Washington State Department of Health

DOH Publication ID: 150-136

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

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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.

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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 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.

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WA DOH Public Health Program Prioritization Guidiance
During COVID-19 Response

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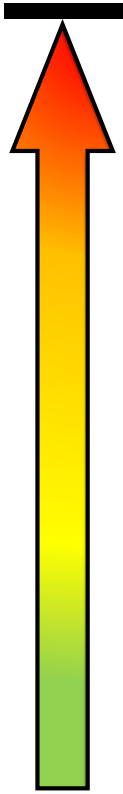

Staff Capacity	Activity	Priority	Function(s)	Notes
0-25%	Notify persons of childbearing capacity of syphilis or HIV infection (sex assigned at birth = female AND between the ages fo 13-45) within 7 days of notice to the health department	Very High	Prevention of congenital and perinatal transmission of syphilis and HIV	Fieldwork can be done if phone notification not possible
	Ensure and document treatment appropriate for surveillance stage of syphilis infection for persons of childbearing capacity within 7 days of notice to the health department	Very High	Prevention of congenital syphilis	Call provider to ensure adequate treatment
	Notify person diagnosed with P&S syphilis of need for treatment within 7 days of elicitation	Very High	Disease intervention, adult transmission	fieldwork can be done if phone notification not possible
	Link persons newly diagnosed with HIV to early intervention medical care within 7 days of notice to the health department	Very High	Disease intervention, viral suppression	
	Ensure and document treatment of P&S syphilis within 7 days of notice to the health department	Very High	Disease intervention, adult transmission	Call provider to ensure adequate treatment
	Notify persons diagnosed with Acute HIV infection within 7 days	Very High	Disease intervention, viral suppression	
	Document all early syphilis morbidity within PHIMS-STD data system	Very High	Monitoring of disease trends	
	Document HIV cases in PHIMS-STD and ensure HIV case reporting	Very High	Monitoring of disease trends	
	Perform Congenital Syphilis medical chart abstractions	Very High	Monitoring of CS disease trends	Request electronic medical records when possible
	Perform perinatal HIV medical chart abstractions	Very High	Monitoring of HIV disease trends	Request electronic medical records when possible
	Document CS investigations into PHIMS-STD system	Very High	Reporting of CS investigations	Document investigation notes into PHIMS-STD
	Investigate HCV cases of public health importance	Very High	HCV outbreak detection/prevention/reduction	People linked to a hepatitis outbreak or with a suspected healthcare-associated exposure
	Investigate HCV cases in children under 3 years of age	Very High	HCV intervention	
	Investigate acute HCV cases	Very High	HCV outbreak detection/prevention/reduction	ALT > 200 IU/L or bilirubin >= 3.0 mg/dL, who may have acute infections and are involved in active virus transmission
25-50%	Interview persons diagnosed with syphilis of childbearing capcity for partner services	High	Disease intervention, adult transmission	Phone call preferred, fieldwork if no phone contact possible
	Verify clinical staging of syphilis through the provider	High	Prioritization of investigations	Call provider to determine if this is ES
	Interview persons diagnosed with P&S or early syphlis	High	Disease intervention, adult transmission	Field work can be done if phone interview not possible
	Interview persons diagnosed with acute HIV infection for partner services and linkage to care	High	Disease intervention, viral suppression	Interview may be done by phone or in field, consider immune status of patient if known
	Document syphilis treatment on all syphilis cases	High	Monitoring of treatment adequacy	
	Document syphilis morbidity on all syphilis cases	High	Monitoring of disease trends	
	Notify partners elicited during early syphilis and HIV investigations of exposures to early syphilis and HIV	High	Disease intervention	Typically done by phone but fieldwork possible if cannot be reached by phone
	Ensure partners are tested and prophylactically treated for syphilis exposure	High	Disease intervention	DIS testing feasible if clinical resources unavailable due to COVID. Contact referral provider to ascertain capacity to see patient if possible.
	Educate partners who test negative about PrEP resources available and refer for PrEP navigation	High	Disease intervention	Ensure clarity with PrEP navigation service providers as to availability of staff and services
	Interview and refer for medical care STD cases with unsuppressed HIV	High	Disease intervention, viral suppression	Consider immune status of patient in deciding on fieldwork
	Investigate HCV cases in pregnant people	High	HCV intervention, perinatal HCV prevention	
	Ensure 90% of persons diagnosed with HIV are linked to an initial medical appointment	Medium	Disease intervention, medical intervention	
	Perform Data to Care and MHS notfications and referrals	Medium	Cluster network, viral suppression	Consider immune status of patient in deciding on fieldwork, also consider viral load and case management availability in prioritizing this work
	Document GC and CT morbidity in PHIMS-STD	Medium	Monitoring of disease trends	Improperly treated GC cases may be prioritized for outreach as capacity permits
	Investigate HCV cases in persons born 1992 or later	Medium	HCV intervention	Persons may be unaware of status, PWID
	Document reported HCV cases and laboratory results in WDRS	Medium	Monitoring of disease trends	
50-75%	Interview MSM with GC diagnosis for partner services or HIV prevention referral	Medium	Disease intervention	Rectal GC cases highest priority for HIV prevention activities
	Interview priority GC cases	Medium	Disease intervention	Local priorities may vary
	Perform partner notification for persons named in GC investigations	Medium	Disease intervention	
	Notify persons within a socio-sexual (clusters) network of possible exposure	Medium	Socio-sexual network	
	Refer socio-sexual network contacts (partners and clusters) who test negative for HIV for PrEP services	Medium	Disease intervention	
Above 75%	Perform provider and lab education	Low	Public health detailing	Could be done via telemethods and phone
	Perform CT case investigation and partner referral	Low	Disease intervention	Rectal CT cases may be good choices for HIV prevention referrals
	Perform partner notification for persons named in GC investigations	Low	Disease intervention	
	Perform cluster interviews on partners who test negative on early syphilis and new HIV investigations	Low	Disease intervention, socio-sexual network	
	Investigate HCV reported in adults born prior to 1992	Low	HCV intervention	