Subject: Washington State Department of Health Public Health Program Infectious Disease Prioritization
Introduction and HIV Surveillance Prioritization

Sent via Email to: Local Health Jurisdictions and Department of Health Staff

Date: Friday, April 10th, 2020

From: Washington Department of Health Office of Infectious Disease

Good Friday, Everyone:

Amid the coronavirus crisis and public health response, the Office of Infectious Disease recognizes that programs must choose which infectious disease prevention, treatment and control activities can be prioritized and completed when a significant proportion of staff is reassigned to COVID-19 duties. This is true for WA DOH OID as much as it is for local programs across the state.

With that in mind, we have prepared guidance to help programs to understand how OID is prioritizing this work and to help programs to identify highest priority activities based on what proportion of staff capacity is still available, as the situation changes, to conduct infectious disease surveillance, response, prevention, and control. These integrated documents include surveillance and prevention activities for HIV, sexually transmitted diseases, and hepatitis C. In addition to the attached documents, please note the additional requests for HIV surveillance.

**HIV surveillance highest priorities** (all among newly reported individuals):

*Perinatal HIV investigations (all)*

*Positive Ab or Ag/Ab or positive/detectable NAT tests among women of childbearing age (new reports)*

*Detectable viral loads*

*Positive Ab or Ag/Ab results on all others*

Lower priority HIV surveillance activities:

*CD4 only reports*

*Undetectable NAT (with or without CD4)*

Follow up on reports from PHIMS-STD, deaths, Case Management, and ADAP

Follow up on screening tests that we did not receive a confirmatory result on

**Our HIV assessment group requests that if a jurisdiction does not have the capacity during the COVID-19 response to do all HIV FIR investigations, DOH HIV assessment would like to temporarily take on surveillance authority for all investigations or for those not deemed to be priority until the pandemic response concludes.**

If this fits your jurisdiction’s situation, please contact Kiara Larson in HIV assessment at (360) 236-3414 or at Kiara.Larson@doh.wa.gov.

As this crisis evolves and staffing capacity changes with it, we recognize that this period is a struggle for jurisdictions and programs statewide, and we are here for you to provide support and help share information and best practices as they emerge. Please do not hesitate to contact us with questions, concerns, or needs.

Thank you for your continuing partnership in infectious disease prevention, treatment and control.
Considerations for Balancing Agency Priorities during Emergency Response:

Potential for COVID-19 transmission from worker to community members, or from members of the community to the worker should be determined prior to conducting infectious disease surveillance, prevention, and care activities. This may be dependent on updated reported diagnoses in county of patient residence. It is assumed that the justification of these activities will depend on an assessment of risk level for COVID-19 in the counties in which the field work is to be performed. Additional considerations include the following.

- Potential that employees of unknown COVID-19 infection status may pose a danger to patients who are immunocompromised or who have other high-risk conditions
- Maximize opportunities for the following with reduced staff capacity and/or reduced in-person contact.
  - Prevention of congenital syphilis
  - Prevention of perinatal HIV
  - Prevention or reduction of adult syphilis transmission
  - Prevention or reduction of adult HIV transmission
  - Prevention of sequelae from untreated syphilis or HIV
  - Prevention of health care acquired and community HCV outbreaks
- Barriers to care when clinical care resources are taking additional precautions against COVID-19, or accepting fewer patients for medical services due to heavy respiratory infection patient load.
  - Ask patients referred for testing or care to which medical facility, specifically, they will go to receive care.
  - Contact facility to which they plan to go ahead of their visit to ascertain availability of care, if not already known.
  - Contact high-volume partners regularly to ascertain how their services are affected by the COVID-19 situation and to identify when availability or structure of services occurs.

Much of this work can be accomplished by phone, but not all. Fieldwork will only be conducted for high priority activities when phone intervention has been attempted and failed to achieve desired health outcomes.

Prior to contacting patients to set up visits, or conducting fieldwork, workers should ensure they know to whom within the LHJ they should refer patients with COVID-19 concerns for follow-up, and how LHJ staff would like to receive referral or if they would like to receive referral. DIS should also familiarize themselves with the DOH coronavirus website and phone numbers available to provide guidance and information to members of the community.
the public. Rather than making themselves a primary resource for COVID-19 information for the public, DIS should offer to refer people with questions to either the DOH hotline, LHJ staff identified to speak with the public on the topic, and to their health care provider.

If patients have symptoms suggestive of COVID-19 or believe they have been exposed to someone with COVID-19, guidance can be provided to the patient from the WA DOH resource online (https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf) and encourage them to contact their healthcare provider for additional guidance and testing.

Patients may also be provided this information based on their situation:

- What to do if you have confirmed or suspected coronavirus disease (COVID-19) (PDF)
- What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19) (PDF)
- What to do if you have symptoms of coronavirus disease 2019 (COVID-19) and have not been around anyone who has been diagnosed with COVID-19 (PDF)

Further consideration should be given to potential COVID 19-transmission risk for the patient and for the public health worker when other conditions that are high risk for COVID-19 complications are present, such as COPD, cardiac conditions, immune suppression, asthma and other conditions as identified by health authorities. DIS and other public health workers should make every effort to conduct high priority work with patients in a manner that reduces potential for exposure to both them and the patient. If testing must be provided and no alternative clinical resources are available to intervene in the spread of disease in a timely manner, self-collected specimens are desirable where possible, and appropriate PPE, including a mask, should be worn if a visit to perform venipuncture testing is necessary. If DIS is making an appointment with a client to conduct an interview, provide linkage to care services and support, or provide testing in the field, it is recommended that they ask the patient about potential COVID-19 symptoms and about what other health conditions they have. If a field visit is conducted to establish contact to notify the patient of exposure or conduct an interview or linkage to care work, the visit should be done in a way that maintains appropriate physical distance, and preferably to establish an appointment and obtain contact information that makes it possible for the work to be conducted by phone or by a video call such as FaceTime, if that is available, feasible, and acceptable to the patient. Public health staff with conditions that are high risk for COVID-19 complications should not be put in a position to conduct fieldwork or in person testing, especially in high COVID-19 morbidity areas.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov
**Activity**

- **Disease intervention, socio-sexual network**
  
  - **Low**
  - **Very High**
  - Interview may be done by phone or in field, consider immune status of patient if known.

- **Disease intervention, viral suppression**
  
  - **Priority**
  - Rectal GC cases highest priority for HIV prevention activities.

- **Disease intervention**
  
  - **Monitoring of disease trends**
  - **Medium**
  - **High**
  - **Very High**

  - **Monitoring of HIV disease trends**
  - **Consider immune status of patient in deciding on fieldwork**

- **Disease intervention, adult transmission**
  
  - **Monitoring of treatment adequacy**
  - **High**
  - **Very High**

  - Local priorities may vary.

- **HCV intervention**
  
  - **Fieldwork can be done if phone notification not possible**

  - **Monitoring of disease trends**
  - **High**
  - **Very High**

  - **Monitoring of CS disease trends**

- **HCV outbreak detection/prevention/reduction**
  
  - **Function(s)**
  - **High**
  - **Medium**

  - **Notes**
  - **Medium**

  - **Very High**

  - **Request electronic medical records when possible**

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<th>Staff Capacity</th>
<th>Activity</th>
<th>Priority</th>
<th>Function(s)</th>
<th>Notes</th>
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