

Meeting: Meeting #2  
 Date: May 31, 2013  
 Time: 9:00 AM – 12:00 PM  
 Location: CADH, 241 Main Street, 2<sup>nd</sup> Floor  
 Hartford, CT 06106

Conference Line: 1-866-759-9983 Pass code: 26142240

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 – 9:15	<b>Activity 1: Opening the Work Group Session</b> <ul style="list-style-type: none"> <li>Welcome and introductions</li> <li>Review agenda, schedule and logistics</li> <li>Review last meeting's outcomes</li> <li>Review today's objectives</li> </ul>	15	
9:15 – 10:30	<b>Activity 2: Developing Draft Objectives</b> <ul style="list-style-type: none"> <li>Review proposed objectives</li> <li>Identify/Develop 1-3 DRAFT objectives per area of concentration (STDs, HIV, TB, Viral Hepatitis)</li> </ul>	75	Objectives should be broad and inclusive
10:30 – 11:15	<b>Activity 3: Develop Draft Strategies (Small groups/pairs)</b> <ul style="list-style-type: none"> <li>Review list of evidence-based strategies</li> <li>Write strategies for each objective</li> </ul>	45	Strategies should be more specific (include target population) DPH Experts rotate between groups  Instructions: Write one objective at the top of a flip chart page and write list of strategies below the objective.
11:15 – 11:45	<b>Activity 4: Review Draft Strategies (Large group)</b> <ul style="list-style-type: none"> <li>Small groups present</li> <li>Large group provides feedback</li> </ul>	30	
11:45 – 12:00	<b>Activity 5: Work Group Housekeeping</b> <ul style="list-style-type: none"> <li>Evaluate the meeting</li> <li>Review next steps</li> <li>Homework</li> <li>Confirm next meeting date/time</li> </ul>	15	Next meeting: Thursday, June 13 <sup>th</sup> from 1-4pm Focus Areas: Foodborne/Waterborne Infections

**Materials**

Agenda  
 Proposed Objectives for STIs, HIV, TB and Hepatitis C

**Attendees** (see chart on last page)

Meeting Notes

**Activity 1: Opening the Work Group Session**

**Introductions:**

Elaine O'Keefe from Yale School of Public Health opened the meeting with introductions and a brief overview the objectives for today's meeting. The focus of this meeting is to develop objectives and strategies for STIs, HIV, TB and Hepatitis C.

The following Goal Statement that was developed during the first meeting was shared with the group:

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

**Activity 2: Developing Draft Objectives**

The group reviewed, discussed and revised the objectives that Elaine and Doug developed and distributed prior to the meeting.

**The following are the objectives and strategies that the ID WG proposed:**

**Sexually Transmitted Diseases**

**Chlamydia**

**Objective 1:** Reduce chlamydia incidence rates by 5% among youth aged 15-24 by 2018

**Objective 2:** Reduce chlamydia incidence rates among the Black and Latino population by 5% by 2018

**Gonorrhea**

**Objective 1:** Reduce gonorrhea incidence rates by 5% among youth aged 15-24 by 2018

**Objective 2:** Reduce gonorrhea incidence rates among the Black and Latino population by 5% by 2018

**Notes from flip chart:**

**Chlamydia/Gonorrhea Strategies**

RAISE AWARENESS

- Bring education to the populations at risk through appropriate technology (social media), that is culturally relevant, age appropriate

BRING TESTING TO THEM

- Bring testing and screening to the populations at risk (take on the road) to faith-based organizations, communities, house calls/health vans

TREATMENT

- Increasing partnerships to increase awareness, testing and treatment
- Expedited partnership therapy
- Educate providers about resources available for referral and services
- Overarching education for providers, and high risk population to address stigma

and awareness

### **Syphilis**

**Objective 1:** Reduce incidence rates for- primary and secondary syphilis by 10% by 2018

**Objective 2:** Reduce incidence rates of syphilis in HIV infected MSM by 10% by 2018

#### **Notes from flip chart:**

#### **Syphilis Strategies**

Syphilis in MSM Strategies:

Education

- Educate all providers about syphilis in MSM so they know what to look for
- Routine syphilis screening of HIV + with emphasis on males and MSM

Education about Treatment

- What is the treatment and resources for drugs available
- How to give treatment
- Changing guidelines

Testing

- Know what test, how to give, resources available

Education – if you know someone who has syphilis, don't shy away from it (targeted to providers)

### **HPV**

**Objective 1:** Increase HPV vaccination rates according to CDC guidelines by 20% by 2018

#### **Notes from flip chart:**

#### **HPV**

Questions to answer:

1. Is cost really a barrier? Solve later
2. Compliance with the three doses

Other notes:

- Education on system, delivery, cost components to make informed decision on appropriate strategies.
- Address stigma with parents and providers re. giving vaccine at 11yrs./reproductive health/teen health
  - Anti-vaccine
  - Anti-sexual health vaccine
- Increase use of HPV for the VFC (SBHCs and other settings)

### **HIV/AIDS**

**Objective 1: Reduce overall HIV incidence rates by 5% by 2018**

#### **Strategies:**

1.1 Increase early detection of HIV through routine screening (based on what makes sense in CT)

1.2 Increase health care provider education regarding routine HIV testing/screening

1.3 Increase utilization of partner referral services for HIV+

1.4 Increase promotion of condom use

1.5 Increase and improve syringe exchange, drug treatment, and other harm reduction

measures

**Objective 2: Reduce community viral load in disproportionately impacted areas of CT**

**Strategies:**

- 2.1 Increase linkage and retention in care of persons with HIV
- 2.2 Increase provider education about referral to prevention and treatment services
- 2.3 Increase housing support for PWHIV/AIDS
- 2.4 Increase provider education according to CDC guidelines re. screening and treatment

**Objective 3: Reduce HIV incidence rates in MSM by 5% by 2018 (also seeing increasing number in young AA women)**

**Strategies:**

- 3.1 Increase early detection of HIV through routine screening
- 3.2 Harm reduction
- 3.3 Education
- 3.4 Condom use promotion

Objective 4: Reduce HIV incidence rates in Black women by 5% by 2018

**TB**

**Objective 1: Reduce TB incidence rates by 5% by 2018**

**Strategies:**

- 1.1 Increase screening for TB high risk groups
- 1.2 Maintain the safety net for TB services

**Objective 2: Reduce transmission of TB among disproportionately impacted groups, particularly foreign born by 5%**

**Strategies:**

- 2.1 Maintain state funding for TB treatment and services
- 2.2 Maintain DOT as the standard for people with TB disease
- 2.3 Culturally congruent outreach and health care interventions for persons at risk of LTBI and TB disease

**Objective 3: Increase screening of TB among high risk groups**

**Strategies:**

- 3.1 Provider education on at risk groups, screening protocols and follow-up referral services for disease control

**Viral Hepatitis (Group decided to just focus on Hepatitis C)**

**Objective 1: Reduce incidence rate of Hepatitis C by 5% by 2018**

**Strategies:**

- 1.1 Education of health care providers regarding risk factors and screening guidelines
- 1.2 Targeted education on primary prevention measures to avoid transmitting and contracting Hepatitis focused on at risk populations including injection drug users, baby boomers and other groups most impacted

**Objective 2: Increase Hepatitis C screening among high risk populations according to CDC guidelines by 2018**

**Strategies:**

- 2.1 Education of health care providers regarding risk factors and screening guidelines
- 2.2 Culturally congruent outreach and screening interventions

**Objective 3: Increase the proportion of persons with Hepatitis C who are receiving appropriate treatment and care by 2018**

***Strategies:***

- 3.1 Education of health care providers with opportunities for CEUs
- 3.2 Develop a surveillance system to measure how many are under care
- 3.3 Public education on Hepatitis C

**Notes from Flip Chart (page 3)**

**Hepatitis C**

Increase Hep C screening among high risk population according to CDC guidelines  
Promote screening and provider education related to screening, risk factors and referral system  
Increase the # of people with HCV being tested  
Public education on Hep C.

**Next meeting: Thursday, June 13<sup>th</sup> from 1-4 pm (Foodborne/Waterborne)**

**Next Steps**

**Attendees**

Attended Meeting									
5/3	5/31	date	date	date	date	Last Name	First Name	Organization	Email
X						Mathew	Trini	UCHC	<a href="mailto:tmathew@uchc.edu">tmathew@uchc.edu</a>
X	X					Dembry	Louise	Yale-New Haven Hospital	<a href="mailto:dembry@ynhh.org">dembry@ynhh.org</a>
X	X					Checko	Pat	Retired	<a href="mailto:PJChecko@comcast.net">PJChecko@comcast.net</a>
X	X					Sosa	Lynn	DPH	<a href="mailto:Lynn.Sosa@ct.gov">Lynn.Sosa@ct.gov</a>
X						Fountain	Anne	Stamford	<a href="mailto:Afountain@ci.stamford.ct.us">Afountain@ci.stamford.ct.us</a>
X	X					Pippa	Lisa	Meriden	<a href="mailto:lpippa@meridenct.gov">lpippa@meridenct.gov</a>
X						Fraser	Nadine	CT Hospital Association	<a href="mailto:fraser@chime.org">fraser@chime.org</a>
	X					Fontana	John	DPH	<a href="mailto:john.Fontana@ct.gov">john.Fontana@ct.gov</a>
	X					Lang	Shawn	CT AIDS Resource Coalition	<a href="mailto:Slang@aids-ct.org">Slang@aids-ct.org</a>
	X					Rexford	Jean	CT Center for Patient Safety	<a href="mailto:jeanrexford@aol.com">jeanrexford@aol.com</a>
	X					Parry	Michael	Stamford Hospital	<a href="mailto:mparry@stamhealth.org">mparry@stamhealth.org</a>
						Hadler	Jim		<a href="mailto:hadler-epi@att.net">hadler-epi@att.net</a>
	X					Andresen	Christian	DPH	<a href="mailto:chris.andresen@ct.gov">chris.andresen@ct.gov</a>
						Brandon	Sara	Day Kimball Healthcare	<a href="mailto:sbrandon@daykimball.org">sbrandon@daykimball.org</a>
						Capasso	Susan	Saint Vincent's College	<a href="mailto:scapasso@ctvincentscollege.edu">scapasso@ctvincentscollege.edu</a>
						Homes	June		<a href="mailto:June.holmes@ynhh.org">June.holmes@ynhh.org</a>
						Levesque	Tricia	CT Specialty Food Association	<a href="mailto:Tricia@ctfoodassociation.org">Tricia@ctfoodassociation.org</a>
						<b>Co-Chairs</b>		<b>Organization</b>	<b>Email</b>
X	X					O'Keefe	Elaine		<a href="mailto:elaine.okeefe@yale.edu">elaine.okeefe@yale.edu</a>
X	X					Waite	Douglas		<a href="mailto:dwaite@daykimball.org">dwaite@daykimball.org</a>
						<b>DPH &amp; HRiA Support</b>		<b>Organization</b>	<b>Email</b>
x						Bower	Carol	DPH	<a href="mailto:carol.e.bower@ct.gov">carol.e.bower@ct.gov</a>
	X					Sullivan	Kristine	DPH	<a href="mailto:Kristin.sullivan@ct.gov">Kristin.sullivan@ct.gov</a>
X						Herriott	Jennifer	HRiA	<a href="mailto:jherriott@hria.org">jherriott@hria.org</a>