



## Healthy Connecticut 2020 State Health Improvement Plan

### Infectious Disease ACTION Team Meeting AGENDA & NOTES

**Date:** August 7, 2015  
**Time:** 10 am - 11 am  
**Location or Conference Call Number:** (866)-717-1460  
**Conference Call Access Code:** 21750269

**Attendees (Please list all who participated):** Matthew Bizzarro (YNHCH), Dale Cunningham (AFT/CT), Danielle Daley (IPRO), Sandy Gill (DPH), June Holmes (YNHH), Alison Hong (CHA), Heidi Jenkins (DPH), Victoria Liquori (DPH), Kristin Magnussen (Ledge Light HD), Richard Melchreit (DPH), Elaine O’Keefe (Yale School of Public Health), Carol Steinke (Hartford HHS)

| Agenda Items                              | Time | Discussion   | ACTION Items and person responsible   |
|---|------|--|---|
| <b>Introductions and General Comments</b> |      | <ul style="list-style-type: none"> <li>• After roll call, members were asked to give general comments regarding the most recent drafts of the Action Agenda</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Infection disease ACTION team</b></li> </ul>  |
| <b>Review of Minutes from Last Minute</b> |      | <ul style="list-style-type: none"> <li>• Highlights:               <ul style="list-style-type: none"> <li>➢ More local health departments should start or continue billing Medicaid</li> <li>➢ Encourage local health departments to use a portion of their Public Health Emergency Preparedness (PHEP) support for flu clinics</li> <li>➢ Last week’s minutes discussed the elimination of some of the Action Steps between the first and second drafts</li> <li>➢ HPV vaccine social media campaign action steps were added</li> <li>➢ Focus on expanding routine HIV testing in clinics before moving into other settings</li> <li>➢ None of the HIV actions currently on the Action Agenda target MSM or black females specifically</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Infectious disease ACTION team</b></li> </ul> |

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|  |  | <ul style="list-style-type: none"> <li>➤ Before expanding the use of partner referral services, data should be collected from private physicians to assess their current position on the issue</li> <li>• Comments: <ul style="list-style-type: none"> <li>➤ Instead of saying, “...modeled after the YNHH’s AIDS Care Program” when referring to HIV actions, we should also include, “...and other successful programs”, since other existing programs may be more translatable to different healthcare facilities</li> </ul> </li> </ul>  |  |
| <p><b>Action Agenda Draft (Draft 4) Discussion</b></p> |  | <ul style="list-style-type: none"> <li>• Action Agenda Draft Submission Process: <ul style="list-style-type: none"> <li>➤ The official rough draft of the 2015/2016 Action Agenda is due to the SHIP Advisory council by the end of August</li> <li>➤ They have provided the Action Teams with a specific Action Agenda template that they would like used</li> <li>➤ In addition to that version, we plan to also submit 2 appendices: <ol style="list-style-type: none"> <li>1. The final version of the current working draft</li> <li>2. A narrative to capture the discussion and feedback from the drafting process (Members felt that this would be extremely important to detail the rationale behind the decisions that were made)</li> </ol> </li> </ul> </li> <li>• <b>ID-1:</b> Increase by 5% the vaccination coverage levels for Advisory Council on Immunization Practices (ACIP) recommended vaccines among children and adults. <ul style="list-style-type: none"> <li>➤ Not too many changes made in the most recent draft</li> <li>➤ There is a more detailed list of responsible partners for each of the action steps</li> <li>➤ <b>Action Step 2A:</b> Propose legislation to expand reporting to CIRTIS immunizations administered from age 6 to age 18. <ul style="list-style-type: none"> <li>○ Current legislation requires CIRTIS reporting up to age 6</li> <li>○ Comments: additional responsible partners include local health departments, Connecticut Public Health Association (CPHA), Connecticut Association of Directors of Public Health (CADH)</li> </ul> </li> </ul> </li> <li>• <b>ID-5:</b> Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza. <ul style="list-style-type: none"> <li>➤ <b>Action step</b> change: From “Allocate a percentage of future PHEP funds to LHDs to do flu clinics such as drive-thru or Point of Dispensing sites</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Infection disease ACTION team</b></li> </ul> |

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|  |  | <p>(PODs)” to “ <b>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))”</b></p> <ul style="list-style-type: none"> <li>○ Comments: Some local health departments already run flu clinics. They are encouraging partners in the area to do so</li> <li>● <b>ID-7:</b> Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines. <ul style="list-style-type: none"> <li>➤ Added Action: <b>Launch public communication campaign.</b> <ul style="list-style-type: none"> <li>○ Comment: American Academy of Pediatrics (AAP) has published articles detailing the low HPV vaccination rates, methods to boost rates (including social media campaign and linking immunization and cancer organizations), and ways to contact the AAP if there are barriers to coverage</li> <li>○ Comment: Potential responsible partners include the CT of the AAP, Connecticut Cancer Partnership, and CT Vaccine Advisory Committee</li> <li>○ Comment: Public communication campaign should try to tap into the different layers of influence including state, regional, and local stratum</li> </ul> </li> </ul> </li> <li>● <b>ID-12:</b> 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"> <li>➤ <b>Action step:</b> Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing <ul style="list-style-type: none"> <li>○ Center for Interdisciplinary Research on AIDS (CIRA) did a similar study in 2009 and agreed to be a responsible partner for this step</li> <li>○ It was suggested that routine testing should be implemented in settings that serve populations at high risk, but the benefit of routine testing is that it can diagnose those who were unaware of their status</li> <li>○ Currently YNHH AIDS Care Program performs routine testing as part of routine physicals and blood draw</li> <li>○ Emergency Departments seem to be resistant to routine testing because of the low prevalence. The program needs an ED champion to help the program transition to that setting</li> </ul> </li> </ul> </li> </ul> |  |
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|                   |  | <ul style="list-style-type: none"> <li>○ It may be worth prioritizing where routine testing is implemented based on pilots, prevalence, and assessment</li> <li>○ Staff funding would be necessary to expand any current programs</li> <li>➤ <b>Action 2:</b> Increase use of the current DPH DIS program by private physicians. <ul style="list-style-type: none"> <li>○ It was suggested that the 2015/2016 Action Agenda should focus on healthcare facilities and private physicians should be left to later years</li> <li>○ A CME course was done in the past, so it could be done again</li> <li>○ It was suggested that private physicians need to be testing first before they can utilize the partner referral services, so Action step 4 ( Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing) takes precedence</li> <li>○ Action 2 will be removed from the next draft</li> </ul> </li> <li>➤ <b>Action:</b> 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. <ul style="list-style-type: none"> <li>○ It was suggested that “community viral load” could be removed from the action</li> <li>○ The goal of this action is to make sure that people are linked to care</li> <li>○ The action language will be discussed with DPH Surveillance staff</li> </ul> </li> <li>➤ <b>Action:</b> Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after YNHH’s AIDS Care Program. <ul style="list-style-type: none"> <li>○ Planned Parenthood is doing routine testing, but does not have a PrEP program</li> <li>○ It was suggested that an additional action should be added concerning wide scale PrEP implementation and choosing the most efficient approaches</li> </ul> </li> </ul> |   |
| <b>Conclusion</b> |  | <ul style="list-style-type: none"> <li>• Homework <ul style="list-style-type: none"> <li>○ A final Action Agenda draft will be sent out at the end of the week</li> <li>○ Feedback will be collected until noon on Wednesday, 8/19</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Infection disease ACTION team</li> </ul> |



## Infectious Disease Prevention and Control 2016 Action Agenda

### Focus Area: 4-Infectious Disease Prevention and Control

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

**Area of Concentration:** **Vaccine-Preventable Diseases**

**Objective ID-1:** Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.

**Dashboard Indicators:**

- 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  | Action  |
|---|---|
| <p><b>Assure costs of vaccines/administration for all ages are covered by all insurers.</b></p> <p><b>Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).</b></p> | <p>Expanding the vaccines offered through the Connecticut Vaccination Program (CVP) for all children through age 18, regardless of insurance status to include: influenza, HPV, rotavirus, hepatitis A.</p> |

Action: Expanding the vaccines offered through the CVP for all children through age 18, regardless of insurance status to include: influenza, Human Papillomavirus, rotavirus, hepatitis A.

| Action Steps   | Due           | Responsible Partner  | Resources           | Monitor and Evaluate                   |
|--|---------------|--|---------------------|--|
| <p><b>A. Submit budget option for expansion of CVP</b></p> | <p>1/1/16</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>\$23,100,000</p> | <p>Quarterly report from DPH staff</p> |

| Strategy  | Actions   |
|---|---|
| <b>Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.</b> | 1. Enable Electronic Health Records (EHR) to report directly to the registry                      |
|   | 2. Increase access by increasing the number of providers and local health departments using CIRTS |

Action 1: Enable Electronic Health Records (EHR) to report directly to the registry.

| Action Steps                                | Due     | Responsible Partner                     | Resources                              | Monitor and Evaluate             |
|---|---------|---|--|----------------------------------|
| <b>A. Implement interoperability grant.</b> | 10/1/16 | DPH, CDC, private physicians, BEST (IT) | CT already promised the funding by CDC | Quarterly reports from DPH staff |

Action 2: Increase access by increasing the number of providers and local health departments using Connecticut Immunization Registry and Tracking System (CIRTS)

| Action Steps  | Due    | Responsible Partner  | Resources | Monitor and Evaluate             |
|---|--------|--|-----------|----------------------------------|
| <b>A. Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18.</b> | 1/1/16 | 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, legislature | No cost   | Quarterly reports from DPH staff |
| <b>B. Propose legislation to require electronic reporting to CIRTS.</b>                                     | 1/1/16 | 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, legislature | No cost   | Quarterly report from DPH staff  |

## Infectious Disease Prevention and Control 2016 Action Agenda

### Focus Area: 4-Infectious Disease Prevention and Control

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

**Area of Concentration:** **Vaccine-Preventable Diseases**

**Objective ID-5:** Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.

**Dashboard Indicators:**

- 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.

**Same actions as ID-1**

| Strategy  | Action  |
|---|---|
| <b>Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.</b> | Increase venues and outreach for flu vaccine administration through local health departments. |

Action: Increase venues and outreach for flu vaccine administration through local health departments.

| Action Steps   | Due    | Responsible Partner  | Resources  | Monitor and Evaluate |
|--|--------|--|------------|----------------------|
| <b>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))</b> | 1/1/16 | DPH Local Public Health Office, PHEP, Local Health Departments, CT Association of Directors of Public Health (CADH), Department of Social Services (DSS) | PHEP funds | Inventory report     |



## Infectious Disease Prevention and Control 2016 Action Agenda

### Focus Area: 4-Infectious Disease Prevention and Control

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

**Area of Concentration:** **Vaccine-Preventable Diseases**

**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 Indicators:**

- 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.

| Strategy   | Action                                |
|--|---------------------------------------|
| Educate providers about vaccine availability, delivery, cost and practice guidelines.  | Launch public communication campaign. |
| Educate parents and providers about the cancer prevention benefits of the HPV vaccine. |                                       |

Action: Launch public communication campaign.

| Action Steps  | Due     | Responsible Partner          | Resources         | Monitor and Evaluate             |
|---|---------|------------------------------|-------------------|----------------------------------|
| A. Call-to-action letter from DPH Commissioner to physicians.     | 1/1/16  | DPH Office of Communications | In-kind DPH Staff | Quarterly reports from DPH staff |
| B. Social media messaging on DPH website, Twitter, Facebook, etc. | 10/1/16 | DPH Office of Communications | In-kind DPH Staff | Quarterly report from DPH staff  |

## Infectious Disease Prevention and Control 2016 Action Agenda

### Focus Area: 4-Infectious Disease Prevention and Control

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

**Area of Concentration:** **HIV**

**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 Indicators:**

- 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.

| Strategy  | Action   |
|---|--|
| <b>Implement routine screening programs to increase early detection of HIV.</b> | Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's HIV testing program. |

Action: Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's HIV testing program.

| Action Steps  | Due     | Responsible Partner           | Resources                  | Monitor and Evaluate                     |
|---|---------|-------------------------------|----------------------------|--|
| <b>Complete expansion of YNHH program to 2 School-Based Health Centers (SBHCs).</b>                   | 1/1/16  | DPH, YNHH's AIDS Care Program | Current (\$90,000)         | Contract reports from YNHH to DPH        |
| <b>Expand program to other Yale New Haven Health System (YNHHS) hospitals (Bridgeport, Greenwich)</b> | 7/1/16  | DPH, YNHH's AIDS Care Program | Provision of HIV test kits | Contract reports from YNHH to DPH        |
| <b>Begin to expand program to other settings (e.g., Corrections)</b>                                  | 10/1/16 | DPH, YNHH's AIDS Care Program | Provision of HIV test kits | Data on routine testing from site to DPH |

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| <b>Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing</b> | 4/1/16 | Center for Interdisciplinary Research on AIDS (CIRA) | In-kind DPH staff | Final report of assessment |
|---|--------|--|-------------------|----------------------------|

| <b>Strategy</b>   | <b>Action</b>   |
|---|---|
| <b>Promote utilization of partner referral services for HIV-positive individuals.</b> | 1. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's partner referral initiative. |
|   | 2. Increase use of the current DPH DIS program by private physicians  |

Action 1: Establish partner referral services throughout the state at healthcare facilities, modeled after YNHH's program.

| <b>Action Steps</b>  | <b>Due</b> | <b>Responsible Partner</b> | <b>Resources</b> | <b>Monitor and Evaluate</b> |
|--|------------|----------------------------|------------------|-----------------------------|
| <b>A. Add additional language to DPH HIV contracts for testing services in clinical settings</b> | 1/1/16     | DPH                        | No additional    | Contract reports to DPH     |

Action 2: Increase use of the current DPH DIS program by private physicians.

| <b>Action Steps</b>  | <b>Due</b> | <b>Responsible Partner</b> | <b>Resources</b>                                 | <b>Monitor and Evaluate</b>                           |
|--|------------|----------------------------|--|---|
| <b>A. Letter to physicians</b>   | 1/1/16     | DPH                        | No additional                                    | DIS referral logs - private MDs as source of referral |
| <b>B. CME course for physicians of partner referral and DIS services</b> | 10/1/16    | DPH, Yale CME Office       | DPH, CT AIDS Education and Training Center (TBD) | Yale CME Office report to DPH, DIS logs               |

| <b>Strategy</b>  | <b>Action</b>   |
|--|---|
| <b>Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV</b> | Coordinate data collection, identify data needs, and evaluate approaches for identifying people |

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| <b>continuum and effectively target resources/interventions.</b> | who are unaware of their status and link them and their patient level data with community viral load. |
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Action: 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.

| Action Steps  | Due     | Responsible Partner  | Resources   | Monitor and Evaluate |
|---|---------|--|---|----------------------|
| <b>A. Assessment of current use of data linkage capabilities</b>                  | 4/1/16  | 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) | Interns in DPH HIV Surveillance Program and CDC support | Assessment report    |
| <b>B. Workshop for providers on linkage of data sets that they use</b>            | 7/1/16  | CHAIR  | DPH Data analysts                                       | ?                    |
| <b>C. Submit Meaningful Use testimony regarding possible linkage improvements</b> | 10/1/16 | CHAIR  | In-kind DPH staff time                                  | Copy of testimony    |

| Strategy  | Actions   |
|---|---|
| Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors. | 1. Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after YNHH's AIDS Care Program. |
|   | 2. Expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns, like bus ads.  |

Action 1: Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after YNHH's AIDS Care Program.

| Action Steps  | Due     | Responsible Partner           | Resources   | Monitor and Evaluate                              |
|---|---------|-------------------------------|---|---|
| <b>A. Expand program to other YNHHS hospitals (Bridgeport, Greenwich)</b>   | 7/1/16  | DPH, YNHH's AIDS Care Program | DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff) | Contract reports from YNHH to DPH                 |
| <b>B. Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections)</b> | 10/1/16 | DPH, YNHH's AIDS Care Program | DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff) | Data collected from sites by DPH PrEP coordinator |

Action 2: Expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns, like bus ads.

| Action Steps  | Due    | Responsible Partner | Resources         | Monitor and Evaluate                 |
|---|--------|---------------------|-------------------|--------------------------------------|
| <b>A. Public information campaign using bus ads, Ryan White educational and awareness materials</b> | 1/1/16 | DPH                 | Already obtained  | Contract reports to DPH              |
| <b>B. Distribute PrEP providers list via social media, Everbridge</b>                               | 1/1/16 | DPH                 | In-kind DPH staff | DPH social media, Everbridge reports |

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