

# QUICK TAKE

## HIV LESSONS FOR COVID-19 CONTACT TRACING

**TEST, TRACE, ISOLATE, PROTECT.** These are the pillars of an epidemiological approach to controlling the COVID-19 pandemic. Widespread testing allows for the identification of persons with COVID-19; contact tracing is a strategy for identifying persons who may have been infected with COVID-19 following contact with an infected person; isolation is the practice of keeping persons with COVID-19 away from others (such as by sheltering alone and avoiding direct contact with others); and protecting refers to people who may have been exposed self-quarantining for at least 14 days.

How these public health strategies are used matters. In the midst of the COVID-19 pandemic, the response to the HIV epidemic, as well as the response to other sexually transmitted infections (STIs) such as syphilis, can offer important guidance. HIV is not just a disease, but also a social phenomenon that exposes inequities in society. The social components of HIV create as many challenges as the medical facets. HIV has transformed how public health agencies and other parts of government and society work with affected communities, and both successes and failures offer lessons. As with HIV, we see clear patterns where communities of color and other groups bear the brunt of COVID-19 cases and deaths resulting from structural racism and other longstanding systemic inequities. We also see a rise in discrimination against groups perceived to be carriers of COVID-19.

Contact tracing is a sensitive activity. Who does it and how it is done matter. The people who perform contact tracing may or may not be health department employees, but they report to health department employees called Disease Intervention Specialists (i.e. DIS workers), who are more highly-trained public health professionals with a broader set of responsibilities. DIS workers and contact tracers typically work within HIV, sexually transmitted infection (STI), and tuberculosis (TB) programs at health departments. While

**AT LEAST 100,000  
NEW DIS WORKERS AND CONTACT  
TRACERS ARE NEEDED**

The Johns Hopkins Center for Health Security and ASTHO recommend a three-tiered approach to expanding the DIS and contact tracer workforce: 1) para-professional contact tracers that can include people in health departments or community-based organizations, 2) professional DIS workers in health departments, and 3) health care providers, epidemiologists, social workers, and others providing specialized support.

To learn more, go to [www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf).

### WHAT TO DO IN A CRISIS

**Lessons learned from the HIV and STI response can positively shape the COVID-19 response:**

#### LEAD WITH SCIENCE

The public must have confidence that they are being given the facts, and leaders must embrace transparency. Communicate not only what public health is recommending, but also why.

#### INVOLVE AND RESPECT THE MOST AFFECTED COMMUNITIES

HIV has taught us that unless communities feel respected and meaningfully engaged, they will resist policies being imposed on them. The public is aware of the threat of COVID-19, and communities need to be given more opportunities to be part of the solution.

#### EXPAND THE PUBLIC HEALTH WORKFORCE FOR THE LONG HAUL

There is a need for surge capacity, but in the rush to expand the number of contact tracers, health departments need to be clear that they are not simply hiring or contracting for seasonal workers. The workforce must reflect the communities they serve, they must be equipped to do case finding and contact tracing, and they must receive adequate training related to cultural humility, understanding and minimizing implicit biases, and trauma-informed principles for engaging with the public.

### WHAT NOT TO DO IN A CRISIS

**Missteps can be hard to correct. Important insights include:**

#### DO NOT STIGMATIZE GROUPS OF PEOPLE

At the beginning of the HIV epidemic, four groups of people were portrayed as vectors of disease: Haitians, Homosexuals, Hemophiliacs, and Heroin addicts. This led to discrimination, violence, and entrenched HIV stigma. In the current crisis, some leaders have used inflammatory rhetoric to blame Chinese people, immigrants, and residents of New York. None of this fosters the unity needed for effective public health measures.

#### DO NOT MISTAKE CIVIL AND HUMAN RIGHTS AS UNDERMINING PUBLIC HEALTH

Civil and human rights are the cornerstone of any response to a public health problem that generates fear. The urgency of the crisis does not justify disregarding protections from discrimination. Nor does it justify sharing personal health information with law enforcement. Providing equal access to services and maintaining civil and criminal protections are critical.

#### DO NOT RELY ON PUBLIC SHAMING

Whether it is people on crowded beaches, maskless people on the streets, or small business owners, various groups have faced public shaming. Often, public officials seem to be hectoring people instead of offering more constructive guidance for how to adapt, how to practice physical distancing, and how to reduce the risk of exposure.

#### DO NOT MINIMIZE THE IMPACT OF MEDICAL MISTRUST

Many people have to overcome deep-seated fears of the medical establishment and government. In responding to COVID-19, public health officials must consider this reality as they design programs, seek community partnerships, and identify public messages and spokespeople.

## IS TECHNOLOGICAL INNOVATION THE ANSWER TO CONTACT TRACING?

The number of contacts most people have on a daily basis makes effective contact tracing seem overwhelming. The possibility that our mobile phones can alert us to potential exposures is tantalizing, but there are reasons for caution.

Reliance on technology presents enormous challenges and questions related to privacy, discrimination, interpersonal violence, and potential for harm, especially for people in marginalized communities and small communities. Best practices from experience with HIV are to:

- Engage with privacy and civil rights experts and community leaders early and often, and address their concerns while developing technological tracing programs before they are deployed.
- Commit to informed and voluntary use of technological tracing.
- Give people rights of redress if they believe that they have been harmed by participating in a technological tracing program.
- Prohibit monetizing or selling public health data and prohibit sharing or using public health data for non-public health purposes.

COVID-19 contact tracing may be less sensitive than contact tracing for HIV and STIs, it still requires training and skills in order to establish trust that can create a critical bridge to health care, testing services, and education.

## HEALTH DEPARTMENTS SHOULD PARTNER WITH COMMUNITY-BASED ORGANIZATIONS

COVID-19 contact tracing is urgently needed, but the DIS and contact tracer workforce is too small and needs to be expanded to support an effective COVID-19 response, to enhance the ability to better respond to HIV, STIs, and other infectious diseases, and to build surge capacity to quickly expand the workforce during public health emergencies. Health departments should consider hiring more DIS workers to do case investigations and support contact tracers and should consider funding partnerships with community-based organizations (CBOs), including HIV organizations, sexual health clinics, and others, to hire community health outreach workers from the most affected communities to act as contact tracers.

Health departments and CBOs have different roles in reaching and serving communities. While some people may not want to engage with people from their own communities, partnerships with CBOs can magnify the effectiveness of health departments.

## CRIMINALIZATION OF EXPOSURE AND THE USE OF LAW ENFORCEMENT ARE THE WRONG TOOLS FOR RESPONDING TO COVID-19

Too often, the approaches, tools, and training of law enforcement (including arrest and criminal prosecution) lack input from and undermine public health. Early in the HIV epidemic, laws were enacted to criminalize exposing people to HIV. Today, 34 states still have HIV-specific laws that impose criminal penalties on people living with HIV, and other states use general criminal laws to prosecute people living with HIV. The criminalization of HIV exposure is not supported by the scientific understanding of HIV transmission. We need to create environments where people are willing to be tested and feel safe in accessing prevention and care services. In the case of COVID-19, law enforcement has been known to ticket and arrest persons for failing to follow COVID-19 shelter-in-place orders, and there have been arrests for people not wearing masks, with most actions taken against Black and Latinx individuals. The biggest asset that public health has in responding to COVID-19 is the trust of the public, including those persons and communities bearing a disproportionate burden of the pandemic. By protecting rights, partnering with communities, and expanding a well-trained DIS and contact tracer workforce, public health can implement effective contact tracing for COVID-19.

## TO LEARN MORE

Centers for Disease Control and Prevention (CDC): [www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html](http://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html).

Association of State and Territorial Health Officials (ASTHO): [astho.org/COVID-19/](http://astho.org/COVID-19/).

The Body: [www.thebody.com/article/policing-pandemics-criminalization-hiv-coronavirus-covid-19-webinar?ap=1200](http://www.thebody.com/article/policing-pandemics-criminalization-hiv-coronavirus-covid-19-webinar?ap=1200).

The Center for HIV Law and Policy (CHLP): [www.hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-center-hiv-law-and-policy-updated-march-2020](http://www.hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-center-hiv-law-and-policy-updated-march-2020).

Johns Hopkins University: [www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing](http://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing).

National Alliance of State and Territorial AIDS Directors (NASTAD): [www.nastad.org/resource/covid-19-updates-and-resources](http://www.nastad.org/resource/covid-19-updates-and-resources).

National Association of County and City Health Officials (NACCHO): [www.naccho.org/programs/our-covid-19-response](http://www.naccho.org/programs/our-covid-19-response).

National Coalition of STD Directors (NCSDD): [www.ncsddc.org/resource/covid-command-center-for-std-programs/](http://www.ncsddc.org/resource/covid-command-center-for-std-programs/).

Positive Women's Network: [www.pwn-usa.org/organizational-letter-urging-congress-to-stop-the-criminalization-of-covid-19/](http://www.pwn-usa.org/organizational-letter-urging-congress-to-stop-the-criminalization-of-covid-19/).

Vital Strategies Contact Tracing Playbook: [contacttracingplaybook.resolvetosavelives.org](http://contacttracingplaybook.resolvetosavelives.org).