

# The Role of the Disease Intervention Specialist 2023

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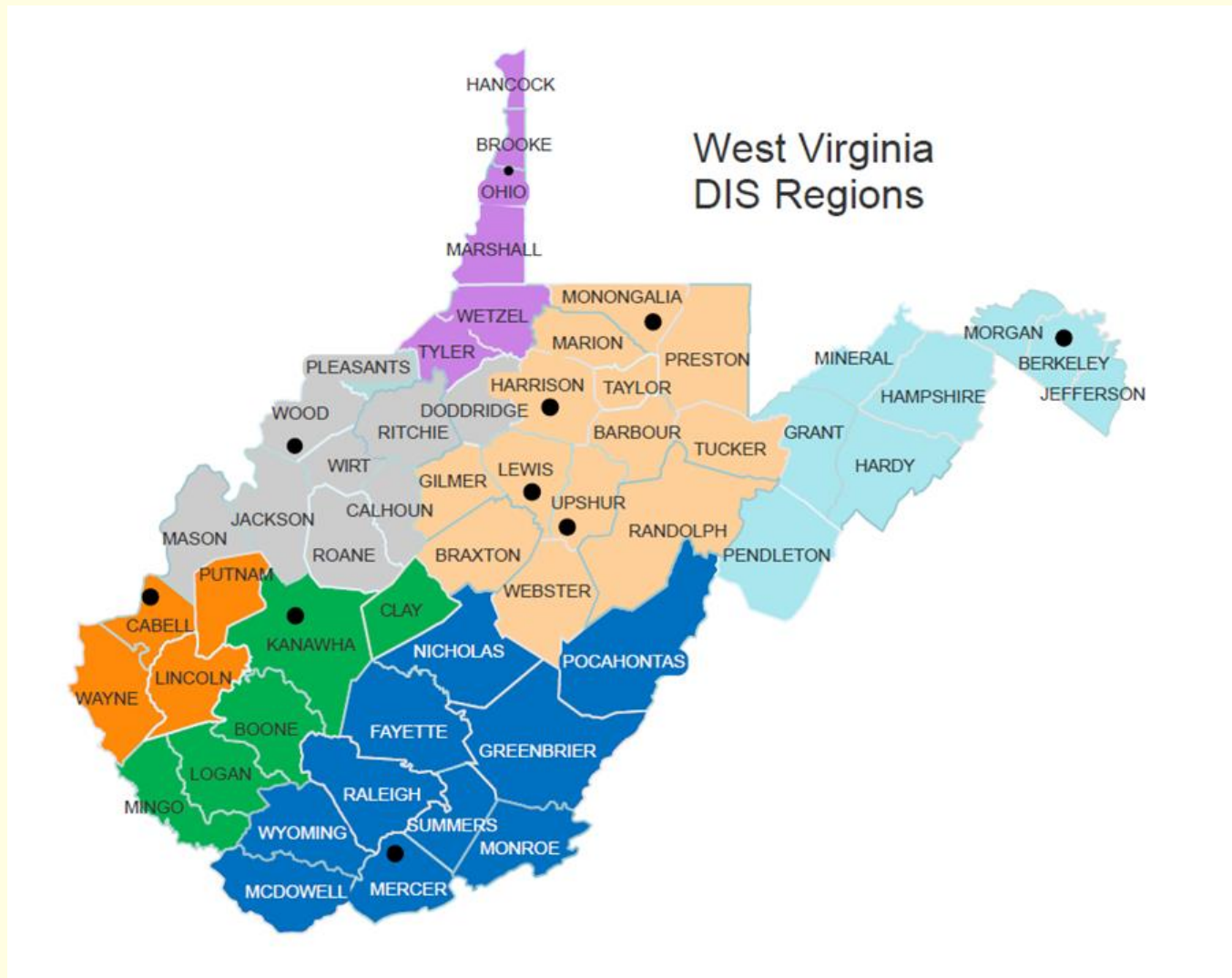
## **Centers for Disease Control and Prevention (CDC) defines the Disease Intervention Specialist (DIS) as:**

The backbone of public health in the United States, public health professionals who use contact tracing and case investigation to prevent and control infectious diseases. DIS possess unique skills designed for disease intervention and investigation which include problem solving, negotiation, and communication. DIS specialize in:

- Public health investigations,
- Case management and analysis,
- Provider and community engagement,
- Outbreak detection and response.

\* <https://www.cdc.gov/std/projects/disease-intervention/default.html>

# West Virginia DIS Map



## A few insights regarding West Virginia DIS:

- DIS are trained using CDC's Passport to Partner Services modules, in-house trainings specific to West Virginia's program, and mentoring with DIS Supervisors / senior DIS.
- DIS are currently only assigned cases of STI / HIV but other emergent diseases are covered in CDC Passport to Partner Services.
- DIS offer many services other than Partner Services including:
  - prevention counseling and education,
  - rapid testing for HIV and syphilis,
  - linkage/referral to services such as Ryan White, syringe service programs, harm reduction programs, housing assistance, and medical facilities for treatment / testing.

# Critical Skills for DIS

- Professionalism
- Persistence
- Nonjudgmental attitude
- Assertiveness
- Interpersonal communication skills
- Adaptability
- Creativity
- Case Analysis
- Time Management
- Social Networking

- Pregnant patients with any STD / HIV.
- Early syphilis (high titers, symptomatic).
- Newly diagnosed cases of HIV with identified IVDU Risk.
- Newly diagnosed HIV with unknown risk factors.
- Patients and contacts of confirmed cases who are of reproductive age.
- Patients or contacts who are untreated or unaware of an exposure.
- Patients who were not able to be interviewed.
- Contacts who were not able to be tested / informed of exposure.

# Field Work Reactor Grid

## Field Follow up Priorities for DIS

Age	Sex	Treponemal only	1:1 - 1:4	1:8	1:16	1:32	>1:64	Symptomatic	New 900 with IVDU Risk	New 900 with Risk Unknown
Any	Pregnant	Highest	Highest	Highest	Highest	Highest	Highest	Highest	Highest	Highest
Age < 30	Female	First	First	First	First	First	First	First	First	Second
	Male	Second	Second	First	First	First	First	First	First	Second
Age 31-45	Female	Second	Second	First	First	First	First	First	First	Second
	Male	Second	Second	Second	Second	First	First	First	First	Second
Age 46-59	Female	Third	Third	Second	Second	First	First	First	First	Second
	Male	Third	Third	Second	Second	First	First	First	First	Second
Age ≥60	Female	Third	Third	Third	Second	Second	First	First	First	Second
	Male	Third	Third	Third	Second	Second	First	First	First	Second

Priority Level	Provider Follow-Up	Patient Follow-Up*	Initial Interview within:	Total Case Closure:	Field Activities
Highest Priority	1 Business Day	24 Hours	One Week	45 Days	Complete provider follow up, then begin patient follow-up within 24 hours for interview. Work through the Case Tracking form within 7 days. Case Disposition documented within 14 days. In-person interview and/or re-interview preferred.
First Priority	1 Business Day	48 Hours	One week	45 Days	Complete provider follow up, then begin patient follow-up within 48 hours for interview. Work through the Case Tracking form within 7 days. Case Disposition documented within 14 days. In person interview and/or re-interview preferred.
Second Priority	2 Business Days	72 Hours	Two Weeks	30 Days	If no evidence of early syphilis or pregnancy from provider or Surveillance, document treatment, and begin patient follow-up within 72 hours for interview. Work through the Case Tracking form within 14 days. Case Disposition documented within 14 days. Phone interview is acceptable. <i>NOTE: If signs or symptoms indicative of early syphilis or potential pregnancy or if DIS otherwise link the OP to a confirmed case, then treat as a red reactor or pink reactor.</i>
Third Priority	3 Business Days	72 Hours	Two Weeks	7 Days, unless evidence of early syphilis	If no evidence of early syphilis or if case is determined to be a biological false positive, document treatment and close out. Case Disposition documented within 7 days. If no treatment or inappropriate treatment, recommend appropriate treatment per CDC guidelines, fax a copy CDC treatment guidelines for Syphilis of Unknown Duration, document, and close. <i>NOTE: If signs or symptoms indicative of early syphilis or potential pregnancy or if DIS otherwise link the OP to a confirmed case, then treat as a red or</i>

\*Providers may ask DIS during the Provider Follow-Up portion of this process that they be allowed to speak to the patient prior to the DIS contacting the patient. DIS will inform the provider that per protocol, that DIS must contact the patient within 24 hours. DIS will call the provider back within 24 hours from the initial Provider Follow-Up protocol. If the provider has not made contact with the patient, DIS will inform the provider that they must proceed with their investigation and will be calling the patient.

## Typical DIS Case:

- Attempt to locate the patient or contact for up to 30 days after case is initiated by STI / HIV Surveillance or elicited by DIS during an interview. Exception: Pregnant cases have a 45-day threshold.
- If located, DIS interview and educate the patient, offer Partner Services, note all patient refusals, and refer to care to the Local Health Department or the patient's preferred facility.
- Provide partner notification to contacts identified.
- Follow up with contacts / patients to ensure they have received education, testing, treatment, etc.
- Update case and notify supervisor for any questions prior to closing the case.
- Close case within 7 / 30 / 45 Days.



DIS use investigative techniques to locate infected patients, their partners, and other contacts/associates/cohorts, and refer them for examination and/or treatment. DIS investigations are time consuming and very extensive. Some methods include:

- Record searches – Online medical databases, visits to clinics, and frequent calls to infection prevention specialists.
- Phone calls
- Texting
- Field visits – patient’s home, work, hangouts, etc.
- Social media
- Dating Apps
- Paper letters

## Case Tracking Sheet for Unlocated Cases / Contacts

**PRIORITY:**

**HIGHEST**

**HIGH**

**SECOND**

**THIRD**

PATIENT: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_

DATE TO CLOSE: \_\_\_\_\_

Record Searches	Date	Add any found information to Field Notes in WVEDSS
WVEDSS		
WVHIN		
Local Health Department		
Facebook		
Google		
WV DOC		
eHars (Supervisor)		
STDMS (Supervisor)		
CLEAR (Supervisor)		
Other:		
Other:		

	Attempt 1	Attempt 2	Attempt 3
Provider Follow Up: Enter Date of Service			

Patient Follow Up Efforts: Enter Date of Service	Attempt 1	Attempt 2	Attempt 3 -
Call current phone			
Text			
Call Emergency Contact			
Facebook Message			
Letter mailed			
Field Visit			
Call work location			
Additional Phone Number:			
Additional Phone Number:			
Additional Phone Number:			
Other:			

NOTES:

# Some examples of DIS Interventions

- Ensuring examination and treatment of all sex partners named during the interview.
- Creating individualized, realistic risk reduction plans with patients and contacts.
- Providing educational materials to patients, contacts, and providers.
- Condom distribution in high morbidity areas and to counseled individuals.
- Recommending Centers for Disease Control approved treatments to patients and providers.
- Offer rapid testing for HIV and syphilis.
- Collaborate with other branches of DSHHT, community partners, and local health departments for participation in rapid testing events, educational opportunities, and community events.

## Assuring testing and treatment of sex and/or IVDU paraphernalia sharing partners.

- This is the most complex and significant disease intervention behavior.
- This begins with the interview of the original patient and includes partner notification services.

***Confidentiality** is emphasized throughout the interview and investigation.*

# Intervention Behavior #1 (cont'd)

## Sexually Transmitted Disease (STD) Contact Tracing

### What?

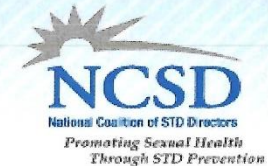
Sexually Transmitted Disease (STD) contact tracing is the notification of sexual partner(s) of individuals diagnosed with a sexually transmitted disease including HIV/AIDS. The partner(s) are told that they may have been exposed to a STD and should be tested and/or treated. This is a core public health duty carried out by health departments across the United States and can be anonymous or confidential; sexual partner(s) are not told who referred them.

### Why?

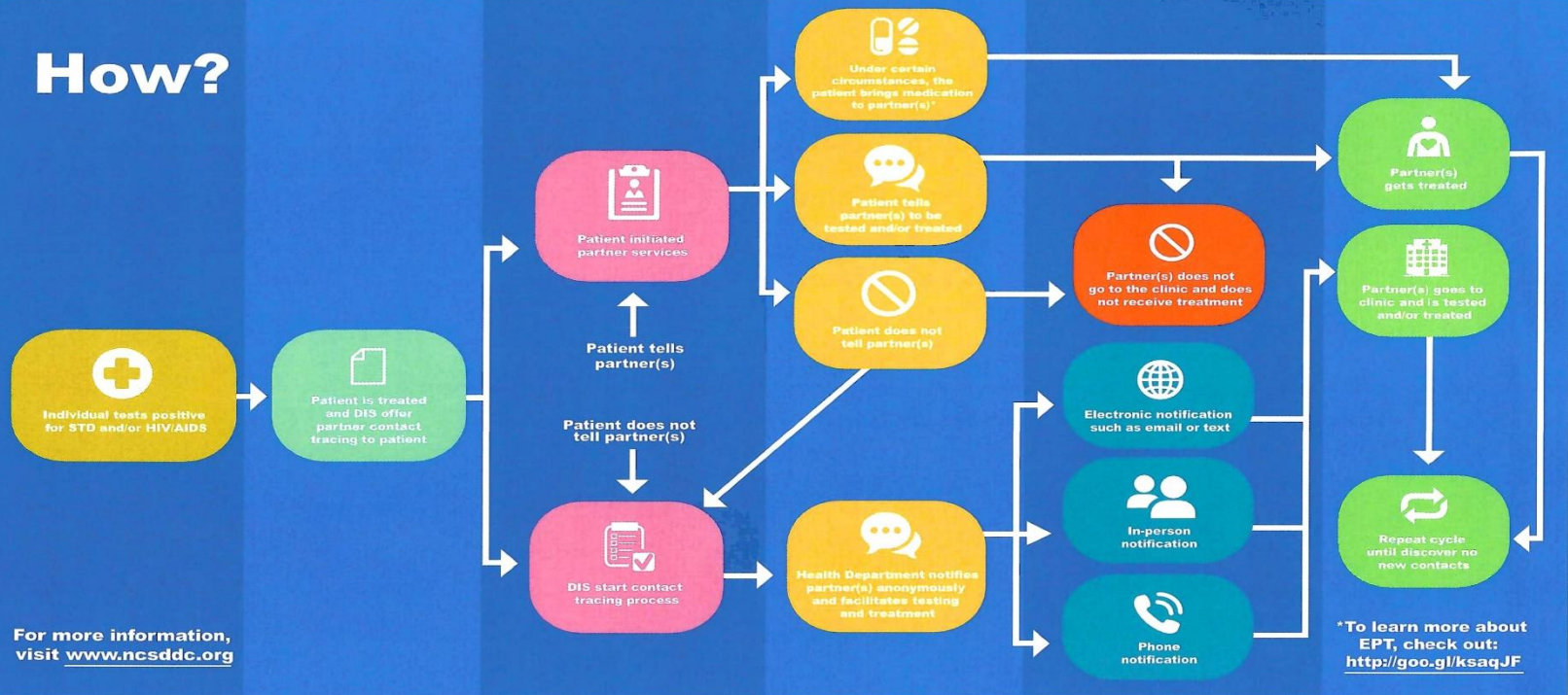
- Health departments can make sure patients and partner(s) get the right tests and treatments
- Treating partners can prevent reinfection and prevent further disease transmission and complications.
- Contact tracing can decrease the overall number of STDs in the community

### Who?

Disease Intervention Specialists (DIS) are often the health department employees performing this role although other staff and community based organizations may as well! DIS conduct interviews with STD patients to obtain information on sexual partner(s). DIS are the backbone of state and local health departments and serve the most critical role in the reporting and controlling the oddslot spread of STDs and HIV, as well as, hepatitis and tuberculosis.



## How?



## Interview Format

- Introduction – Name, role, purpose, **confidentiality**.
- Patient Assessment – Patient concerns, socio-sexual information, medical history, disease comprehension.
- Disease Intervention Behaviors – Partner elicitation and realistic risk reduction plan.
- Partner Services – See next slide.
- Conclusion – Concerns, restate commitments and **confidentiality**, set stage for re-interview, offer rapid HIV/syphilis testing, educate about PrEP, make referrals, wrap-up.

## Risk Reduction

Risk reduction involves educating a patient about ways to reduce risk.

Risk reduction methods include but are not limited to:

- Wearing condoms correctly and consistently
- Limit sex partners
- Safe Injection Practices and linkage to Harm Reduction Programs for individuals with Substance Use Disorder
- PrEP education and referrals
- Routine testing – DIS offer rapid HIV and Syphilis tests
- Getting partners tested and treated

## Education

Educate patients about the signs and symptoms of other STDs and other infectious diseases.

- What to look for – recognize signs and symptoms.
- Where to go – public or private providers, and school clinics.
- What to expect from medical providers – interview, testing, and treatment.
- Future responsibility – to self and others.



## Medication and Follow-Up

DIS are required to stay informed about the latest CDC recommended treatments for STDs and HIV.

- DIS ensure patients understand medication requirements.
- DIS advise patients that a follow up call or visit may be necessary to ensure that the medication is completed.
- DIS educate patients about the urgency of testing all partners.
- DIS will advocate for and educate about Expedited Partner Therapy and DoxyPEP.

## Screening

DIS collaborate with many partners throughout West Virginia to offer counseling, rapid testing services, and logistical advice. DIS also offer rapid testing for HIV and syphilis through the course of their investigations and interviews. Some common collaborations for DIS include:

- Outreach testing events – schools, health fairs, community events, and the HIV Prevention Division.
- Positive Health Clinics.
- Local Health Departments.
- Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), Correctional Facilities, City Missions, Substance Use Treatment Facilities, etc.

## What you should expect from DIS:

- Provide guidance to medical professionals and other entities when consulted.
- Advocate for the patients and their contacts by recommending CDC approved treatments.
- Educate providers/patients/contacts regarding CDC approved treatments.
- Serve as a liaison for the West Virginia Bureau for Public Health.
- Provide in-service education to personnel using DHHR approved presentations as requested.
- Collaboration with community partners.
- Make referrals for testing, treatment, and care for persons infected or exposed to a STI, HIV, or other emergent disease.
- Provide labs to providers for any patient referred to facilitate treatment for the patient.
- Professionalism and unwavering dedication to the public health of West Virginia.

## What you should not expect from DIS:

- Discussion of any information obtained in the interview with the patient regarding their partners, sexual practices, etc. Medical information pertinent to their treatment will be shared, as necessary and with the patient's consent (syphilis signs and symptoms for example) to facilitate CDC recommended treatment with a provider.
- De-prioritization of their caseloads to accommodate requests.
- Deviation from the Field Work Reactor Grid.
- A power struggle. DIS are here in an advisory capacity but will advocate for the patients and their partners regarding CDC recommended treatments.

# Productively Working with DIS

- Patients and contacts referred to a DIS should be given top priority and should be seen the same day as the referral if possible.
- Special consideration: When working with a population that includes individuals with Substance Use Disorder and/or experiencing homelessness, a process with flexibility and accommodation should be in place to ensure treatment is consistent to prevent an outbreak amongst the population.
- DIS should be provided with space to ensure that interviews can be conducted confidentially and without interruption.

## So, what about DIS and HIPPA?

As a Covered Entity (CE) in West Virginia, providers are permitted to disclose, without a patient's prior knowledge, the requested public health information to a Public Health Authority (DIS) for the purposes of preventing or controlling disease, injury, or disability, including many common health activities contained in the West Virginia Reportable Disease Manual.

DIS rely upon what we call the "HIPPA Letter" to ensure that providers understand this and often it will get us the necessary information (see next slide).

# The "HIPPA Letter"



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Public Health  
Commissioner's Office

Sherrí A. Young, DO, MBA, FAAFP  
Interim Cabinet Secretary

Matthew Q. Christiansen, MD, MPH  
Commissioner & State Health Officer

July 6, 2023

Dear Healthcare Provider:

The West Virginia Bureau for Public Health (BPH) is committed to protecting the health of West Virginia residents by providing public health oversight and monitoring of health events according to federal and state law. This letter is intended to clarify the ability of a Health Information Portability Accountability Act (HIPAA) covered entity (CE) to use and disclose protected health information (PHI) for certain public health activities without first obtaining an individual's authorization.

The HIPAA Privacy Rule provides important privacy rights and protection with respect to patients' health information, including limitations on how it may be disclosed to third parties. The HIPAA Privacy Rule recognizes there are circumstances when sharing patient health information may benefit the health and safety of others, by permitting the use and disclosure of PHI to a public health authority (PHA) without a patient's prior authorization.

The HIPAA Privacy Rule includes several permitted uses and disclosures. (See 45 CFR 164.512(b)(1)). As a CE, you are permitted to disclose PHI to a PHA for the purposes of preventing or controlling disease, injury, or disability, including many common public health activities contained in the West Virginia Reportable Disease Manual ([oeps.wv.gov/reporting/Pages/rpd\\_manual.aspx](https://oeps.wv.gov/reporting/Pages/rpd_manual.aspx)). The BPH encourages all providers to become familiar with 45 CFR 164.512(b)(1) and the Reportable Disease Manual.

Finally, while HIPAA requires that information disclosed to the PHA is the minimum information necessary, you may reasonably rely on the PHA's request to define the information that is necessary for the public health activity.

If you have questions, please contact the Office of Epidemiology and Prevention Services at (304) 558-5358 or 1 (800) 423-1271.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Q. Christiansen".

Matthew Q. Christiansen, MD, MPH  
Commissioner and State Health Officer

MC:ja

# “The DIS Creed”

**“I am a proud Disease Intervention Specialist, a highly skilled health professional who stops at nothing to prevent the consequences of communicable disease among those so unfortunate to be infected or exposed. My greatest reward is knowing I make a difference.”**

**Written in honor of Mr. Tommy Chandler who is a 40-year DIS and considered a legend in the field of Disease Intervention.**



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