WEBINAR: Infectious Disease Prevention and Control
June 12, 2014

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
Plan Overview

2 State Health Improvement Plan
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

Focus Area

Area of Concentration 1

Area of Concentration 2

Area of Concentration 3

Area of Concentration 4

Area of Concentration 5

Objective 1

Strategy 1

Objective 2

Strategy 2

Objective 3

Strategy 3

Strategy 4

Strategy 5

Connecticut Health Improvement Coalition
www.ct.gov/dph/SHIPcoalition
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

Phase 1 = 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*

Douglas Waite
*Day Kimball Healthcare*

Members:
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Anne Fountain
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Nadine Fraser
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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 childcare 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

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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

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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**

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

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

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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:

HCT2020@ct.gov

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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