

The Role of the Disease Intervention Specialist 2023

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Bureau for Public Health
Office of Epidemiology and Prevention Services
Division of STD, HIV, Hepatitis and Tuberculosis



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

FOR PROVIDER USE ONLY - DO NOT DISTRIBUTE

DSHHT Main Phone
(304) 558-2195

State STD Hotline
(800) 642-8244

National STD Hotline
(800) 227-8922

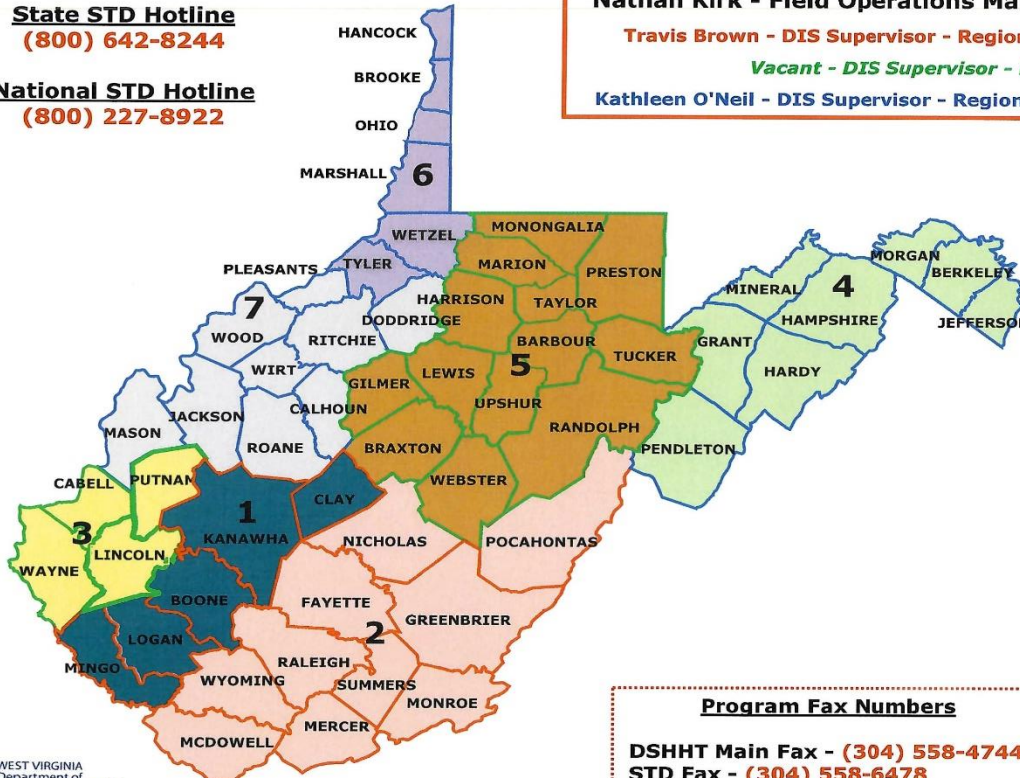
Regions for Disease Intervention Specialists West Virginia Division of STD, HIV, Hepatitis and TB

Nathan Kirk - Field Operations Manager - (304) 380-5733

Travis Brown - DIS Supervisor - Regions 1 & 2 - (681) 710-5239

Vacant - DIS Supervisor - Regions 3 & 5

Kathleen O'Neil - DIS Supervisor - Regions 4, 6, & 7 - (304) 553-5670



Field Staff (DIS)

- 1** Jasmine Duiguid - 102
(304) 549-9936
John Armstrong - 104
(304) 807-3516
Jessica Shelton - 106
(304) 932-6146
- 2** Beth Metzger - 108
(681) 710-5236
- 3** Peter Samosky - 006
(304) 549-9965
Kelly Golice - 112
(681) 710-5162
Mariana Guy - 114
(681) 710-5145
- 4** Matt Eakle - 105
(304) 807-3328
- 5** Evan Lee - 123
(304) 549-9608
Samantha Silva - 125
(681) 710-5258
- 6** Judith Staskey - 120
(304) 553-8047
- 7** Two Vacancies

Program Fax Numbers

DSHHT Main Fax - (304) 558-4744
STD Fax - (304) 558-6478
HIV Fax - (304) 957-7753
Hepatitis Fax - (304) 558-8736
Tuberculosis Fax - (304) 558-1825

Viral Hepatitis Statewide
Kenya Burton
(304) 767-0842

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.

- 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.

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

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.

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.*

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.

“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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