



WEBINAR: Infectious Disease Prevention and Control

June 12, 2014

Connecticut Department of Public Health



Healthy Connecticut 2020: *A Call to Action*

Today's Agenda

- Overview of State Health Improvement Plan and planning process
- Details about Infectious Disease Prevention and Control Focus Area of the Plan:
 - Areas of Concentration
 - Objectives identified for implementation in Phase 1 (first 3 years)
- Immediate next steps





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

Plan Overview



Focus Areas



1. Maternal, Infant, and Child Health



2. Environmental Risk Factors and Health



3. Chronic Disease Prevention and Control



4. Infectious Disease Prevention and Control



5. Injury and Violence Prevention



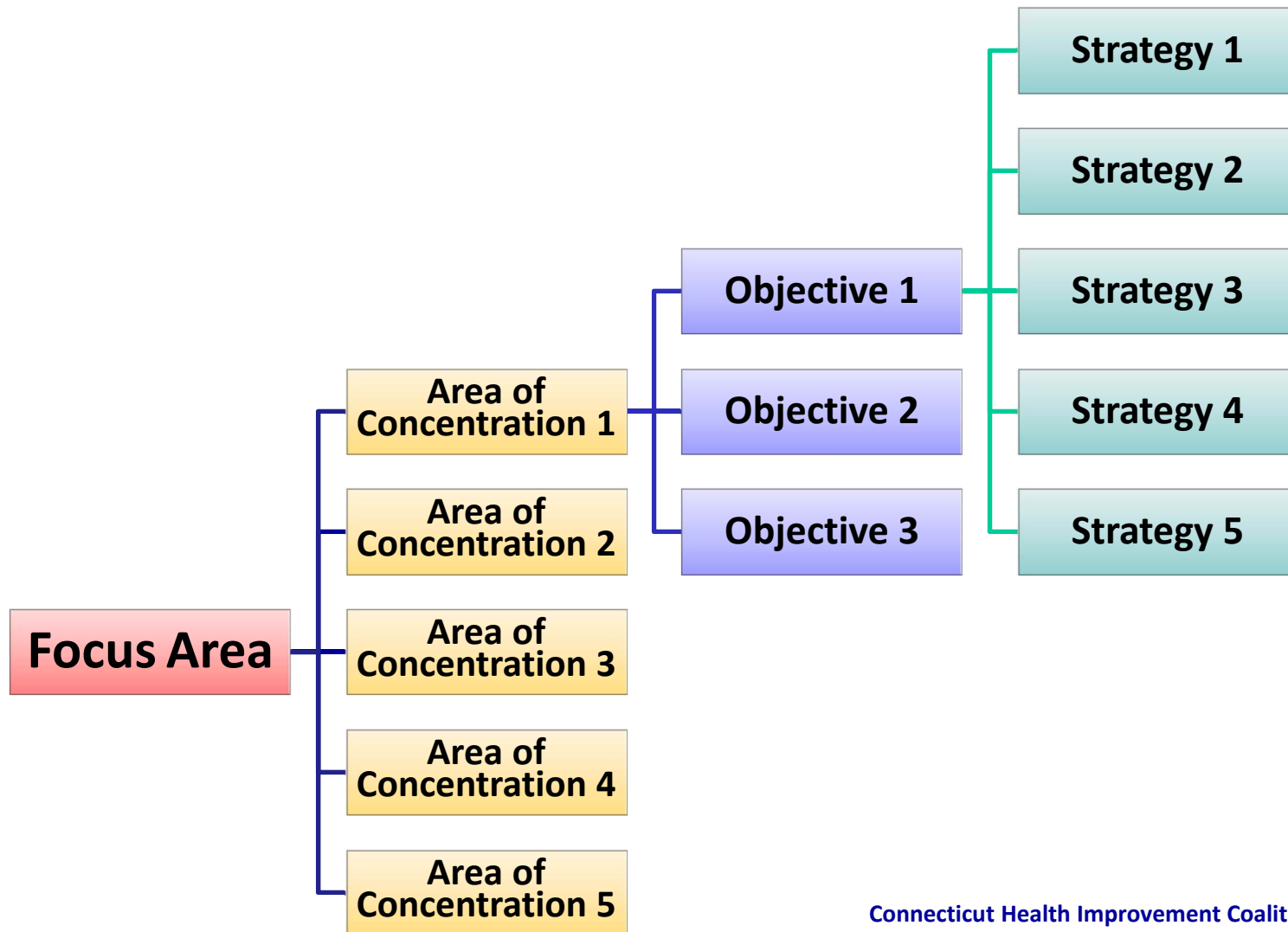
6. Mental Health, Alcohol, and Substance Abuse



7. Health Systems



Plan Layout



Planning Coalition

- Connecticut Health Improvement Planning Coalition
 - 100+ partners led by DPH
 - State and local health agencies
 - Traditional and non-traditional stakeholders
 - Focus Area Work Groups
 - Advisory Council




Guiding Principles

- Health improvement approach
- Evidence-based objectives and strategies
- Balance among scope, relevance, and depth of focus
- Align with national frameworks and standards
- Consistent with existing local and State plans and programs



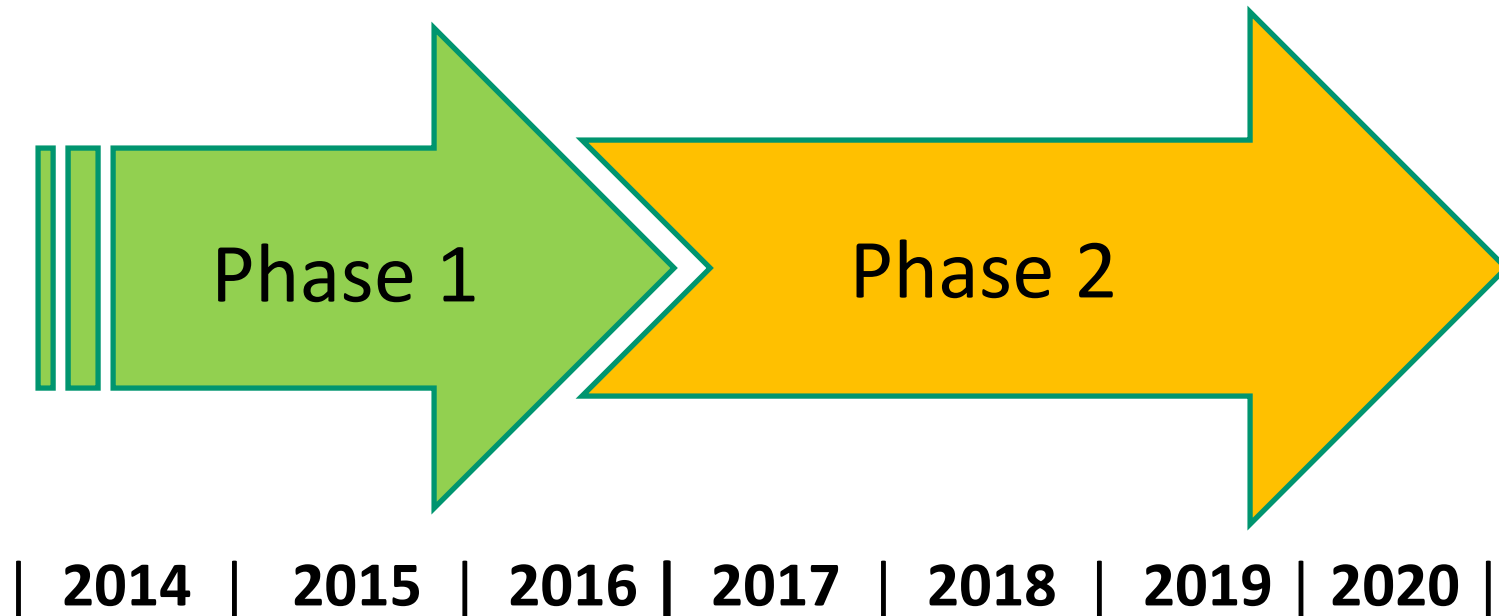
Guiding Principles

- Overarching themes:
 - Health equity 
 - Social and economic determinants of health
- Inspirational and actionable:
A Call to Action



Implementation in 2 Phases

Ph1 = Phase 1





Focus Area 4: Infectious Disease Prevention and Control



Work Group Members

Co-chairs:

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*Yale University Center for
Interdisciplinary Research on AIDS*

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Goal

Prevent, reduce, and ultimately eliminate the infectious disease burden in Connecticut



Areas of Concentration

- **Vaccine-preventable diseases** (7 objectives)
- **Sexually transmitted diseases** (4 objectives)
- **HIV infection** (3 objectives)
- **Tuberculosis** (1 objectives)
- **Hepatitis C** (3 objectives)
- **Vector-borne diseases** (2 objectives)
- **Foodborne illness and infections** (4 objectives)
- **Waterborne illness and infections** (1 objective)
- **Healthcare-associated infections** (8 objectives)
- **Emergency preparedness for emerging infectious disease** (1 objective)

* Phase 1 Objectives



Vaccine-preventable Diseases

Increase Vaccination Levels (Populations)

Phase 1 Objectives (2):

*Increase vaccination coverage levels for children and adults (ACIP-recommended); and for pregnant women and childcare providers**

■ By the Numbers

- 21% of children <36 mo. incomplete full series (2011)
- Up to 11% of 13-17 yr olds have not gotten recommended vaccines (2012)



■ Implementation Strategies

- Assure insurance coverage for vaccines/administration
- Expand access to ACIP recommended vaccines for children and child care providers
- Enhance immunization registry; implement recall/reminder systems
- Provide culturally/linguistically appropriate patient education

* Developmental objective; no data available



Vaccine-preventable Diseases

Increase Vaccination Levels (Diseases)

Phase 1 Objectives (2):

Increase vaccination rates for seasonal influenza and human papillomavirus

- **By the Numbers**
 - 39% of adults got flu shot (2012)
 - HPV vaccine 3 doses (2012):
 - 44% females 13-17 yrs
 - 9% males 13-17 yrs
- **Implementation Strategies**
 - **Flu:** Assure insurance coverage; develop new venues for vaccine administration; annual education campaigns
 - **HPV:** Expand patient eligibility for free vaccine and coverage by insurers; promote use of Vaccines for Children program at SBHCs; educate providers and the public



Vaccine-preventable Diseases

Decrease Incidence

Phase 1 Objective (3):

Decrease the incidence of pertussis, invasive pneumococcal infections, and hepatitis B infections

■ By the Numbers

- 183 cases pertussis (2012)
- 315 cases invasive pneumococcal (2012)
- 19 cases hep B (2011)

■ Implementation Strategies

- Assure insurance coverage for all ages
- Enhance availability of vaccines; educate providers and public; outreach to high-risk populations
- Enhance immunization registry, and implement reminder system
- Use targeted interventions to reduce disparities
- Promote and ensure screening for hep B



Sexually Transmitted Diseases

Phase 1 Objectives (2):

Decrease the incidence rates for chlamydia and gonorrhea among youths 15-24 yrs of age, blacks, and Hispanics

- **By the Numbers (2011)**
 - Young people <15-25 yrs
 - Chlamydia: ~2,000/100k
 - Gonorrhea: ~300/100k
 - Compared to whites:
 - Blacks: 13x higher chlamydia, 28x higher gonorrhea
 - Hispanics: 5x higher chlamydia, 6x higher gonorrhea
- **Implementation Strategies**
 - Promote Expedited Partner Therapy
 - Culturally appropriate education and training and treatment
 - Testing and screening consistent with standards



HIV

Phase 1 Objectives (3):

*Decrease cases overall, in MSMs, and black females; decrease progression to AIDS; increase proportion of HIV+ persons with suppressed viral loads**

■ By the Numbers

- New cases (2012)
 - 76% male
 - 48% MSM
 - 41% black
- 43% of diagnosed cases progressed to AIDS in 1 yr



■ Implementation Strategies

- Promote condom use; implement syringe exchange
- Provider education re: prevention, screening, treatment
- Explore use of pre-exposure prophylaxis for people at risk
- Implement routine screening programs

*Developmental objective; data not available



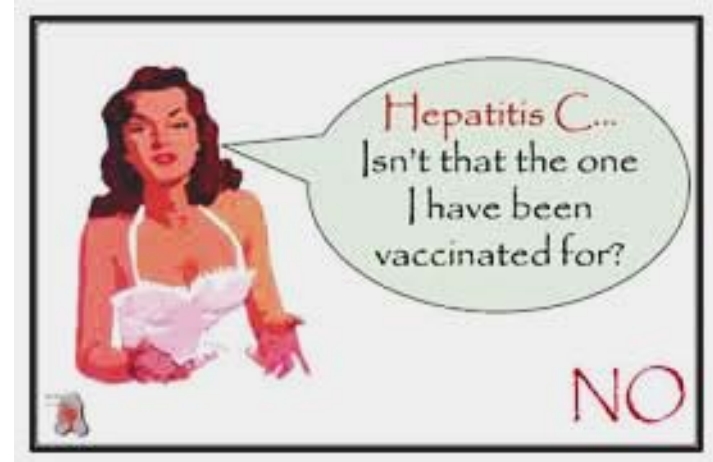
Hepatitis C

Phase 1 Objective:

*Increase hepatitis C screening among high-risk populations**

■ By the Numbers

- 177 cases acute hepatitis C (2007-2011)
 - 67% injection drug users
 - 64% 20-39 years of age
 - 70% white
- > 60 cases “past or present” hepatitis C in 5 of largest CT towns



■ Implementation Strategies

- Educate health care providers on risk factors, screening guidelines
- Educate target groups on primary prevention
- Provide targeted outreach and screening interventions

*Developmental objective; no data available



Healthcare Associated Infections

Expand Reporting

Phase 1 Objective:

Enhance reporting system to include additional types of infections, types of facilities, and locations in the facilities

- **By the Numbers**

- *Facilities:*

- Acute care hospitals

- *Locations:*

- Intensive care units

- *Types of infections:*

- Catheter-associated urinary tract infections

- Central line associated bloodstream infections

- Surgical site infections (abdominal hysterectomy; colon surgery)



- **Implementation Strategies**

- Antimicrobial stewardship and other evidence-based infection prevention

- Expand reporting through the National Healthcare Safety Network



Healthcare Associated Infections

Reduce Specific Infections at Certain Facilities

Phase 1 Objectives (4):

Reduce CAUTIs and C. difficile in long-term care facilities; reduce CLABSIs in hemodialysis facilities; reduce SSIs in ambulatory surgery centers; and achieve SIRs ≤ 1 for CAUTIs, SSIs, CLABSIs, C. difficile, and MRSA in acute care hospitals

■ By the Numbers

Type of Infection	Standardized Infection Ratio
Central line associated bloodstream infections, CLABSI (2012)	0.60
Catheter associated urinary tract infections, CAUTI (2012)	1.86
Surgical site infections, SSI – Colon (2012)	1.26
Surgical site infections, SSI – Abdominal hysterectomy (2012)	1.42
MRSA (methicillin resistant <i>Staphylococcus aureus</i>) bacteremia (2013)	0.77
<i>Clostridium difficile</i> infections (2013)	1.02

■ Implementation Strategies

- Establish collaboration between public health system and facilities
- Implement and integrate evidence-based infection prevention methods



Emergency Preparedness for Emerging Infectious Diseases

Phase 1 Objective:

Reduce the adverse impact of emerging infectious diseases on population health through early detection and control



- Implementation Strategies
 - Ensure all hazard plans are updated and drilled
 - Modernize surveillance systems and lab technologies
 - Enhance communications systems for public and providers



What Next?

- **Methods of implementation:**

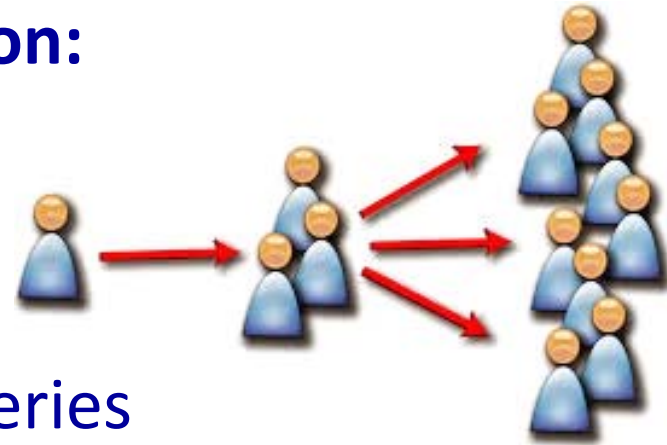
- Publicize the Plan

- Speakers Bureau

- Focus Area webinar series

- Implementation Advisory Council

- Coordinated communication system



What Next?

- **What you or your organization can do:**
 - Join or help grow the Coalition
 - Bring Speakers Bureau to your group
 - Identify goals & objectives for you & your organization, and *consider taking the lead*
 - Develop partnerships in your communities
 - Identify policies needed to improve health



Poll

- Are there objectives in this Focus Area on which your organization is already working or will work?
- Are there objectives in this Focus Area on which your organization might consider taking the lead?



Thank You!



To share what you're working on or where you'd like to take the lead, or for help, please e-mail me:

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For general questions, additional comments, and information about Speakers Bureau, please e-mail:

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To request CEUs, please e-mail:

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www.ct.gov/dph/HCT2020



Statewide Priorities for DPH

- High blood pressure, heart disease, and stroke
- Obesity
- Vaccine-preventable infectious diseases
- Falls
- Preconception health and inter-conception care; premature/preterm births and low birthweight
- Poor housing conditions
- Unhealthy community design

