

**CONTROL AND PREVENTION OF SEXUALLY
TRANSMITTED DISEASES**

2008 GENERAL SESSION

STATE OF UTAH

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LONG TITLE

General Description:

This bill amends the Communicable Disease and Control Act of the Health Code.

Highlighted Provisions:

This bill:

- ▶ requires the Department of Health and local health departments to provide information to the public and health care professionals about:
 - the health consequences of untreated sexually transmitted diseases;
 - medical options for treatment of sexually transmitted diseases; and
 - services and medical benefits that are available for treatment of sexually transmitted diseases.

Monies Appropriated in this Bill:

This bill appropriates:

- ▶ as an ongoing appropriation subject to future budget constraints, \$175,000 from the General Fund for fiscal year 2008-09 to the Department of Health.

Other Special Clauses:

None

32 **Utah Code Sections Affected:**

33 AMENDS:

34 **26-6-3**, as last amended by Laws of Utah 1996, Chapter 211



36 *Be it enacted by the Legislature of the state of Utah:*

37 Section 1. Section **26-6-3** is amended to read:

38 **26-6-3. Authority to investigate and control epidemic infections and**
39 **communicable disease.**

40 (1) The department has authority to investigate and control the causes of epidemic
41 infections and communicable disease, and shall provide for the detection, reporting, prevention,
42 and control of communicable diseases and epidemic infections or any other health hazard which
43 may affect the public health.

44 (2) (a) As part of the requirements of Subsection (1), the department shall distribute to
45 the public and to health care professionals:

46 (i) medically accurate information about sexually transmitted diseases that may cause
47 infertility and sterility if left untreated, including descriptions of:

48 (A) the probable side effects resulting from an untreated sexually transmitted disease,
49 including infertility and sterility;

50 (B) medically accepted treatment for sexually transmitted diseases;

51 (C) the medical risks commonly associated with the medical treatment of sexually
52 transmitted diseases; and

53 (D) suggest screening by a private physician; and

54 (ii) information about:

55 (A) public services and agencies available to assist individuals with obtaining treatment
56 for the sexually transmitted disease;

57 (B) medical assistance benefits that may be available to the individual with the sexually
58 transmitted disease; and

59 (C) abstinence before marriage and fidelity after marriage being the surest prevention of

60 sexually transmitted disease.

61 (b) The information required by Subsection (2)(a):

62 (i) shall be distributed by the department and by local health departments free of charge;

63 (ii) shall be relevant to the geographic location in which the information is distributed

64 by:

65 (A) listing addresses and telephone numbers for public clinics and agencies providing
66 services in the geographic area in which the information is distributed; and

67 (B) providing the information in English as well as other languages that may be
68 appropriate for the geographic area.

69 (c) (i) Except as provided in Subsection (2)(c)(ii), the department shall develop written
70 material that includes the information required by this Subsection (2).

71 (ii) In addition to the written materials required by Subsection (2)(c)(i), the department
72 may distribute the information required by this Subsection (2) by any other methods the
73 department determines is appropriate to educate the public, excluding public schools, including
74 websites, toll free telephone numbers, and the media.

75 (iii) If the information required by Subsection (2)(b)(ii)(A) is not included in the written
76 pamphlet developed by the department, the written material must include either a website, or a
77 24-hour toll free telephone number that the public may use to obtain that information.

78 **Section 2. Appropriation.**

79 As an ongoing appropriation, subject to future budget constraints, there is appropriated
80 from the General Fund for fiscal year 2008-09, \$175,000 to the Department of Health to fund
81 the education, prevention, and treatment efforts only for chlamydia and gonorrhea as authorized
82 by Subsection 26-6-3(2).

HIV/STD/Viral Hepatitis Prevention Program Provider Survey 2008

The purpose of this Questionnaire is to assist the Utah Department of Health plan a comprehensive, innovative state-wide STD (chlamydia and gonorrhea) social marketing campaign for: (1) Utah teens and young adults ages 15-24 (2) their parents, and (3) the health care professionals working with them. As a medical professional, your input is valuable to our campaign's success. We appreciate your time and look forward to your feedback. . If you are unable to complete this survey, please ask someone else in your office to complete it. Thank you!

** All cases of chlamydia and gonorrhea must be reported to your local health department. If you need further information please contact State STD Coordinator Emily Holmes at (801) 538-6701 or eholmes@utah.gov.*

1. Which of the following best describes your position? **(Please check one)**
 - Physician
 - Physician's Assistant
 - Medical assistant
 - Nursing staff
 - Office staff
 - Outreach worker
 - Educator / Teacher
 - Other: _____

2. What is the BEST way to provide you with chlamydia and gonorrhea information?
(Please check one)
 - Mailings
 - E-mails
 - Website
 - Newsletters

3. In the past 6 months where have you referred patients between 15-24 years old for treatment of chlamydia and gonorrhea? **(Please check all that apply)**
 - patients' local health department
 - Planned Parenthood Association of Utah
 - community-based organization/clinic
 - other: _____

4. Were you aware before this survey that most Utah local health departments provide low-cost testing and treatment for chlamydia and gonorrhea?
 - Aware
 - Somewhat Aware
 - Neither Aware nor Unaware
 - Somewhat Unaware
 - Unaware

5. Would you be willing to refer patients to these low-cost services?
- Willing
 - Somewhat Willing
 - Neither
 - Somewhat Willing
 - Not Willing
6. Are you aware that your local health department can be a good resource for your patients and their partner(s) for services and follow-up?
- Aware
 - Somewhat Aware
 - Neither Aware nor Unaware
 - Somewhat Unaware
 - Unaware
7. Which of the following would you be willing to do to inform patients about chlamydia and gonorrhea and these associated services? **(Please check all that apply)**
- Talk to patients directly
 - Refer patients to a website
 - Give patients print materials (factsheets/cards/brochures)
 - Display flyers or posters in waiting area
 - Display flyers or posters in exam rooms
 - Other: _____
8. Which print material would you MOST prefer to have to inform your patients about chlamydia and gonorrhea and these low-cost services? **(Please check one)**
- Card
 - Brochure/pamphlet
 - Fact sheet
9. Would you prefer to print materials off a website as needed or maintain a stock of materials to give to patients? **(Please check one)**
- Print materials off a website
 - Maintain a stock of materials
10. Would you prefer to give patients brochures/print materials or to refer them to a website for more information about chlamydia and gonorrhea? **(Please check one)**
- Brochures/print materials
 - Refer to a website

11. Do you offer chlamydia and gonorrhea screening to all sexually active patients?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

12. At the time of diagnosis do you make your patients aware of the health consequences of untreated chlamydial and gonorrheal infections?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

13. Upon diagnosis of chlamydia and gonorrhea do you discuss sex partners?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

14. Upon diagnosis of chlamydia and gonorrhea do you strongly recommend that the patient have their sex partner(s) tested and treated?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

15. At the time of diagnosis do you discuss treatment options with your patients?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

16. When prescribing treatment do you discuss the medical risks commonly associated with the treatment of chlamydia and gonorrhea?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

17. When prescribing treatment for chlamydia and gonorrhea do you strongly recommend the patient abstain from sexual activity for at least one week in order to prevent re-infection?

- Very Often
- Often
- Occasionally
- Hardly Ever
- Never

18. In general, do you feel that you provide too much, not enough, or about the right amount of information about chlamydia and gonorrhea to your sexually active patients?

- Too much
- Enough
- Neutral
- Not Enough
- None

19 –22. Please rate how each factor is or is not a barrier to talking with your 15-24 year old patients about chlamydia and gonorrhea:

19. Sensitive subject matter

- Barrier
- Somewhat of a barrier
- Neutral
- Somewhat NOT a barrier
- Not a barrier

20. Age of the patient (under 18 years old)

- Barrier
- Somewhat of a barrier
- Neutral
- Somewhat NOT a barrier
- Not a barrier

21. A patient associate being in the exam room

- Barrier
- Somewhat of a barrier
- Neutral
- Somewhat NOT a barrier
- Not a barrier

22. Gender of the patient

- Barrier
- Somewhat of a barrier
- Neutral
- Somewhat NOT a barrier
- Not a barrier

23. If you or any other staff member(s) in your office are interested in participating in a focus group please provide contact information in the space provided:

THANK YOU!

*Would you be interested in receiving more information about how to talk to your patients about sex and STDs?

*How often does sexual history/activity come up during an exam?

Question	District	Answers
2	Bear River	Yes
	Central	Yes, only Chlamydia and Gonorrhea (South Sanpete County)
	Davis	Yes (positives and contacts only)
	Salt Lake	Yes
	Southeastern	No
	Southwest	No, Yes (in Kane County)
	Summit	Yes
	Tooele	Yes
	TriCounty	Yes
	Utah	Yes
	Wasatch	Yes
Weber	Yes	
3	Bear River	Yes: Conventional
	Central	Yes: OraSure and Rapid Testing (no conventional); Conventional Testing (Juab, Sevier County)
	Davis	Yes: Conventional
	Salt Lake	Yes: Rapid and Conventional (Conventional only in corrections system)
	Southeastern	Yes: Conventional, Rapid (only in San Juan County)
	Southwest	No
	Summit	Yes: Conventional
	Tooele	Yes: Conventional
	TriCounty	Yes: Rapid and Conventional
	Utah	Yes: Rapid and Conventional
	Wasatch	No
Weber	Yes: Rapid and Conventional	
4	Bear River	DIS Investigator
	Central	To educate and help prevent the spread of disease
	Davis	
	Salt Lake	Direct intervention and prevention education along with medical management
	Southeastern	
	Southwest	To contact all cases and contacts to the best of my ability to ensure proper Tx, to educate re: disease transmission and epidemiology, to collect accurate data and complete investigation form in a timely manner.
	Summit	
	Tooele	My role is to work with doctors and healthcare professionals to get people in for testing and Tx fo diseases plus providing education and counseling.
	TriCounty	
	Utah	

	Wasatch	My primary role is to collect information from affected parties and disseminate it to those who need to take further actions. I conduct interviews with patients and their clinicians then provide that information to health educators and administration to help guide interventions.
5	Weber	
	Bear River	Very Confident
	Central	Somewhat Confident, Confident, Very Confident
	Davis	Somewhat Confident, Confident (could be better at paperwork), Very Confident
	Salt Lake	Very Confident, Confident (only time for concern is when someone is suicidal and we have to shift over to crisis intervention) Somewhat confident
	Southeastern	Confident, Somewhat Confident
	Southwest	Not Confident (I had no training. The forms are cryptic.), Confident, Somewhat Confident
	Summit	Very Confident, Confident (am very familiar with HIV, CT/GC, but haven't done a lot of screening for syphilis)
	Tooele	Confident (don't have much experience with syphilis)
	TriCounty	Very Confident
	Utah	Very Confident
	Wasatch	Somewhat Confident (At times I forget, or get distracted, to collect all the information that should be helpful to complete an investigation.) Confident (I don't like "grilling" patients to find out partners and I've not had your formal training.)
6	Weber	Very Confident
	Bear River	On-the-job Training
	Central	On-the-job Training, Inservices at staff mtgs by state staff, Fundamentals (Juab County), 3 day STD training in DavisCounty (Sevier County)
	Davis	On-the-job Training, Fundamentals of STD Intervention, HIV Counselor Training, JSI updates, STD Clinician classes, HIV courses
	Salt Lake	On-the-job Training, Introduction to STD Intervention, Fundamentals of STD Intervention, Facilitation skills for STD/HIV Interventions, customer service training, 2007 STD/HIV update, Teleconferences, Denver PTS, CDC
	Southeastern	On-the-job Training
	Southwest	Other: No training, I have been to a couple of one day trainings in SLC 5-6 years ago, On-the-job training
	Summit	Introduction to STD Intervention, Fundamentals of STD Intervention, On-the-job Training, Other: cont. education programs
	Tooele	Fundamentals of STD Intervention, On-the-job training
	TriCounty	Fundamentals of STD Intervention, On-the-job training
	Utah	Fundamentals of STD Intervention, On-the-job training
	Wasatch	Fundamentals of STD Intervention, On-the-job training
	Weber	Introduction to STD Intervention, Fundamentals of STD Intervention, On-the-job Training
7	Bear River	Spanish-speaking; coordinating appointments for Tx for those out of county
	Central	Not enough info on lab report to contact client without investigating first, not enough time to do everything, wrong phone #s and client apathy,

	time it takes to get results to patient, funding for patients who are unable to pay, people not wanting to elicit partners, clients not being truthful, understanding the CI forms
Davis	Uncooperative clients, locating patients/contacts, too many cases, keeping everyone on the same page (i.e. R/T education, info given to patient, paperwork, etc), getting contacts from OPs, poor contact information
Salt Lake	Staying on top of reported cases; not doing teaching and intervention prior to some cases moving out of the system; contact information constantly changing; repeat patients; unmotivated patients; ER doesn't adequately treat; short clinic staff; limited appointments; suicidal clients; untreated OPs from MDs; electronic system would be helpful instead of pprwrk
Southeastern	Unreliable contact info; not enough time because we do other programs; language barrier
Southwest	Very little time; not being able to contact clients administrative challenges; not being able to do testing poses problems when it comes to clients and their questions about Tx (it was much easier when we treated in our office.)
Summit	Time; mobile population; language barrier; getting people to give contact names; having people return calls; forms (don't like CDCs, likes Utah's forms better)
Tooele	Time, money, getting information from local hospital in a reasonable time
TriCounty	Approaching clients and informing them they have an STD; Finding partners with known contact to OP
Utah	Enough time to contact all patients
Wasatch	Making contact with the patient and having them identify more than one contact
Weber	Handling the volume
8	
Bear River	1: State, hospital, a few doctors, PP 2: 3 phone calls w/message, 1 letter. If no response, close case. If OP is not Tx'd, then home visit 3: Fax and then mail info to the state
Central	1: Doctors, State, Nursing Director (Sevier County), labs 2: 2-3 times (Sevier County); 3-4 attempts (South Sanpete County); at least 5 attempts with mailed letters if no contact (Millard County); up to 10-15 (Juab County) 3: Contact the health dept if know the client's info (Millard), try to find out where the client has moved (Juab), contact state to get info (Sevier County), fax to other counties in state (Sevier County), unsure (Millard County)
Davis	1: Clinic Manager, UDOH, UPHL, clinics, hospitals, private providers, labs, ICNs 2: 3-4 phone calls, 1-2 letters. If high risk patient, then more attempts and HVs 3: Forward by fax to proper jurisdiction, fax to WMHD or SLVHD (if none of these, then UDOH)
Salt Lake	1: state lab, out-of-state labs, CSB at UDC, UDOH 2: No field visits unless high risk case; Contact pregnant women, untreated clients, and GC patients first, phone contact (usually 3 times), Letter (if address not good, call service provider for info) 3: Leave it to the health department to try and contact other states; call UDOH or jurisdiction directly or by e-mail
Southeastern	1: Doctor's office, labs, state health dept 2: As many as it takes by phone and then a letter; 3 phone attempts and then a letter 3: Call state; Contact DIS worker for that area and mail the information to them.
Southwest	1: DRMC infection control, individual providers, state lab, St. George Health Dept or Panguitch and Kanab clinics 2: 3 calls, 1 letter

		3: Send it to Emily who sends it to the OOJ area
	Summit	1: State STD, local providers, in-house 2: Priority given to persons not yet notified and treated; no set number of attempts, depends on individual OP&contact risks 3: Refer (usually by telephone) to state STD
	Tooele	1: State STD, local providers, in-house 2: Priority given to persons not yet notified and treated; no set number of attempts, depends on individual OP&contact risks 3: Refer (usually by telephone) to state STD
	TriCounty	1: Local hospitals, providers, and UDOH 2: Make several phone calls from work and occasionally call in the evenings from home 3: Contact the client, the health department for that jurisdiction, then confirm that client is treated effectively.
	Utah	1: PCP, our clinic, UDOH, IHC 2: 2-3 phone calls, 2 letters 3: refer out of county to UDOH after we have completed the interview process
	Wasatch	1: Clinicians, UDOH 2: Calls over the course of a week; letter 3: If before the interview, contact UDOH and send info. If during the interview, complete the interview and contact appropriate district
	Weber	1: State health lab via email 2: calls 2-3 times; 2-3 letters 3: Send it to appropriate county or back to UDOH
9	Bear River	Clinics, Labs, Doctors, Jails, Comm Centers: PP, Schools: USU, CBOs: Cache Community Clinic
	Central	Colleagues, Clinics, Labs, Doctors, Jails (Juab, Sevier) Schools: Snow College, high schools, middle schools, CBOs: women's shelter (Juab County), group homes/ranch schools (Sevier County)
	Davis	All, community centers: midtown, Farmington Bay Youth Center, Davis County Jail, Davis Behavioral Health, CBOs: Davis Free Clinic, Other: Job Corps, substance abuse centers, Hill Air Force Base
	Salt Lake	Community Center: Gay and Lesbian Center, youth center, PP; Schools: Granite School District; CBOs: UAF, PPAU, Catholic Charities, Valley Store Front; Other: Sandy Love from Davis County
	Southeastern	
	Southwest	Community Center: Community Health Center, PP, Doctor's free clinic; Other: Infection control nurse at local hospital; Schools: Southern Utah University
	Summit	School: Park City High, CBOs: People's Health Clinic
	Tooele	
	TriCounty	Other: Infection control nurses at ARMC, I.H.S., and UBMC.
	Utah	CBOs: substance abuse out-patient therapy, Other: educational presentations to community orgs, detention centers, jails
	Wasatch	
	Weber	Community Centers: Midtown Community Center, Porter F.P., Health Clinics of UT, No. Wasatch Coalition, Shelters; Other: infection control at hospitals, medical staff at detention centers

10	Bear River	
	Central	Likes the Dx plans on the website, obtaining more info for out of area clients, in Sevier County, they take info to clinics and labs for reporting rule
	Davis	Offering CT/GC, syphilis, and HIV testing for the public instead of just for contacts; attending more trainings; more time; learn communication skills
	Salt Lake	Go back to working out of a pouch; close out cases sooner when no response from patients; send out letters right away; stay on top of new developments (testing, Tx, interviewing skills); get to know client base (IDUs,MSM,young adults,adults)
	Southeastern	More money
	Southwest	Provide basic training (she wishes she could do testing)
	Summit	PHN in Park City needs training
	Tooele	Money
	TriCounty	
	Utah	We have tried partner cards to give to OP
	Wasatch	working to build good relationships with the local clinicians.
	Weber	Compliance and lack of people "taking it seriously."
11	Bear River	Someone needed for Spanish investigations
	Central	Free clinics for testing and meds/Tx (South Sanpete County), Not enough people getting tested and they have limited info (Millard, Juab County) funding (Sevier County)
	Davis	Low cost/free STD testing, lack of education, identification of at-risk populations, education and awareness
	Salt Lake	Start testing males, 45 years or younger, entering the corrections system; Lack of drug Tx centers; education to MSMs that urine is inadequate testing and educate providers (particularly in Instacares); resources for clients in crisis; MSM and meth peer counselors; oral and anal swabs with correct Tx; health insurance issues; lack of edu. in Hispanic community;
	Southeastern	More education in schools
	Southwest	Understaffed; needs to learn Spanish; difficult to get Tx for those who are uninsured; hours of operation at the Cedar City Community Clinic are limited for Tx
	Summit	STD education for Hispanic males
	Tooele	Free clinic or a PP
	TriCounty	Unprotected sex; little-to-no knowledge about STDs. Ultimately the community does not view STDs as a genuine, complicated problem.
	Utah	Education about GC/CI transmission by genital-to-genital contact before condom is used
	Wasatch	Spanish-speaking DIS worker
	Weber	Education, access
12	Bear River	Spanish
	Central	Keeping up to date by inservices and trainings, funding, get more MDs to report directly to the HD
	Davis	More training, more time - less CT
	Salt Lake	receiving azythromycin from the health department has helped in getting quicker Tx; more DIS workers; having providers assume some responsibility for contacting patients and getting them to go to the health department to get partners treated;

		more awareness to sites who just do urine tests; more medical providers for short-staffed clinic; advertise services at SLVHD (most people think of going to PP)
	Southeastern	More money; educate private healthcare providers
	Southwest	More staff, training, and testing
	Summit	Reproductive health program moving to the People's Health Clinic (would enhance prevention and Rx of STDs in a very high-risk population)
	Tooele	Education for providers about importance of getting info that is requested back to me, especially the hospital here
	TriCounty	Education in the school district
	Utah	More time, funding
	Wasatch	Spanish-speaking DIS worker
	Weber	More time, patient compliance, more doctors as patient advocates (willing to treat current partners
13	Bear River	1: Educate Drs on need to report these in a timely manner 2: Educate Drs that Cipro is no longer a Tx choice 3: Educate Drs on importance of FTA-ABS tests
	Central	TV spots and increased education; easy availability of Tx (for all Dx), more education (for all Dx), emphasis on Chlamydia
	Davis	education, collaborative efforts with neighboring local HDs, free testing supplies to providers and HDs, hotlines at schools
	Salt Lake	1: Test all incoming male inmates; educating schools, focus groups; free condoms 2: Test all incoming male inmates; educating schools, focus groups; free condoms; decrease in drug resistance 3: Test all incoming male and female inmates; educating schools, focus groups; free condoms; send patients to HD if questionable syphilis
	Southeastern	Education
	Southwest	IM to all sexually active teens about prevention; radio/TV ads re: STIs
	Summit	More education through public media; Assistance in DIS investigation by a male, Spanish-speaking investigator provided as needed from STD at state office
	Tooele	Media campaign targeting teens; change of legislation that allows open and honest discussion in schools with minors re: sex, condoms, etc
	TriCounty	Provide education to the community; free condoms provided in schools
	Utah	Specific education about proper condom use, how easy it is to transmit chlamydia. Reinfections because MDs are not advising patients to abstain from sexual contact 7 days after Tx ends
	Wasatch	For Chlamydia only: more education (don't have enough experience with Gonorrhea or syphilis to comment)
	Weber	Time and Monday for all
14	Bear River	
	Central	How much effort do you expect to be put into someone you can't find (i.e. phone attempts and mailings)?
	Davis	
	Salt Lake	What happens to the positives that are out of area and sent back to their state? Is there a list? Why is UAF only doing urine testing on MSMs? Will we be able to get results from this survey? When will we be able to do paperwork online?
	Southeastern	

	Southwest Summit	How do I get trained? Questions about testing types, procedural questions, cost questions. The STD rates are increasing - is this because there is more testing being done or more people having unprotected sex or do we need to look at current education and prevention efforts to assess what we need to change and improve on? Are we making a difference? Seems like the numbers keep increasing despite our efforts. Is there something more going on like Abx resistance?
	Tooele TriCounty	Are there any local businesses, like bars, where it is ok for me to provide free condoms? How can this problem be approached tactfully?
15	Utah Wasatch Weber Bear River Central Davis Salt Lake	More money to advertise important programs If have a contact from out-of-area and is positive, try to find out who the OP was before initiating contacts back to the area the OP came from. Change legislation to home-school education programs that can talk about STD prevention besides abstinence only. Should address family planning, MSM risks, drug and alcohol risks. I have been disappointed when we've run out of HIV rapid tests in our clinic. Statewide education of healthcare providers of CDC Tx guidelines b/c there is a lot of inconsistencies of Tx depending on where the patient is treated. Deliver more rapid tests to us when we're running low and not out so that patients don't have to make another appointment to get results.
	Southeastern Southwest Summit Tooele TriCounty	Cooler pamphlets (ours are pretty cheesy) More inservices from the state on STDs I would like to get more training on testing for more diseases Free condoms and pamphlets available in all bars, clubs, and lounges where alcohol is served. Provide a venue where minors can access information about STDs.
	Utah Wasatch Weber	

NUMBERS

Question

- 2 91.7% (11/12) Offer some form of STD testing
- 3 83.3% (10/12) Offer some form of HIV testing
 - 40% (4/10) Offer only Conventional
 - 60% (6/10) Offer Conventional and Rapid
- 5 Bear River Very Confident: 100% (1/1)

Central	Very Confident: 14.3% (1/7); Confident: 57.1% (4/7); Somewhat Confident: 28.6% (2/7), Not Confident: 0% (0/7)
Davis	Very Confident: 20% (1/5), Confident: 20% (1/5), Somewhat Confident: 60% (3/5), Not Confident: 0% (0/5)
Salt Lake	Very Confident: 50% (3/6), Confident: 33.3% (2/6), Somewhat Confident: 16.7% (1/6), Not Confident: 0% (0/6)
Southeastern	Very Confident: 0% (0/3), Confident: 66.6% (2/3), Somewhat Confident: 33.3% (1/3), Not Confident: 0% (0/3)
Southwest	Very Confident: 0% (0/4), Confident: 25% (1/4), Somewhat Confident: 50% (2/4), Not Confident: 25% (1/4)
Summit	Very Confident: 25% (1/4), Confident: 50% (2/4), Somewhat Confident: 25% (1/4), Not Confident: 0% (0/4)
Tooele	Very Confident: 0% (0/1), Confident: 100% (1/1), Somewhat Confident: 0% (0/1), Not Confident: 0% (0/1)
TriCounty	Very Confident: 100% (1/1), Confident: 0% (0/1), Somewhat Confident: 0% (0/1), Not Confident: 0% (0/1)
Utah	Very Confident: 100% (1/1), Confident: 0% (0/1), Somewhat Confident: 0% (0/1), Not Confident: 0% (0/1)
Wasatch	Very Confident: 100% (0/2), Confident: 50% (1/2), Somewhat Confident: 50% (1/2), Not Confident: 0% (0/2)
Weber	Very Confident: 100% (1/1)
TOTALS	
Very	27.8% (10/36)
Confident	38.9% (14/36)
Somewhat	30.5% (11/36)
Not Confident	2.8% (1/36)
6 Bear River	On-the-job Training: 100% (1/1)
Central	On-the-job Training: 100% (7/7), Other: 28.6% (2/7), Fundamentals: 14.3% (1/7), Introduction: 0% (0/7)
Davis	On-the-job Training: 80% (4/5), Other: 60% (3/5), Fundamentals: 60% (3/5)
Salt Lake	On-the-job Training: 100% (6/6), Other: 100% (6/6), Fundamentals: 50% (3/6), Introduction: 16.7% (1/6)
Southeastern	On-the-job Training: 100% (3/3)
Southwest	On-the-job Training: 75% (3/4), Other: 25% (1/4), No Training: 25% (1/4)
Summit*	On-the-job Training: 100% (3/3), Other: 100% (3/3), Fundamentals: 66% (2/3), Introduction: 33% (1/3)
	*Missing one response
Tooele	On-the-job Training: 100% (1/1), Fundamentals: 100% (1/1)
TriCounty	On-the-job Training: 100% (1/1), Fundamentals: 100% (1/1)
Utah	On-the-job Training: 100% (1/1), Fundamentals: 100% (1/1)
Wasatch	On-the-job Training: 50% (1/2), Fundamentals: 50% (1/2)
Weber	On-the-job Training: 100% (1/1), Fundamentals: 100% (1/1), Introduction: 100% (1/1)
TOTALS	
On-the-job	97.1% (34/35)
Other	42.9% (15/35)
Fundamentals	40% (14/35)
Introduction	8.6% (3/35)
No Training	2.6% (1/35)



Utah Department of Health

STD/HIV/Hepatitis C Prevention Program

Bureau of Communicable Disease Control

Disease Intervention Specialist Status Survey

Name: _____

Date: _____

District: _____

DIS Worker Number: _____

1. What is your contact information?

1. Phone: _____

2. E-mail: _____

3. Fax: _____

4. Mailing Address: _____

2. Does your facility offer STD (Chlamydia, gonorrhea, and syphilis) testing on-site? Check one:

Yes

No

3. Does your facility offer HIV testing? Check all that apply:

Yes

i. Rapid Testing?

Yes

No

ii. Conventional Testing?

Yes

No

No

4. What do you see as your role in disease intervention in your district?

5. How confident do you feel in your DIS skills? Check one and please explain:

Very Confident: _____

Confident: _____

Somewhat Confident: _____

Not Confident: _____

6. Which of the following have you attended to aid you in your DIS work? Check all that apply:

- Introduction to STD Intervention (9 days)
- Fundamentals of STD Intervention (4 days)
- On-the-job training
- Other: _____

7. What challenges do you experience in DIS work?

8. Describe your typical process for completing an interview:

1. From whom do you get your positive lab results?

2. How much effort do you put in contacting individuals (i.e. how many attempts do you make to contact them, what order do you attempt when trying to reach patients, etc.)?

3. What do you do if an original patient or partner is Disposition K (out of jurisdiction)?

9. Who do you rely on/work with in your district/community to collaborate on disease intervention? Check all that apply:

- Colleagues Clinics Labs Doctors Jails

Community Centers. Please list:

Schools. Please list:

Community-Based Organizations (CBOs). Please list:

Other: _____

10. **What ideas do you have about improving your own DIS process?**

11. **As a DIS worker, what have you identified as an unmet need in your district's populations?**

12. **What do you need to improve DIS efforts in your district?**

13. **What would you like to see in a statewide effort in preventing and controlling:**

1. Chlamydia:

2. Gonorrhea:

3. Syphilis:

14. **What questions do you have?**

15. **Do you have any comments, suggestions, or ideas?**

Dear Nursing Directors and STD DIS Staff:

Thank you to everyone who participated in our Disease Intervention Specialist Status Survey. We were quite pleased with the response that we received! The answers that were given were very insightful and will definitely help to create the foundation for our upcoming efforts to create a more collaborative and open approach to DIS work in Utah.

This letter is a response to several requests that were made for the final results of the survey.

- A total of 91.7% (11/12) of health districts offer some form of STD testing
- A total of 83.3% (10/12) of health districts offer some form of HIV testing
 - Of those 10 health districts that do offer some form of HIV testing:
 - 40% (4/10) offer only Conventional testing
 - 60% (6/10) offer Conventional and Rapid testing
- Of 36 replies received:
 - 27.8% (10/36) of respondents felt very confident in their DIS skills
 - 38.9% (14/36) of respondents felt confident in their DIS skills
 - 30.5% (11/36) of respondents felt somewhat confident in their DIS skills
 - 2.8% (1/36) of respondents felt no confidence in their DIS skills
 - Reasons for lack of confidence included having limited experiences with syphilis cases, not having enough training, and that the forms are cryptic and hard to understand.
- Of 35 replies received:
 - 97.1% (34/35) of respondents had on-the-job training
 - 42.9% (15/35) of respondents had training classified as “other”
 - “Other” trainings included:
 - In-services at staff meetings
 - HIV counselor training/courses
 - STD clinician classes
 - Teleconferences
 - Facilitation skills for STD/HIV interventions
 - 40% (14/35) of respondents had attended Fundamentals of STD Intervention
 - 8.6% (3/35) of respondents had attended Introduction to STD Intervention
 - 2.6% (1/35) of respondents had never received any training
- Some responses regarding the challenges faced in DIS work:
 - Language barrier
 - Uncooperative, misleading clients
 - Unreliable contact information
 - No time to fully devote to interventions
 - Paperwork is difficult (electronic system would be better)
 - Emergency rooms do not adequately treat patients
- Some unmet needs identified in the districts:
 - Spanish-speaking DIS workers
 - Free/low-cost clinics for testing, medications, and treatment
 - Education about STD/HIV in public schools
 - Routine testing in corrections system
 - Urine testing done too often by providers and Instacares
 - MSM and meth peer counselors
 - Oral and anal swabs with correct treatment

CHLAMYDIA/GONORRHEA

TOOLKIT SECTIONS

General Information

- What is chlamydia/gonorrhea and how common is it?
 - Preventable and treatable
- What are the symptoms of chlamydia/gonorrhea?
 - Discuss symptomatic and asymptomatic infections
 - Oral and anal infections can occur
 - Infection will not just go away with time; self-medication ineffective
- What makes a person more likely to get chlamydia/gonorrhea?
- What is the cost for a test?
- An untreated chlamydia/gonorrhea infection can result in infertility and other chronic conditions (i.e. PID) if left untreated

How can Chlamydia/Gonorrhea be Prevented?

- Abstinence before marriage and fidelity after marriage is the surest way to prevent chlamydia/gonorrhea and other STDs
- Correct and consistent condom use
- Have partner(s) tested before engaging in sexual activity – know your partner(s) STD status
- Decrease the number of sexual partners
- Washing the genitals, urinating, or douching after sex will not prevent any STD

How is Chlamydia/Gonorrhea diagnosed?

- Screening procedures:
 - Urine tests
 - Swab specimens (urethral, oral, anal, vaginal/cervical)
- Discuss window periods - when tests will be most accurate after exposure
- Get partner(s) tested before having sex; know your partners STD status before engaging in sexual activity (prevention?)
- Have all pap smears from those at sexually active ages tested for STDs (providers)
 - Having a pap smear tested for STDs does increase cost
- All pregnant women should be screened for STDs at their first prenatal visit
- List of private physicians, clinics, agencies, etc. that offer STD screening
 - Encourage individuals to go to local health departments for testing
 - Provide contact information for all local health departments

What is the Treatment for Chlamydia/Gonorrhea?

- Treatment options and recommendations
 - CDC Guidelines and supplement
 - Infant eye treatment
 - Always complete treatment regime
 - Doxycycline is less expensive than Azithromycin
 - Do not prescribe “z-pack” (providers)

- Partner(s) must be treated in order to prevent re-infection
 - Wait 1 week to resume sexual activity [when partner(s) treated same day]
 - Do not have sex with those untreated
- Chlamydia and gonorrhea are treated with different antibiotics, receiving treatment for one disease will not cure both infections
- Test-of-cure is accurate 6 weeks following treatment
- Medical risks commonly associated with the treatment of chlamydia/gonorrhea
- Public services and agencies available to assist individuals with obtaining treatment for the sexually transmitted disease
- Maybe include laminated document with treatment guidelines for provider offices

What are the Health Consequences of Chlamydia/Gonorrhea if left Untreated?

- Infertility and sterility
- PID
- Symptoms may appear in infected area(s) of the body and cause damage.
- Those infected at a younger age have an increased risk of experiencing more severe outcomes over their lifetime

My Partner(s) just found out they have Chlamydia/Gonorrhea

- What does it mean for me?
 - Get tested
 - Mention window period again
 - Contact your local health department to possibly receive lower rates for tests and treatment
 - Refrain from sexual activity for one week following treatment to prevent re-infection
- What does it mean for them?
 - Treatment
- What does it mean for us?
 - Both partners must be treated and refrain from sexual activity for one week following treatment

Myth Section

- You cannot always tell if someone is infected by looking at them or their genitals
 - Asymptomatic infections
- You cannot get it from toilet seats, doorknobs, telephones, sharing a drink, etc.

Chlamydia/Gonorrhea Patient Resources

- Testing & Treatment
 - List of contact information for public clinics and agencies who provide STD services in the geographic area (test sites, counseling, treatment, etc.)
 - Information regarding the services and medical benefits available for the treatment of STDs

- Low cost or free treatment may be available at your local health department
- List of public services and agencies available to assist individuals with obtaining treatment
 - Local Health Departments
 - Community Health Clinics/Centers
 - Private Providers/OBGYN
- Online Education Resources
 - CDC website
 - health.utah.gov
 - ASHA – American Social Health Association

CDC Chlamydia/Gonorrhea Fact Sheets

- English
- Spanish

Gender Fact Sheets

- Female
- Male