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.*

91% of jurisdictions reported that in April 2020, staff reassignment to COVID-19 work had moderate to a great deal of impact, and 65% reported moderate to a great deal of impact in October 2020.

Most staff reassigned from STD work to COVID-19 duties (March–October 2020) were DIS (40.6%).

53% of jurisdictions discontinued DIS field work (March–October 2020).

28% report permanent reassignment of DIS to COVID-19 duties.

Nearly half of jurisdictions’ high volume STD labs reported disruptions.

From March 2020 to October 2020, reassignment of DIS and Epidemiologists from STD to COVID-19 work had the most impact on programs (by %, when compared to other disruptions).

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*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 CDC’s Division of STD Prevention to address STD prevention and control in the U.S.; Wright S, et al. Sex Trans Dis. 2021.
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.

- **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 with self-collection in the clinic (n=16)
- Alternate facility specimen collection (n=11)
- Self-specimen collection outside a clinic using mailed-in specimens (n=17)
- Self-specimen collection outside a clinic with drop-off locations (n=5)
- DIS field-based specimen collection (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)**
  - Discontinued: 18%
  - Reduced: 2%
  - Delayed: 78%
  - No changes: 2%
- **CS Case Report QA (n=50)**
  - Discontinued: 16%
  - Reduced: 8%
  - Delayed: 68%
  - No changes: 6%
- **Document pregnancy status of female of reproductive age (n=51)**
  - Discontinued: 16%
  - Reduced: 8%
  - Delayed: 75%
  - No changes: 2%
- **Follow-up of pregnant women with syphilis (n=51)**
  - Discontinued: 16%
  - Reduced: 8%
  - Delayed: 75%
  - No changes: 2%
- **Vital Statistics Matching (n=51)**
  - Discontinued: 14%
  - Reduced: 8%
  - Delayed: 26%
  - No changes: 49%

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