

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

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 beginning of the pandemic, the STD field has dedicated staff and resources to the fight against COVID-19, providing essential contact tracing and disease intervention services. In June 2020, we published a report on our initial survey findings [COVID-19 and the State of the STD Field](#), which described the field's immediate response to the pandemic. Two months later, we published a second report, [COVID-19 and the State of the STD Field: Phase II](#), showing the high cost of this response on STD programs.

This report describes the impact COVID-19 disruptions continue to have on our nation's STD programs and disease intervention specialists.

Methods

In November 2020, NCSDD distributed Phase III assessments via SurveyMonkey to STD program directors from the 65 jurisdictions directly funded by the Centers for Disease Control and Prevention (CDC). We asked nine questions to assess redeployments, contact tracing, disease intervention services, and the longer-term impacts of their COVID-19 response. Over six weeks, 60 percent of jurisdictions responded, representing low, medium, and high STD morbidity areas. Responding programs also reflect all geographic regions and include directly funded metropolitan areas.

Summary

Our survey data and direct outreach to stakeholders paint a clear picture of the disruptions STD programs experienced over the past 10 months. Programs responding to our first survey told us that 78 percent of their staff were redeployed to assist with their jurisdiction's COVID-19 response. As of January 2021, 37 percent of responding programs' staff are deployed to the COVID-19 response.

This continued diversion of staff and other resources has caused delays in providing disease intervention services, leaving some STDs completely unchecked. STD programs continue to report clinic closures, reduced clinic hours and services, STD testing kit shortages, and diminished laboratory capacity. Additionally, STD programs report severe burnout as disease intervention specialists (DIS) pivot from COVID-19 investigations and contact tracing back to STD disease intervention and partner services work.

Survey Findings

Cities and states across the country have turned to the STD field—with its deep experience in contact tracing for infectious diseases—to lead and aid COVID-19 contact tracing efforts. Here is what we learned from the programs that responded to our most recent survey:

- 90 percent report that their jurisdiction is conducting COVID-19 contact tracing
- 37 percent of STD program staff are currently redeployed to the COVID-19 public health response
- 87 percent of these programs are leading, staffing, assisting, or supporting their jurisdiction's COVID-19 contact tracing efforts
- COVID-19 redeployments are interfering with STD programs' ability to provide disease intervention services, including a 28 percent decrease in chlamydia services, a 23 percent decrease in syphilis services, and an 18 percent decrease in gonorrhea services

Disease Intervention Services

Disease intervention services include verifying or providing treatment, providing linkages to care and referrals, conducting partner services, and contact tracing, which ensures the chain of transmission is interrupted and the spread of STDs is stopped.

Narratives from the Field

As many overstretched health departments struggle to keep up nearly a year into the pandemic, public health workers are exhausted and leaving their positions. Without sufficient workers and supplies, an already decimated public health field faces a steep uphill climb through the pandemic and beyond.

“Compared to pre-COVID times, staff are only able to provide a successful disease intervention service to a fraction of individuals diagnosed with STDs.” – STD director in a high STD morbidity city

“STD program staff have been redeployed, which means work has been disrupted. Our epidemiologists, data entry staff, medical consultants, and department leadership are dedicated to COVID without time for anything else. We have no support.” –STD director in a high STD morbidity Southern state

“We have no staff capacity for field investigations or data management. We have lost DIS staff and managers. Our local health departments have also had major staffing issues. Everyone is short staffed and recruiting for new positions is difficult and takes time that no one has.” –STD director in a medium STD morbidity Midwestern state

“Patients are not seeking STD screening services, and STD testing is in short supply. We are seeing more complicated and advanced STD cases because of all of this and are very concerned about the future of an uncontrolled STD epidemic.” –STD director in a low STD morbidity Eastern state

“Unfortunately, we have seen a handful of unexpected early retirements of folks with many years of STD experience at the local level, and it is going to take a long time to rebuild this expertise. Workforce morale and retention are going to continue to be a huge challenge. We are also facing budgets cuts to our state general fund and are bracing for reductions in STD staffing and services.” –STD director in a medium STD morbidity Northwestern state

“Long after COVID-19 cases lower and the tide recedes, we will be playing catch-up and recovering from the impacts of this public health response. We will have to recover from employee turnover and burnout and figure out how to reengage our communities with new strategies and interventions.” –STD director in a low STD morbidity Western state

“We have lost human and financial capital to address STD public health needs. We have been set back after years of long fought for progress. We need resources, funding, support, and visibility” –STD director in a low STD morbidity Western State

Data and Figures

Figure 1

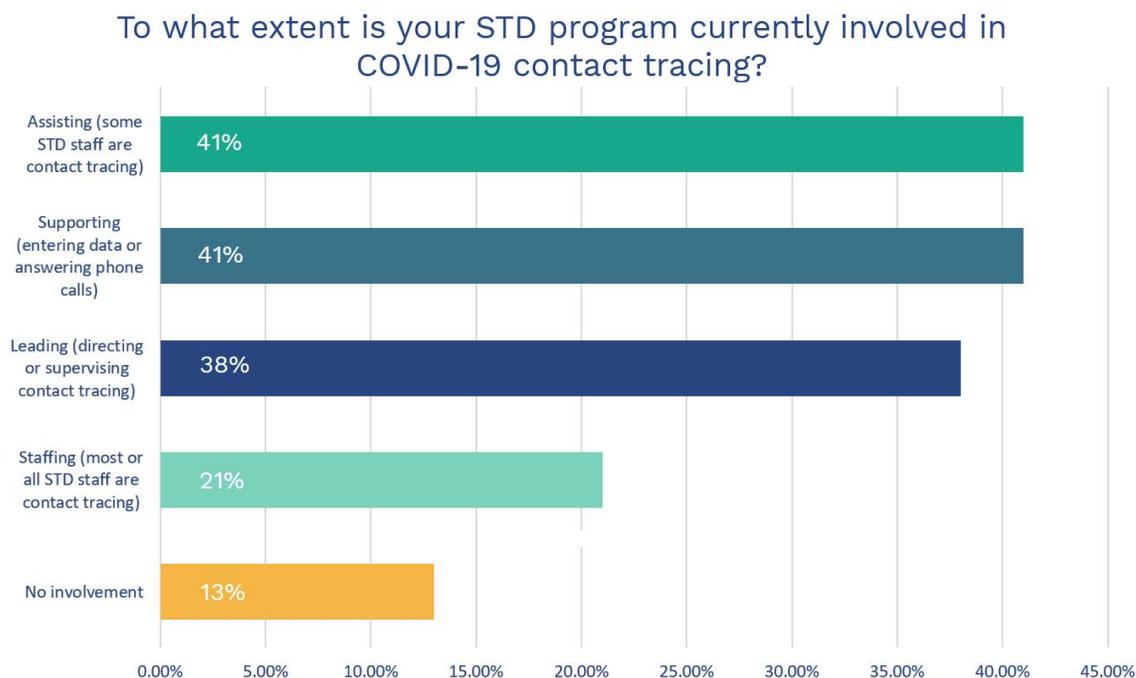
| Changes in Disease Intervention Services Before and After COVID-19 Disruptions to the Field | | | |
|---|-----------------|----------------|--------|
| Disease Intervention Services Provided | Before COVID-19 | After COVID-19 | Change |
| Chlamydia services for all populations | 3% | 0% | -3% |
| Chlamydia services for priority populations | 51% | 23% | -28% |
| Gonorrhea services for all populations | 26% | 8% | -18% |
| Gonorrhea services for priority populations | 52% | 46% | -6% |
| Syphilis services for all populations | 82% | 59% | -23% |
| Syphilis services for priority populations | 21% | 46% | +25% |
| HIV services for all populations | 82% | 74% | -8% |
| HIV services for priority populations | 13% | 23% | +10% |

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Data and Figures

Figure 2

STD program staff and DIS continue to be crucial to the COVID-19 response, especially contact tracing. Among the responding programs, only 13 percent are not involved in their jurisdiction’s contact tracing efforts. The remaining 87 percent are leading, staffing, assisting, or supporting those efforts.



For the past year, the STD field has stepped up to meet the extraordinary challenges of the ongoing pandemic, at times redeploying most of its workforce to the public health response to COVID-19. From disease intervention to contact tracing, STD experts have served tirelessly on the frontlines. As this report highlights, while their efforts have been invaluable and lifesaving, the diversion of their attention and energy has caused real disruptions to STD disease intervention, creating the possibility of an uncontrolled STD epidemic on the horizon.

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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