Subject: Disease Intervention Specialist Use of Technology for Partner Services and Contact Tracing

Policy Statement: DHEC Disease Intervention Specialists (DIS) will use technology (Video Skype, FaceTime, cell phones, Microsoft Teams, LexisNexis® Accurint® and other similar DHEC approved technologies) to assist in partner services and contact tracing interviews, re-interviews, cluster interviews or clustering activities. Technology usage will focus on reducing contagion exposure(s) and/or promoting improved timely and greater effectiveness of partner services activities, including contact tracing.

Laws/Regulations:
- Code of Laws of South Carolina, §44-1-110. Duties of Department in regard to public health, in general.
- Code of Laws of South Carolina, §44-1-80. Duties and powers of board as to communicable or epidemic diseases.
- Code 44-29-60 through 44-29-146, 44-29-230.
- Regulations: 61-20 and 61-21Communicable Diseases.

Standards:
1. DIS users will ensure all applicable confidentiality laws, policies, procedures and guidance are enforced for partner services, disease intervention and contact tracing activities.
2. The primary preferred method of performing an interview is face-to-face. DIS will use the approved various technologies to aide or perform interviews, re-interview, cluster interviews or clustering for assigned early syphilis, HIV and STD/HIV co-infected individuals.
3. DIS may use other approved technology methods based on policies and established principles of partner services/notifications. Some methods may require additional training, supervisory approval or explicit access prior to engaging in the activity.
4. Provider communication is required to assess client knowledge of status – exposure, diagnosis, etc.
5. All investigative follow up documentation will occur in the integrated public health information system, SCION.

Rules:
1. Use of non-Agency devices/software, cell phones, etc to engage in partner service, disease intervention and contact tracing is strictly prohibited.
2. Each DIS staff member using technology will receive prior appropriate training for use.
3. Each DIS must sign the DIS use of technology for partner services contact tracing. Please see Attachment A (DHEC 4107 - DIS Use of Technology for
4. Partner Services and Contact Tracing).
5. The use of technology will only be applied within a confidential setting with the consent of the client/participant and agreement that the call/discussion will not be recorded - to ensure that the conversation remains between the two parties only.
6. Prior to initiating the connection for technology (Skype or FaceTime) the DIS must verify the email address, if using Skype.

Procedures:

1. **Training**
   a. Designated Program staff will provide permissible use and security training as a part of DIS staff orientation to technology usage.
   b. Additional instructions, and assistance as needed, will be provided by regional supervision regarding setting-up and appropriate usage check-off.
   c. Program staff will provide programmatic level auditing of regional training/orientation. Programmatic auditing will ensure appropriate guidance and continued adherence to applicable policies and protocols, as well as usage skills and knowledge are consistent with program expectations.

2. **Eligible Participants**
   a. Newly diagnosed HIV clients who are aware of their diagnosis.
   b. All Syphilis Cases.
   c. All Previous diagnosed HIV clients diagnosed with subsequent infections.
   d. All dual infected (STD and HIV co-infection) clients.
   e. All DHEC 1610s and other referral clients.

3. **Data Entry**

   All activities and partner services case management outcomes will be documented in the integrated PH info system

   a. All cases must be entered, and the communication methodology used.
   b. Based on partner services performance expectations, data entry will be completed within 24-72 hours (2-3 business days) of the interview session.
   c. Case will be submitted to Lead/FOM for review.
   d. Case will be returned for additional f/u or closed.

4. **Skype and FaceTime Performance**

   A. **Pre-Partner Service and Disease Intervention Client Engagement**
      1. During investigations involving syphilis and gonorrhea/chlamydia, the DIS will need to use the attached educational visual aid (STD Picture Cards).
         ▪ If the client is being interviewed via Skype, share your screen to reference the pictures
         ▪ If the client is being interviewed via Facetime, share the pictures via the phone
         ▪ If the client is pregnant, consider refraining from sharing the picture that depicts the fetus –to not cause undue stress around congenital syphilis.
      2. DIS must verify the identity of the person being sought before engaging in conversations for partner notification or services purposes, e.g., index case interview, re-interview, cluster interview, exposure or need for STD screening.
      3. A verbal contract is required with the client to discuss confidential health information and ensure confidentiality while using technology (FaceTime or Skype).

4. If the client exhibits signs of stress or the inability to handle whatever is being share with them, the DIS should discontinue the partner service activity and consider the following:
a. Refer client to a DHEC Social Worker
b. Elicit client buy-in to follow up with a call to a crisis hotline before ending communication with the client.
5. The DIS will call the medical provider to verify that the client is aware of the diagnosis and obtain all other pertinent medical information.
6. The DIS will contact the client and/or partners (previous identification methods will be adhered to).
7. Once contact is made, the DIS will inform the client of the nature of the call and request to meet with the client using technology.
8. Once the client agrees, the agreed upon method will be initiated.
9. The DIS will verify client by using two forms of required identification (picture ID, & date of birth). Additional verification may be requested if applicable.
10. The DIS will conduct the appropriate follow up based on current protocol for STD/HIV Partner Services using Facetime or Skype.

B. **If the client is diagnosed with syphilis and treatment verified**
1. DIS should complete the interview using the video telephony method.
2. Educate the client using the pictures that demonstrate the signs/ stages of the infection.
3. Complete the risk reduction messages.
4. Solicit partners and answer any remaining questions.
5. Inform the client of a need to touch base with them within 5-7 business days from date of interview (this should be done via phone unless the client request other method).

C. **The client is diagnosed with Syphilis and untreated**
1. DIS should complete the interview using the telephony method.
2. Educate the client using the pictures that demonstrate the signs/stages of the infection.
3. Complete the risk reduction messages.
4. Solicit partners and answer any remaining questions.
5. The client should be referred to a primary care provider or local health department.
6. If referred to health department, DIS will schedule the appointment via the appropriate point of contact at each site.
7. DIS will send DHEC 1610 to the appropriate site.
8. Inform the client that you plan to touch based with them within 5-7 business days from date of interview (this should be done via phone unless the client request other method.

D. **The client is diagnosed with Chlamydia/Gonorrhea/treated and previously diagnosed with HIV**
1. DIS should complete the interview using the telephony method.

2. Educate the client using the pictures that demonstrate the signs of the infection.
3. Complete the risk reduction messages.
4. Solicit partners and answer any remaining questions.
5. Inform the client that you plan to touch based with them within 5-7 business days from date of interview (this should be done via phone unless the client request other method.

E. The client is diagnosed with Chlamydia/Gonorrhea/untreated and previously diagnosed with HIV
1. DIS should complete the interview using the telephony method.
2. Educate the client using the pictures that demonstrate the signs of the infection.
3. Complete the risk reduction messages.
4. Solicit partners and answer any remaining questions.
5. The client should be referred to PCP or local health department.
6. If referred to health department, DIS will schedule the appointment via the POC @ each site.
7. DIS will send DHEC 1610 to the appropriate site.
8. Inform the client that you plan to touch based with them within 5-7 business days from date of interview (this should be done via phone unless the client request other method.

F. The client is diagnosed with HIV
1. If a DIS is having difficulty contacting a provider to verify client HIV diagnosis DIS should proceed to the following below and document all efforts in SCION.
   - Not inform the client of the diagnosis. May refer the client back to the testing provider.
   - If not able to identify testing provider, DIS will negotiate a face to face meeting with client to deliver reported positive test results.
   - DIS should consult with supervisor to determine next steps
2. Complete the risk reduction messages.
3. Solicit partners and answer any remaining questions.
4. Offer educational session about the disease, discuss and educate the client regarding HIV re-infection.
5. Emphasize the importance of immediate linkage to HIV care and the benefits of being in care.
6. Ensure that the client is linked to care (record search eHARS)
7. If not in care, send DHEC 1610 to Social Worker (unless the client has been linked to services.
8. Inform the client that you plan to touch based with them within 5-7 days business from date of interview (this should be done via phone unless the client request other method.

References:

1. Kachur, R., Strona, F.V., Kinsey, J. and Collins, D. Introducing Technology into Partner Services: A Toolkit for Programs, Atlanta (GA): Centers for Disease Control and Prevention; 2015. Retrieved from https://www.cdc.gov/std/program/ips/default.htm

2. Centers for Disease Control and Prevention (CDC) Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection; 2008. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm

3. Centers for Disease Control and Prevention (CDC) Partner Service Providers Quick Guide; updated 2014 Retrieved from https://www.cdc.gov/std/program/Partner-Services-Quickguide-01-16-2014.pdf

4. Centers for Disease Control and Prevention (CDC) STD Quality Clinical Services and the STI treatment Guidelines Graphic; 2020. Retrieved from https://www.cdc.gov/std/treatment/images/STD_QCS_SM_Facebook_1200-x-600.png

5. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370. Retrieved from https://www.cdc.gov/std/stats18/STDSurveillance2018-full-report.pdf