



National Association of County & City Health Officials

The National Connection for Local Public Health

COVID-19 Impact on HIV programs in Local Health Departments

The National Association of County and City Health Officials (NACCHO) represents local health departments (LHDs), which are uniquely positioned to offer HIV prevention and treatment services tailored to community needs and priorities. Since 2008, LHDs have experienced significant budget cuts and have lost nearly 25% (50,000 jobs) of their workforce. Workforce reduction and inadequate, unpredictable funding have had a detrimental impact on LHD HIV service provision, and these impacts are now being amplified as LHDs respond to the COVID-19 pandemic.

In early April NACCHO reached out to its membership to learn more about their experiences, concerns, and strategies for addressing HIV, STIs, and viral Hepatitis during the pandemic. LHDs described the shuttering or slow down of services necessitated by social distancing, and the reassignment of HIV disease intervention specialist/contact tracers and harm reduction personnel away from HIV programs to the pandemic response. As a result, LHDs are experiencing:

- Clinic closures or reduction in clinic hours/appointments or no longer having walk-in availability
- Clinics only taking symptomatic clients or partners
- Reduction or suspension of HIV/STI testing and harm reduction services
- Suspension of PrEP initiation
- Reduction or suspension of HIV/STI prevention, outreach, and education efforts
- Reduction or suspension of other LHD services, such as reproductive health services and emergency contraception.

LHDs expressed concerns that there would be increases in high risk behavior in the communities they serve due to stress and isolation, and/or the inability to access harm reduction services, as well as concerns that increases in HIV incidence and morbidity would occur as people are unable to access testing and treatment services.

At the same time LHDs are exploring innovative strategies to offer HIV, STI, and harm reduction services during COVID-19 such as:

- Using telehealth to offer screening, counseling, case management, partner services, and other services via telephone conferencing platforms such as Zoom.
- Using express STI testing and home testing so that clients can get tested without having to see a provider; thereby, limiting face-to-face contact to reduce the spread of COVID-19.
- Offering syringe services by phone or delivery, enabling clients to place orders and pick up syringes with limited contact.
- Increasing the number of syringes distributed per visit so that clients can visit the exchange less frequently.
- Considering mailing naloxone, the overdose reversal medication, to clients to help eliminate possible increases in overdoses as harm reduction programs close and as first responders and healthcare facilities are responding to the pandemic.

The Ending the HIV Epidemic (EHE) plan calls for all HIV care and prevention resources to include biomedical prevention tools, early start medication, and prevention interventions to reduce new HIV infections by 75% in five years and 90% in ten years. However, this goal cannot be achieved if HIV prevention staff are redirected and diagnostic and treatment services are suspended and reduced. Additional sustainable resources are needed to assure full staffing of LHDs for the COVID-19 *and* the HIV response, and to ensure integration of these innovative social distancing strategies (i.e., self/home testing, telehealth, telePrEP) for the long-term.