



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>Ask CT Chapter of AAP Board to support vaccine expansion. Get open letter from multiple organizations/associations to support vaccine expansion. Ask AAP to approach and educate legislators on this issue.</p> <p>Due: 3/31/17</p>	Cathy Wiley	
<p>Enhance Connecticut Immunization Registry and Tracking System (CIRTS) to accept electronic reporting and implement comprehensive reminder/recall systems.</p>	<p>a. Enable Electronic Health Records (EHR) to report directly to the registry a. Meet DPH interoperability grant deliverables. Due: 9/30/17</p>	Kathy & Nancy DPH	
	<p>a. Increase access by increasing the number of providers and local health departments using CIRTS for reminder recall. b. Update CIRTS regulations to require electronic reporting of vaccine doses administered. Due: 12/31/17</p>	DPH CADH/LHDs	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Have grant from CDC PPHF, local health department IAP coordinators 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Grant report 			



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SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.			
<ul style="list-style-type: none"> 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. b. Engage local business associations and/or Chambers of Commerce to collaboratively arrange for on-site, or near-site clinics Due: 9/1/17	DPH DPH Office of Local Health Administration? CADH/LHDs Jennifer Herz CBIA	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Financial: PHEP funds 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs from DPH Public Health Emergency Preparedness program; Develop and implement survey for local health departments to determine their plans for outreach to underserved populations, venues 			

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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
Educate providers about vaccine availability, delivery, cost and practice guidelines.	a. Call-to-action letter from DPH Commissioner to physicians. Due: 3/31/17 b. Launch public communication campaign. Due: 12/31/17	HUSKY, DPH, SDE, local health department, IAPs, SBHC Assn, Communications staff from state	



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<p>Educate parents and providers about the cancer prevention benefits of the HPV vaccine.</p>	<ul style="list-style-type: none"> 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. Disseminate social media message from DPH and partners. <p>c. Partner with Capitol Community College and Hartford Public Schools on a pilot to promote HPV vaccination. Due: 12/31/17</p>	<p>agencies, etc.</p> <p>DPH</p>	
<p>Develop plan for a mandate for HPV vaccination for youth in CT</p>	<p>a. Conduct outreach and education to legislators and other key policy makers about importance of HPV for youth</p> <p>b. Research model policy and draft an HPV proposal for CT</p> <p>c. Identify advocacy champions Due: 12/31/17</p>	<p>AAP, CVAC, DPH, CADH, CT Cancer Partnership, SBHC Assn, CPHA</p>	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> Communications professionals at partners, legislative staff 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Social media/web analytics (e.g., Google?), number of groups that did campaigns, rates of vaccinations 			



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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>Establish routine testing initiatives throughout the state at healthcare facilities: Assessment (key informant interviews) of private providers, urgent care centers and other target sites including FQHCs, on barriers and possible ways to facilitate routine testing.</p> <p>Due: 5/30/17 for assessment</p>	<p>Dulce (DPH) HIV new hires (DIS) Cathy L CHC-ACT</p>	
<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 to care. b. Assessment of current use of data linkage capabilities.</p> <p>Due: 12-31-2017</p>	<p>Heidi, CT DPH</p>	
<p>Increase referrals to partner services</p>	<p>Establish partner referral services throughout the state at healthcare facilities:</p> <ul style="list-style-type: none"> • Develop educational materials for patients and providers. • Develop provider detailing initiative to work with ED staff and clinicians. • Review data on models of partner notification from all NE states to identify possible enhancements to CT partner referral program working with NE State Health Dept STI Consortium. <p>Due: 10/31/17</p>	<p>Josh Rozovsky Heidi</p>	



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Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.	<p>a. Expand and evaluate the use of PrEP navigators in CT</p> <p>b. Complete and report on findings of four CIRA PrEP implementation studies each in a different population.</p> <p>Due: 12-31-2017</p>	<p>CT DPH, Daniel Dulce Josh Carol CIRA, Elaine</p>	
Increase use of post-exposure prophylaxis (PEP) as preventive measure for persons with suspected exposure to HIV.	<p>a. Increase capacity of hospital emergency departments and urgent care clinics to provide PEP as HIV prevention tool competently and in timely manner.</p> <ul style="list-style-type: none"> • Develop educational materials for patients and providers. • Develop provider detailing initiative to work with ED staff and clinicians. • Work with hospitals and clinics to make sure PEP starter packs are on hand and system for linkage to follow-up care is in place. Follow up care should include PrEP assessment. <p>Due:</p>	<p>CT DPH, Daniel ACT</p>	
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, CDC support, In-kind DPH and CIRA staff time, CHAIR, DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff), FT Coordinator to work with community organizations • Financial: (Current) \$90,000 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Developer identify tracking system (web-based software) • Provide quarterly report outs • Contract reports 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 			