

4

HCT2020 Year 3: 2018 Action Agenda Infectious Disease Prevention and Control

Action Team Co-Leads

Elaine O'Keefe
*Connecticut-Rhode Island Public Health
Training Center*

Catherine Wiley
Connecticut Children's Medical Center

Heidi Jenkins
Connecticut Department of Public Health

Action Team Members

Marianne Buchelli
Connecticut Department of Public Health

Dale Cunningham
AFT Connecticut

June Holmes
Yale New Haven Health

Kathy Kudish
Connecticut Department of Public Health

Kris Magnussen
Ledge Light Health District

Linda Niccolai
Yale University School of Public Health

Donna Ortelle
Connecticut Department of Public Health

Ramon Rodriguez-Santana
Connecticut Department of Public Health

Josh Rozovsky
Hartford Gay & Lesbian Health Collective

Carol Steinke
City of Hartford, Health and Human Services



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
Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza). OPPORTUNITIES for Collaboration with other Action Teams: Community Health Centers MICH	OPTION: Pharmacy vaccinate older children – need legislation to allow?		Approved CT budget includes \$11 million to make HPV universally available to privately insured 11 and 12 yr olds through the CT Vaccine Program comparable to access now afforded to publicly-insured children through the federal Vaccines for Children Program. DPH will purchase vaccine at a federally negotiated price that is about 45% lower than market, reducing costs for private health insurers who support the childhood immunization program through an industry assessment.
Enhance Connecticut Immunization Registry and Tracking System (CIRTS) to accept electronic reporting and implement comprehensive reminder/recall systems.	a. Enable Electronic Health Records (EHR) to report directly to the registry b. Meet DPH interoperability grant deliverables. Due:		
	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:	CADH/LHDs DPH	Progress made in 2017 – have funding, explored vendors, have made decision to change
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 			

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-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. <i>Opportunities for collaboration with other Action Teams:</i> For profit market??	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: Opportunities for continued or new policy agendas? Medicaid reimbursement for LHD Re-visit with local health departments approach	DPH Office of Local Health Administration? CADH/LHDs	
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; 			

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-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><i>Opportunities for collaboration with other Action Teams: HPV coalition, AHEC??</i></p>	<p>a. Launch public communication campaign. Due:</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>b. <i>Partner with Capitol Community College and Hartford Public Schools on a pilot to promote HPV vaccination.</i></p> <p>Due:</p>	<p>HUSKY, DPH, SDE, local health department, IAPs, SBHC Assn, Communications staff from state agencies, etc.</p>	
<p>Educate parents and providers about the cancer prevention benefits of the HPV vaccine.</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</p> <p>Due:</p> <p><i>Suggestions from May AC meeting included: utilizing DSS, specifically individuals receiving services; focusing on organizations where young people are going into the healthcare field; exploring organizations that offer behavioral health and HIV services (i.e. Charter Oak); possibly training different types of health professionals in how to bring up the HPV vaccine in their interactions with adolescents (example: oral health professionals).</i></p>		
<p>Develop plan for a mandate for HPV vaccination for youth in CT</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 			



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>Opportunities for Collaboration with other Action Teams: FQHC; hospitals; urgent care centers</p>	<p>a. 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:</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>Opportunities for Collaboration with other Action Teams: DSS; Ryan White</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.</p> <p>b. Assessment of current use of data linkage capabilities.</p> <p>Due: Opportunities for continued or new policy agendas? Medicaid statute change to allow HIV information to be shared between DSS and DPH – Careware collaboration between Ryan White and DPH</p>		

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.			
<p>Increase referrals to partner services</p> <p><i>Opportunities for continued or new policy agendas?</i> Contractual language – 100% referral</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: Educate about availability of services – improve referrals</p>	<p>Josh Rozovsky Heidi</p>	<p><i>NE STI Consortium conducted PS assessment of characteristics of programs in state health departments across the region. Findings presented in a manuscript accepted for publication that will be available shortly.</i></p>
<p>Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</p>	<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: Provider awareness and general public, ER</p> <p><i>Opportunities for continued or new policy agendas?</i> Address High co-pays for PrEP Propose statute to provide preventive medication to 13 y and older</p>	<p>CT DPH, Daniel Dulce Josh Carol CIRA, Elaine</p>	<p><i>b. Two studies completed: 1) PrEP implementation for substance using MSM in CT and RI; 2) PrEP implementation in CT family planning setting. Findings to be disseminated. Two studies underway: 1) PrEP Uptake among women experiencing intimate partner violence; 2) Feasibility of PrEP uptake in adolescents.</i></p>
<p>Increase use of post-exposure prophylaxis (PEP) as preventive measure for persons with suspected exposure to HIV.</p>	<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"> 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: Provider awareness and general public, ER</p>	<p>CT DPH, Daniel ACT</p>	



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.
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
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