

# Disease intervention specialist

Information for Utah clinicians

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## What is a disease intervention specialist?

Disease intervention specialists (DIS) are trained public health professionals who use contact tracing and case investigations to prevent and control the spread of sexually transmitted infections (STIs). In Utah, DIS are housed at local public health departments and are assigned cases of patients who live in their department's jurisdiction. These professionals are highly trained and knowledgeable about STIs/HIV and many other infectious diseases. They have specific skill sets needed to do this important work.

These skills include:

- Identify and locate those who have been exposed to STIs or HIV
- Case management and analysis
- Provider and community engagement
- STI and HIV education and prevention
- Outbreak detection and response
- Work with sensitive topics and ensuring patient comfortability
- Maintain patient and partner confidentiality

## What does a DIS do?

DIS work with patients who are diagnosed with STIs/HIV and their sexual or needle-sharing partners to provide partner services. Partner services make sure people who have an STI receive proper treatment and provide notification to sex partners of potential exposure to STIs. Those exposed to STIs are educated and referred to testing and treatment with the goal of preventing the further transmission of STIs. Patients may choose to inform their partners of potential exposure and testing options themselves, or let this be completed by the DIS or clinician.

## The clinician and DIS relationship

DIS partner with clinicians to provide Centers for Disease Control and Prevention (CDC) recommended treatment and education to patients and their partners. DIS may also communicate with clinicians if a patient does not receive the recommended treatment for an STI. DIS locate patients who have been tested but did not return to get their results or treatment. If a patient returns for their results and/or treatment, clinicians should be aware of options to assist their patients with notifying their partners.

DIS rely on demographic and contact information gathered by clinicians to successfully connect with patients. It is important to take a complete [sexual health history](#) as it provides information essential to DIS work.

Clinicians are often the first contact a patient has when discussing STIs and HIV. It's important to use this visit to prepare patients on what to expect if and when a DIS initiates contact with them. This helps ensure compliance with public health services. A positive working relationship and information sharing between the DIS and medical provider is vital for the DIS to successfully complete their investigation, provide needed referrals, and stop the spread of disease.

## Clinician reporting requirements

[Utah law](#) requires clinicians to report all laboratory-confirmed and clinically suspected cases of chlamydia, gonorrhea, syphilis, and HIV.

Reports should be made to the Utah Department of Health and Human Services (DHHS) or the patient's local public health department within 3 working days. Those reports should include at minimum the patient's name, home address, phone number, date of birth, sex, and date of diagnosis. Report forms with detailed reporting information can be found on [DHHS' website](#) under "For Providers" and "Forms".