

DISEASE INTERVENTION SPECIALISTS AND OUR NATION'S COVID-19 RESPONSE



**National Coalition
of STD Directors**

DISEASE INTERVENTION SPECIALISTS AND OUR NATION'S COVID-19 RESPONSE

A summary report of the pivotal role of DIS in our nation's emergency response to the COVID-19 pandemic

Introduction

As of the end of July 2020, the COVID-19 pandemic caused by the SARS-CoV-2 novel coronavirus infected over 15 million people and caused almost 650,000 deaths around the world. With over four million people infected and over 150,000 deaths, the United States is the worst affected country. The pandemic has severely strained and disrupted healthcare systems around the country. Sexual health clinics, health departments, and disease intervention specialists (DIS) who conduct STD partner services have been particularly hard hit.

For the last six months, the unprecedented COVID-19 health emergency has forced sexual health clinics across the country to shut down, to scale back operations, or to ask staff to work remotely. Many DIS working on STD partner services have been diverted to COVID-19 contact tracing and emergency response duties. Other DIS are dividing their time between COVID-19 contact tracing and STD partner services while some continue to do solely STD work.

DIS are on the frontlines battling COVID-19 and have emerged as a critical component of the effort to control the pandemic.

Using information and anecdotes from the DIS COVID-19 calls organized by NCSDD between March and July, this report will describe how DIS and health departments have adapted contact tracing practices for COVID-19. It will examine how priority populations are being reached and what innovations and collaborations have been fostered by the pandemic. A concluding section will highlight key resources and discuss what can be expected moving forward into the year. This report is meant to supplement NCSDD's [Phase I](#) and [Phase II](#) COVID-19 and the State of the STD Field reports, which are a summary of findings from surveys of health department STD programs, DIS, and STD clinics.

DIS AND OUR NATION'S COVID-19 RESPONSE

Themes and Best Practices

Impact of COVID-19 on DIS and Contact Tracing Work

Healthcare professionals, including DIS, reported that they have been prioritizing those with HIV and acute syphilis during the ongoing COVID-19 pandemic. Field visits have been suspended in many states and DIS and others are conducting contact tracing remotely. Many sexual health clinics have halted walk-ins and are relying on telehealth or scheduled appointments to reach patients. Healthcare providers have found creative ways to deliver medications with minimal contact with patients.

DIS who possess strong infectious disease investigative skills and expertise have been leading COVID-19 contact tracing efforts, including supervising and training an influx of volunteer contact tracers from government agencies, universities, and elsewhere.

STD programs and DIS across the country are adapting to the escalating number of COVID-19 cases in a variety of ways. Below are some anecdotes from the NCSDD DIS calls on the impact of COVID-19 on DIS and contact tracers across the country and how they have adapted to the changing circumstances. The anecdotes capture information that was shared during the time of the call but the situation in any of the jurisdictions may have changed quickly because of the evolving nature of the pandemic.

From the Field - Impact of COVID-19 on DIS and Contact Tracing Work

In a Southern state, DIS were reassigned to do COVID-19 case investigation and contact tracing. As a result, syphilis and HIV morbidity is expected to increase sharply. The limited funding allocated for contact tracing is being spent on COVID-19 with little left for STD work.

In a Midwestern state, DIS reach out to patients on the phone immediately after STD treatment and clinics have discontinued walk-ins. Only newly diagnosed HIV patients and other high priority STD clients are being seen in person.

In a rural jurisdiction of a Southern state, there has been a decrease in STD patients coming in for services even though STD staff have not been diverted to COVID-19 work.

In a Western state only symptomatic STD patients are being treated in person. Field visits by DIS have been suspended and replaced by phone calls.

In a large Southern state, patients are asked to wait outside clinics until their appointments and have non-injectable prescriptions delivered to their cars to minimize exposure. Staff have been asked to work from home, many clinics have closed, there is a PPE shortage, DIS field work has been canceled, and field staff have been deployed for the COVID-19 response. There has been a decrease in STD lab testing capacity due to COVID-19 being prioritized. Depending on the area (the state has 18 public health jurisdictions), some clinics are open, some have limited appointments, some are only engaging in DIS referrals, and others have closed. Clinics that remain open are struggling to serve patients. STD staff are prioritizing treatment of acute HIV, syphilis, and pregnant women. Partner services has been discontinued or limited. Medicines are being delivered to homes and at-home self-collection (AHSC) kits have been sent out. STD treatment recommendations have been modified to include telehealth.

From the Field - Impact of COVID-19 on DIS and Contact Tracing Work

In a large Northeastern city, most DIS working on STDs have been reassigned to work exclusively on COVID-19. Partner services have been drastically reduced and DIS field visits have been replaced by phone calls. Since early March, the only patients being seen in person are pregnant women, women of child bearing age, or serious cases. Most DIS are working from home and the city is working to deliver necessary equipment - such as work phones that allow access to secure programs - to DIS.

In a Pacific Northwestern state, core STD programs are still functioning. Some DIS staff have been assigned to COVID-19 control facilities such as call centers. A large number of sexual health clinic staff, including public health nurses and epidemiologists, have been trained to do contact tracing. Standard STD partner services protocols have been abbreviated due to the large volume of cases. A case is closed if a contact does not respond to two phone calls during office hours over a 48-hour period, followed by a third phone call after office hours. Face-to-face interviews have been discontinued. As many COVID-19 patients have little energy, data collection forms have been condensed to include only need-to-know information and contact tracers have been trained to keep interviews short and efficient.

In a Southern state, some STD partner services is being done for priority cases such as syphilis and HIV in pregnant women, women of child bearing age, and men who have sex with men. STD testing has been curtailed and the number of reported STD cases has declined. Some DIS have been assigned to COVID-19 contact tracing duties. They follow a set script on calls to ask whom patients met two days before symptoms and three days after the onset of symptoms, then reach out to the patient's contacts. Only symptomatic patients are referred for testing due to the limited number of test kits. Only very sick patients are referred to the emergency room or urgent care. The long case investigation forms have been shortened and only key questions are asked.

In a county in a Western state that had the nation's first stay at home order, HIV screening clinics have been closed and PrEP visits have been moved to telehealth. Pharmacies and the TB clinic are operating with limited opening hours. DIS working on STD cases have been reassigned to do contact tracing for COVID-19. The county has a very diverse population and was able to quickly recruit Mandarin translators to assist contact tracers during an initial surge of cases among travelers returning from China.

In a Northeastern state, some STD DIS were pulled into COVID-19 contact tracing work while others are still focusing on STDs. They have found it challenging to split up the DIS to do contact tracing for both COVID-19 and for STDs. The DIS expertise in interviewing patients made them well suited to quickly take on COVID-19 work. COVID-19 patients are much more open than STD patients in discussing health symptoms and in sharing information about contacts.

In one jurisdiction in a Midwestern state, all three DIS are working from home on STDs and have not yet been assigned to COVID-19 contact tracing. They are not doing in-person interviews. The state hopes to resume testing asymptomatic COVID-19 patients for STDs in the near future. STD partner services are being continued with a focus on priority populations such as intravenous drug users. Some patients who had never had a DIS interview have been re-linked to care. At the state level, DIS were all reassigned to COVID-19 at the beginning of the pandemic. Since then, their schedule has been adjusted and they are dividing their time between COVID-19 and HIV and syphilis cases. Field visits have been suspended and that has made it harder to reach patients. The interview skills of DIS have been useful for COVID-19 contact tracing.

In one jurisdiction in a Northeastern state, DIS are still working priority HIV and syphilis cases and linking people to care. They are doing very little gonorrhea work and are not doing field visits. The number of STD patients seen in the sexual health clinic each day has dropped by over half. The public has noticed the lifesaving work being done by DIS and have been more willing to engage with them than in the past.

From the Field - Impact of COVID-19 on DIS and Contact Tracing Work

In a large Midwestern city, a federally qualified health center has modified its opening days and hours and conducts COVID-19 symptom checks on patients coming in. When doing COVID-19 contact tracing, DIS ask about large social events attended by patients, their drug use, and any underlying conditions so that key risks can be identified. Contact tracing is done through 45-minute phone calls followed by 30 minutes of data entry. Most DIS are working remotely and split their time between STD and COVID-19 cases.

In an urban jurisdiction in a Southern state, four out of 10 DIS have been reassigned from STD to COVID-19 contact tracing at which they have been effective because of their comfort having conversations with patients and their ability to refer cases to educational materials. A dedicated DIS has been assigned to do contact tracing in nursing homes and assisted living facilities. Sexual health clinics have remained open with social distancing measures. Clinics are seeing fewer patients than before, including walk-ins, PEP services, HIV services, and people with HIV being re-linked to care. All patients and staff are subjected to a temperature check when entering clinics, and masks are required. The DIS staff are divided into two teams and one is rotated in the clinic each week while the second team works remotely.

In a Midwestern state, there is decreased testing for HIV and STDs so fewer cases than normal have been reported. DIS have been able to rebrand their image as protectors of their communities from infectious diseases. Their biggest challenge has been encouraging patients to discuss recent contacts.

In a Midwestern state, state DIS have been assigned to COVID-19 contact tracing while local DIS continue to do STD partner services. Many sexual health clinics have reduced hours and instituted appointment-only policies. Updated clinic hours are posted online. Several clinics have established telehealth protocols. Many staff who are not DIS or have not been trained as contact tracers have been pulled into COVID-19 contact tracing. DIS have the skills to be sympathetic yet stern, and they are confident and knowledgeable.

In a rural jurisdiction in a Southern state, meat processing plants have become the epicenter of COVID-19 cases. Language barriers with clients has been a challenge with contact tracing, so the state health department created a language line staffed with translators. Some cases have been reluctant to quarantine for fear of losing their jobs so the health department issues them a quarantine letter to present to their employer.

In a Southern state, the poultry industry has seen a large number of COVID-19 cases. Contact tracers have experienced language barriers with patients due to limited Spanish translation capacity. DIS have been effective at COVID-19 contact tracing because of their investigative skills and ability to solicit information. DIS are contact tracing for both COVID-19 and STDs but have suspended field visits. The number of reported STD cases has declined as sexual health clinics have been closed. The sexual health clinics are planning to reopen with full staffing in the near future.

In a rural jurisdiction in a Midwestern state, four public health nurses share duties for COVID-19 contact tracing of symptomatic patients. With businesses reopening and summer tourists arriving, they have prepared for a spike in cases by readying hotel rooms to isolate patients and meal services to feed them.

In an urban jurisdiction in a Pacific Northwestern state, the 10 DIS based at the sexual health clinic all worked remotely during the first few months of the pandemic and half were assigned to COVID-19 cases. DIS staff are preparing to move back to clinics and to resuming face-to-face interviews which are more effective. About 100 hotel rooms have been readied for isolating patients.

From the Field - Impact of COVID-19 on DIS and Contact Tracing Work

A Southern state became a national COVID-19 hotspot and reported about 370,000 cases and over 5,000 deaths by late July. COVID-19 contact tracing was conducted through phone calls and with text messages and Facebook Messenger using specific scripts designed to elicit phone interviews. Priority was given to pregnant women, women of child bearing age, and syphilis and HIV cases. All DIS in the state were deployed to testing sites and the COVID-19 call center to conduct contact testing. To reduce transmission risk, only limited numbers of staff was allowed in sexual health clinics and appointments were limited. Hiring and training new DIS and contact tracers has been a major challenge although the state has been able to bring in 100 contact tracers in a few months. PrEP prescriptions have been changed from 30-day to 90-day supplies to minimize pharmacy visits.

Confidentiality Issues

With DIS and other contact tracers working from home in unprecedented numbers, the confidentiality of patients and security of data has emerged as a key concern during the ongoing pandemic. Many DIS and contact tracers working from home have had challenges finding private spaces for phone calls. When calling patients, they have been asked to check with patients whether it is a good time to talk and if they are comfortable discussing sensitive health topics. Contact tracers also need to ensure data security by protecting patient paperwork. The challenge can be even more acute for patients who live in group homes or multi-generational households with large numbers of people and have concerns about privacy of health information.

State health professionals have come up with creative ways to handle confidentiality and data security challenges.

From the Field - Confidentiality Issues

In a large Southern state, contact tracers ask patients to be mindful of who is present around them during phone calls. DIS and contact tracers are advised to keep their documents safe and secure. They are provided with secure work laptops, VPN, cellphones, and secure file software.

In a Pacific Northwestern state, confidentiality rules have not changed even if DIS are permitted to work remotely. DIS and contact tracers adhere to measures to keep patient data secure.

In a Southern state, DIS were previously not allowed to telework. They have been allowed to do so during the pandemic and have been issued state cellphones and locking cases for files.

In a Southern state, locking laptop cases have been issued to contact tracers working from home and two-factor authentication has been installed on electronic devices. DIS are asked to confirm they have a secure location at home before they can do their work from home.

Reaching Priority Populations

The COVID-19 pandemic has brought normal life and the economy to a screeching halt. Marginalized populations have disproportionately borne the brunt of the pandemic. This includes Black and Latinx people, people experiencing homelessness, those who are incarcerated, those who speak English as a second language, and elderly people living in group homes or assisted living facilities.

People experiencing homelessness are especially hard to reach. The anecdotes below demonstrate how public health officials and DIS have handled outreach to this population.

From the Field - Reaching Priority Populations

In a city in the Pacific Northwest, a convention center has been turned into a homeless shelter with social distancing measures. Nurses also visit people experiencing homelessness wherever they are located, for instance under bridges or in shelters, to provide necessary care and treatment.

In a Northeastern state, patients experiencing homelessness have been staying in hotels and are served by a wrap-around care team to provide groceries and other assistance to enable them to remain isolated.

In a Western state, people living in shelters who tested positive for COVID-19 are quickly isolated to prevent community spread. Controlling syphilis among populations experiencing homelessness has also been challenging.

Self-care for DIS and Contact Tracers

The health and well-being of DIS and other health professionals doing contact tracing of COVID-19 cases was flagged repeatedly as a serious concern. Contact tracers with underlying health conditions doing field visits and face-to-face interviews, especially with asymptomatic patients, may be putting themselves at risk. Health departments and sexual health clinics should allow such staff to work remotely to reduce the risk.

Many DIS and contact tracers have had to work seven days a week in shifts of 12 hours or longer each day. Coupled with the stress in dealing with patients who are gravely ill, or with relatives and friends of patients who are very sick or may have passed away, the mental and emotional toll on contact tracers has been severe. Some DIS and contact tracers have also been infected by COVID-19 or had family members become infected, adding to the stress of their work. In some places this has led to DIS calling in sick or quitting their jobs, leading to understaffing.

Health departments can help contact tracers and DIS cope with stress by taking a number of steps to enhance their well-being and health. Below are examples of what some states are doing to alleviate stress and promote well-being of their staff.

From the Field - Self-care for DIS and Contact Tracers

In a Southern state, DIS are paid overtime for work over 40 hours a week at a rate of one and a half times regular pay. They are also being encouraged to take earned time off.

At a health clinic in a large Midwestern city, staff mental well-being is a priority and is promoted through exercise and meditation sessions. Additionally, clinic staff are supplied lunch every day.

In a Midwestern state, DIS and contact tracing staff are reminded that their health insurance includes free therapy sessions each year. They are also encouraged to use their paid time off. The contact tracing call center has a dedicated mental health break space.

In a Midwestern state, contact tracers can get on a video chat three times a week to share frustrations or to vent with each other.

In a Southern state, there is a designated mental health hour for contact tracing staff.

Media Attention and Funding

DIS and contact tracers have been an integral part of the national response to the COVID-19 pandemic. The crisis has provided an invaluable opportunity for their work to be showcased in the media. NCSDD has conducted a major media push to tell the story of the work done by DIS and other STD contact tracers for 40 years. There have been over 30 stories in national media outlets featuring the important contributions of DIS to fight the COVID-19 pandemic. This included a story in NBC nightly news featuring DIS from Houston and a CNN story featuring NCSDD's Executive Director.

In the media coverage NCSDD has generated, we have highlighted the role that DIS have played in controlling both STD infections and COVID-19 among the most marginalized communities, including those with low incomes, people of color, and others. NCSDD has also put together a speaker's bureau of DIS who can tell their story to the media and the public. DIS should be prepared to engage with the media and highlight their work in contact tracing. Sexual health clinics and health departments can also offer their DIS staff as useful COVID-19 fighting resources to state health officials.

NCSDD also organized a virtual briefing for Congressional staff on the work being done by DIS. By highlighting this work, we hope to secure additional funding for DIS from Congress in various COVID-19 relief bills that provide funding to states and the CDC for COVID-19 testing and contact tracing. The funding to states can potentially support a 100,000-strong contact tracing workforce which can be supervised and trained by DIS. It can also increase lab capacity, expand services, and strengthen infrastructure. NCSDD is also advocating for a 10,000-strong DIS workforce at the cost of \$1 billion. A large and robustly trained DIS and contact tracing workforce will be essential as the landscape shifts, states reopen, and future waves of the virus arise.

Innovations

The destruction wrought by the COVID-19 pandemic has highlighted the enormous need for contact tracing training materials, resources, and strategies. This includes measures like instituting contact tracing and telehealth delivered through Zoom, FaceTime, or WhatsApp, instead of face-to-face field visits.

Many health departments, along with NCSDD, other health organizations, and private businesses have produced a variety of resources and strategies to enhance the work of DIS and successfully conduct contact tracing.

From the Field - Innovations

*In a **Midwestern state**, DIS created standard operating procedures for COVID-19 contact tracing to help those who are not DIS do the work.*

*In a **large Southern state**, contact tracers learned to navigate state laws that prohibited the disclosure of HIV test results over the phone. State health department officials also worked with the legislature to adjust the law in light of the unusual circumstances. DIS also expanded the use of AHSC kits and found alternatives to field visits.*

*In a **large Western state**, PrEP screening and check-in appointments were moved to telehealth, although testing still had to be done on-site with minimal contact.*

*Contact tracing and COVID-19 testing efforts are being taken directly to where patients need them and can be reached, for instance in **tribal jurisdictions in a Western state**, **churches in a large Northeastern city**, and **laundromats in a Southern state**.*

*In a **Southern state**, DIS and health officials used the Situational Awareness and Response Assistant (SARA) Alert, an open source tool, to monitor exposed individuals for 14 days. Patients cannot opt out of monitoring and those who refuse monitoring receive a phone call for 14 consecutive days.*

In addition to state-level innovations to adapt to COVID-19, businesses and health departments have developed tools, resources, and software that can be deployed more broadly for contact tracing across the country.

In April, NCSDD and the Association of State and Territorial Health Officers (ASTHO) partnered to produce and release an [online training on contact tracing](#). The CDC reviewed and provided input for the training package and it was also medically reviewed. The training package includes four modules on the basics of COVID-19, the basics of contact tracing, interview techniques, and monitoring and evaluation. By late June, over 35,000 people from every state had completed the training. Many sexual health clinics and 16 state health departments will be including the NCSDD-ASTHO contact training package in their formal training programs. With funding from the CDC, NCSDD and ASTHO are currently updating and expanding the training by adding four additional modules, including on confidentiality, health disparities, and case investigation.

Building Healthy Online Communities, which developed the [tellyourpartner.org](#) website to anonymously notify sexual contacts about potential STD exposure, developed a similar website called [tellyourcontacts.org](#) to allow COVID-19 patients to send a generic email or text with a pre-written or custom message to potentially exposed contacts. It also links to useful testing and health resources. DIS can recommend this website as a resource. The website protects privacy by not collecting user data. To prevent misuse, there is a limit on how many people can be contacted and how many times the site can be used by a single user.

[Chexout](#) is another online resource that was originally designed for health departments and sexual health clinics and was rapidly adapted for use with COVID-19. It is a HIPAA-compliant contact tracing software that was developed in collaboration with DIS. It has multiple functions to investigate infectious diseases and prescribe treatments. Chexout allows providers to manage lab data, order labs, print labels, show test results, call patients and save that information in a log, search patients, and track appointment details. The software can also track the number of staff and their open investigations and send automated messages to patients (who can opt out if they wish). In the patient portal, patients can access lab results and notifications and resources from the CDC and other public health agencies. The software is designed to scale so hundreds of thousands of users can use it simultaneously and it is mobile/tablet optimized. The platform can share patient information across multiple investigations to avoid duplication. Supervisors can see staff work in real time, see their caseload, close cases, and conduct reviews.

Collaborations

The unprecedented scale of the ongoing pandemic has overwhelmed the capacity of many health departments across the country. It has forced health departments to collaborate with external partners to respond to the crisis. While collaborations have scaled up the COVID-19 response, they have also highlighted the value and effectiveness of DIS – who possess investigation skills and experience - when compared to contact tracing volunteers.

From the Field - Collaborations

In three states across the country, university students volunteered to help DIS with contact tracing.

In a Northeastern state, the state health department and DIS teamed up with public health programs at universities and with Partners in Health, a leading health nonprofit, to expand the state's contact tracing capacity.

National Guard troops joined contact tracing efforts in three states across the country. In a Southern state, the Army and Air National Guard contributed troops to the contact tracing call center. Prior to commencing work, the troops underwent a one-day training by DIS and state health department staff in which they learned the basics of the work and familiarized themselves with the HIPAA requirements.

In a Pacific Northwestern state, some jurisdictions assigned police officers and firefighters to contact tracing duties.

Looking Ahead

The impact of the COVID-19 pandemic on the United States has been adverse, severe, and prolonged in terms of lives lost and economic damage. This unprecedented health emergency has put a spotlight on the critical and life-saving work done by DIS, who have been an integral part of STD interventions for four decades. The crisis has also spurred the rise of innovative and creative practices such as telehealth, AHSC testing, an abbreviated contact tracing online training curriculum, and software that enable DIS to manage contact tracing on a massive scale. The pandemic has also helped the public better understand the role of DIS and will hopefully make people more inclined to communicate with DIS during future disease outbreaks.

A key pandemic resource that NCSD created in collaboration with partners is the [COVID-19 Command Center](#). It contains CDC and other federal agency materials, content and protocols shared with NCSD by health departments, STD clinics and DIS, and updates on the evolving pandemic. DIS and health department staff are encouraged to share resources and protocols that they would like to see featured in the Command Center. In addition to being a valuable resource for DIS and other contact tracers, the Command Center has garnered significant attention from the media. The COVID-19 Command Center Alert, which was launched in early July, provides regular updates from the field and other resources via email. NCSD has also recruited a former DIS as a consultant to coordinate our overall COVID-19 efforts.

NCSD released our Phase II report on COVID-19 and the State of the STD Field in August. The Phase I report indicated that sexual health clinics and the work of DIS continue to be massively disrupted by COVID-19 as they juggle the caseloads from the pandemic and from STDs. We have hosted four webinars and released a technical assistance brief on AHSC testing. In mid-July, we teamed up with NASTAD to release a [resource on navigating sex during COVID-19](#).

It has become increasingly clear that successful contact tracing will be essential to bringing the runaway COVID-19 infection rates in the US under control. NCSD, health departments, sexual health clinics, and DIS can keep highlighting the work that DIS do and advocate for increased resources to continue and scale up contact tracing workforces. Successful contact tracing can be one of the keys to saving lives, limiting the spread of the pandemic, and to reopening our economy. At the same time, as resources and attention are being diverted to COVID-19, STD infections may increase in the absence of adequate screening, testing, and treatment. DIS and sexual health professionals will need to juggle these twin challenges as we move forward.

About NCSD

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. NCSD advances effective STD prevention programs and services in every community across the country.

Contact

For more information, contact NCSD at info@ncsddc.org