editor. We hope to continue to engage other mentees and interested potential mentees through new groups like the IDSA Journals Reader Panel (see below).

- *OFID* piloted a mentored peer review training program for ID fellows-in-training in 2025. After the end of the pilot, fellows-in-training who participated felt more confident and competent as peer reviewers, while their mentors reported that the mentees had improved the quality of their peer reviews. *OFID* is expanding this pilot from two institutions in 2025 to more than 20 in 2026.

- *OFID* also launched a pilot mentored submission pathway for early-career professionals, aimed at providing additional mentoring and support to authors who are submitting one of their first papers to a journal as lead and corresponding author.

- The journals launched a new volunteer group, the IDSA Journals Reader Panel, aimed at increasing member engagement with the journals and creating opportunities for conversation between our editors and their readers, particularly early-career professionals, APPs and full-time clinicians.

- In June 2026, the IDSA Board of Directors approved the creation of an IDSA Journals International Advisory Board. This new volunteer group is aimed at increasing engagement and opportunities for dialogue between our editors and members, authors and readers outside of the United States.

Goal 4

Collect & share data to inform and educate the IDSA community and IDA&E initiatives

- **Health Equity Champions:** We successfully launched the Health Equity Champions Initiative in late 2025, resulting in eight honorees. The initiative celebrates members who contribute bold solutions to help reduce health disparities and advance health equity in ways that inspire meaningful change. Nominations are encouraged through both self and colleague submissions, which are then screened and acknowledged by the IDA&E Committee. The inaugural honorees remain actively engaged with IDSA through contributions to the *Science Speaks* Health Equity blog series, keeping health equity discussions at the center of holistic approaches in the field.

- HIVMA has developed several resources, such as fact sheets, surveys and advocacy tools, that help educate the IDSA community and inspire meaningful action:
  - Developed state-specific fact sheets highlighting the impact of funding cuts to the Ryan White HIV/AIDS Program, CDC HIV prevention programs, NIH research and Medicaid, for members to use in their local advocacy efforts
  - Presented a workshop at the NMAC Biomedical HIV Prevention Summit highlighting the importance of education on syndemic care
  - Released a new resource to help clinicians advocate at the state level for policies that prevent Medicaid coverage disruptions for people with HIV
  - Developed partnerships with members of the Emergency HIV Clinical Task Force to monitor and document HIV service disruptions by fielding a survey to HIV health care professionals across the country every six months
  - Launched a state key contacts network composed of 52 volunteers across 19 states, focused on Southern and Midwestern states, to support rapid information sharing from the front lines of the epidemic and facilitate rapid response capacity

- **Inspiring action:** We continue to promote our **Health Equity Series** on the *Science Speaks* blog to showcase perspectives from IDSA members on the evolving challenges and opportunities shaping health equity in infectious diseases. New contributions to the series focused on vulnerable groups in immigrant, tribal and rural communities, as well as the recent Ebola outbreak. Each one explores holistic solutions to address multiple challenges, while educating and helping the IDSA community to envision the future state of ID health care.
  - When home becomes alien: Health care dilemmas faced by U.S. immigrants by Eva Clark, MD, PhD, CTropMed, Oct. 1, 2025
  - HCV elimination in tribal communities: Embracing a syndemic approach by Jorge Mera, MD, Jan. 20, 2026
  - One death too many: Fixing the last mile of hepatitis C care by Mariana Gomez de la Espriella, MD, May 4, 2026
  - Ebola isn't just a virus: It's a power audit by MarkAlain Déry, DO, MPH, FACOI, June 22, 2026

Additional IDA&E- focused blogs were published in *Science Speaks*:

- ◇ HIV and aging: Addressing new challenges and questions by Evan Thornburg, MA, Oct. 7, 2025
- ◇ Why rural HIV research must be coordinated, inclusive and equity-focused by Dima Dandachi, MD, MPH, FIDSA, FACP, Dec. 12, 2025
- ◇ National Black HIV/AIDS Awareness Day: Advancing health equity through collaborative care by Alecia Muwonge, PharmD, MS, CPh, AAHIVP, et al., Feb. 2, 2026
- ◇ Structural strains threatening HIV care in Latino communities: Voices from front-line leaders by Tamara C. Moscovich et al., June 8, 2026
- ◇ An opportunity to grow the ID workforce: ABIM's new pilot pathway by Erica N. Johnson, MD, FIDSA, FACP, July 6, 2026

Journal articles related to IDA&E topics were also published between October 2025 and August 2026:

- ◇ Between Two Standards: Reflections on the Double Bind From a Female Chinese Infectious Disease Physician
- ◇ The Day I Was Told I Wasn't Doing Science — and Why I'm Grateful for It
- ◇ One Hundred Days, Incalculable Losses
- ◇ When Programs Vanish: The Unseen Consequences
- ◇ Listening for Strength and Finding Hope
- ◇ Because I Hope for Something Better

Goal 5 | Develop a diverse workforce & reduce health inequity

- Program spotlight: iDMentorship365 as IDA&E in practice – IDSA's flagship iDMentorship365 program offers a concrete example of the IDA&E Roadmap's mentorship goals in action. IDSA closed the 2025 program cycle with **188 active participants: 58 mentors, 117 mentees and 13 serving in both roles.** Overall, 2025 program participation was 49% lower when compared to the previous cohort, with the steepest decline seen among mentors (-56%). Participation during the 2024–2025 cycle may have been impacted by the broader climate of uncertainty in academic medicine and public health, including funding concerns, reduced conference attendance and institutional constraints that affected engagement across the field.

- The 2026-2027 cohort, however, has seen a marked increase in applications. As of the Aug. 30 deadline, the program received 126 mentor applications (+115.5%) and 179 mentee applications (+53%), exceeding total applications from the prior cycle by more than 70% (*Note: Applications to serve as mentee and mentor are not reported prior to program acceptance). While the program cannot identify a definitive cause for the prior year's decline, the current increase follows a deliberate expansion of recruitment efforts, including paid social media promotion, targeted outreach to IDSA subcommittees and Communities of Practice, and direct promotion through Mentorship and Recruitment Subcommittee member networks. Final participation figures will be available after mid-September matching.

iDMentorship365 participant demographics (2025)

Total Active Participants: 188

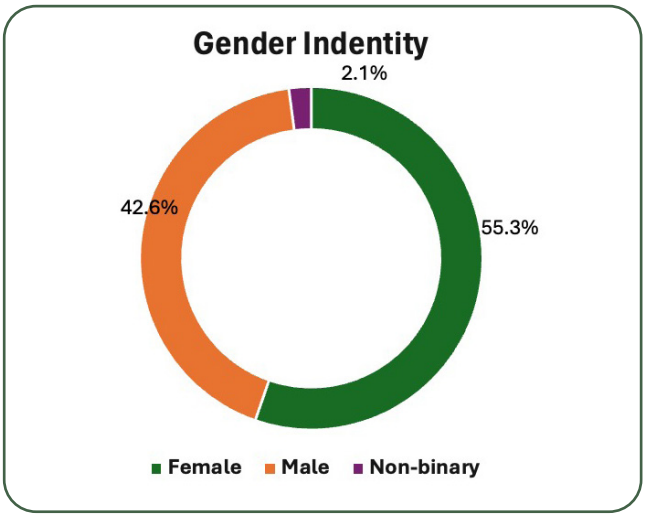
Mentee Exclusively: 117

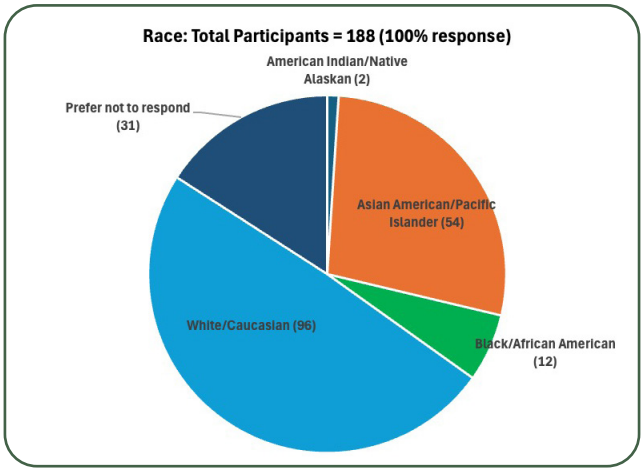
Mentor Exclusively: 58

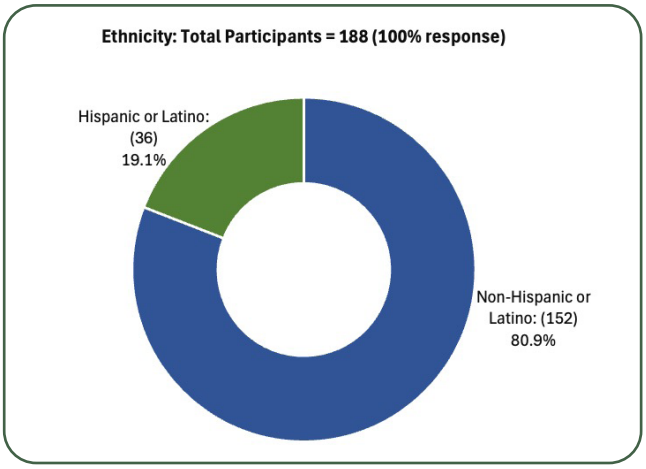
Total Serving as Mentees (including dual): 130

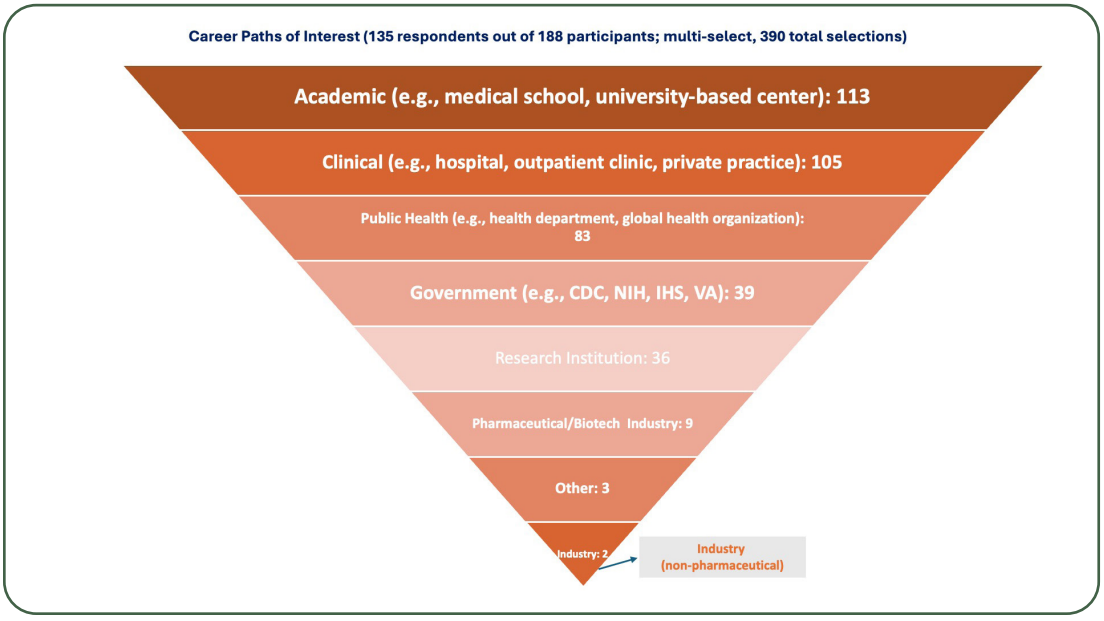
Total Serving as Mentors (including dual): 71

Both Mentor and Mentee: 13









These data show iDMentorship365 delivering on both its programmatic purpose and the granular, actionable reporting the IDA&E Committee identified as a key aspect to measuring the Society's progress.



"Thank you for providing me with the opportunity to participate in the iDMentorship365 Program! You have done an amazing job connecting us to mentors that share our interests and personalities, and I am looking forward to the coming year for our mentor-mentee relationship."

—Aleezay Khan, iDMentorship365 mentee, third-year medical student, Michigan State University College of Human Medicine

- The IDSA Foundation hosted two **IDA&E-focused events at IDWeek 2025** to inspire underrepresented medical students to pursue a career in ID: The **Culture Diversity Party** and the **George Counts Interest Group Dinner.** The latter was attended by nearly 100 Black/African American ID physician leaders and mentors, including approximately 20 medical students from nearby Emory and Spelman universities. A networking event provided professional guidance to emerging infectious diseases professionals. The George Counts Interest Group is committed to advancing health and systemic equity in the field of ID and in medicine.

Strategic partnerships to shape the future ID workforce

- In the past year, the IDA&E Committee has been focused on strengthening current strategic partnerships as well as cultivating new relationships with universities and minority-serving institutions. These engagements position us to directly reach an influential network of physicians and trainees, advance workforce diversity and reinforce our organizational commitment to health equity. By embedding ID career visibility within trusted professional forums, we are moving beyond passive outreach toward sustained, relationship-driven recruitment and long-term growth.



The Culture Diversity Party at IDWeek 2025 brought together over 200 people to celebrate the multiple interest groups, highlighting the South Asian ID group celebration of Diwali.



Culture Diversity Party at IDWeek 2025



George Counts Dinner attendees at IDWeek 2025



"I have been so proud to work with the IDA&E committee. I am particularly proud of our work fostering early careers in ID, including developing new partnerships with health professions schools and student organizations such as the Student National Medical Association and the Latino Medical Association. It has been a joy to continue to amplify and share the inspiring work of IDSA members who are leaders in health equity, and to recognize these leaders as IDSA Health Equity Champions. As I step into the role of chair, I'm honored to help carry this work forward with the committee and leadership, and ensure IDA&E remains core to our activities. It allows us to provide better care for our patients and enhances opportunity and belonging in the ID workforce."

—Carina Marquez, MD, MPH, FIDSA, incoming IDSA IDA&E Committee chair

- **LMSA partnership:** Through our partnership with the Latino Medical Student Association, we are strengthening our engagement with Latino medical students and residents at a critical stage in their career decision-making. In early 2026, we convened an infectious diseases careers panel for medical students across multiple institutions. The session, led by IDSA members, featured a discussion of their diverse career pathways into infectious diseases as well as insights into their day-to-day clinical and professional work.

- **HBCU partnerships:** In February 2026, IDSA participated in the **Howard University College of Medicine Residency Fair**. The event was attended by over 500 medical students, where our representative delivered a "Careers in ID" presentation and hosted an IDSA recruitment station. We are looking at ways to scale this activity across university partners. As part of our workforce pipeline efforts, we partnered with the **Charles R. Drew University of Medicine and Science** to strengthen early exposure to infectious diseases careers among medical students. The program showcased career pathways in ID, highlighted member experiences, and introduced key training and professional development resources to first- and second-year medical students during a critical stage of specialty exploration.



Latino Medical Student Association Career Fair



Howard University College of Medicine Residency Fair

- **NMA partnership:** Through our member connections, we are cultivating ongoing relationships within the National Medical Association to expand interest in careers in infectious diseases.
- We launched a newly curated career page for medical students on IDSA's website, also accessible to nonmembers, to provide a more user-friendly and efficient resource for students exploring careers in ID.

IDSA has continued to highlight the intersection of health equity and infectious diseases and strengthened its relationships with members of the **Congressional Black Caucus, Congressional Hispanic Caucus** and **Congressional Asian Pacific American Caucus,** which make up the **Congressional Tri-Caucus**. A few highlights from the past year are:

- **I**DSA hosted an informational table at the CBC Foundation Annual Community Breakfast and Health Fair on Sept. 25, 2025.
- IDSA member Jasmine Marcelin, MD, FIDSA, FACP, participated in the "One Size Does Not Fit All: Advancing Access and Community Resilience in the Health Workforce" Luncheon Panel sponsored by Johnson & Johnson during the CBC Foundation Annual Legislative Conference.
- IDSA member Virginia D. Banks, MD, MBA, FIDSA, participated as a panelist for a virtual congressional staff briefing, "Driving Immunization Forward: A Virtual Panel on Equity and Innovation," organized by Rep. Robin Kelly (chair of the CBC Health Braintrust).





Congressional Black Caucus Foundation Annual Community Breakfast and Health Fair on Sept. 25, 2025

- In alignment with our commitment to supporting a diverse workforce, the Society continues to lead national advocacy to mitigate Medicare practice expense cuts that went into effect in 2026. These cuts disproportionately impact facility-based infectious diseases services. Following finalization of a CY 2026 Medicare Physician Fee Schedule policy that resulted in about a 9% cut in total reimbursement for facility-based ID physicians and an overall 6% reduction for the specialty, IDSA has pressed both Congress and CMS to exempt nonprocedural, facility-based services from these reductions to preserve access to essential ID care and stabilize the specialty's workforce.

Closing

The Society celebrates the progress outlined in this report and recognizes that there is still more work ahead. The IDA&E Roadmap and Strategy is an ongoing resource that will support our commitment to seeking innovative, bold and sustainable solutions to embed the principles of IDA&E into all practices and functions of IDSA.

Appendix – Demographics

2026 IDSA Board of Directors Census Region

15 Board Members

Census Region	Board Members
Northeast - Middle Atlantic	2
Midwest - West North Central	2
West - Pacific	1
South - West South Central	2
South - South Atlantic	3
Midwest - East North Central	4
West - Mountain	1

2026 IDSA All Governance Volunteers—Primary Employment Affiliation

Primary Employment Affiliation	Total Individuals	Percent of Total Individuals
Correctional Facilities	1	0.0%
Federal Government	28	1.3%
Hospital/Clinic	477	22.4%
Military	32	1.5%
No Response Selected	797	37.4%
Other	19	0.9%
Pharmaceutical/Biotech Industry	8	0.4%
Private/Group Practice	103	4.8%
State/Local Government	11	0.5%
University/Medical School	653	30.7%
GRAND TOTAL	**2,129**	**100.0%**

2026 IDSA Membership—Primary Employment Affiliation

Primary Employment Affiliation	Total Individuals	Percent of Total Individuals
Correctional Facilities	7	0.0%
Federal Government	395	2.8%
Hospital/Clinic	4,000	28.3%
Military	122	0.9%
No Response Selected	4,060	28.7%
Other	393	2.8%
Pharmaceutical/Biotech Industry	621	4.4%
Private/Group Practice	1,111	7.9%
State/Local Government	196	1.4%
University/Medical School	3,230	22.9%
GRAND TOTAL	**14,135**	**100.0%**

2026 IDSA All Governance Volunteers—Primary Professional Activity

Primary Professional Activity	Total Individuals	Percent of Total Individuals
Administration	36	1.7%
Basic Research	37	1.7%
Clinical Microbiology	16	0.8%
Clinical Research	122	5.7%
Hospital Epidemiology	31	1.5%
No Response Selected	749	35.2%
Other	14	0.7%
Patient Care	995	46.7%
Public Health	20	0.9%
Teaching/Education	109	5.1%
GRAND TOTAL	**2,129**	**100.0%**

2026 IDSA Membership—Primary Professional Activity

Primary Professional Activity	Total Members	Percent of Total Members
Administration	329	2.3%
Antibiotic Stewardship	1	0.0%
Basic Research	456	3.2%
Clinical Microbiology	408	2.9%
Clinical Research	1,285	9.1%
Hospital Epidemiology	263	1.9%
Infection Prevention/ Hospital Epidemiology	1	0.0%
No Response Selected	3,267	23.1%
Other	438	3.1%
Patient Care	6,588	46.6%
Public Health	479	3.4%
Research	1	0.0%
Teaching/Education	619	4.4%
GRAND TOTAL	**14,135**	**100.0%**

2026 IDSA Members—Age Category

Age Category	Total Members	Percent of Total Members
18-29 years old	411	2.9%
30-39 years old	2,224	15.7%
40-49 years old	2,577	18.2%
50-59 years old	2,019	14.3%
>60 years old	2,924	20.7%
No Response Selected	3,980	28.2%
GRAND TOTAL	**14,135**	**100.0%**

2026 IDSA All Governance Volunteers—Gender

Gender Identity	Total Individuals	Percent of Total Individuals
Female	758	35.6%
Male	706	33.2%
Nonbinary	1	0.0%
Other/Not Listed	2	0.1%
No Response Selected	662	31.1%
GRAND TOTAL	**2,129**	**100.0%**

2026 IDSA Members—Gender

Gender Identity	Total Members	Percent of Total Members
Female	5,272	37.3%
Male	6,203	43.9%
Nonbinary	7	0.0%
Other/Not Listed	1	0.0%
No Response Selected	2,652	18.8%
GRAND TOTAL	**14,135**	**100.0%**

2026 IDSA All Governance Volunteers—Ethnicity

Ethnicity	Total Individuals	Percent of Total Individuals
American Indian/Native Alaskan	5	0.2%
Asian	323	15.2%
Black/African American	51	2.4%
Hispanic/Latino	159	7.5%
Middle Eastern/North African	8	0.4%
Nat. Hawaiian/Pacific Islander	2	0.1%
No Response Selected	831	39.0%
Other	70	3.3%
White/Caucasian	680	31.9%
GRAND TOTAL	**2,129**	**100.0%**

2026 IDSA Members—Ethnicity

Ethnicity	Total Members	Percent of Total Members
American Indian/Native Alaskan	14	0.1%
Asian	2,324	16.4%
Black/African American	448	3.2%
Hispanic/Latino	1,013	7.2%
Middle Eastern/North African	24	0.2%
Nat. Hawaiian/Pacific Islander	13	0.1%
No Response Selected	4,069	28.8%
Other	544	3.8%
White/Caucasian	5,686	40.2%
GRAND TOTAL	**14,135**	**100.0%**