STD Outreach in Action: Crossing the Country to Stop an HIV & Viral Hepatitis Outbreak

Living in a small town can often provide a safe haven from the troubles of the outside world. But there are times when it can be risky, especially when there is the potential for infectious disease to spread rapidly—as was the case in a small Indiana town when an outbreak of HIV and hepatitis surfaced among people who inject drugs. At the height of the crisis, as many as 154 people tested positive in six months in the town of only about 4,000 people. With just a few trained public health workers on hand locally, it was clear that help was needed to get the outbreak under control. Monitoring the situation and seeking to head it off before it got out of hand, Indiana public health officials tapped into the resources of the interstate Emergency Management Assistance Compact (EMAC) system to request help.

DIS: Travel-Ready Public Health Emergency Pros

LaNisha Childs and Tangye Harris, Disease Intervention Specialists (DIS) with the Virginia Department of Health, were battling a rise in syphilis infections in local Virginia towns when they got the call to join the Indiana efforts. Knowing they could bring much-needed experience in STD prevention outreach, they immediately agreed to help with the outbreak and were on a plane within 72 hours. Both DIS were well-suited to tackle the HIV/hepatitis crisis, thanks to being trained in outbreak response, which includes well-honed one-on-one interviewing skills. They also were both trained to draw blood—expertise that came in handy for the Indiana emergency. Getting these two highly-trained public health workers on the scene in Indiana was essential to containing the HIV/hepatitis surge because of the unique skillset DIS have.

1,661 STD/HIV DIS positions in the U.S.
75% of DIS have emergency response experience
647 HIV/hepatitis case investigations during height of Indiana outbreak
“DIS presence in a community makes a world of difference. With DIS, you have a person who is trusted and helpful, can talk to people about sensitive subjects without breaching confidentiality, and can connect them to resources,”
– Tammie Woodson, Childs’s and Harris’s field operations manager who supported their deployment to the outbreak.

On the Ground in Indiana: Building Community Trust

Once they landed, Childs and Harris joined the outreach efforts of other public health professionals, which included 50 local, state, and federal STD DIS, and quickly got to work tracing contacts and investigating at-risk behavior in the community. The town was small, but the challenges were many. Chiefly, Childs and Harris found themselves in a small, close-knit town where no one knew who they were and had no reason to trust them with intimate details from their lives. But being well-trained DIS, Childs and Harris had no trouble proving they genuinely wanted to help, and they were able to gain the community’s trust and cooperation to get the job done.

“Hepatitis C was common in the area, and was thought of in the same way as having a common cold, but we came to realize from interviewing clients that most people who were injecting drugs had no idea HIV also could be transmitted by the sharing of needles and works,” recalled Harris. Educating the community about these risks – and especially the most affected populations – turned out to be a very important role for these outbreak responders.

“Having DIS assist with the effort made a huge difference in the amount of time needed to find people, and helped slow the tide of positive cases,” said Childs. She reflected back on 12 and 14-hour community outreach days with no breaks or days off—a number of hurdles to overcome. Ultimately though, and in big thanks to the DIS, their hard work prevailed: when the DIS left Indiana a little over two weeks later, most contacts had been traced, tested, and referred for treatment, and some were even being re-tested.

“DIS are increasingly the unseen link between members of the community, STD prevention, and healthcare. With their exceptional ability to connect with and comfort those most vulnerable to STDs, DIS may often be the only avenue for clients to receive appropriate prevention, care, and treatment services,”– Jeff Stover, Operations Director for Population Health, Virginia Department of Health.

Mission Accomplished: Keeping Communities Connected to Public Health

Although budgets for DIS programs are dwindling, their added prevention value is clear. In Indiana, Childs, Harris and other DIS helped contain a potential 2-year HIV/hepatitis outbreak in a matter of months. Thanks to DIS around the country, community outreach in action continues to make a difference in the lives of those who need it most, wherever they happen to live.