

COVID-19 & THE STATE OF THE STD FIELD: PHASE II

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

Introduction

Since the declaration of COVID-19 as a national emergency in March 2020, the public health STD prevention field has redeployed its limited resources and staff 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, disease intervention specialists (DIS), STD and sexual health clinics, and community-based partners across 50 states, seven large cities, and eight U.S. territories. As part of these efforts, we continue to survey this membership. In May 2020, we published an initial report on survey findings, [COVID-19 and the State of the STD Field](#), which highlights the immediate response of the STD prevention field to the pandemic.

The following report is a three month follow-up to this initial publication and highlights our field's ongoing, longer term response to COVID-19 and what effect this response has had and will continue to have on our nation's STD programs and the work of disease intervention specialists.

Methods

On June 1, 2020 NCSDD distributed Phase II SurveyMonkey assessments to STD program directors of the 65 jurisdictions directly funded by the Centers for Disease Control and Prevention (CDC) and our network of 1,100 disease intervention specialists. NCSDD staff also performed direct outreach to our full members and members of our DIS Advisory Committee to gather qualitative data to supplement survey responses and to identify areas for support and technical assistance. Fifty-two DIS responded to the assessment, and 75 percent of the 65 jurisdictions are represented in the survey, including low, medium, and high morbidity jurisdictions. All geographical areas are represented, as well as metropolitan areas.

Survey Findings

- 78 percent of the STD/HIV health department workforce are or have been redeployed to COVID-19 emergency response for any period of time
- 20 percent of STD directors report their STD program operations are completely disrupted, and they are unable to complete core functions
- 31 percent of STD programs are serving as the leaders for their state or city's COVID-19 contact tracing efforts
- 30 percent of STD/HIV DIS are conducting COVID-19 contact tracing
- 30 percent of DIS supervisors are spending most of their time on COVID-19 contact tracing (76-100 percent of their time every week)
- 98 percent of STD programs are relying on phone calls and text messaging to reach clients for STD, HIV, and/or COVID-19 interviews
- Only one in four jurisdictions are reaching clients for STD and HIV interviews in person by conducting field visits

Summary

Survey data and direct outreach to stakeholders confirm that the COVID-19 emergency response continues to have significant impacts on STD programs and STD prevention efforts across the nation. STD program and DIS staff have years of contact tracing experience, and the majority have been redeployed to lead, staff, assist, or support their state's COVID-19 contact tracing efforts. Only two percent of STD programs have not been involved in their state's COVID-19 contact tracing efforts. Staff redeployments and additional COVID-19 workloads is overwhelming for STD program and DIS staff, as many are expected to maintain priority STD/HIV caseloads while also taking on additional COVID-19 contact tracing duties. Many STD program and DIS staff are asked to work overtime as well as to work outside of normal business hours. Many STD program and DIS staff are concerned regarding the state of the STD field, the very real threat of STD/HIV outbreaks, and a decreased and burnt out workforce.

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Narratives from the Field

“As a DIS supervisor, the biggest challenge around the COVID-19 response has been balancing the growing demands of COVID-19 and looming expectations of STD/HIV services; you seek management support, and are challenged to explore alternative approaches to better prioritize the STD/HIV work, or halt certain operations all together. It is also difficult to watch the COVID-19 response struggle to manage the growing workload and knowing that you have all the DIS skills required to curb this pandemic.” – from a DIS supervisor in the Southeast region

“It has been a challenge to maintain disease intervention activities and to conduct contact tracing because COVID-19 has been such a politicized topic. People are not listening to guidance. Guidance keeps changing and is not consistent across the state. People are not answering the phone, a lot of people think we are a scam.” – from a DIS supervisor in the Northwest region

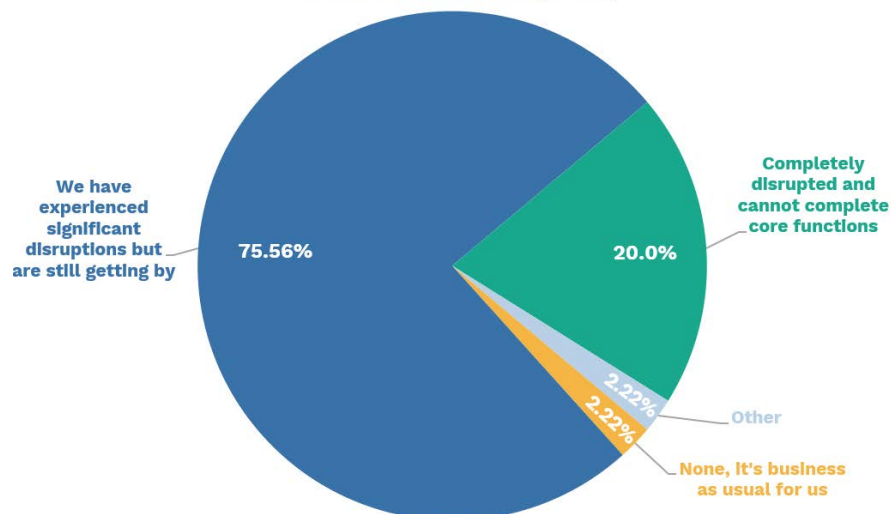
“Our program is being gutted by COVID-19. We are losing a lot of STD and HIV staff members and anticipate problems hiring replacements due to the need to redirect resources for COVID-19 contract tracers. Our clinics are running in an extremely limited capacity, and they are an important part of our safety net. We are going to see a significant increase in STD and HIV in our area” - from a DIS supervisor in the Southwest region

“Our entire model of providing safety net STD screening has revolved around our relationship with our state public health lab and people being seen in-person for STD clinical services. The COVID-19 situation has required us to pivot, but given constraints on clinical spending under [the CDC STD Prevention grant (STD PCHD)] and due to reduced staff capacity, we have not been able to move as quickly as we would have liked to implementing home testing. The 10 percent cap on STD clinical services under STD PCHD and the inflexibility around how to spend STD PCHD supplemental funding has been a barrier” – from an STD Director in the West region

“Many of the STD program staff are spending close to 100 percent of their time working on COVID-19 activities which is not sustainable. Everyone is exhausted, stressed, worried, angry, every emotion. As the state re-opens we expect a rise in HIV and STDs and we will need the STD workforce to be able to pivot back to focusing on those efforts” – from an STD Director in the Southeast region

Data and Figures

Ability to maintain normal STD program operations compared to before COVID-19 (n=45)



STD Program Innovation

Due to the challenges that have accompanied COVID-19, STD programs are busy implementing novel programming to continue the fight against STDs and deliver services. Thirty-six percent of STD programs reported implementing telehealth services in response to COVID-19, 27 percent implemented at-home or non-clinic based testing programs, 20 percent established or utilized pharmacy partnerships, 16 percent implemented express clinical visits or specimen self-collection, and 13 percent implemented mail-order condom distribution programs. Additionally, 22 percent of programs reported they are planning to implement at least one of these strategies in response to COVID-19. Only seven jurisdictions reported no plans to implement an innovation, citing time, financial resources, and laboratory capacity as barriers to planning and launching these efforts.

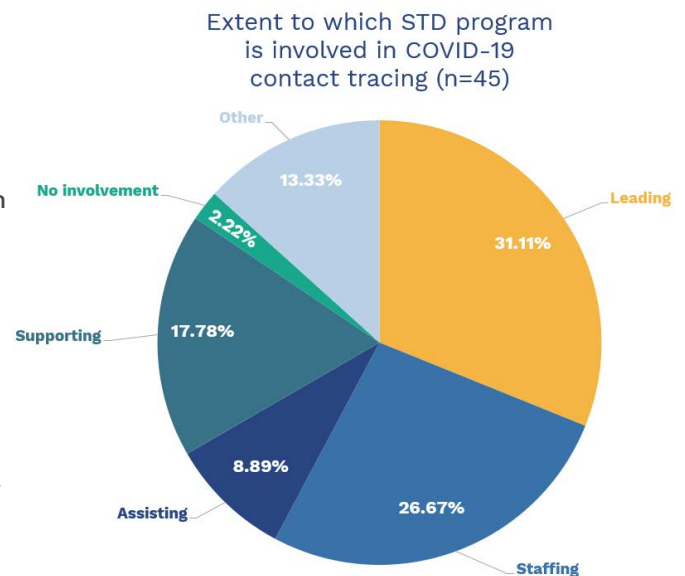
Data and Figures

Innovation	Percent Implemented
At-home testing programs	27%
Mail-order condom distribution programs	13%
Telehealth	36%
Express visits/specimen self-collection	16%
Pharmacy partnerships	20%
None of the above, and no current plans to implement innovations in response to COVID-19	16%
None of the above, but are planning to implement at least one innovation in response to COVID-19	22%

Ramping Up COVID-19 Contact Tracing

States and cities continue to use health department staff to tackle their COVID-19 epidemics: 89 percent are redirecting existing health department staff, 56 percent are contracting with an outside agency, 51 percent are hiring additional health department staff, 36 percent are partnering with an educational institution, 29 percent are deploying a military organization such as the National Guard, and 20 percent are utilizing unpaid volunteer staff.

States are also relying on existing contact tracing expertise found in STD/HIV programs and the STD field to build the capacity of new staff. Fifty-three percent reported contact tracers are being trained using internal guidance or an agency designed training, 21 percent are utilizing the NCSDD/ASTHO **“Making Contact” training**, and 16 percent are utilizing Johns Hopkins Coursera COVID-19 Contact Tracing curriculum.



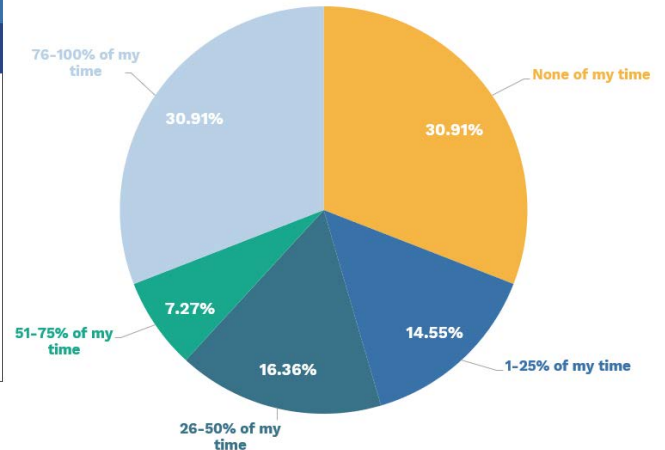
COVID-19 & THE STATE OF THE STD FIELD: PHASE II

Data and Figures

How health departments and jurisdictions are increasing their COVID-19 contact tracing capacity (n=45)

Strategy	Percent Using Strategy
Redirecting existing health department staff	89%
Hiring additional health department staff	51%
Contracting with an outside organization or agency	56%
Unpaid volunteer staff	20%
Deploying a military or paramilitary organization such as the National Guard	29%
Partnering with educational institutions (public health schools, medical schools)	36%

How much time DIS or DIS supervisor has spent on COVID-19 contact tracing on an average given week (n=55)



Narratives for the Future of STD and DIS Work

“I think part of my job will always include COVID-19. It will continue to impact the way we conduct meetings, office work, and field work. It’s going to change our daily job duties and it’s not going away. COVID-19 is going to create additional barriers between us (DIS), our providers, and our community.” - from a DIS supervisor in the Pacific Northwest region

“The future of STD and DIS work includes limited services. COVID-19 does not allow for a normal routine. There are no walk-in appointments for testing, and there are limited clinical appointments available. The future includes operating with revised priorities and guidance that excludes chlamydia and gonorrhea investigations, limits field visit work, and limits staff on-site.” - from a DIS in the Northwest region

“People have not stopped having sex. They may have slowed down, they may have limited partners, but folks still need STD testing and treatment and the services have not been available. The future of STD work includes how to reach people where they are and get them tested and treated. People have been so fearful of COVID-19 they have not prioritized their sexual health, and this is going to have long-term, unintended consequences.” - from a DIS supervisor in the Northeastern region

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

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