

**Considerations for Balancing Agency Priorities during Emergency Response:**

Potential for COVID-19 transmission from worker to community members, or from members of the community to the worker should be determined prior to conducting infectious disease surveillance, prevention, and care activities. This may be dependent on updated reported diagnoses in county of patient residence. It is assumed that the justification of these activities will depend on an assessment of risk level for COVID-19 in the counties in which the field work is to be performed. Additional considerations include the following.

- Potential that employees of unknown COVID-19 infection status may pose a danger to patients who are immunocompromised or who have other high-risk conditions
- Maximize opportunities for the following with reduced staff capacity and/or reduced in-person contact.
  - Prevention of congenital syphilis
  - Prevention of perinatal HIV
  - Prevention or reduction of adult syphilis transmission
  - Prevention or reduction of adult HIV transmission
  - Prevention of sequelae from untreated syphilis or HIV
  - Prevention of health care acquired and community HCV outbreaks
- Barriers to care when clinical care resources are taking additional precautions against COVID-19, or accepting fewer patients for medical services due to heavy respiratory infection patient load.
  - Ask patients referred for testing or care to which medical facility, specifically, they will go to receive care.
  - Contact facility to which they plan to go ahead of their visit to ascertain availability of care, if not already known.
  - Contact high-volume partners regularly to ascertain how their services are affected by the COVID-19 situation and to identify when availability or structure of services occurs.

Much of this work can be accomplished by phone, but not all. Fieldwork will only be conducted for high priority activities when phone intervention has been attempted and failed to achieve desired health outcomes.

Prior to contacting patients to set up visits, or conducting fieldwork, workers should ensure they know to whom within the LHJ they should refer patients with COVID-19 concerns for follow-up, and how LHJ staff would like to receive referral or if they would like to receive referral. DIS should also familiarize themselves with the DOH coronavirus website and phone numbers available to provide guidance and information to members of

the public. Rather than making themselves a primary resource for COVID-19 information for the public, DIS should offer to refer people with questions to either the DOH hotline, LHJ staff identified to speak with the public on the topic, and to their health care provider.

If patients have symptoms suggestive of COVID-19 or believe they have been exposed to someone with COVID-19, guidance can be provided to the patient from the WA DOH resource online (<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>) and encourage them to contact their healthcare provider for additional guidance and testing.

Patients may also be provided this information based on their situation:

[What to do if you have confirmed or suspected coronavirus disease \(COVID-19\) \(PDF\)](#)

[What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\) \(PDF\)](#)

[What to do if you have symptoms of coronavirus disease 2019 \(COVID-19\) and have not been around anyone who has been diagnosed with COVID-19 \(PDF\)](#)

Further consideration should be given to potential COVID 19-transmission risk for the patient and for the public health worker when other conditions that are high risk for COVID-19 complications are present, such as COPD, cardiac conditions, immune suppression, asthma and other conditions as identified by health authorities. DIS and other public health workers should make every effort to conduct high priority work with patients in a manner that reduces potential for exposure to both them and the patient. If testing must be provided and no alternative clinical resources are available to intervene in the spread of disease in a timely manner, self-collected specimens are desirable where possible, and appropriate PPE, including a mask, should be worn if a visit to perform venipuncture testing is necessary. If DIS is making an appointment with a client to conduct an interview, provide linkage to care services and support, or provide testing in the field, it is recommended that they ask the patient about potential COVID-19 symptoms and about what other health conditions they have. If a field visit is conducted to establish contact to notify the patient of exposure or conduct an interview or linkage to care work, the visit should be done in a way that maintains appropriate physical distance, and preferably to establish an appointment and obtain contact information that makes it possible for the work to be conducted by phone or by a video call such as FaceTime, if that is available, feasible, and acceptable to the patient. Public health staff with conditions that are high risk for COVID-19 complications should not be put in a position to conduct fieldwork or in person testing, especially in high COVID-19 morbidity areas.