

COVID-19 & The State of the STD Field: Phase IV

A Workforce Not Yet Recovered

NCSO has conducted regular membership surveys throughout the COVID-19 public health response to assess the impact on the STD field. The first assessment was conducted in March 2020, the next in June 2020, and the third in November 2020. As STD programs began to find their new normal in 2021 and into 2022, NCSO again surveyed our membership in June 2022 to understand the state of the STD field. The results of the most recent assessment resoundingly describe an exhausted workforce. Throughout the public health response to COVID-19 (March 2020 through June 2022), 75% of STD programs experienced reduced staffing capacity due to turnover and burnout, 70% of programs experienced reduced staffing capacity due to retirement and resignation, and 60% of programs operated with limited staff capacity due to illness, including COVID-19 infection.

STD programs report that contract tracing applications along with dedicated COVID-19 staff have taken some of the pressure off disease intervention specialists (DIS) and staff, allowing them to resume their regular duties within their STD programs. As of June 2022, 55% of STD programs were no longer involved in COVID-19 outbreak response efforts. Those programs that are still involved in their jurisdictions' COVID-19 response are maintaining surge-capacity, providing cross training, staffing COVID-19 call lines, completing COVID-19 data entry, developing and implementing policy changes, changing or restructuring staff roles, and mentoring COVID-19 contact tracing teams.

While most STD programs are no longer directly involved in COVID-19 public health response activities, STD programs are still trying to rebuild from burnout, unfilled vacancies, turnover, and the backlog of STD work caused by the COVID-19 pandemic including reassignments and deployments. Loss of institutional knowledge that comes with staff turnover limits many programs' ability to onboard and train new DIS. Several STD programs report that their workforce is relatively inexperienced and lacking confidence due to the limitations presented by the COVID-19 pandemic. It is also clear that COVID-19 will have lasting impacts on STD programs. Currently, 40% of STD programs have reduced their overall DIS efforts and are prioritizing cases. 40% are also still using alternative methods of DIS work and 35% have suspended field visits all together. Only 25% of STD programs report that DIS work is not currently impacted by COVID-19.

The Disease Intervention Specialists (DIS) Workforce Development Funding is part of the American Rescue Plan Act of 2021 and is distributed to 59 STD programs across the country to expand

and enhance frontline public health staff and build organizational capacity for outbreak response. As a result of this new funding, directly funded jurisdictions are anticipating hiring an average of 30 new DIS to staff their STD programs (the number of DIS per program ranges from three to 135). While the DIS Workforce Development Funding provided a much-needed infusion of resources into STD programs across the country, unfortunately, only 30% of planned and anticipated DIS positions have been filled. The biggest barriers STD programs have experienced regarding the recruitment, hiring, and onboarding of new DIS are state/jurisdictional restrictions of funding and concerns of funding sustainability. Other barriers STD programs are facing include compensation ceilings, state employee pay rates, and limited candidate pools.

As the dust settles from the COVID-19 public health response, the monkeypox public health emergency is now subsequently serving as the impetus for STD program disruption. STD programs and sexual health clinics are experiencing a [reduced capacity for clinical services](#), with the monkeypox response now taking priority. Competing public health emergencies and outbreaks have resulted in a burned-out workforce, STI screening rates that have not yet reached pre-pandemic levels, and record setting syphilis rates. The strain on STD programs seems unending as public health beseeches DIS and STD program staff to respond to monkeypox while also shouldering the burden of the ongoing STD epidemics.