Meeting: Meeting #1 Kick-Off
Date: May 3, 2013
Time: 9:00 AM – 12:00 PM
Location: CADH, 241 Main Street, 2nd Floor
Hartford, CT 06106
Conference Line: 877-916-8051 Pass code: 5399866
Directions: The entrance to 241 Main St. is accessible from John Street, located one block west of Main Street. Parking is available in the lot across the street from the CADH entrance on John Street, located one block west of Main Street.

Time	Agenda Item	*min*	Notes
9:00 – 9:30	**Activity 1: Introductions and Meeting Objectives** • Welcome and introductions • Work Group Charge and Timeline • Establish ground rules • Review today's agenda and objectives	*30*	By the end of today, we will 1) review the data elements, and 2) finalize areas of concentration for focus areas using select criteria.
9:30–10:30	**Activity 2: ID Data Review** • Review pertinent data from the State Health Assessment and identify additional data needs for work group proceedings	*60*	Dr. Lynn Sosa will present the risk factors and associated data elements for discussion.
10:30–10:45	**Break**	*15*	
10:45-11:45	• **Activity 3: Finalize areas of concentration**	*60*	Group will review the current content areas identified for ID section and add or remove areas as needed.
11:45-12:00	**Activity 4:** Work Group Housekeeping • Evaluate Meeting • Review Next Steps • Homework • Meeting Schedule and Location	*15*	

Materials
CT State Health Assessment Preliminary Findings – Infectious Disease Excerpt
HP 2020 Objectives Related to Infectious Disease

Attendees (see chart on last page)

Meeting Notes

Introductions:
Elaine O'Keefe from Yale School of Public Health opened the meeting with introductions and a brief overview of the Health Improvement Planning process that we are asking ID Work Group members to participate in. Attendees were asked to introduce themselves and share their experience in ID. Douglas Waite and Elaine O'Keefe are Co-Chairs of the ID Work Group.

ID Data Review
Dr. Lynn Sosa, Deputy State Epidemiologist, CT DPH presented a presentation entitled "Overview of Infectious Diseases in Connecticut. The PPT presentation will be sent out to all members of the ID Work Group and it will be posted to ID Work Group Dropbox folder. Dr. Sosa began by providing a brief overview of the Reportable Diseases, Emergency Illnesses and Health Conditions for 2013, as well as Reportable Laboratory Findings for 2013. Dr. Sosa also provided a brief review of DPH as an organization and recent restructuring of the Infectious Disease area. Dr. Sosa then provided information on each of the nine Infectious Diseases areas of concentration that were identified and revised during the Connecticut Health Improvement Planning Coalition meeting held on January 31, 2013.

Foodborne Diseases (See slides 7-14)

- Currently engaged in a cooperative agreement with the CDC to do active or enhanced surveillance for foodborne disease (FOODNET). Question from WG member: What foodborne diseases are not actively followed? There was a small state outbreak related to norovirus.
- Q. What does environmental health (food protection) have that might be helpful in drilling down? Dr. Sosa said that she would get back to the group once she found out what DPH has in the Food Protection Program's Environmental Tracking System.

Vectorborne Disease (See slides 15-24)

West Nile Virus – all groups susceptible, most infections benign, severity is age related, no specific therapy for treatment once infected

- 110 total cases of human WNV in CT in 2000 –2012 (avg. 8/yr), fatalities 3. Case distribution follows CT River valley, I91-I95; mostly in developed, urban areas; mostly in Fairfield County.
- Greatest risk for human exposure and infection in August and September; correlation with mosquito isolates.

Lyme disease took big dip down in 2003 – 2006, but is back up to 3000 cases/yr.

- Surveillance case definition has changed over time
- Data on LD by cases by month of onset, and incidence by 10 year age groups. Age 50-70+ yrs highest risk group. Peaks in June/July, but some cases every month.

Sexually Transmitted Infections (STI) (Slides 24 – 57) *[I believe they are still called STDs at DPH]*

Primary and Secondary Syphilis

- Has dropped since '90's, but some resurgence; small numbers.
- Most syphilis cases are among men (MSM), but cases among women have increased
- See syphilis among all ages, but have higher #'s in 20-29 year old age group
- Most cases are among While males (gay population in state); black second highest.
- An effort is made to interview everyone in the state w/ syphilis
- Female case rate increasing since 2008
- Usually have 1 or 2 congenital syphilis cases/yr.
- Currently there is a syphilis outbreak in northeast CT
- Q. Have you seen HIV positive cases with syphilis? A. Yes, about 40% of those with syphilis are co-infected with HIV
- We are concerned about the fact that rates among women are going up. It is possible that they have been infected for a while without knowing it.

Gonorrhea

- Gonorrhea is becoming harder to treat as it is resistant to antibiotics.
- Currently dual treatment with 2 doses of antibiotics
- Case rates pretty stable, ~2,200 cases/yr
- Women are more likely to be screened
- Age 15-24 yrs greatest numbers; mostly black
- Most common among adolescent population, therefore doing more screening at high schools and colleges to get access to high risk population.

Chlamydia

- Have seen 3-6% increase year after year; may be due to increased screening. In 2012, ~350 cases/ 100K population, or about 13K cases/yr
- Problem with counting screenings is de-duplication; can't get true number of individuals screened.
- Highest among young people, women, and racial and ethnic minorities; about 10K women/yr
- Q. Do you have #'s? A. There is an STD Surveillance Network, and one of the 12 sites does enhanced surveillance. We are currently partnering with Community Health Centers and with Planned Parenthood to try to find out what is really going on.
- Q. Where else can we look at DSS data? A. State labs are a good place to look at surveillance. WG member Pat Checko suggested that a future strategy to understand how many Chlamydia tests are being done is to go to labs to find out how many test were conducted.

HIV

- Prevalence increasing (~10,500 in 2011)
- Significantly more men than women are diagnosed with HIV
- No children infected in last 3 years
- Most cases in 20-40 yr age group; % in 60+ yr age group increasing
- Less racial disparity, but black > others; MSM>Heterosexual>IDUs
- TB/HIV coinfection
- 30% of those who are newly diagnosed with HIV already have AIDS, we are trying to understand who those people are

- About 20% of those infected with HIV don't know that they are infected
- Key of course is that if people have early and sustained treatment, they do very well generally
- Need to really work on preventing transmission of HIV
- There are a number of people in the community whose job it is to identify high risk individuals and to get them tested; initiatives to target and identify high-risk people are fragmented.
- Need to look at diseases with common risk factors, and focus on co-infection when developing strategies
- Near half of people in CT who are living with HIV and AIDS reside in Hartford, Bridgeport and New Haven
- Highest # of HIV cases are among Blacks
- There is continued high prevalence in IDU in CT however HIV trends now show higher incidence in MSM signaling need for more focus in reaching and averting infections in this population.

Chronic & Unresolved Hepatitis C

- DPH lost Hep C funding, so currently only have one person working in this area
- Big push to encourage people to get tested for Hep C
- Q. Why is there an increase in acute Hep C? A. Not sure why. IV drug use is one way people are getting infected, but there are other ways as well. Increasing, but only 47 cases/yr. Chronic is more stable, but >1,000/yr. Transmission 61% IDU/street, 8% sex, 5% household, 26% other/unk
- An Advisory Committee has been formed to figure out how to get information out so that people know what they need to do to get tested, and whom they can be referred to for testing.

Tuberculosis

- TB is at an all-time low. We think this is because the screening for overseas immigrants has become much more stringent
- TB is at 2.1/100,000 in 2012 (74 cases) This is the lowest ever reported in CT.
- TB is seen all over the state (33 towns)
- Looking closely at HIV co-infection (4-5 cases/yr, 57% male)
- We have seen five multi-drug resistant cases (resource intensive)
- Majority of cases are foreign-born
- There is a new 12-week regimen that has had good success

Vaccine-preventable disease

- Big increase in Pertussis cases in 2012; highest in <1 and 10-19 yr olds
- Pneumonia is high this year
- Influenza 2007-2008 worst years; 2012-2013 second worst.
- Overall, 79% of children 19-35 mo have completed the vaccine series

Healthcare-Associated Infections (HAI) (Slide 77-90)

- CT>US rate for CAUTIs
- Resistant bacteria are generating a high level of concern (VREs and carbapenem-resistant Enterobacteria
- New: fungal contamination of compounding pharmacy products; legislation needed.

- A lot of discussion about strategies that can be used to prevent infections and discussion about antibiotic stewardship is very important
- Statewide HAI and antimicrobial resistance surveillance and data quality (validation using National Healthcare Safety Network (NHSN)
- Innovation of epidemiology (Emerging Infections Program)
- Public Reporting and Information
- Support prevention collaborative conducted by partners, Quality improvement projects
- State HAI plan – Health Improvement Plan

It was noted that Hepatitis B was not covered in the presentation. Hepatitis A would fall under foodborne disease. HPV also needs to be discussed.

BREAK

Areas of Concentration
When the group came back together after a short break, Elaine explained the role of the Co-Chairs and explained that the objectives and strategies for each of the nine areas of concentration must be fully developed by the end of June.

Doug led a brief discussion about the nine areas of concentration, and it was decided that they would be divided into four groupings that could be reviewed at four meetings held during the months of May and June in Hartford, CT at same location (CADH Office) if available

The group decided that the areas of concentration would be grouped as follows:

1. HAI's (Content Expert: Rich Melchreit)
2. STI's (Chlamydia, Syphilis, Gonorrhea, HPV), HIV, Tuberculosis, Hepatitis C
3. Vaccine Preventable/Immunizations and Other Reportable Diseases (Content Experts: Suzanne Speers (HIV and Hep C) Randy Nelson, and Ted Andreadis (vectorborne), Kathy Kudish, Debbye Rosen ,Michael (Mick)Bolduc (immunizations)
4. Foodborne and Waterborne Infections (Content Experts: Terry Rabatski-Ehr, Gary Archambault, Quyen Phan)

The group also decided that they would identify some experts to invite in for specific meetings. Names that were brainstormed are listed next to area of concentration above. During the months of May and June, there will be four 3-4 hour meetings to cover each of the four groups listed above. Elaine and Doug will share the Co-Chair duties; Carol Bower (DPH) will attend meetings in person, and Jennifer Herriott (HRiA) may try to attend the next meeting in person so as to provide assistance with meeting facilitation/process which can then be replicated during the remaining meetings.

Goal Statement
After reviewing the four draft goal statements prepared by the Co-Chairs, the group agreed on the following goal statement:

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

Data requests:
Results of special surveillance on positive Pap smears and HPV
HIV and Cancer Registry data
Environmental Health Tracking system data

Homework for Work Group Members
Draft objectives for each area of concentration from HP2020
Review data

Co-Chairs will send out a doodle meeting to determine future meeting dates.
The first meeting will focus on STIs (Chlamydia, Syphilis, Gonorrhea, HPV), HIV, Tuberculosis, Hepatitis C.
Suggested experts to invite: Lynn Sosa, Sue Speers, and others TBD

Next Steps

New/Additional Members

- John Fontana, DPH Lab Director

Attendees

Attended Meeting									
5/3	**date**	**date**	**date**	**date**	**date**	**Last Name**	**First Name**	**Organization**	**Email**
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