

4

HCT2020 Year 1: 2016 Action Agenda Infectious Disease Prevention and Control

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Focus Area 1: Infectious Disease Prevention and Control			
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.			
Area of Concentration: Vaccine-Preventable Diseases			
SHIP Objective ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.			
Dashboard Indicator:			
<ul style="list-style-type: none"> Vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age. Varicella vaccine coverage levels for ACIP recommended vaccines among adolescents 13 to 17 years of age. Tdap vaccine coverage levels for ACIP recommended vaccines among adolescents 13 - 17 years of age. Meningococcal conjugate vaccine coverage levels for ACIP recommended vaccines among adolescents (13 – 17 years of age). 			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Explore feasibility and funding options to assure costs of vaccines/administration for all ages.</p> <p>Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).</p>	<p>Convene stakeholders to explore Universal Vaccine State models.</p> <p>Due: 2/1/15</p>	<p>DPH, Academy of Pediatrics-CT chapter, Pediatricians, Community Health Centers, local health departments, SHIP Advisory Council, CT Vaccine Advisory Committee, American Federation of Teachers-CT (AFT-CT), Yale Emerging Infections Program</p>	
<p>Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.</p>	<p>a. Enable Electronic Health Records (EHR) to report directly to the registry</p> <ul style="list-style-type: none"> Implement interoperability grant. <p>Due: 10/1/16</p>	<p>DPH, CDC, private physicians, BEST (IT)</p>	
	<p>b. Increase access by increasing the number of providers and local health departments using CIRTS</p> <ul style="list-style-type: none"> Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18. Propose legislation to require electronic reporting to CIRTS. <p>Due: 1/1/16</p>	<p>DPH, Academy of Pediatrics-CT chapter, Pediatricians, Community Health Centers, SHIP Advisory Council, CT Vaccine Advisory Committee, American Federation of Teachers-CT (AFT-CT), Yale Emerging Infections Program, Academy of Family Physicians, CT State Medical Society, Local Health Departments, Connecticut Public Health Association (CPHA), CT Association of Directors of Public Health (CADH), legislature</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Human/partnerships: Advocacy from partners Financial: \$23,100,000 in state budget and funding from the CDC 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs Regular reports from Connecticut legislation available on their website DPH Government Relations gives updates on StateScape 			

Focus Area 1: Infectious Disease Prevention and Control			
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Area of Concentration: Vaccine-Preventable Diseases			
SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.			
Dashboard Indicator:			
<ul style="list-style-type: none"> Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza. Percent of adults in Connecticut (18 years of age and older) who are vaccinated annually against seasonal influenza. Percent of adults (65 years of age and older) in Connecticut who are vaccinated annually against seasonal influenza. 			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Same as ID-1	Same as ID-1	Same as ID-1	
Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.	a. Increase venues and outreach for flu vaccine administration through local health departments. <ul style="list-style-type: none"> Encourage local health departments to use a proportion of their Public Health Emergency Preparedness (PHEP) fund allocations to run flu clinics (e.g. drive-thru or Point of Dispensing sites (PODs)) Engage local business associations and/or Chambers of Commerce to collaboratively arrange for on-site, or near-site clinics Due: 1/1/16	DPH, Local Public Health Office, Public Health Emergency Preparedness (PHEP), Local Health Departments, CT Association of Directors of Public Health (CADH), Department of Social Services (DSS)	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Financial: http://www.ct.gov/dph/lib/dph/v4/dph_v4_header_02.jpg PHEP funds 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs from DPH Public Health Emergency Preparedness program 			

Focus Area 1: Infectious Disease Prevention and Control			
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Area of Concentration: Vaccine-Preventable Diseases			
SHIP Objective ID-7: Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.			
Dashboard Indicator:			
<ul style="list-style-type: none"> • Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. • Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines. 			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Educate providers about vaccine availability, delivery, cost and practice guidelines.</p> <p>Educate parents and providers about the cancer prevention benefits of the HPV vaccine.</p>	<p>a. Launch public communication campaign.</p> <ul style="list-style-type: none"> • Call-to-action letter from DPH Commissioner to physicians. Due: 1/1/16 • Engage vulnerable populations in the development and dissemination of Social media messages. Dissemination could include reaching existing networks: local libraries, school districts, local health departments, community health centers, faith based communities, DPH website, Twitter, Facebook, etc. <p>Due: 10/1/16</p>	<p>DPH Office of Communications, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • In-kind DPH staff 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Review of DPH website for social media, call-to-action 			

Focus Area 1: Infectious Disease Prevention and Control			
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.			
Area of Concentration: HIV			
SHIP Objective ID-12: Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.			
Dashboard Indicator:			
<ul style="list-style-type: none"> • Number of newly diagnosed cases of HIV in Connecticut overall. • Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). • Number of newly diagnosed cases of HIV in Connecticut among black females. 			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>Implement routine screening programs to increase early detection of HIV.</p> <p>(Note: Seek collaborative with other health systems related to implementation of one health system’s model statewide.)</p>	<p>a. Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH’s AIDS Care Program’s HIV testing program, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> • Complete expansion of YNHH program to 2 School-Based Health Centers (SBHCs). Due: 1/1/16 • Expand program to other Yale New Haven Health System (YNHHS) hospitals (Bridgeport, Greenwich). Due: 7/1/16 • Begin to expand program to other settings (e.g. Federally Qualified Health Centers (FQHC), Corrections). Due: 10/1/16 • Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing. Due: 4/1/16 	<p>DPH, YNHH’s AIDS Care Program, Cornell Scott-Hill Health Center (CSHHC), Center for Interdisciplinary Research on AIDS (CIRA)</p>	
<p>Promote utilization of partner referral services for HIV-positive individuals.</p>	<p>a. 1. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHH’s AIDS Care Program’s partner referral initiative, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> • Add additional language to DPH HIV contracts for testing services in clinical settings <p>Due: 1/1/16</p> <p>Are we certain that no other hospital system in the state has a different, maybe just as effective model? Could this be explored in 2016 before contracts are changed?</p>	<p>DPH</p>	

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SHIP Objective ID-12:		Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.	
<p>Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/ interventions.</p>	<p>a. Coordinate data collection, identify data needs, and evaluate approaches for identifying people who are unaware of their status and link them and their patient level data with community viral load.</p> <ul style="list-style-type: none"> • Assessment of current use of data linkage capabilities. Due: 4/1/16 • Workshop for providers on linkage of data sets that they use. Due: 7/1/16 • Submit Meaningful Use testimony regarding possible linkage improvements. Due: 10/1/16 	<p>Connecticut HAI/AIDS Identification and Referral Task Force (CHAIR includes: Community Renewal Team (CRT), Yale University, AIDS Project New Haven, City of Hartford Health Department (RWPA), Hill Health Center, CIRA, DPH, New England AIDS Education and Training Center (NEAETC-LPS), Yale New Haven Hospital, Community Health Center Association of Connecticut, Gilead Sciences, Hartford Gay and Lesbian Health Collective, Greater Bridgeport Area Prevention Program (GBAPP), University of Connecticut, Connecticut Children’s Medical Center (CCMC), AIDS Project Greater Danbury, AIDS CT (ACT), City of New Haven (RWPA), World Health Clinicians (WHC), Institute for Community Research (ICR)</p>	
<p>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</p>	<p>a. Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after YNHHS’s AIDS Care Program, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> • Expand program to other YNHHS hospitals (Bridgeport, Greenwich). Due: 7/1/16 • Perform an assessment of the translation of PrEP and implementation in setting beyond the successful programs in HIV clinic (e.g., Yale) and community clinic (e.g., Cornell Scott) settings, and make recommendations on both the feasibility and best means of such expansion. Due: 10/1/16 • Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections). Due: 10/1/16 	<p>DPH, YNHHS’s AIDS Care Program, CHAIR, ICR, CSHHC</p>	

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SHIP Objective ID-12:		Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.	
	<ul style="list-style-type: none"> b. Expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns, like bus ads. <ul style="list-style-type: none"> • Public information campaign using bus ads, Ryan White educational and awareness materials. Due: 1/1/16 • Distribute PrEP providers list via social media, Everbridge. Due: 1/1/16 		
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • Human/Partnerships: Provision of HIV test kits, CT AIDS Education and Training Center (TBD), DPH Data analysts, Interns in DPH HIV Surveillance program and CDC support, In-kind DPH and CIRA staff time, DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff) • Financial: (Current) \$90,000 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Provide quarterly report outs • Contract reports from YNHH to DPH, Data on routine testing from site to DPH, Final report of assessment, Data collected from sites by DPH PrEP coordinator, DPH social media, Everbridge reports, Final Assessment Reports, DPH HIV Prevention and Health Care and Support Services 			