The Role of DIS Across Surveillance, Prevention, and STD Programs

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NCSD Mission and Values

**Vision:** A nation without sexually transmitted diseases.

**Mission:** To advance effective STD prevention programs and services in every community across the country.

NCSD does this as the voice of our membership. We provide leadership, build capacity, convene partners, and advocate.
WE ARE HELPING
to
STAMP OUT SYPHILIS
HUNTING SICKNESS, SPREADING KINDNESS

Medical investigator hits the streets to track down people in need of treatments for sexually transmitted diseases

STORY BY JAMES BURGER
PHOTOGRAPHS BY HENRY A. BARRIOS

Shantell Waldo is a medical investigator for the Kern County Public Health Services Department. At midmorning, she heads out to find a patient who has not returned after being tested for STDs. See more photos at Bakersfield.com.
**GOAL:** Find undiagnosed persons with STD/HIV infection, assure adequate treatment, and halt transmission in the community

**Identify persons**
- Diagnosed in clinic
- Surveillance report
- Provider referral

**Conduct Interview**
- Assure treatment
- Education and counseling
- Request partner information for follow up

**Partner Notification**
- Email
- Sites/Apps
- Phone
- In person

**Linkages to PrEP or HIV Care**
DIS Support Surveillance and Prevention through:

- Data Collection and Accuracy
- Partner Services
- Referral or Linkage to PrEP
- STD/HIV Testing in the field
- Health Insurance Navigation
- Linkage to Care Retention in care
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Measuring HIV Outcomes for STD Partner Services: 5 Programs

Process

• Case studies of participating LHJs
• Data completeness
• Partner services timeliness outcomes

Outcome

• % of individuals/partners newly tested for HIV
• % of individuals/partners in care, linked to care, re-engaged with care

Cost Effectiveness

• Cost per new HIV diagnosis
• Cost per person linked to care/re-engaged with care
Data Collection

STD Surveillance Data (CalREDIE)

HIV Surveillance Data (Local)
Local Case Study #1: Identifying Co-Infected GC/HIV Cases for Follow-Up

DIS does interview, PS, LTC, and enters outcome data.
Local Case Study #2: Identifying Co-Infected GC/HIV Cases for Follow-Up

DIS does interview, PS, links to LTC, and enters outcome data.
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PrEP Meets Partner Services

• 10-12 high-risk individuals are linked by Colorado DIS per month

• New HIV and STIs found at PrEP intake

• Healthcare coverage gaps identified & addressed

• Attitudes of DIS have shifted around PrEP

• Extragenital screening = PrEP referral

Courtesy Thomas Deem, 2016 NCSD Annual Meeting
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Alaska: Extragenital Testing in the field

- Of the 968 patients who received concurrent testing, urogenital-only testing would have failed to detect:
  - 25% (86/350) of CT and 30% (73/242) of GC infections in males
  - 6% (18/290) of CT and 12% (10/86) of GC infections in females (Figure)

Figure. ASPHL Positive CT and GC Test Results among Patients who had Clinical Samples Collected from Multiple Anatomical Sites, by Sex – Alaska, 2014-2015

- CT/GC infection missed by urogenital-only screening
- CT/GC infection identified by urogenital-only screening
Alaska: Extragénital Testing in the field

• In AK DIS investigate all HIV, GC, and syphilis + priority CT
• Take a complete sexual history to identify risk and exposed anatomic sites
• Test all exposed sites. Urine + Oral + Rectal
• Oral swabs collected by DIS, rectal swabs self-collected
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Health Insurance Field Record

• PRISM Field Record DIS client healthcare coverage status

• Outcomes of DIS Medicaid enrollment activities and referral to marketplace/exchanges

• New data and types of information for DIS program evaluation
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HIV Care Continuum: Adjusting for Case Investigation Outcomes, King County, Washington 2010-2013

- Diagnosed: 92% (No Case Investigation) vs. 92% (Case-investigation adjusted)
- Linked to Care: 90% (No Case Investigation) vs. 90% (Case-investigation adjusted)
- Retained in Care: 60% (No Case Investigation) vs. 79% (Case-investigation adjusted)
- Virologic Suppression: 50% (No Case Investigation) vs. 69% (Case-investigation adjusted)

Courtesy Matt Golden
Proportion of Newly Diagnosed HIV-Infected Patients who are Linked to Care and Retained in Care by Receipt of Field Services, New York City, 2007-2011

- Linked to Care within 90 Days:
  - No field services: 66%
  - Received field services: 79%

- Retained in Care:
  - No field services: 55%
  - Received field services: 69%

*p<0.001, small differences in multivariate analysis

Bocour, et al. AIDS 2013
What can you do?

• **Invest in DIS:** DIS are versatile members of the health department team that reach people who may not be touched by other interventions.

• **Partner with STD Programs:** STD programs have been integrating surveillance and prevention for 100 years.

• **Think outside the box:** DIS skills can be applied for more holistic services – referrals to housing services and health insurance – that can address aspects of health inequities.
THANK YOU!

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