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Report from the Field: The Impact of COVID-19 on Local Health Department HIV, STI, and Hepatitis Programs

Health departments across the country are limiting or shuttering services due to the outbreak.

Washington, DC, April 15, 2020 – Today the <u>National Association of County and City</u> <u>Health Officials</u> (NACCHO), representing the country's nearly 3,000 local health departments, released new data documenting the impact of COVID-19 on existing services to combat HIV and sexually transmitted infections (STIs), generally. The COVID-19 response has taken time, attention, and personnel away from all other unrelated heath priorities as underfunded and understaffed health departments respond to this incredible crisis. However, in doing so, existing services are strained or paused, with health impacts that will ripple through communities.

These impacts come at a challenging time: local health departments are working to tackle historically high STI rates; they are continuing to respond to the existing opioid crisis, which facilitates the spread of infectious diseases like HIV and hepatitis C, and they are leading communities in our nation's ambitious push to end the HIV epidemic. At the same time, local health departments are still dealing with budget and staffing cuts from the 2008 recession, where they lost nearly a quarter of their workforce, while leading on the front lines of the COVID-19 response that is impacting every community in the country. 100% of respondents noted a negative impact from COVID-19 on their work, ranging from seeing fewer patients to closing of programs and clinics.

Additional impacts include:

- Reduced or suspended services and activities, often because staff are pulled away to focus on the response or due to implementing social distancing guidelines.
- Shuttered outreach, education, and prevention efforts including the initiation of preexposure prophylaxis (PrEP) to prevent the spread of HIV for new clients.
- Reduced clinical services, hours, and appointments; suspension of walk-in services; prioritization of symptomatic cases or the contacts of confirmed cases; some clinic closures.
- Suspended harm reduction services, including needle exchange programs, which are critical to stem the infectious disease complications of the opioid crisis.

Despite the challenges, these programs are adopting innovative service delivery methods

when possible to continue this work despite the workforce and resource challenges, and while maintaining social distancing. These include:

- Adopting telehealth services to offer screening, counseling, case management, partner services, and other services via telephone or conferencing platforms such as Zoom.
- Supporting an express STI testing model, so that clients can get tested without having to see a provider, limiting face-to-face contact to reduce the spread of COVID-19.
- Utilizing syndromic management and presumptive treatment of STI cases, as detailed in a recent <u>Dear Colleague letter</u> from CDC.
- Providing syringe services by phone, enabling clients to place orders and pick up syringes with limited contact; increasing the number of syringes distributed per visit to limit visits to the program; and possibly mailing naloxone, the overdose reversal medication, to clients.

For more details on the survey, see the NACCHO Essential Elements blog here (<u>http://essentialelements.naccho.org/archives/16865</u>)

For more details on NACCHO's response to COVID-19, see our information page here (<u>https://www.naccho.org/programs/our-covid-19-response</u>)

About NACCHO

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The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit <u>www.naccho.org.</u>