

Strategy for Integrated Testing & Linkage Services

Office of Infectious Disease



A Syndemic Approach to Improve Health Equity

The Office of Infectious Disease is committed to addressing the syndemic, or braided and interrelated epidemics, of HIV, sexually transmitted infections (STIs), and viral hepatitis through service integration. The testing and linkage strategy is a part of the Office's broader vision to improve health equity and outcomes by applying a syndemic approach to all of our work and investments.



Integrated Services

Integration is based on the understanding that a behavior that makes someone vulnerable to one infection, such as sharing drug injection equipment or having condomless sex, may put an individual at risk for multiple infections, and that the prevention and treatment of these multiple infections can be addressed in a single intervention or service visit.



Improved Access

Ideally, integrated services should give clients, regardless of the initial reason for seeking care, seamless access to tailored and comprehensive services for HIV, STIs, and viral hepatitis to meet their specific needs.

Priority Populations

Priority populations for the syndemic include gay and bisexual men/men who have sex with men; transgender individuals who have sex with men; people who use drugs; and Black, Indigenous, and People of Color communities experiencing health inequities associated with the syndemic.

Reaching priority populations will help prevent infection and illness among sexual and needle-sharing networks. Integration should maximize community access to services and reduce missed opportunities to serve clients' varied needs. To that end, we seek to expand our network of community-based testing providers to ensure programs provide HIV, syphilis, gonorrhea, chlamydia, hepatitis B, and hepatitis C testing (including confirmatory testing when needed) and linkage services for priority populations impacted by the syndemic.

High-Impact Settings & Outreach

The Office of Infectious Disease seeks to focus integrated testing and linkage services in non-clinical high-impact settings, settings that serve a high proportion of clientele from the priority populations (e.g., culturally or ethnically specific community organizations, HIV service organizations, syringe service programs), and on opportunities to serve communities that may not access testing in clinical settings or other office-based facilities. Priority populations may experience stigma, homelessness, or other life domain issues that make it difficult to access traditional office-based services. The network of integrated testing and linkage services must include outreach-based testing and linkage in the places the priority populations live, work, and play.

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The Goal

The goal of the Office of Infectious Disease is to work toward a network in which HIV, syphilis, gonorrhea, chlamydia, hepatitis B, and hepatitis C testing and linkage services are provided at all programs in which we invest resources for nonclinical testing. Linkage may include linkage to medical care to treat an infection and prevent onward transmission of the infection, or to primary prevention services (e.g., connecting someone to pre- or post-exposure prophylaxis for HIV, connecting someone to their local syringe service program or substance use treatment program).

Building Capacity

The suite of testing and linkage services provided by each partner in the network may depend on the capacity and structure of the organization providing the services.

The Office of Infectious Disease intends to provide capacity-building assistance, resources, and data systems to support partners to reach the goal and will meet with each partner to document a capacity-building and resource plan.

Strategic Alignment

This effort aligns with the national STI, viral hepatitis, and HIV strategic plans developed by the U.S. Department of Health & Human Services, as well as state plans like End AIDS WA, Hep C Free WA, and the state opioid & overdose response plan.



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