

# COVID-19 & THE STATE OF THE STD FIELD

*A summary of findings from surveys of health department STD programs, DIS, and STD clinics in response to the COVID-19 pandemic*

## Introduction

Since the COVID-19 pandemic was declared a national emergency, the public health STD prevention field has redeployed staff and reoriented its activities to face the pandemic head on. The National Coalition of STD Directors (NCSDD) is supporting the emergency response of our members—health department STD directors and their support staff across 50 states, seven large cities, and eight U.S. territories, disease intervention specialists (DIS), STD and sexual health clinics, and community-based partners across 50 states, seven large cities, and eight U.S. territories. We surveyed this membership regularly to determine the impact of COVID-19 response on the STD field.

## Methods

In mid-March 2020, NCSDD distributed SurveyMonkey assessments to STD program directors of the 65 jurisdictions directly funded by the CDC, our network of 1,100 disease intervention specialists, and our Clinic+ network of 500 STD and sexual health clinics. We asked recipients to take the SurveyMonkey assessment multiple times as their COVID-19 response evolved and local situations changed. Additionally, NCSDD staff also performed direct outreach to collect more detailed information and to encourage members to complete the survey.

### STD Program Survey

Sixty percent of the 65 jurisdictions responded to the survey, including low, medium, and high morbidity jurisdictions. All geographical areas are represented, as well as metropolitan areas. Only the most current survey responses for all jurisdictions are included in this summary to avoid data duplication.

### STD Clinic Survey

To date, 64 responses have been collected representing over 230 clinics across the nation. Administrators frequently oversee multiple clinics.

### Disease Intervention Specialist (DIS) Survey

To date, NCSDD collected 108 responses representing more than 300 DIS across the country's state and local health departments and districts.

## Survey Findings

As a direct result of the COVID-19 pandemic in the U.S.:

- 83 percent of STD programs are deferring STD services or field visits
- 62 percent of STD programs cannot maintain their HIV and syphilis caseloads
- 66 percent of clinics report a decrease in sexual health screening and testing
- 60 percent of clinics are experiencing reduced capacity to treat STDs; 22 report their capacity is reduced by more than half their normal capacity
- 57 percent of DIS report that they or other DIS in their jurisdictions have been redeployed to COVID-19
- Only 32 percent of DIS have capabilities to perform field visits remotely or virtually

## Summary

Survey data and direct outreach to stakeholders make it clear that the public health emergency response to COVID-19 continues to cause mass scale disruptions to the STD prevention field and to STD clinical services in the U.S. Redeployment of STD program, DIS, and clinical staff have resulted in reduced services, clinical capacity, and STD outbreak control efforts. All jurisdictions voiced concern for the populations they serve and the significant impacts on STD screening, diagnoses, and treatment. STD programs are trying to determine ways to serve their vulnerable and marginalized populations while also responding to the COVID-19 pandemic. STD program, DIS, and clinical staff are eager to lend their expertise to the COVID-19 response; however, given the enormous scope and taxing nature of the work, STD programs, DIS, and STD and sexual health clinics cannot sustain their response without additional resources. With STDs already at all-time highs, COVID-19 response threatens the over-burdened and under-resourced STD prevention network in the U.S.

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## STD Program Survey Results

The COVID-19 emergency response has significantly impacted STD services and field visits; **8 PERCENT OF JURISDICTIONS ARE DEFERRING SERVICES OR FIELD VISITS.**

**SIXTY-TWO PERCENT OF JURISDICTIONS HAVE NOT BEEN ABLE TO MAINTAIN THEIR HIV AND SYPHILIS CASELOADS.** This impact on STD programs can have serious health consequences including potential for STD/HIV outbreaks, surges in congenital syphilis, and complications of undiagnosed infections.

### Narratives from the Field

**“STD and DIS staff are working 7 days a week and are doing their very best to help save lives like they always have. But this effort is not sustainable; staff are burned out, tired, overwhelmed, and scared”** – From a **southern state** whose STD Staff has been mostly redeployed to COVID-19 emergency response.

**“Even if clinics are open, which very few are, clients are not coming in to get tested as they are following stay at home orders. Case morbidity reports are down, and we can all expect STD outbreaks when clients come back into clinics”** – From a **northeastern state** managing both STD program activities and the COVID-19 public health response.

**“Everyone is so busy, we barely have time to breathe, let alone do the bare minimum for [our STD prevention] grant. A lot of our proposed objectives and activities are unrealistic now, given limited face to face interaction and clinical capacity right now”** – From a **western, low morbidity state** overwhelmed by the COVID-19 response.

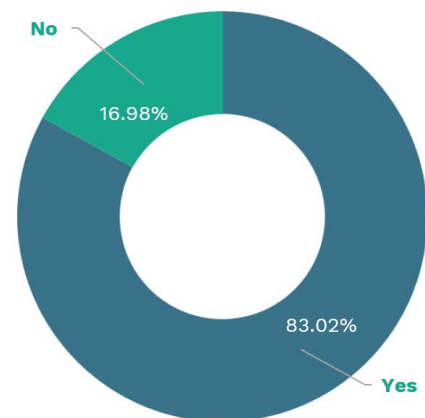
**“COVID-19 case and contact investigations require thorough follow-up, equivalent to investigating a syphilis case. Imagine this level of work but for something that is at least double the volume of chlamydia cases. And, of course, this infection can be deadly and there is no treatment we can recommend, only isolation guidance.”** – from a **midwestern state** that has been 100 percent redeployed to COVID-19.

### Data and Figures

#### PERCENT OF STD PROGRAMS REPORTING IMPACT OF COVID-19 RESPONSE

STD Prevention Strategy Area	Negatively Impacted
Surveillance	64%
Disease Investigation and Intervention	74%
Promotion of CDC-Recommended Screening, Diagnosis, and Treatment	56%
Prevention and Policy	59%
Data Use for Program Improvement	51%
None	23%

STD Programs Deferring Services and Field Visits (n=53)



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## STD and Sexual Health Clinic Survey Results

STD and sexual health clinic administrators were surveyed to capture the effect of COVID-19 on their clinics and services. Sixty-four responses were collected representing more than 230 clinics across the country, as clinic administrators frequently oversee multiple clinics. Staff redeployments is a major concern; **27 PERCENT OF CLINICS REPORT THAT MORE THAN HALF THEIR STAFF ARE REDEPLOYED**, and **75 PERCENT OF CLINICS HAVE AT LEAST PART OF THEIR STAFF REDEPLOYED FROM STD CLINICAL WORK**.

A significant majority of clinics (75 percent) are not screening for COVID-19 due to a lack of tests and capacity. More than half of clinics are taking precautionary measures such as taking a patient's temperature, referring symptomatic patients to a local testing site, and performing pre-appointment phone interviews to screen for household COVID-19 symptoms. Many clinics have moved to appointment only, eliminating walk-in hours and availability of sexual health services in their communities.

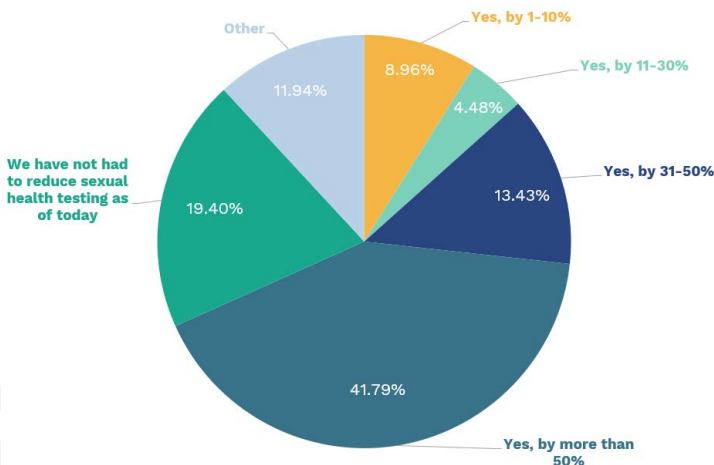
Overall clinical capacity is reduced due to COVID-19 response with **66 PERCENT OF CLINICS REPORTING DECREASED SEXUAL HEALTH SCREENING AND TESTING**. This reduction in clinical capacity includes restricting patients' eligibility for appointments with criteria such as must be symptomatic, need treatment, be a current PrEP patients, etc., performing telehealth appointments only, and limiting the number of patients to maintain social distancing. In some instances, clinics are seeing about a third of their normal number of patients.

STD treatment capacity is also affected; **22 PERCENT OF CLINICS RESPONDING REPORT THAT THEIR CLINICAL CAPACITY TO PROVIDE STD TREATMENT IS REDUCED BY HALF**. STD treatment challenges include limited pharmacy capacity and drug availability, identifying alternative oral regimens for chlamydia and gonorrhea to reduce in-person visits, and identifying ways to treat syphilis cases, which usually relies on injectable treatment.

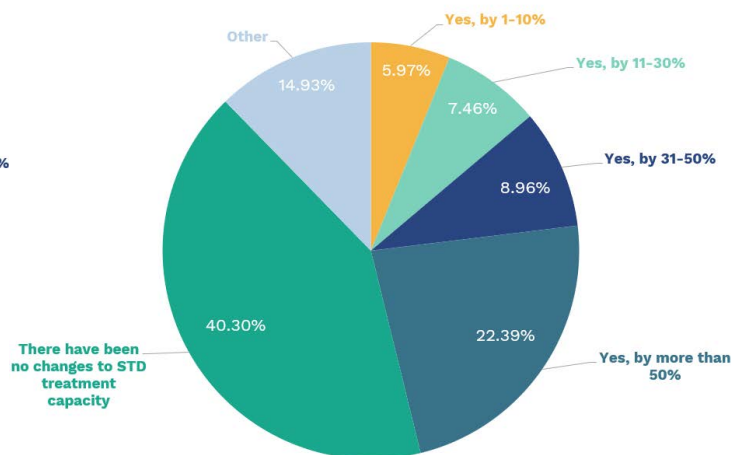
Many clinics have closed. Those that remain open continue to struggle with acquiring personal protective equipment (PPE), modifying clinic flows and layouts, and limiting the number of patients to ensure appropriate physical distancing. Many clinics are concerned about medication and supply shortages. With the reduction in services, thousands of individuals are turned away with nowhere to refer them and the nation's STD and sexual health clinics are challenged to identify ways to provide essential services while navigating COVID-19.

### Data and Figures

Clinic Currently Reduced Sexual Health Testing?  
If so, by what extent? (n=67)



Has COVID-19 Reduced Clinic Capacity to Provide Sexual Treatment? If so, to what extent? (n=67)



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## DIS Survey Results

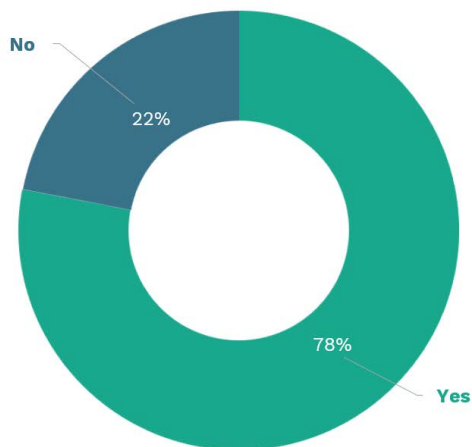
As expected, the number of redeployed DIS has grown since NCSDD began surveying our DIS network. **FIFTY-SEVEN PERCENT OF DISEASE INTERVENTION SPECIALISTS REPORT THAT THEY OR DIS IN THEIR JURISDICTIONS ARE REDPLOYED TO COVID-19.** Because many jurisdictions lack centralized systems and deploy DIS at the city and county health department level, they do not know the exact number of DIS redeployed.

COVID-19 has caused a significant impact on STD services and field visits, with **78 PERCENT OF DIS REPORTING DEFERRED SERVICES OR FIELD VISITS.** Only **32 PERCENT HAVE THE CAPABILITIES TO PERFORM VIRTUAL OR REMOTE FIELD SERVICES.** About one-third of DIS report struggling to maintain their current syphilis and HIV caseloads.

Major concerns from DIS include the following: inconsistent contact tracing training and protocols across jurisdictions and states, limited community resources leaving few referral options to provide clients, clinic closures, maintaining STD workloads while responding to COVID-19, and maintaining their personal safety without adequate PPE and medical accommodations such as working remotely. DIS are concerned that the COVID-19 response will result in syphilis outbreaks, congenital syphilis threats, and marginalized populations being further marginalized.

## Data and Figures

Have You or Your DIS Staff Had to Defer Offering Services or Field Visits Due to COVID-19? (n=100)



## About NCSDD

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSDD advances effective STD prevention programs and services in every community across the country.

## Contact

For more information, contact NCSDD at [info@ncsddc.org](mailto:info@ncsddc.org)