IDSA

Inclusion, Diversity, Access & Equity Progress Report

October 2025

IDSA: Committed to IDA&E today and tomorrow

A letter from IDSA President Tina Tan, MD, FIDSA, FPIDS, FAAP

Dear Colleagues,

Advancing inclusion, diversity, access and equity is not just a matter of ethics – it's completely essential for improving patient outcomes, organizational performance and community trust. Amid a flurry of recent federal policy changes, legislation and executive and judicial actions that are significantly and seriously impacting U.S. science, research, funding and patient care, IDSA remains committed to embodying the compassion and knowledge of our field to address unprecedented challenges.

The principles of IDA&E are integral to IDSA's mission and core values, and our commitment to health equity is unwavering as we strive to eliminate health disparities. Evidence shows that advancing health equity enhances public health and benefits for everyone. These principles are a cornerstone of our strategic plan to advance the Society's ongoing commitment to building and sustaining a broad, diverse and valued ID workforce to improve patient care, advance science and promote public health. These priorities have absolutely remained top-of-mind over the past year, and IDSA has undertaken a wide array of activities in support of these goals.

The 2025 IDA&E Progress Report marks the fourth consecutive year of chronicling IDSA's progress toward the goals outlined in our Inclusion, Diversity, Access & Equity Roadmap and Strategy. Covering activities from October 2024 through September 2025, this report builds on the foundation developed and laid down in previous years, highlighting both key accomplishments and ongoing efforts. It reflects the Society's enduring commitment to meaningful, measurable change and to fostering a more inclusive and equitable infectious diseases community.

All of the efforts highlighted in this report were made possible by the dedicated work of countless IDSA members, staff and partners, including many volunteer groups across our governance structure.

With your collaboration, we are forging a significantly more inclusive, diverse and equitable future for the ID community. As you read through this report, I hope the information is helpful in understanding the full breadth of activities and policies IDSA has implemented and continues to champion across the Society. It's an opportunity to assess and celebrate our progress, but to also identify ways to shape our path forward. We welcome your feedback.

With gratitude,

Tina Tan, MD, FIDSA, FPIDS, FAAP
IDSA President

Stronger together: Advancing IDA&E

A letter from IDA&E Committee Chair Dial Hewlett Jr., MD, FIDSA, FACP

Dear Colleagues,

First and foremost, I have been honored to serve as chair of the IDA&E Committee. I have learned so much from working alongside a truly diverse group of colleagues who bring talent, passion and commitment to this work.

One of the greatest challenges to public health remains the workforce shortage in infectious diseases. This shortage, felt long before COVID-19 and made even more visible during the pandemic, has profound consequences for underserved communities, where access to care is already limited. Recognizing this, IDSA charged several governance groups with developing strategies to both grow and diversify the ID workforce.

Our response has been rooted in partnership. This report showcases the many ways IDSA and members are advancing inclusion, diversity, equity and access in infectious diseases. For example, this year we have developed collaborations with historically Black colleges and universities and organizations such as the National Medical Association, Latino Medical Students and the National Hispanic Health Foundation to build stronger pathways into the field. These efforts are opening doors for the next generation of ID leaders and helping ensure a diverse and robust workforce that mirrors the communities we serve.

Thank you to all who have contributed. Your efforts make this progress possible, and I look forward to continuing this important work together.

With gratitude,

Dial Hewlett Jr., MD, FIDSA, FACP
Chair, IDA&E Committee

Purpose

This report captures progress from October 2024 through September 2025 and highlights the breadth and depth of IDA&E efforts across the organization. Together with our previous reports from 2022, 2023 and 2024, it serves as a reflection of our journey, a roadmap for continued progress and an invitation to action.

Your engagement, feedback and participation are essential as we work together to build 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

We invite you to engage with this report:

- Understand the breadth of activities and policies implemented across the organization
- Reflect, assess and celebrate our progress while identifying opportunities to shape our path forward
- Share feedback that shapes our path forward
- Find inspiration and renewed commitment to advancing equity and inclusion in your professional contexts

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** & share data
5. **Develop** a diverse workforce & reduce health inequities

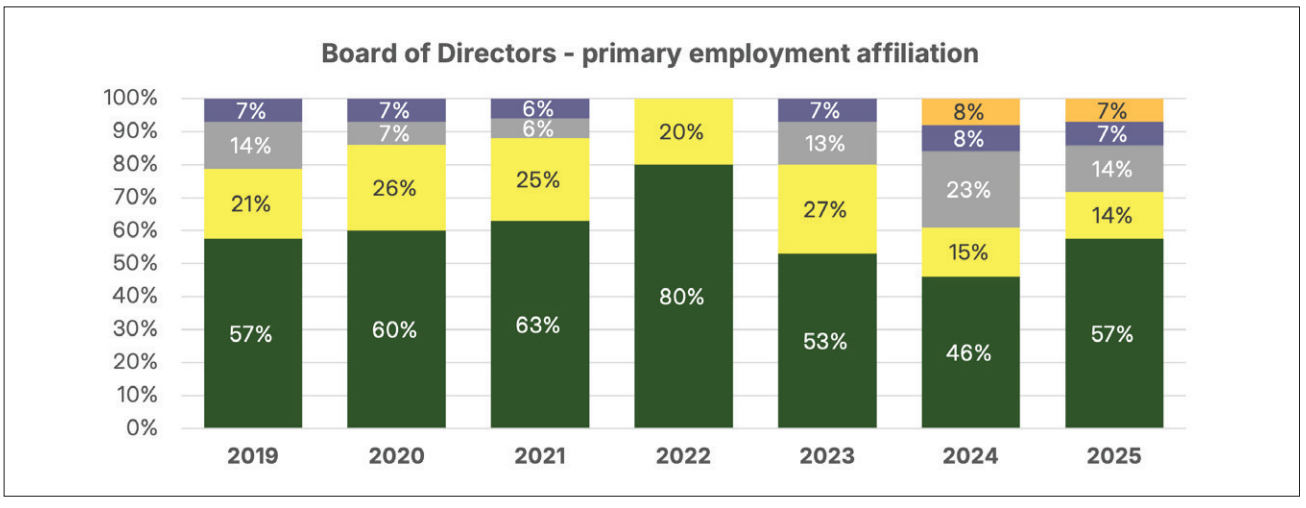
Demographics

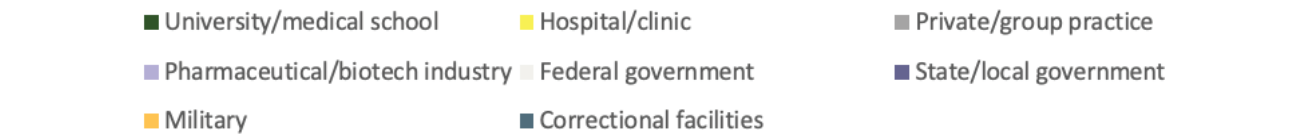
Primary employment affiliation of Board of Directors, governance volunteers[1] and membership (2025)

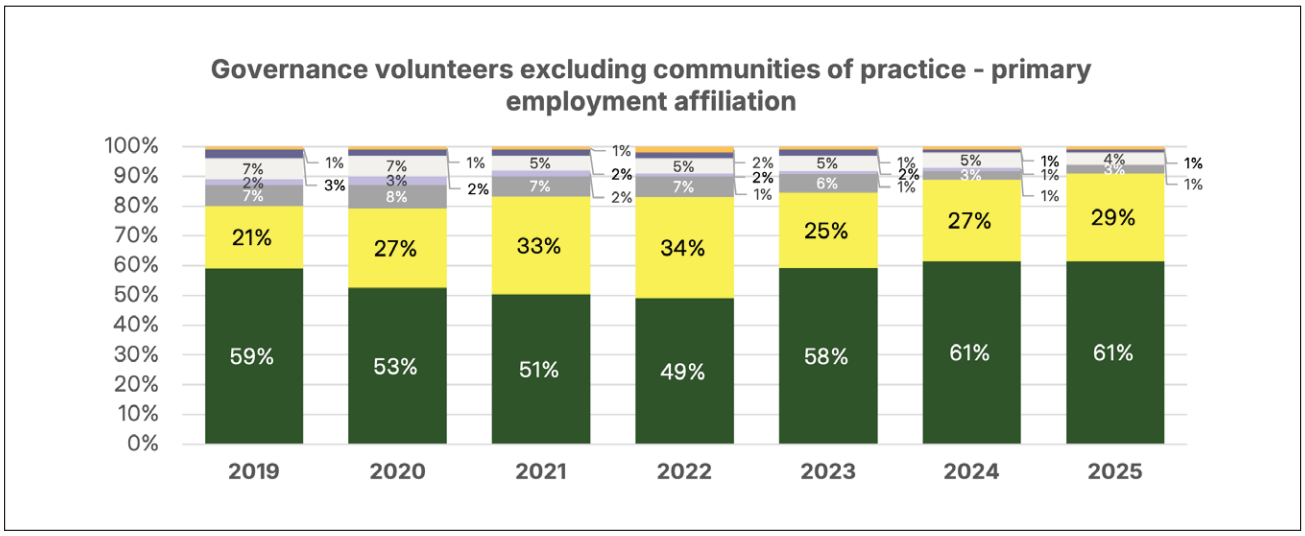
Representation across diverse employment settings is important to ensure IDSA's volunteer leadership reflects the perspectives and needs of its membership. IDSA endeavors to engage more volunteers from hospital/clinic and private/group practice settings. Since 2023, hospital/clinic professionals have made up about 40% of **membership** but only 25%-29% of **governance volunteers.** Private/group practice professionals during that same time have represented between 10%-15% of membership but only 3%-6% of governance volunteers. **Communities of practice** data from 2025 demonstrate closer alignment, with hospital/clinic (37%) and private/group practice (13%) participation rates that mirror or exceed membership proportions. Understanding that professionals in these employment settings face unique challenges for dedicating volunteer time, the Leadership Development Committee is dedicated to ensuring strategies to increase participation from these settings across leadership roles.

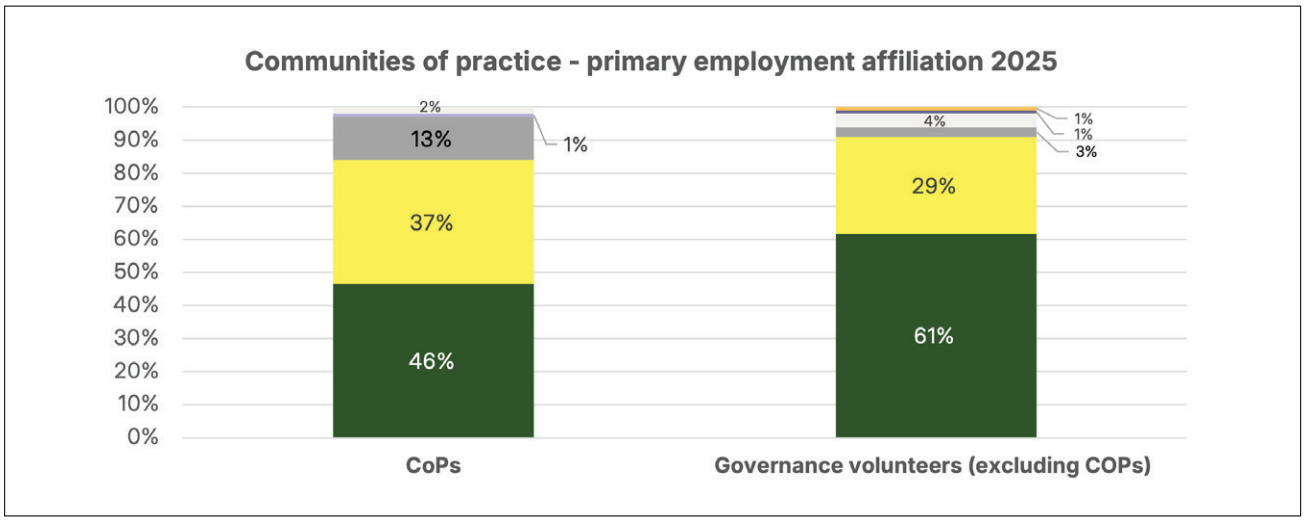
Demographic chart population size[2]

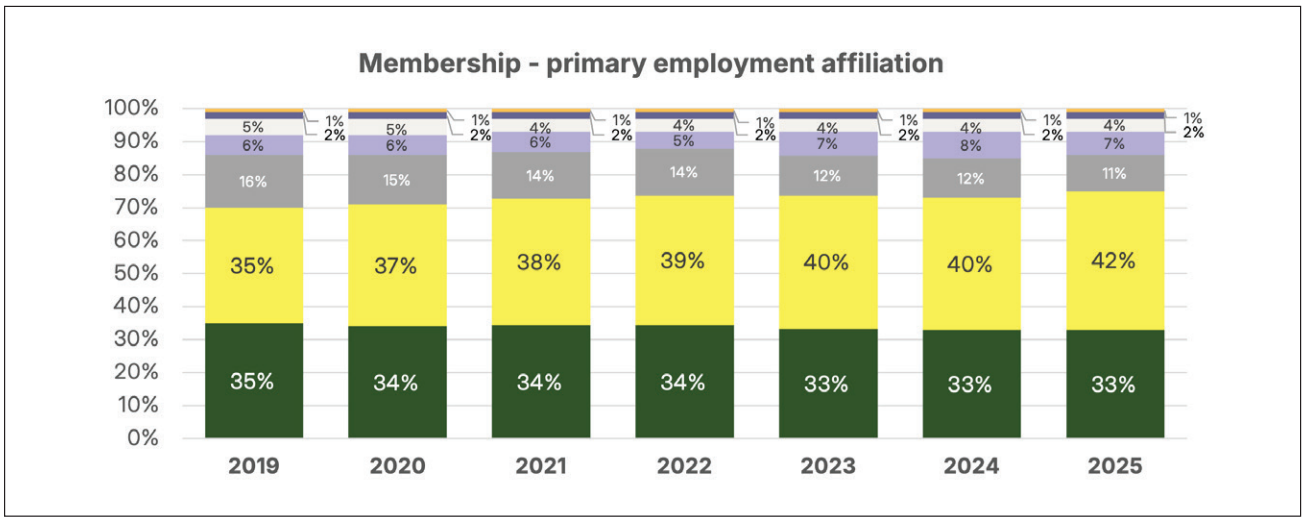
	2019	2020	2021	2022	2023	2024	2025
Board of Directors	15	15	16	15	15	13	15
Governance volunteers excluding CoPs	459	597	764	677	565	586	542
Communities of practice	-	-	-	-	-	-	516
Membership	10,706	11,383	11,169	11,202	11,728	11,355	11,850




University/medical school
Hospital/clinic
Private/group practice
Pharmaceutical/biotech industry
Federal government
State/local government
Military
Correctional facilities


Governance volunteers excluding communities of practice - primary employment affiliation
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
2023
2024
2025
59%
53%
51%
49%
58%
61%
61%
21%
27%
33%
34%
25%
27%
29%


Communities of practice - primary employment affiliation 2025
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
CoPs
Governance volunteers (excluding COPs)
46%
37%
13%
2%
1%
61%
29%
4%
1%
1%
3%

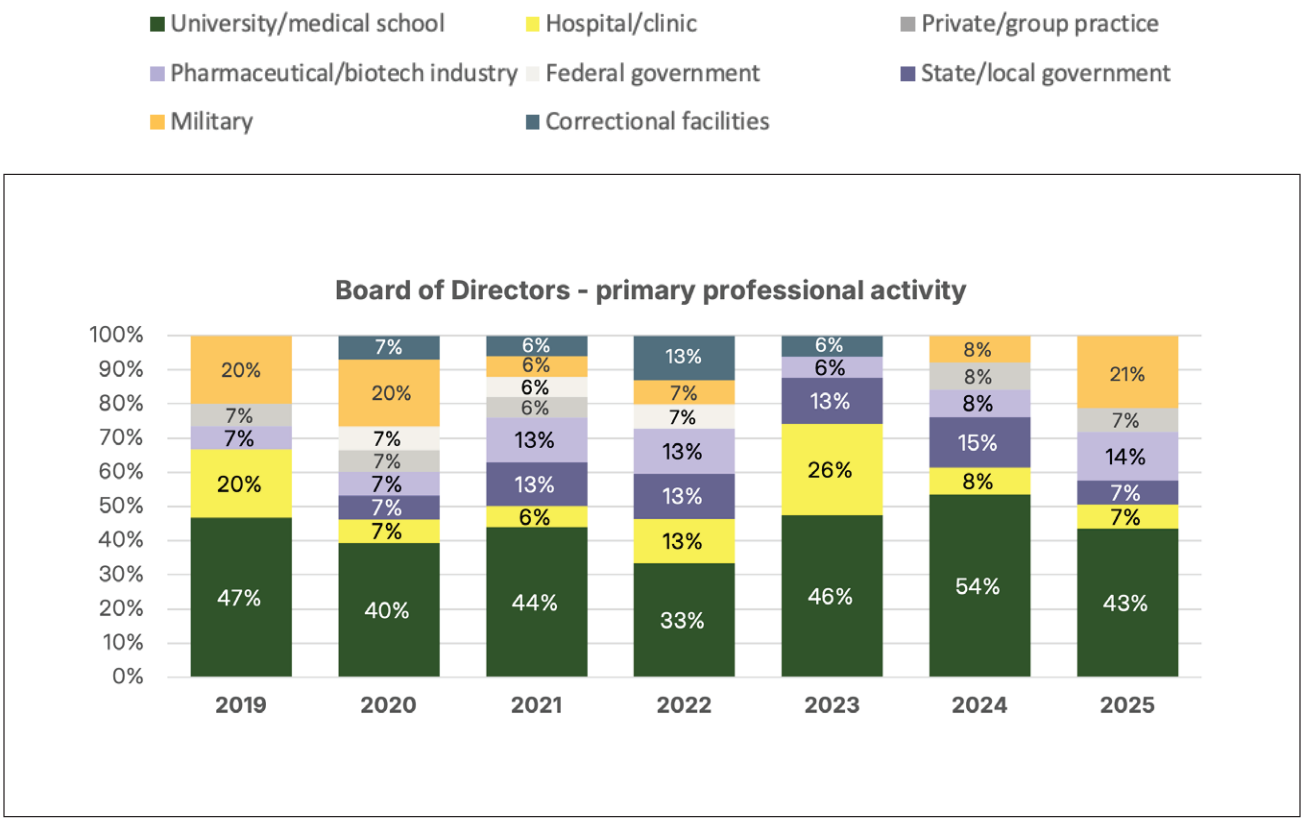

Membership - primary employment affiliation
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
2023
2024
2025
35%
34%
34%
34%
33%
33%
33%
35%
37%
38%
39%
40%
40%
42%
16%
15%
14%
14%
12%
12%
11%
6%
6%
6%
5%
7%
8%
7%
5%
5%
4%
4%
4%
4%
4%
1%
2%

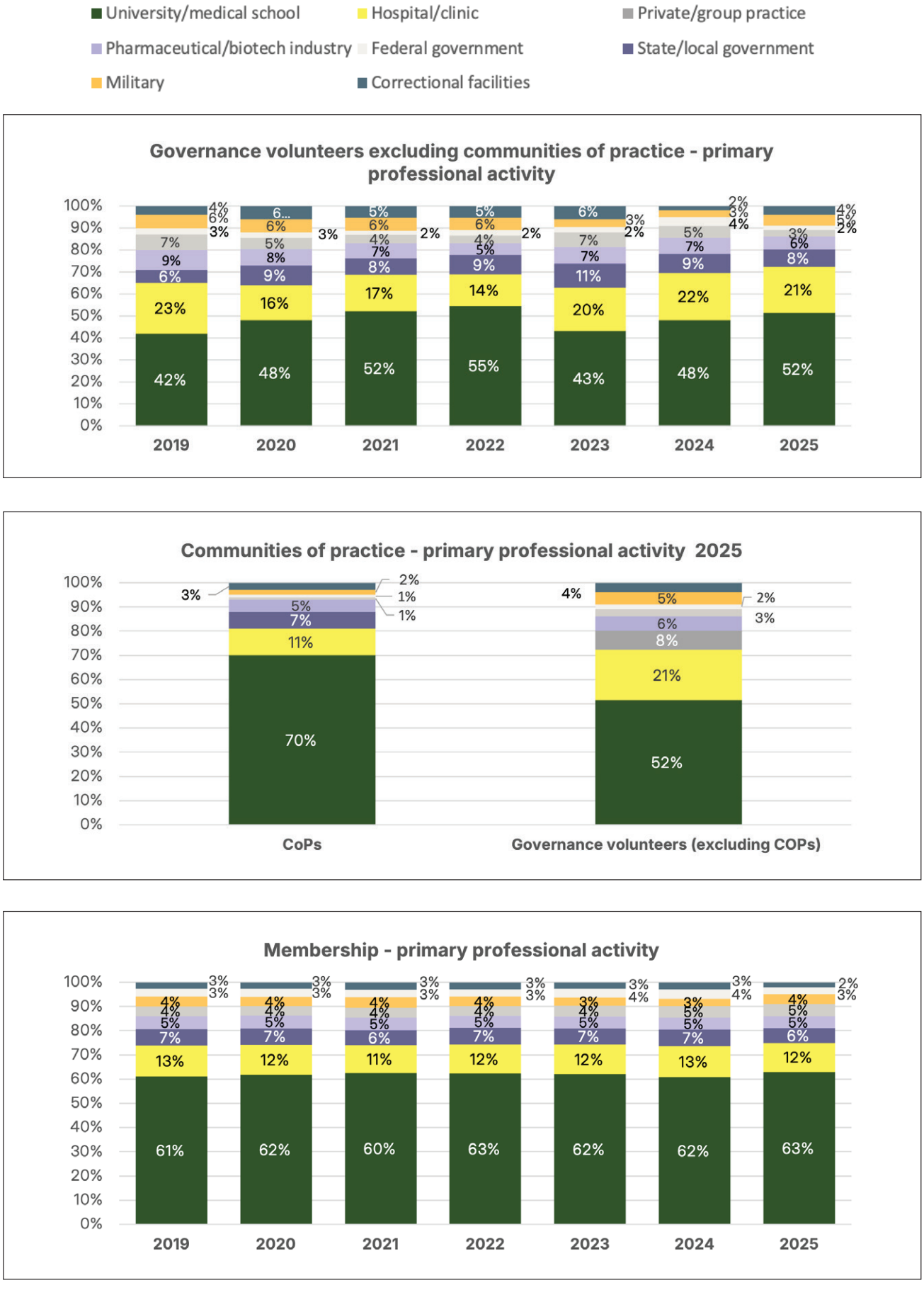
Primary professional activity of Board of Directors, governance volunteers1 and membership (2019-2025)

IDSA seeks to promote diversity across many demographic aspects, including primary professional activity, to ensure our offerings, support and guidance are relevant to all members. The distribution of primary professional activity across **membership** has been remarkably stable since 2019, with the largest primary professional activity being patient care at roughly 60%. While the makeup of **Board of Directors** representation has fluctuated, it has consistently maintained the highest representation from patient care, mirroring the membership composition. For **governance volunteers (excluding communities of practice),** representation of those whose primary professional activity is patient care has increased over the last two years (from 43% in 2023 to 52% in 2025) and shows the closest alignment with membership composition.

Demographic chart population size[2]

	2019	2020	2021	2022	2023	2024	2025
Board of Directors	15	15	16	15	15	13	15
Governance volunteers excluding CoPs	459	597	764	677	565	586	542
Communities of practice	-	-	-	-	-	-	516
Membership	10,706	11,383	11,169	11,202	11,728	11,355	11,850




University/medical school
Hospital/clinic
Private/group practice
Pharmaceutical/biotech industry
Federal government
State/local government
Military
Correctional facilities
Governance volunteers excluding communities of practice - primary professional activity
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
2023
2024
2025
42%
48%
52%
55%
43%
48%
52%
Communities of practice - primary professional activity 2025
CoPs
Governance volunteers (excluding COPs)
70%
52%
Membership - primary professional activity
61%
62%
60%
63%
62%
62%
63%

Age of Board of Directors, governance volunteers and membership (2019-2025)

We strive to ensure that our **Board of Directors** and **governance volunteers** reflect a broad range of career stages, bringing diverse perspectives to a rapidly evolving field. The age cohort distribution of **membership** has remained relatively steady over time. There is an opportunity to increase the share of **governance volunteers** from the 30-39 and 50-59 cohort to more closely align with their representation in the membership.

Demographic chart population size[2]

	2019	2020	2021	2022	2023	2024	2025
Board of Directors	15	15	16	15	15	13	15
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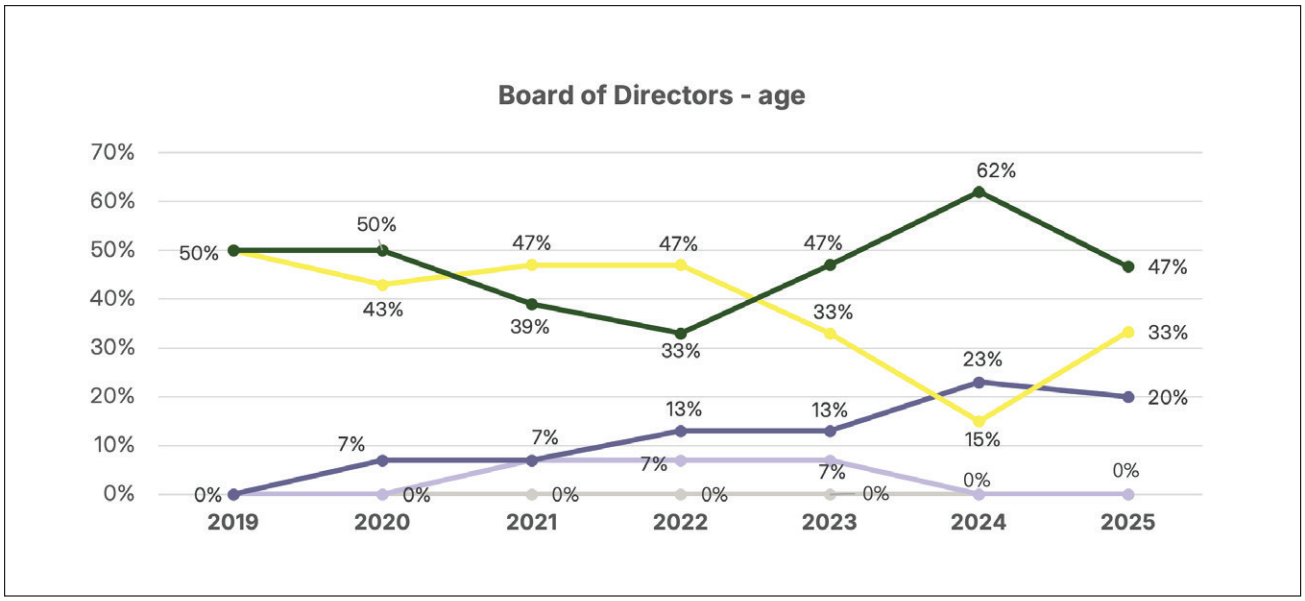
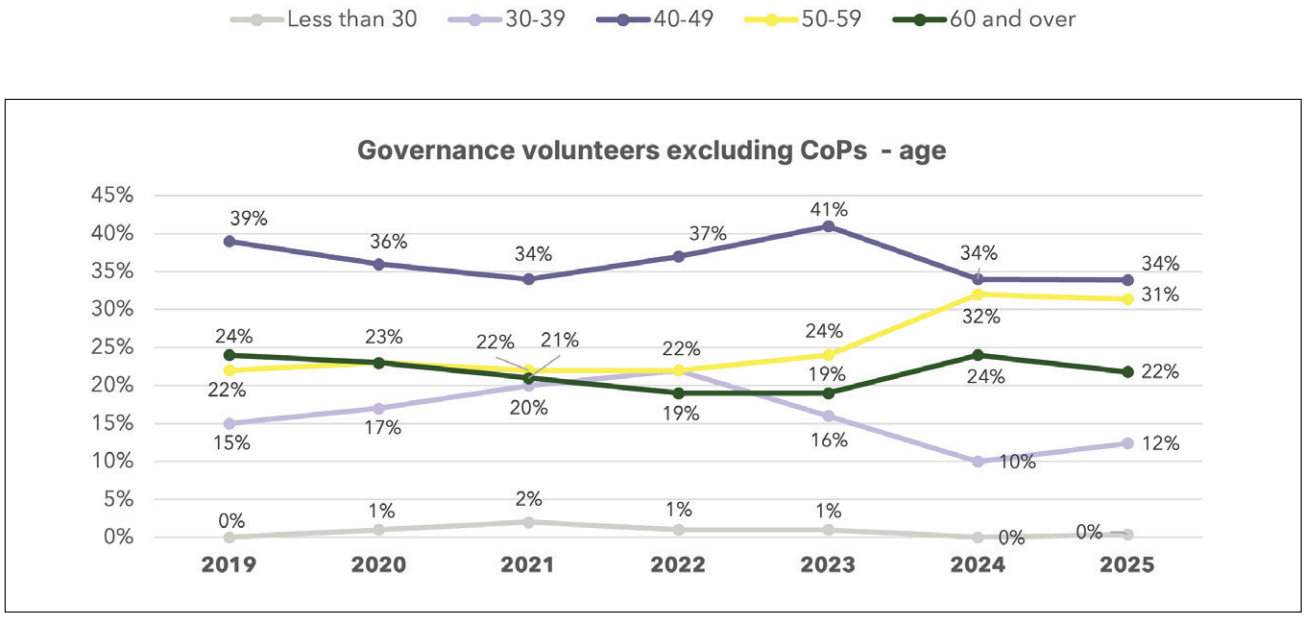
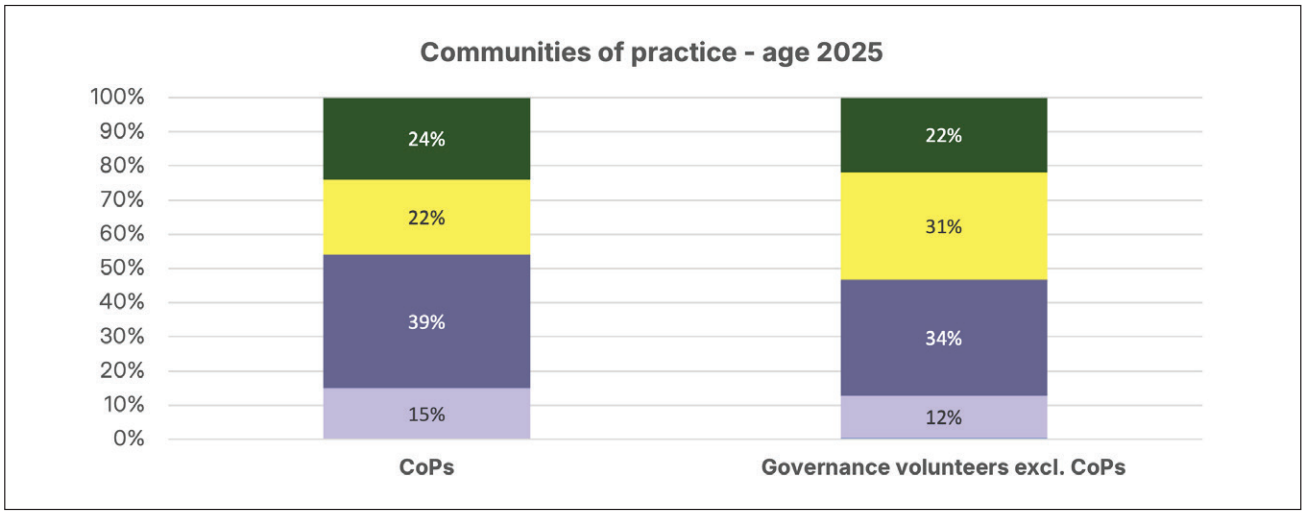
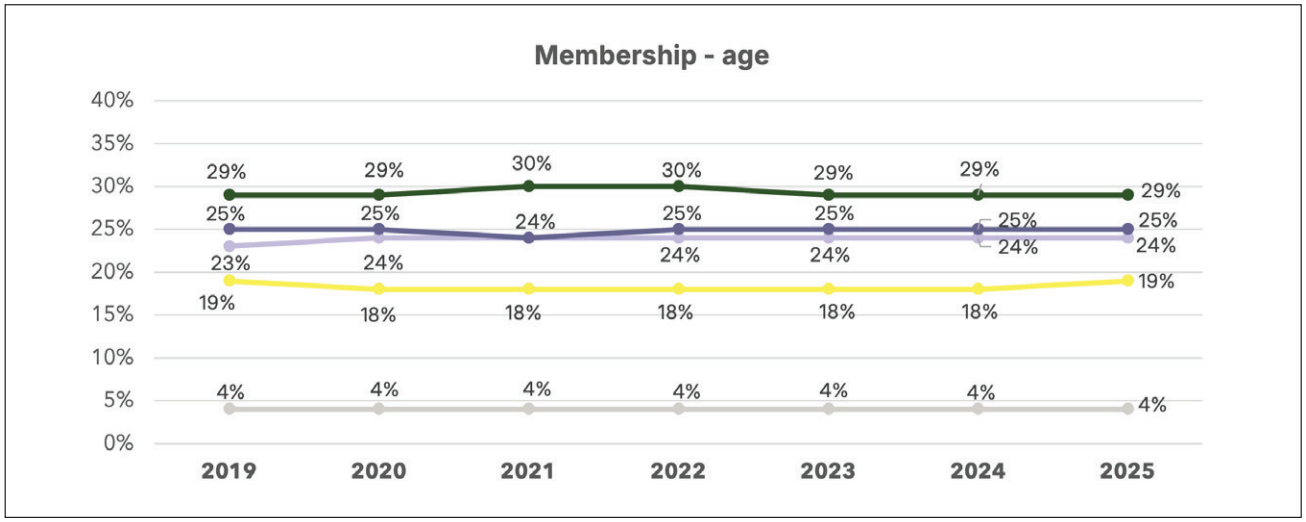



Less than 30
30-39
40-49
50-59
60 and over
Governance volunteers excluding CoPs - age
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
39%
36%
34%
37%
41%
34%
34%
24%
23%
22%
21%
22%
24%
24%
22%
22%
17%
20%
19%
19%
24%
15%
16%
10%
12%
0%
1%
2%
1%
1%
0%
0%
2019
2020
2021
2022
2023
2024
2025


Communities of practice - age 2025
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
24%
22%
39%
15%
22%
31%
34%
12%
CoPs
Governance volunteers excl. CoPs


Membership - age
40%
35%
30%
25%
20%
15%
10%
5%
0%
29%
29%
30%
30%
29%
29%
29%
25%
25%
24%
25%
25%
25%
25%
23%
24%
24%
24%
24%
24%
19%
19%
18%
18%
18%
18%
18%
4%
4%
4%
4%
4%
4%
4%
2019
2020
2021
2022
2023
2024
2025

Gender of Board of Directors, governance volunteers and membership (2019-2025)

Historically, IDSA's **membership** has been majority male, but that gap has steadily narrowed — from 59% male in 2019 to 55% in 2025. Leadership trends continue to show progress toward gender balance. Over the past seven years, the **Board of Directors** and **governance volunteers** have consistently had a higher proportion of female members than the overall membership, apart from 2023. This shift reflects the evolving makeup of the Society, as the majority of members in the mid-career and early-career segments identify as female.

Demographic chart population size[2]

	2019	2020	2021	2022	2023	2024	2025
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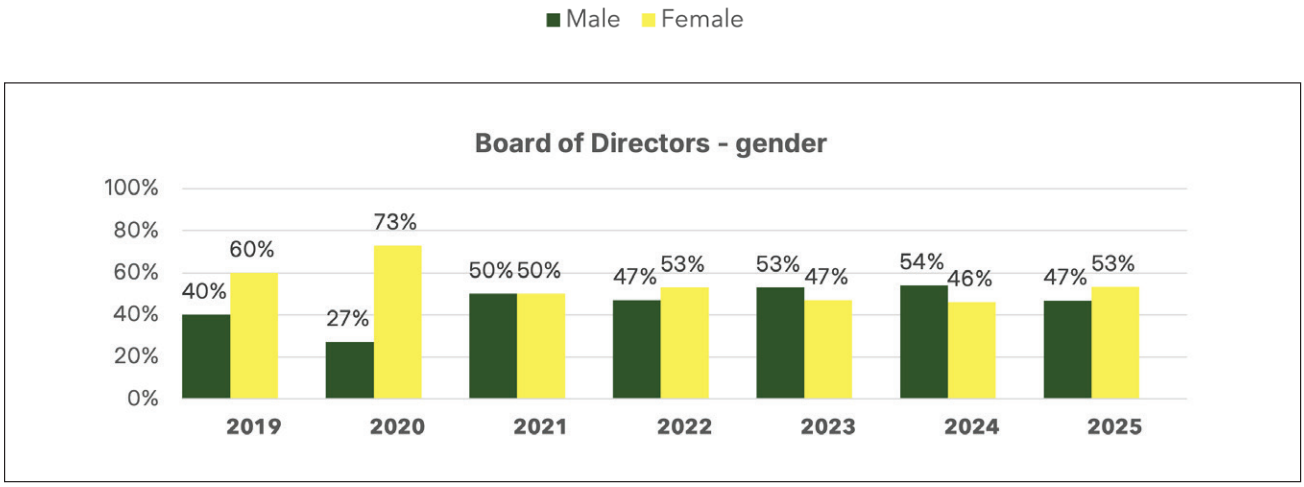
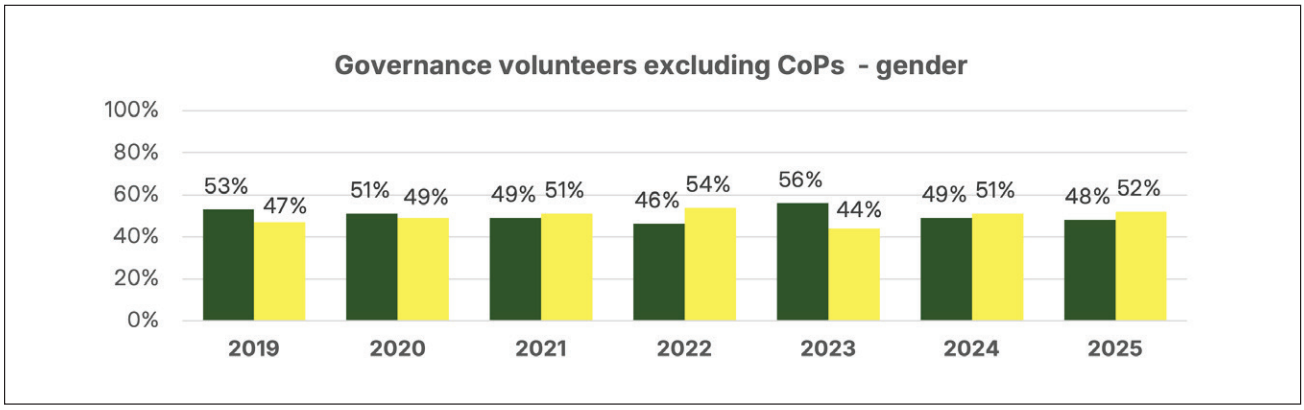
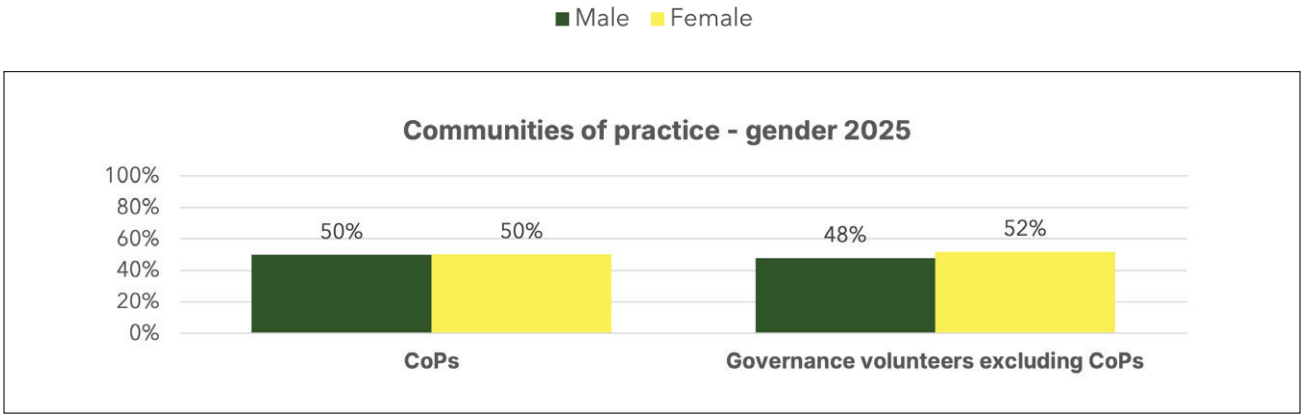
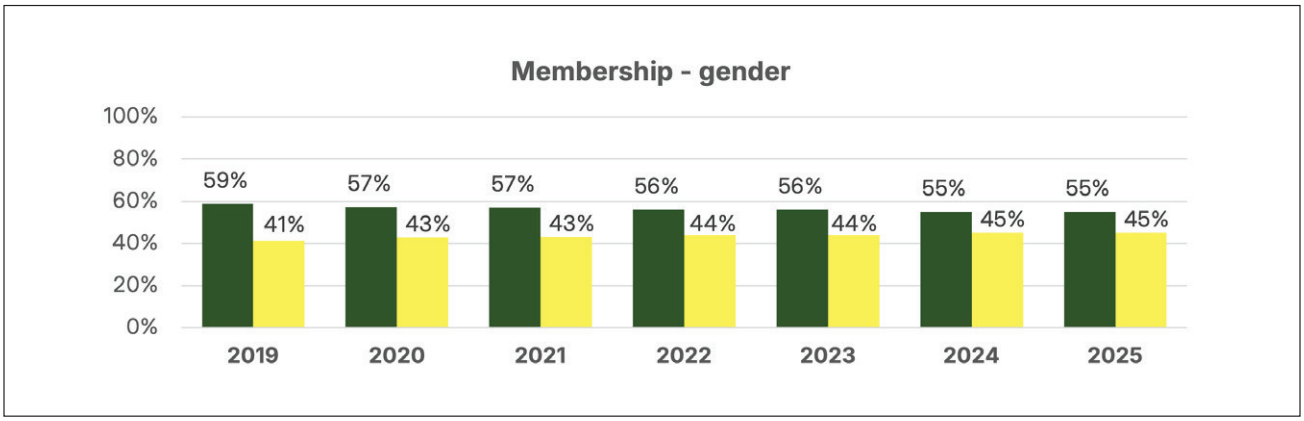





Male
Female
Communities of practice - gender 2025
100%
80%
60%
40%
20%
0%
50%
50%
48%
52%
CoPs
Governance volunteers excluding CoPs


Membership - gender
100%
80%
60%
40%
20%
0%
59%
41%
57%
43%
57%
43%
56%
44%
56%
44%
55%
45%
55%
45%
2019
2020
2021
2022
2023
2024
2025

Race/ethnicity of Board of Directors, governance volunteers and membership (2019-2025)

IDSA is strongly committed to increasing diversity within the field of infectious diseases and advancing a medical workforce that mirrors the demographics of the broader population. Racial and ethnic representation has increased most significantly within the **Board of Directors** over the past seven years, with representation growing from just 7% in 2020 to 47% in 2025 — slightly outpacing diversity within the overall membership. Since 2020, **governance volunteers** have maintained relatively steady racial and ethnic representation.

Demographic chart population size[2]

	2019	2020	2021	2022	2023	2024	2025
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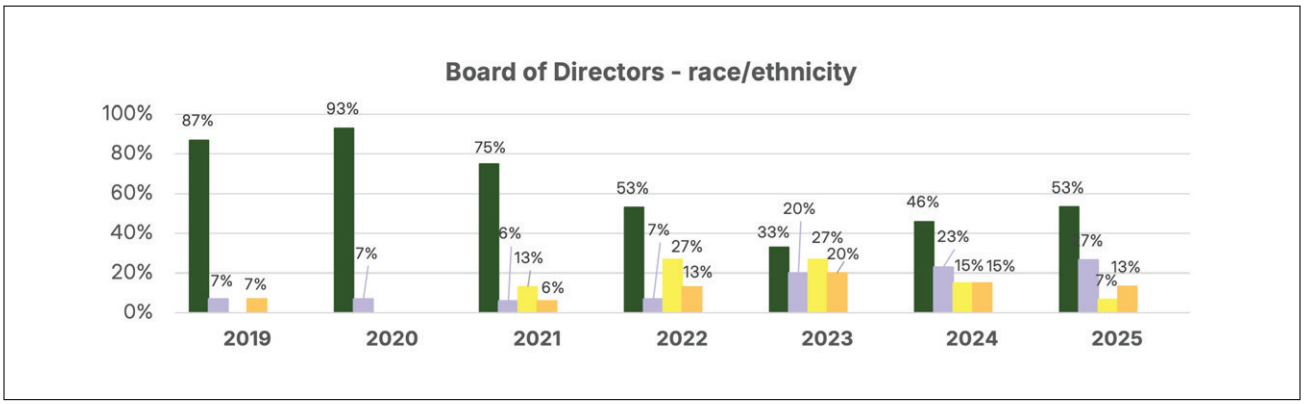
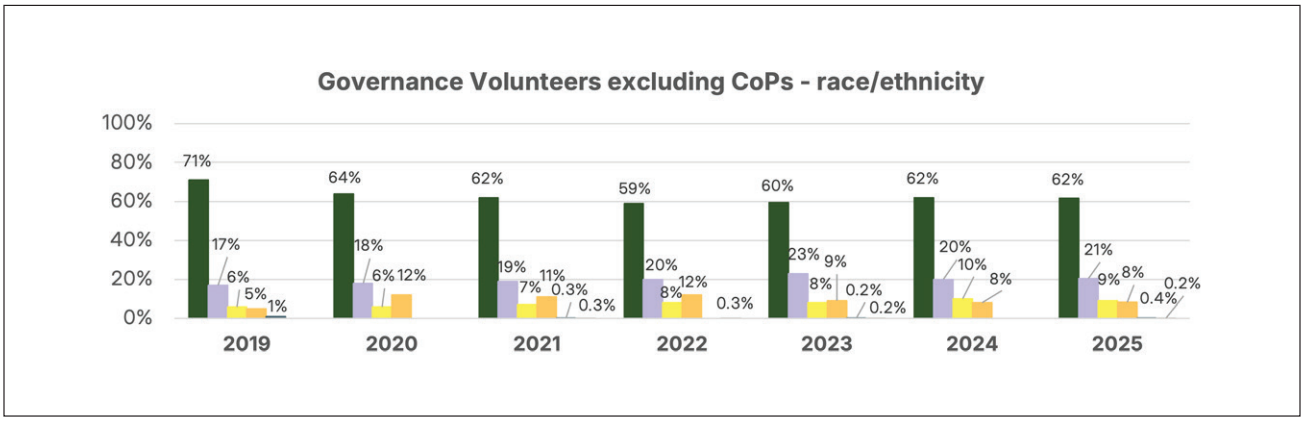
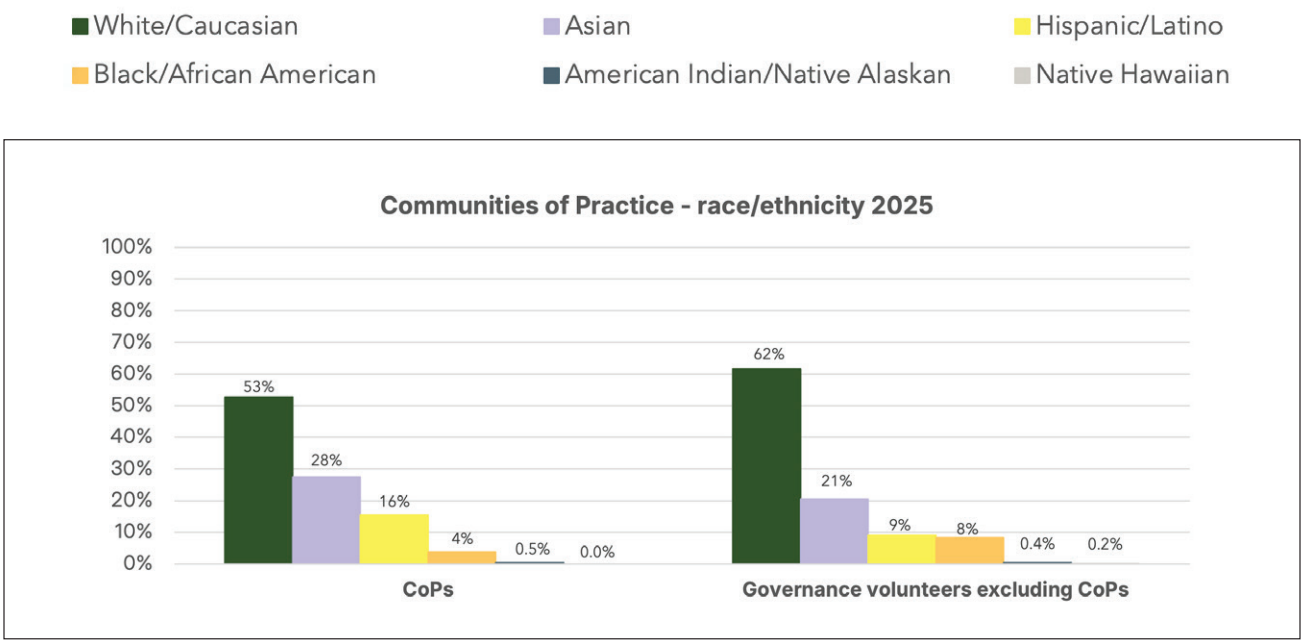
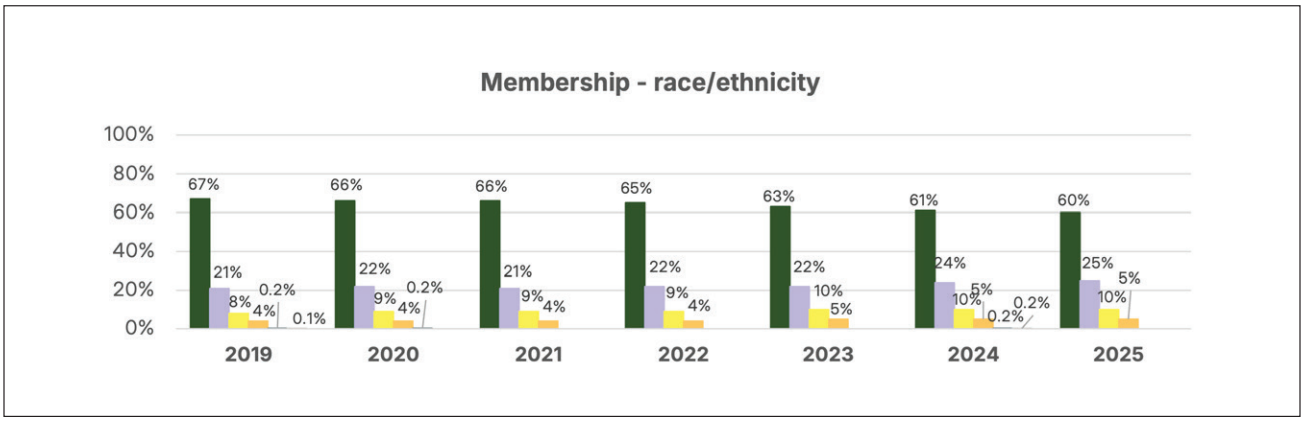








Additional demographics can be found in the appendix.

Goal 1

Cultivate a welcoming environment where differences are embraced, valued and respected.

This year, IDSA advanced its commitment to inclusion by continuing to amplify diverse voices, celebrate identity, deepen training efforts and evaluate the impact of accessibility enhancements across the organization.

- IDSA continued its IDA&E training initiatives across staff and volunteer leadership. Highlights include a session on "Empowering Diverse Talent" at the November 2024 Leadership Summit, IDSA staff training on "Gender Identity and Pronoun Usage" in November 2024 and a follow-up session on "Advancing LGBTQ+ Inclusion" held in April 2025.
- **ID**Week continues to include accessibility features such as a nursing lounge, on-site child care and mobile-enabled closed captioning. For the first time in 2024, the post-event participant survey included questions to assess awareness of and satisfaction with these offerings — marking an important step in measuring impact.
- *Clinical Infectious Diseases* continued its Voices of ID series, publishing 10 deeply personal stories that reflect the diverse lived experiences of professionals in the field. By sharing how their work shapes their identities, families and communities, contributors foster empathy and connection — advancing IDSA's mission to build a truly inclusive infectious diseases community.
- Earlier this year, IDSA launched a series of member forums to provide a space for members to share resources and strategies to navigate the challenging impacts of recent federal policy changes impacting the ID/HIV workforce and patient care. The forums allow a peer-to-peer exchange of ideas and a community of support as we navigate the complexities of our current environment.

Goal 2

Ensure that processes, policies and practices foster fairness, belonging and equity, and reflect the views and values of our Society.

- IDSA is completing a comprehensive update of its member demographic categories, encompassing both personal and professional dimensions. The new standards draw on best practices from government agencies and leading nonprofits, while also reflecting the unique diversity of the infectious diseases community and our global membership. Updates include more inclusive options for professional focus areas, such as transplant ID, transgender care, microbiome research and women's health as well as gender identity, patient populations served, and clinical practice settings like congregate care, telemedicine and Ryan White Clinics. Members will see the updated demographic categories in their member profiles and will be able to make updates when they renew their membership. By improving how we capture this information, IDSA is better positioned to serve its members, more accurately represent the field and advance the integration of IDA&E principles across the organization.
- September 2025, IDSA launched *Advancing Fairness in Program Practices*, a resource to support members in strengthening their programs around fairness, opportunity, and belonging. The guide (member login required) provides curated practices including language, strategies for centering impact and access, and approaches to program design that reinforce fairness and inclusion.

Goal 3

Guarantee transparency to promote fair treatment and access to opportunities for all members within all levels of the organization.

- The IDSA journals' editorial mentoring program has completed two successful cycles and completed its third application round. Across the three cohorts of the program (n = 12), participants have been 58% male and 42% female; and in terms of racial and ethnic diversity, participants have been 67% White, 17% Asian, 8% Hispanic/Latinx and 8% Black/African American. The program has been impactful, with mentees praising the experience as highly valuable for their early careers.

  For the 2025 cycle, the call for applicants was moved earlier to allow more time for promotion, and a webinar was added to help applicants submit their strongest applications. Applicant diversity remains strong, with a significant increase in female applicants compared to 2024 — exceeding their overall representation in the full IDSA membership and among members aged 30-40, the primary applicant age group. The 2025 applicant pool also closely mirrors Black/African American and Hispanic/Latinx representation in this age group, with Asian applicants participating at a slightly higher rate than their membership representation.

Goal 4

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

"In today's swiftly evolving landscape of health reform, it is essential to advocate for and empower individuals who are most at risk for adverse health outcomes. The IDSA IDA&E Committee is dedicated to prioritizing advocacy within our initiatives. This year, we are pleased to announce the launch of the Science Speaks *blog's Health Equity Series, which features compelling pieces authored by distinguished experts in infectious diseases, aimed at highlighting the disparities in care faced by vulnerable communities."*
—Jacinda Abdul-Mutakabbir, PharmD, MPH, AAHIVP

IDSA continued to publish articles, policy briefs and other media to educate the community, support advocacy and inform IDA&E initiatives on critical health equity issues. Additionally, IDSA journals began proactively collecting author and reviewer demographic data to gain deeper insights into representation within the field.

- In May 2024, IDSA launched an effort to collect demographic data from journal authors and reviewers via Editorial Manager. Since launch, the effort has received approximately 18,700 responses across *Clinical Infectious Diseases*, *The Journal of Infectious Diseases* and *Open Forum Infectious Diseases*, enabling preliminary analysis to identify potential gaps. While current reporting is high-level, the first demographic report was shared with editors-in-chief in August 2025 to guide next steps. Data will be reviewed annually in June to track trends and support ongoing efforts to promote diversity and inclusion within the publishing community.

- In 2025, IDSA launched an ongoing 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. The series covers a wide range of topics and draws on members' passion, expertise and lived experiences offering critical insights and action-oriented ideas at the intersection of health equity, policy and ID.

- ◇ Introducing the Health Equity Series on *Science Speaks* by John Heys, June 18, 2025
- ◇ In the face of setbacks: Resilience, resistance and recharging in LGBTQ+, HIV and STI advocacy by Anais Ovalle, MD, MPH; Raul Macias Gil, MD; and William "Bill" Wilson, PharmD, BCIDP, June 24, 2025
- ◇ Planting seeds in uncertain times: Holding the line on health equity in HIV by Oni J. Blackstock, MD, MHS, July 15, 2025

- The *Science Speaks* blog published several additional articles that touched on IDA&E.
  - ◇ How I teach: Integrating health equity into infectious diseases education for student learners by Jacinda C. Abdul-Mutakabbir, PharmD, MPH, Oct. 29, 2024
  - ◇ World AIDS Day: Advancing hard fought gains through collective action by Joseph Cherabie, MD, MSc, Dec. 2, 2024
  - ◇ Fighting erasure: Navigating the new environment of gender-affirming care by Joseph Cherabie, MD, MSc, Feb. 20, 2025

- HIVMA published several policy briefs and resources to amplify IDA&E-related issues and support advocacy.
  - ◇ HIVMA developed state-specific fact sheets highlighting the impact of funding cuts from the Ryan White HIV/AIDS Program, CDC HIV prevention, NIH research and Medicaid for members to use in their own local advocacy efforts.
  - ◇ HIVMA released season two of the Let's Talk HIV: Why Medicaid Matters podcast series to educate and support the HIV clinical community with engaging in Medicaid advocacy.
  - ◇ HIVMA developed a resource brief for IDSA and HIVMA members who care for individuals and families at risk of detention by U.S. Immigration and Customs Enforcement. The brief compiles tools to help clinicians support patients in understanding their rights and accessing assistance if detained.
  - ◇ The HIVMA Workforce Task Force published a policy paper in *Clinical Infectious Diseases* titled Promoting HIV Syndemic Care in Health Professions Education: Linking Workforce Demands to the Aspirations of a Rising Generation. This paper advocates for the incorporation of health professions education into HIV syndemic care education as an approach to improve patient outcomes and address workforce challenges.
  - ◇ HIVMA, in collaboration with the Center for Health Care Strategies, developed an issue brief titled Financing Mechanisms for Street Medicine and Other Low-Barrier Models of Care that offers guidance to provider organizations to develop and sustainably fund low-barrier forms of care, with a focus on street medicine programs.

- IDSA journals published several articles exploring access, health disparities and the broader social and structural factors influencing infectious disease outcomes — contributing critical insights to drive change in research, policy and clinical practice:
  - ◇ **2024:** Racial and Ethnic Disparities in Hepatitis C Care in Reproductive-Aged Women With Opioid Use Disorder
  - ◇ **2024:** Closing the Gap in Race-based Inequities for Seasonal Influenza Hospitalizations: A Modeling Study
  - ◇ **2025:** Socioeconomic Inequities in the Age-Specific Burden of Severe Respiratory Syncytial Virus in Canada, 2016–2019
  - ◇ **2025:** Telemedicine Offers Solutions for the Rural Disparities in Infectious Disease (ID) Care Delivery
  - ◇ **2025:** State-of-the-Art Review: Data and Trust to Improve Care for Transgender and Gender-Diverse Patients
  - ◇ **2025:** Considering Islamic Frameworks to Infectious Disease Prevention

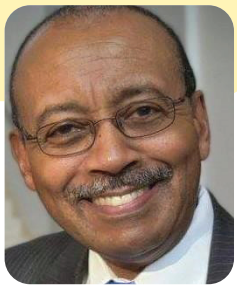
- The journals conducted two calls for papers focused on IDA&E-related themes: one on infectious diseases affecting people who inject drugs, which received 97 proposals, with 58 encouraged to submit full manuscripts; and another on infectious diseases management in resource-limited settings, which garnered 161 proposals, with 64 encouraged to submit full papers. The journals look forward to promoting special collections featuring the accepted papers from these calls later this year.

- IDSA journals published several articles that engaged critical issues at the intersection of infectious diseases, advocacy, health equity and policy.
  - ◇ **2025:** Executive Orders and Caring for Our Transgender Patients
  - ◇ **2025:** Pulling the Drug Out From Underneath: Ethical Considerations in the Discontinuation of the Antimalarial Quinidine
  - ◇ **2025:** Policy Recommendations to Support Equitable Access to Long-Acting Injectables for Human Immunodeficiency Virus Prevention and Treatment: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association
  - ◇ **2025:** Silence=Death Redux: Infectious Diseases, Public Health, and the Imperative to Resist

- IDSA developed and distributed an IDA&E Guide for **ID**Week 2024, featuring 23 sessions focused on inclusion, diversity, access and equity. This included four Global BugHub sessions centered on health equity. The guide was designed to raise awareness and encourage engagement with these critical topics throughout the conference. A similar guide is available for **ID**Week 2025.

Goal 5

Develop a diverse, robust and empowered ID/HIV workforce and leadership. Reduce health disparities and structural inequities, including for pandemic preparedness.



"I am proud of what the IDA&E Committee has accomplished, which includes the links with HBCUs. The collaboration with NMA, LMSA and NHHF represents a milestone and can hopefully serve as a model for our future collaboration with other medical societies and organizations." **—Dial Hewlett Jr., MD, FIDSA, FACP**

IDSA strengthened efforts to diversify the ID/HIV workforce through new partnerships and expanded opportunities to engage students and early-career professionals, especially those from underrepresented backgrounds, around the wide range of career paths in infectious diseases. IDSA advanced its health equity and workforce advocacy through continued engagement with the Tri-Caucus in Congress (Congressional Black Caucus, Congressional Hispanic Caucus and Congressional Asian Pacific American Caucus).

- IDSA signed agreements with three national minority-serving organizations — the National Hispanic Health Foundation, National Medical Association and Latino Medical Student Association — marking important progress in our ongoing efforts to diversify and strengthen the infectious diseases workforce. These formalized partnerships will support long-term collaboration on initiatives that promote awareness of ID careers among underrepresented students and professionals, expand access to mentorship and leadership development through programs like iDMentorship365 and NHHF's Leadership Fellowship, and create new avenues for joint advocacy to advance equity and inclusion across the field.

- IDSA is building partnerships with three HBCU medical schools — Howard University College of Medicine, Charles R. Drew University and Meharry Medical College — with over 1,100 medical students collectively to promote infectious diseases careers and support a more diverse future workforce. Activities underway include student events, career presentations and potential participation in the ID STEP program, with each school exploring opportunities for deeper engagement through mentorship, internships and curriculum integration. We look forward to expanding these efforts to additional schools in the future.

- IDSA led efforts to increase awareness of careers in infectious diseases through strategic presentations, partnerships and outreach. In October 2024, Neil Clancy, MD, FIDSA, delivered a Careers in ID talk at the Annual Biomedical Research Conference for Minoritized Scientists, connecting directly with students and encouraging interest in the field. In February 2025, a Careers in ID webinar hosted through the iDMentorship365 program featured a panel of five IDSA members and highlighted resources developed by the IDA&E Committee, including the Career Road Map to Becoming an ID Physician and Careers in ID presentation, reaching 130 registered participants. IDSA also partnered with the

Summer Health Professions Education Program to expand career awareness among historically underrepresented students, including via a feature in SHPEP's June newsletter and a dedicated Careers in Infectious Diseases webinar for participants and alumni in early fall.

- Through iDMentorship365, by connecting students, residents, fellows and early-career professionals with experienced mentors, IDSA creates vital pathways for guidance, growth and long-term engagement in the field. The 2024 cohort was 61% female, 27% Asian American/Pacific Islander, 20% Hispanic and 5% Black/African American — representation that meets or exceeds membership levels and reflects IDSA's continued progress in fostering a more diverse, equitable and future-ready infectious diseases workforce.

"It was a true privilege to be invited to Capitol Hill as an IDSA member and meet with the offices of the Congressional Asian Pacific American Caucus. I shared numerous patient stories about antimicrobial resistance and spoke passionately about issues like sustaining the ID workforce and preparing for the next pandemic. I was honored to represent my patients, colleagues and fellow Asian Americans. Sharing our expertise through advocacy work is more important than ever, and all IDSA members should know that their voices matter!"
—**Priya Nori, MD, FIDSA**

- IDSA participated in the Congressional Black Caucus Foundation's annual Policy for the People — Health Equity Summit May 20, 2025. IDSA provided giveaways and handouts to congressional staff highlighting the intersection of health equity and key IDSA policy priorities.

- IDSA member and HIVMA board member Darrell McBride II, DO, published an article titled "Ending the HIV Epidemic: The Perspective of an Infectious Disease Specialist" in the Congressional Black Caucus Health Brain Trust March *Broadsheet*, highlighting the infectious disease specialist's perspective on ending the HIV epidemic.

- This past year, IDSA has made a targeted effort to further engage with members of the Tri-Caucus in Congress (Congressional Black Caucus, Congressional Hispanic Caucus and Congressional Asian Pacific American Caucus) to highlight the intersection between infectious diseases and health equity. IDSA educated members of Congress on the importance of investing in a diverse infectious disease and HIV workforce and the disproportionate impact of infectious diseases on communities of color. Thirteen caucus members signed the FY 2026 House and Senate AMR funding letters, and 11 Tri-Caucus members signed the FY 2026 House and Senate Bio-Preparedness Workforce Pilot Funding letters.

- IDSA conducted ongoing advocacy and policy activities in response to actions by the new Administration, as well as congressional and judicial developments, collaborating with coalitions and strategic partners, meeting with policymakers and developing new tools for members to advocate for the field and their patients.

- In March, IDSA joined the scientific community for the Stand Up for Science rally in Washington, D.C., and in July, IDSA joined a lawsuit with the American Academy of Pediatrics, other organizations and a pregnant physician to stop unlawful changes to federal vaccine policy.

- IDSA held multiple media briefings to share information regarding funding cuts, disruptions in public health information and vaccine policy, and held several forums to strengthen community building, including a forum focused on inclusion, diversity, access and equity and health equity.

Appendix – Demographics

Medical degrees[3]

Medical degrees - membership

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Physicians	10511	88%	10699	84%	10223	83%	9890	85%	9859	85%	10191	85%	9676	86%
PhD	1099	8%	1145	9%	1089	9%	941	8%	929	8%	978	8%	887	8%
PharmD	833	7%	806	6%	799	7%	680	6%	664	6%	737	6%	629	6%
APPs	163	1%	163	1%	159	1%	147	1%	127	1%	100	1%	81	1%

Medical degrees - Board of Directors

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Physicians	15	100%	13	100%	15	88%	15	83%	15	83%	15	94%	15	94%
PhD	0	0%	0	0%	2	12%	3	17%	3	17%	1	6%	1	6%
PharmD	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
APPs	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Medical degrees - governance volunteers

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Physicians	487	91%	447	89%	533	89%	570	83%	637	84%	567	92%	423	92%
PhD	45	8%	14	3%	40	7%	40	6%	9	1%	9	2%	12	3%
PharmD	35	7%	28	6%	19	3%	78	11%	88	12%	25	4%	12	3%
APPs	3	1%	3	1%	4	1%	1	0%	2	0%	0	0%	2	0%

Medical degrees - communities of practice

	2024-2025	
Physicians	498	88%
PhD	44	8%
PharmD	21	4%
APPs	4	1%

Major Census regions

Major Census regions - membership

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Northeast	2715	25%	2710	26%	2621	25%	2616	25%	2662	26%	2830	26%	2651	26%
Midwest	2169	20%	2125	20%	2134	20%	2131	20%	2075	20%	2177	20%	2047	20%
South	3721	34%	3570	34%	3526	34%	3549	34%	3480	34%	3595	33%	3311	33%
West	2337	21%	2143	20%	2101	20%	2142	20%	2108	20%	2130	20%	2095	21%
U.S. territories	59	1%	52	0%	60	1%	60	1%	53	0%	55	1%	57	1%

Major Census regions - Board of Directors

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Northeast	2	13%	2	15%	2	13%	2	13%	3	19%	4	27%	3	20%
Midwest	7	47%	5	38%	5	33%	4	27%	4	25%	4	27%	4	27%
South	4	27%	5	38%	6	40%	7	47%	6	37%	4	27%	7	47%
West	2	13%	1	8%	2	13%	2	13%	3	19%	3	20%	1	7%
U.S. territories	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Major Census regions - governance volunteers

	2024-2025		2023-2024		2022-2023		2021-2022		2020-2021		2019-2020		2018-2019	
Northeast	131	24%	124	25%	120	17%	163	24%	179	23%	141	24%	78	17%
Midwest	120	22%	106	21%	137	20%	155	23%	183	24%	148	25%	99	22%
South	200	37%	173	35%	322	46%	248	36%	263	34%	195	33%	164	37%
West	94	17%	95	19%	116	17%	117	17%	139	18%	107	18%	105	24%
U.S. territories	0	0%	0	0%	0	0%	1	0%	1	0%	0	0%	0	0%

Major Census regions - communities of practice

	2024-2025	
Northeast	115	23%
Midwest	127	25%
South	164	33%
West	97	19%
U.S. territories	1	0%

Notes:

1. Governance volunteers include active IDSA committees, HIVMA committees, panels, the Coordinating Council, work groups and communities of practice leadership.
2. In this analysis, "n" refers to the number of responses in the demographic category with the highest participation rate—most often, gender.
3. Physician degrees include MD and DO. Membership degree data have been restated for 2018-2023 to include DOs. Volunteer degree data have been restated for 2021-2023 given data availability.