How the COVID-19 Pandemic has Impacted Sexually Transmitted Diseases (STD) Programs

In March 2020, STD program resources shifted to help control the spread of COVID-19. This shift in resources occurred at a critical time: in 2019, reported STDs reached an all-time high for the 6th consecutive year. Although reported cases dropped during the beginning months of the pandemic, they have since surged, a sign that STD rates might have increased even more overall—an added challenge for programs with diminished resources.*



*This infographic summarizes major findings from a survey conducted to assess impacts of the COVID-19 pandemic between December 2020 and January 2021 on 59 project areas (jurisdictions) that include 50 states, 7 cities, and 2 U.S. territories funded by <u>CDC's Division of STD Prevention</u> to address STD prevention and control in the U.S.; <u>Wright S, et al. Sex Trans Dis. 2021</u>

Most jurisdictions confirmed decreases in STD case reports when comparing April 2019 to April 2020



Electronic Laboratory Reporting (ELR)

30% decrease overall in total number of positive STD test results received via electronic laboratory reporting

- » 32% decrease in positive chlamydia results
- » 15% decrease in positive gonorrhea results
- » 38% decrease in positive reactive syphilis serologies *29 out of 59 respondents reporting.



Over half of jurisdictions reported STD testing and treatment shortages in April 2020



Most (OVER 90%) conducted a moderate amount to a great deal of DIS partner services virtually between March 2020 and October 2020

Paper Reporting

40% decrease overall in total number of positive STD test results received via paper reporting

- » 40% decrease in positive chlamydia results
- » 34% decrease in positive gonorrhea results
- » 49% decrease in positive reactive syphilis serologies
- *27 out of 59 respondents reporting.

Some jurisdictions (n=35) implemented alternative STD testing strategies **Express visits** Alternate facility Self-specimen Self-specimen **DIS field-based** with selfcollection outside a collection outside a specimen collection specimen

collection in the clinic (n=16)



clinic using mailed-in specimens (n=17)



locations (n=5)

(n=3)

Among jurisdictions reporting decreases in CS surveillance activities, case report quality assurance and vital statistics matching were most impacted

| CS investigations to complete the report form (n=51 | 0) 18% | <mark>2%</mark> | | 78% | | 2% |
|--|---|-----------------|---------|------------|---|-------------------------|
| CS Case Report QA (n=50 |) 16% | 8% 2% | | 68% | | 6% |
| Document pregnanc status of female o reproductive age (n=51 | y f 16%) | 8% | | 75% | | 2% |
| Follow-up of pregnan women with syphilis (n=51 | t) 16% | 8% | | 75% | | 2% |
| Vital Statistics Matching (n=51 |) 14% | 8% 4% | 26% | | 49% | |
| The second secon | Discontinued S. Department of ealth and Human Se enters for Disease ontrol and Prevention | Reduced | Delayed | No changes | Not applicable. We were not performi this in April 2019 CS 327850-A Janu |) ng ary 21, 2022 |