



Healthy Connecticut 2020 State Health Improvement Plan

Infectious Disease ACTION Team Meeting AGENDA & NOTES

Date: July 9, 2015
Time: 10 am- 12 pm
Location or Conference Call Number: Room 1112 395 West Street, Rocky Hill
Conference Call Access Code: N/A

Attendees (Please list all who participated): Matthew Bizzarro (YNHCH), Dale Cunningham (AFT/CT), Carol Dietz (Qualidigm), Shelli Eason (IPRO), Lynne Garner (Donaghue Foundation), Sandy Gill (DPH), June Holmes (YNHH), Alison Hong (CHA), Victoria Liquori (DPH), Richard Melchreit (DPH), Linda Niccolai (Yale School of Public Health), Elaine O’Keefe (Yale School of Public Health), Jon Olson (DPH), Fariha Rizvi (DPH), Jack Ross (HHC), Josh Rozovsky (HGLHC), Lynn Sosa (DPH), and Cathy Wiley (CT Children’s MC)

Agenda Items	Time	Discussion	ACTION Items and person responsible
Introductions		<ul style="list-style-type: none"> • Introductions were made, and booklets from the previous meeting were distributed to individuals unable to attend the last session 	<ul style="list-style-type: none"> • Infection disease ACTION team
Discuss Feedback from Constituents		<ul style="list-style-type: none"> • 3 Objectives to focus on and implement for Phase I • Feedback from constituents- main takeaway: <ol style="list-style-type: none"> 1. Should focus on structural/ and systems level changes for policy rather than individual level interventions 2. Concern over who will do the work, and who funds the changes 3. Focus on health disparities and inequities- close gaps • * Treatment as Prevention* • Disparities were labelled by SHIP as based on disparity data available at the time- not an optimal categorization, which is why the action group meets to focus on key objectives 	<ul style="list-style-type: none"> • Infection disease ACTION team

<p>Final Vote on Priority Objectives</p>	<ul style="list-style-type: none"> • Final vote resulted in 4 clustered objectives- a group consensus led to choosing 4 objectives to focus on instead of 3 • In terms of the process: the first cut is to narrow down to 4 objectives, if the action items are too overwhelming then will further cut to 3 objectives. The 4 chosen have overlap in terms of strategy • Final objectives chosen: • 12 votes: ID -1 Increase by 5% the vaccination coverage levels for ACIP recommended vaccines among children and adults • 13 votes: ID-5 Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza • 15 votes: ID-7 Increase by 20% HPV vaccination rates for male and female adolescents 13-17 years of age to meet CDC guidelines • 14 votes: 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 	<ul style="list-style-type: none"> • Infection disease ACTION team
<p>Strategies: Discuss, Brainstorm and Vote</p>	<p>Discussion to narrow down strategies of focus, from which action items would stem. These strategies are not limiting, but starting points, and can be added to or changed, since the landscape of healthcare has changed from when SHIP was initiated</p> <p>ID 1 and ID5</p> <ol style="list-style-type: none"> 1. Assure costs of vaccines/administration for all ages are covered by all insurers (including private and CT vaccination program) – expand CT vaccination program to include new iterations of drugs faster (i.e. Gardasil 9) 2. Maintain and expand access to advisory committee on immunization practices recommended vaccines for children *important strategy* highlights issue of children vs adults 1st step = expand for vaccines not completely covered for children 2nd step= transfer to adults, esp. underserved undocumented * pockets of people still uncovered- need to cover ALL Ability to message data from registry to local health departments and care providers 3. Combine the following three strategies due to overlap: <ul style="list-style-type: none"> - Maintain and enhance CT immunization registry, including across lifespan; implement comprehensive reminder/ recall systems - Use new and existing data systems to measure vaccine coverage 	<ul style="list-style-type: none"> • Infection disease ACTION team

		<p>among populations to identify disparities and target vaccine strategies</p> <ul style="list-style-type: none"> - Develop new systems for measuring vaccine coverage among all age groups <p>4. Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups – religious institutions, i.e. African American churches</p> <ul style="list-style-type: none"> - Potential to target disparities and underserved through outreach - May help with actually administering vaccine because you GO to pt - <u>Targeted</u> outreach + education - <u>Problem:</u> going to client means lack of follow up for series vaccines or informing pts of positive test results <p>ID 7- most of the strategies suggested already have work happening with education and promotion</p> <ol style="list-style-type: none"> 1. Advocate expanding patient eligibility for free HPV vaccine available through the CT Vaccine Program to include all age-eligible children- key strategy of 2016 focus, where action items should be developed <p>ID 12</p> <ol style="list-style-type: none"> 1. Implement routine screening programs to increase early detection of HIV- Yale experience of success, 40 people with positive results had no clue prior to test- all integrated with CARE and PN linkage 2. Promote utilization of partner referral services for HIV positive individuals *issue of disparities*- CT DPH highly effective at this, but need to increase use <ul style="list-style-type: none"> - Should have more expansion link to PrEP - Identify gaps to referrals - msm, people of color, young gay men- targeted interventions 3. Explore use of pre-exposure prophylaxis (PrEP) as preventative measure for persons engaging in high-risk behaviors – important to focus-> get providers on board <ul style="list-style-type: none"> - This has already started, so it is best to support this and build further momentum. Easier to do this than start a program from scratch 4. Develop coordinated HIV surveillance, prevention and care data systems to monitor CT trends in the HIV continuum and effectively target resources/interventions *this strategy links all previous strategies 	
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		<p>together*</p> <ul style="list-style-type: none"> - Link better and partner notification + PrEP - Timeliness of contractor reporting also an issue to address 	
Conclusion: Homework and Meeting Evaluation		<ul style="list-style-type: none"> • Review Next Steps- keep in mind potential actions that can stem from chosen strategies • Homework- Email potential actions to Victoria, who will link strategies to action items • Evaluate Meeting- meeting format was smooth and ran optimally 	<ul style="list-style-type: none"> • Infection disease ACTION team

Infectious Disease Prevention and Control								
VPD Objectives  Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Assure costs of vaccines/administration for all ages are covered by all insurers. (For ID-1 & ID-5)</i>		Yes (1) (footnote #)					Yes (1)	
<i>Maintain and expand access to Advisory Committee on Immunization Practices recommended vaccines for children (HPV, hepatitis A, rotavirus, influenza) (For ID-1 & ID-5)</i>		Yes (3)		Yes (2 & 4)			Yes (3)	
<i>Maintain and enhance CT immunization registry, including across lifespan; implement comprehensive reminder/recall systems (For ID-1 & ID-5)</i>		Yes (5)		Yes (6)			Yes (5)	
<i>Use new and existing data systems to measure vaccine coverage among populations to identify disparities and target vaccine strategies (For ID-1 & ID-5)</i>		Yes (7)					Yes (7)	

Infectious Disease Prevention and Control								
VPD Objectives  Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Identify other methods for reaching out to the public (e.g. social media) (For ID-5)</i>								Yes (8)
<i>Maintain annual education of providers and the public about flu vaccine. (For ID-5)</i>		Yes (9)					Yes (9)	
<i>Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups. (For ID-5)</i>		Yes (10)					Yes (10)	
<i>Maintain and drill plans. (For ID-5)</i>								Yes (11 & 12)
<i>Develop new systems for measuring vaccine coverage among all age groups. (For ID-5)</i>				Yes (13)				

Infectious Disease Prevention and Control								
VPD Objectives  Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Advocate expanding patient eligibility for free HPV vaccine available through the Connecticut Vaccine Program to include all age-eligible children. (For ID-7)</i>		Yes (14)					Yes (14)	
<i>Promote the use of HPV for the Vaccines for Children Program (VCP), and in targeted settings including School Based Health Clinics, to effectively reach prime audience. (For ID-7)</i>		Yes (14 & 15)					Yes (14 & 15)	
<i>Advocate for coverage of the HPV vaccine by commercial and public insurers. (For ID-7)</i>		Yes (14)					Yes (14)	
<i>Educate providers about vaccine availability, delivery, cost and practice guidelines. (For ID-7)</i>		Yes (16)*					Yes (16)*	Yes (17)

Infectious Disease Prevention and Control								
VPD Objectives Ph1 Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Educate parents and providers about the cancer prevention benefits of the HPV vaccine. (For ID-7)</i>								Yes (18 & 19)

1. Reducing out-of-pocket costs to families for vaccinations or administration of vaccinations can be implemented by paying for vaccinations or administration, providing insurance coverage, or reducing copayments for vaccinations at the point-of-service. <http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/universally-recommended-vaccinations-reducing-client> <http://www.thecommunityguide.org/vaccines/clientoutofpocketcosts.html>

2. Increase delivery of clinical preventive services, including ABCS, by Medicaid and Children's Health Insurance Program (CHIP) providers. • Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services. • Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services. • Expand the use of community health workers and home visiting programs. <http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

3. Provide vaccinations to clients in their homes, or Promote recommended vaccinations with referral to available immunization services. **Vaccination programs in schools or organized child care centers** are multicomponent interventions delivered on-site to improve immunization rates in children and adolescents. These programs include two or more of the following components: Immunization education and promotion, Assessment and tracking of vaccination status, Referral of under-immunized school or child care center attendees to vaccination providers, Provision of vaccinations. **Vaccination interventions in WIC settings** involve activities to assess the immunization status of infants and children participating in the program, and to promote and assist efforts to obtain recommended vaccinations. At a minimum, WIC vaccination interventions involve the periodic assessment of each client's

immunization status and referral of under immunized infants and children to a vaccination provider. **Community-based interventions** implemented in combination involve the use of two or more coordinated interventions to increase vaccination rates within a targeted population. Efforts involve partnerships between community organizations, local government, and vaccination providers to implement and coordinate the following: One or more interventions to increase community demand (client reminder and recall systems, manual outreach and tracking, client or community-wide education, client incentives, client-held paper immunization records, and case management). One or more interventions to enhance access to vaccination services (expanded access in healthcare settings, home visits, and reduced client out-of-pocket costs). **Provider assessment and feedback** involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and giving them feedback on their performance. Assessment and feedback can also involve other activities (e.g., incentives or benchmarking).
http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3527&ci=0&se=0&pop=
<http://www.thecommunityguide.org/vaccines/index.html>

4. Support implementation of community based preventive services and enhance linkages with clinical care. Additionally, some preventive services can be delivered effectively outside of traditional medical settings (e.g., measuring blood pressure or adjusting medication regimens through community pharmacies). Work site and school clinics can also provide convenient points of care for traditionally underserved populations. **Reduce barriers** to accessing clinical and community preventive services, especially among populations at greatest risk. Locating clinical services conveniently near homes or workplaces, as well as logistical factors (e.g., adequate transportation, time off for workers, child care), can all help facilitate access. Community health workers and peer support can also facilitate access to and use of preventive services, especially among vulnerable populations.
<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

5. Provider reminder interventions inform those who administer vaccinations that individual clients are due for specific vaccinations. Techniques by which reminders are delivered vary, but can include notes prepared in advance and posted in client charts, alerts in electronic medical records, and letters sent by mail. **Immunization information systems** are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. At the *point of clinical care*, an IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations. At the *population level*, an IIS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease.
<http://www.thecommunityguide.org/vaccines/index.html>
[http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f\[0\]=field_ebr_topic_area%3A3527&ci=0&se=0&pop=&items_per_page=25&order=field_full_title&sort=desc](http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f[0]=field_ebr_topic_area%3A3527&ci=0&se=0&pop=&items_per_page=25&order=field_full_title&sort=desc)

6. Expand use of interoperable health information technology. Certified electronic health records with decision support can prompt clinicians to implement evidence-based practices tailored to individual health needs.

<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

7. Immunization information systems are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area. At the *point of clinical care*, an IIS can provide consolidated immunization histories for use by a vaccination provider in determining appropriate client vaccinations. At the *population level*, an IIS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease.

<http://www.thecommunityguide.org/vaccines/index.html>

[http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f\[0\]=field_ebr_topic_area%3A3527&ci=0&se=0&pop=&items_per_page=25&order=field_full_title&sort=desc](http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f[0]=field_ebr_topic_area%3A3527&ci=0&se=0&pop=&items_per_page=25&order=field_full_title&sort=desc)

8. In the last several years, the use of Facebook, YouTube, Twitter and other social media tools to disseminate health messages has grown significantly, and continues to trend upward. Using social media tools has become an effective way to expand reach, foster engagement and increase access to credible, science-based health messages. Social media and other emerging communication technologies can connect millions of voices to:

- Increase the timely dissemination and potential impact of health and safety information.
- Leverage audience networks to facilitate information sharing.
- Expand reach to include broader, more diverse audiences.
- Personalize and reinforce health messages that can be more easily tailored or targeted to particular audiences.
- Facilitate interactive communication, connection and public engagement.
- Empower people to make safer and healthier decisions.

http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf

9. Health care system-based interventions implemented in combination are recommended on the basis of strong evidence of effectiveness in increasing vaccination rates in targeted client populations. The combination of at least one intervention to increase client demand for vaccinations (i.e., client reminder & recall systems, **clinic-based client education**, manual outreach & tracking) with one or more interventions that address either or both of the following strategies: interventions to enhance access to vaccinations (i.e., expanded access in health care settings, reduced client out-of-pocket costs, home visits) and interventions directed at vaccination providers or systems (i.e., provider reminders, standing orders, provider assessment & feedback). Health care system-based interventions implemented in combination involve the use of two or more coordinated interventions to increase vaccination rates within a targeted population. Interventions are implemented primarily in health care settings, although efforts may include additional activities within the community. The selection and implementation of coordinated interventions may result from an overall quality improvement effort in a health care setting.

<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/universally-recommended-vaccinations-health-care-system>

<http://www.thecommunityguide.org/vaccines/healthsysteminterventions.html>

10. Interventions with **on-site**, reduced cost, and actively promoted influenza vaccinations, when implemented alone or as part of a multicomponent intervention, are recommended based on sufficient evidence of their effectiveness in increasing influenza

vaccination coverage among workers in worksites. There is insufficient evidence to determine the effectiveness of interventions with actively promoted, off-site influenza vaccinations to increase influenza vaccination coverage among workers in worksites because only one study qualified for review and it had a small effect size. Interventions to promote influenza vaccination among workers can include making vaccines available to workers and announcing this availability in work settings, using things such as newsletters, e-mails, or paycheck inserts. These interventions attempt to correct myths, to reduce the financial cost, or to change worksite norms regarding vaccination. Vaccines may be offered: on-site or off-site; at cost, reduced cost, or no cost; with health education and mobile units; in clinics; and at multiple locations. . **Provide vaccinations to clients in their homes**, or Promote recommended vaccinations with referral to available immunization services. **Vaccination programs in schools or organized child care centers** are multicomponent interventions delivered on-site to improve immunization rates in children and adolescents. These programs include two or more of the following components: Immunization education and promotion, Assessment and tracking of vaccination status, Referral of under-immunized school or child care center attendees to vaccination providers, Provision of vaccinations. **Vaccination interventions in WIC settings** involve activities to assess the immunization status of infants and children participating in the program, and to promote and assist efforts to obtain recommended vaccinations. At a minimum, WIC vaccination interventions involve the periodic assessment of each client's immunization status and referral of under immunized infants and children to a vaccination provider.

[http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-](http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?items_per_page=25&order=field_full_title&sort=desc&f%5B%5D=field_ebr_topic_area%3A3527&pop=&ci=&se=)

[Resources?items_per_page=25&order=field_full_title&sort=desc&f%5B%5D=field_ebr_topic_area%3A3527&pop=&ci=&se=](http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?items_per_page=25&order=field_full_title&sort=desc&f%5B%5D=field_ebr_topic_area%3A3527&pop=&ci=&se=)

<http://www.thecommunityguide.org/worksites/flu-hcw.html>

11. While influenza vaccine is the most effective tool for preventing complications of influenza, the distribution and use of pandemic influenza vaccine will differ from that of the annual vaccine in several ways. Pandemic influenza vaccine would not be available due to production lags for at least 4-6 months after the pandemic virus had been identified and the supply of vaccine from manufacturers would be insufficient for some time after that. This plan contains recommendations on planning for the different elements of a pandemic vaccination program. It explains the processes involved with the acquisition, storage, distribution, accountability, and administration of pandemic influenza vaccine for Utah to assure optimal use of available vaccine.

http://pandemicflu.utah.gov/plan/A4_Vaccine_Distribution_Administration_Plan_050608_1.pdf

12. This report summarizes the status of States' operating plans with respect to preparedness for, response to, and recovery from an influenza pandemic. The findings summarized above indicate that, in the aggregate, the States have made important progress toward preparing for their unique roles in combating an influenza pandemic but have much more to do. Most States have major gaps with respect to most of the 27 Operating Objectives.

http://www.flu.gov/planning-preparedness/states/state_assessment.pdf

13. Public health departments provide the cornerstone of our nation's public health capacity and are critical in identifying and responding to the needs of their communities. **Strengthening surveillance** and laboratory capacity allows health departments to identify communities at greatest risk; measure the impact of policy, systems, and environmental changes; detect, control, and

prevent infectious diseases; and respond to outbreaks and emergencies. Systems to support quality—such as quality improvement and management systems—promote accountability and performance improvements.

<http://www.surgegeneral.gov/priorities/prevention/strategy/report.pdf>

14. Reducing out-of-pocket costs to families for vaccinations or administration of vaccinations can be implemented by paying for vaccinations or administration, providing insurance coverage, or reducing copayments for vaccinations at the point-of-service.

<http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/universally-recommended-vaccinations-reducing-client>

<http://www.thecommunityguide.org/vaccines/clientoutofpocketcosts.html>

15. Vaccination programs in schools or organized child care centers are multicomponent interventions delivered on-site to improve immunization rates in children and adolescents. These programs include two or more of the following components: Immunization education and promotion, Assessment and tracking of vaccination status, Referral of under-immunized school or child care center attendees to vaccination providers, Provision of vaccinations

http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3527&ci=0&se=0&pop=

<http://www.thecommunityguide.org/vaccines/index.html>

16 Provider education when used alone involves giving information regarding vaccinations to providers to increase their knowledge or change their attitudes. Techniques by which information is delivered can include: Written materials, Videos, Lectures, Continuing medical education programs, Computer-assisted instruction, Distance-based training with access to the educator using the internet or satellite. *The [Community Preventive Services Task Force](#) finds [insufficient evidence](#) to determine the effectiveness of provider education interventions when implemented alone in improving vaccination rates or in reducing vaccine-preventable illness.

<http://www.thecommunityguide.org/vaccines/providereducation.html>

http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3527&ci=0&se=0&pop=

17. Anyone responsible for administering immunizations should be knowledgeable about principles of vaccination and vaccination scheduling, to the extent required for their position. Providers are largely responsible for educating their patients, so an investment in provider education will result in a higher level of understanding about immunizations among the public in general. Numerous educational materials, in a variety of formats, are available from CDC, the Immunization Action Coalition, and some state health departments, hospitals, or professional organizations. Incorporating some AFIX principles (i.e., assessment, feedback) into a provider education program might have a greater effect on provider behavior than an education effort aimed only at increasing knowledge.

<http://www.cdc.gov/vaccines/pubs/pinkbook/strat.html>

18 Research has demonstrated that parents often are influenced by the strong recommendations of their child's pediatrician, and opportunities to prevent HPV-related cancer deaths are being missed by physicians focusing on the HPV vaccine as an STI vaccine rather than a cancer prevention vaccine. <https://www2.aap.org/immunization/illnesses/hpv/HPVImplementationGuidance.pdf>

19. The success of HPV vaccine delivery depends on high community awareness through information, education, communication activities as well as counseling with parents, if needed. Quantitative and qualitative assessment of knowledge, attitudes, and beliefs about HPV vaccines can help identify barriers and sensitivities such as fear of adverse effects and misconceptions regarding infertility that need to be addressed prior to vaccine introduction. A vaccine against a sexually transmitted infection that is recommended only for girls can be confusing to parents and may lead to unnecessary reluctance to vaccinate daughters at an age when they are most likely to benefit from the vaccine. Involvement of a broad range of governmental and non-governmental stakeholders throughout a community can facilitate introduction and implementation of HPV vaccines. School-based vaccination will require coordination between the Ministries of Health (MOH) and Education (MOE), and the collaboration of school officials at district, regional and local levels (for more information see Chapter 3).

http://www.who.int/immunization/hpv/plan/hpv_vaccine_intro_guide_c4gep_who_2013.pdf

Infectious Disease Prevention and Control								
STD Objectives  Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Promote use of the "Expedited Partnership Therapy". (ID-8 & ID-9)</i>		Yes (20)					Yes (20)	
<i>Educate the population at risk through appropriate venues and technology using culturally appropriate methods. (ID-8 & ID-9)</i>	Yes (22)	Yes (21)					Yes (21)	
<i>Educate and train providers about resources and available referral services and culturally appropriate treatment interventions. (ID-8 & ID-9)</i>				Yes (23)				
<i>Implement testing and screening according to recommended standards. (ID-8 & ID-9)</i>	Yes (24)			Yes (25)			Yes (24)	

20. This resource provides an overview of **Expedited Partner Therapy** (EPT) as a strategy to treat and manage sexually transmitted disease. The website includes links to resources that provide guidance, research, and implementation considerations for EPT. It also contains a legal/policy toolkit as well as an overview of the legal status of EPT across the nation.
<http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/expedited-partner-therapy>
<http://www.cdc.gov/std/ept/default.htm>

21. Comprehensive risk reduction (CRR) (also in Healthy People) interventions promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). These interventions may: Suggest a hierarchy of recommended behaviors that identifies abstinence as the best, or preferred method but also provides information about sexual risk reduction strategies, Promote abstinence and sexual risk reduction without placing one approach above another, and Promote sexual risk reduction strategies, primarily or solely. This review evaluated CRR interventions delivered in school or community settings to groups of adolescents (10–19 years old). These interventions may also include other components such as condom distribution and STI testing. **Youth development behavioral interventions** employ a holistic approach to adolescent health and wellness, and may or may not include components that are focused directly on pregnancy and STI prevention. These interventions emphasize: Social, emotional, or cognitive competence training that promotes pro-social norms, Improved decision making, Self-determination, Improved communication skills, and Positive bonding experiences between youth and their peers or non-parental role models. Community service may involve scheduled activities in one or more community settings such as nursing homes, hospitals, and homeless shelters. This experience provides extended opportunities for adolescents to interact with adults in the community and have a sense of membership in a group with explicit rules and responsibilities. Youth Development Behavioral Interventions Coordinated with **Sports or Club Participation** to Reduce Sexual Risk Behaviors in Adolescents
<http://www.thecommunityguide.org/hiv/riskreduction.html>
<http://www.thecommunityguide.org/hiv/youthdev-work.html>
<http://www.thecommunityguide.org/hiv/youthdev-sports.html>

22. The USPSTF recommends **intensive behavioral counseling** for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/sexually-transmitted-infections-behavioral-counseling1>

23. Implement policies and procedures to ensure culturally competent and confidential reproductive and sexual health services.
<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

24. The USPSTF recommends **screening** for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection. The USPSTF recommends screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.
<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/chlamydia-and-gonorrhea-screening>
<http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/screening-for-gonorrhea-recommendation-statement>
<http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/screening-for-chlamydial-infection-recommendation>

25. Reproductive and sexual health care services can help prevent unintended pregnancy, HIV, and other STIs. Supporting access to affordable contraceptive services can reduce unintended pregnancy. Health services can also help promote knowledge about, and compliance with, recommended screening and vaccination for specific STIs. Providing pregnant and parenting teens and women with

supportive services during this time can help ensure positive outcomes for both moms and children, such as graduation rates and parenting skills. These supports can include services needed to help these teens and women complete school, access health care services, child care, and other critical support services. It can also include efforts to combat violence against women.

<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>

Infectious Disease Prevention and Control								
HIV Objectives Ph1 Strategies:	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors. (For ID-12 & ID-14)</i>						Yes (40)		

26. The combination of housing assistance and supportive services are critical in sustaining housing stability, promoting better health outcomes, and increasing quality of life, which promotes self-sufficiency efforts for those able to transition to the private housing market.

http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-059

Address policies to promote access to housing and supportive services for people living with HIV: Federal agencies should consider additional efforts to support housing assistance and other services that enable people living with HIV to obtain and adhere to HIV treatment.

<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

27. Provider referral partner notification is recommended based on sufficient evidence of effectiveness in increasing HIV testing and identification of previously undiagnosed HIV-positive individuals. There is insufficient evidence to determine the effectiveness of partner notification using either patient or contact referral because too few studies qualified for review. Partner counseling and referral services (PCRS) involve notifying partners of HIV exposure, after which they are (ideally) tested and receive prevention or risk reduction counseling or enter into care (if they test positive).

<http://www.thecommunityguide.org/hiv/pcrs.html>

<http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendations-to-increase-testing-and-identification>

28. Access to condoms and sterile syringes. In order for HIV prevention efforts to work, people who are living with, or at risk for, HIV infection need to have access to effective prevention tools. In particular, research has shown that increasing the availability of condoms and sterile syringes is associated with reductions in HIV risk.

http://www.cdc.gov/hiv/strategy/hihp/report/pdf/NHPC_Booklet.pdf

29. The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) (**Strong recommendation, Moderate quality of evidence**)

<http://www.guideline.gov/content.aspx?id=48766&search=educate+and+train+providers+about+routine+hiv+prevention%2c+screening+and+treatment>.

30. In order for HIV prevention efforts to work, people who are living with, or at risk for, HIV infection need access to effective prevention tools. Research shows that increasing the availability of condoms and sterile syringes is associated with reductions in HIV risk. Effective substance abuse treatment that helps drug users stop injecting eliminates the risk of HIV transmission through injection drug use.

(Winnable Battles powerpoint: <http://www.cdc.gov/winnablebattles/hiv/index.html>)

31. Providers should be alert to the possibility of acute HIV infection and perform a nucleic acid test in addition to an antibody test for HIV, if indicated. Patients suspected of recently acquired HIV infection should be referred for immediate consultation with an infectious disease specialist. Therefore, health-care providers should be alert for symptoms or signs that suggest advanced HIV infection (e.g., fever, weight loss, diarrhea, cough, shortness of breath, and oral candidiasis). The presence of any of these symptoms should prompt urgent referral to an infectious diseases provider. Similarly, providers should be alert for signs of psychological distress and be prepared to refer patients accordingly. Providers who refer their HIV -positive patients to other professionals should establish means to ensure that these patients are linked successfully to such services, especially to on-going medical care. Providers should follow-up to ensure that patients have received the needed services. Improvement in health-care providers' ability to counsel HIV -infected patients, refer them to various support services, and help prevent HIV transmission to others.

<http://www.guideline.gov/content.aspx?id=25579&search=educate+and+train+providers+about+routine+hiv+prevention%2c+screening+and+treatment>.

32. Strategies available to increase the number of HIV providers include health professions training grants, the National Health Service Corps Scholarship and Loan Repayment Programs, financial incentives to compensate providers for HIV care management, and program coordination so that providers who are not HIV specialists are adequately equipped to provide prevention services to high-risk populations and link patients who test positive to HIV clinical care providers.

<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

33. In addition to having HIV expertise, care providers should be culturally competent and able to clearly and effectively communicate to help their patients understand the benefits of following treatment plans. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV. Increase the number of available providers of HIV care and Strengthen the current provider workforce to improve quality of HIV care and health outcomes for people living with HIV
<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

34. Support and strengthen HIV screening and surveillance activities: There is a need to support existing surveillance methods to identify populations at greatest risk that need to be targeted for HIV prevention services.
<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

35. Prevention counseling need not be explicitly linked to the HIV -testing. However, some patients might be more likely to think about HIV and consider their risk-related behavior when undergoing an HIV test. HIV testing presents an excellent opportunity to provide or arrange for prevention counseling to assist with behavior changes that can reduce risk for acquiring HIV infection.
<http://www.guideline.gov/content.aspx?id=25579&search=educate+and+train+providers+about+routine+hiv+prevention%2c+screening+and+treatment>.

36. Harm reduction for people who inject drugs (e.g., needle and syringe program [NSP], opioid substitution therapy [OST]). All individuals from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes (**Strong recommendation, Low quality of evidence**). All people from key populations who are dependent on opioids should be offered opioid substitution therapy in keeping with WHO guidance (**Strong recommendation, Low quality of evidence**)
<http://www.guideline.gov/content.aspx?id=48766&search=educate+and+train+providers+about+routine+hiv+prevention%2c+screening+and+treatment>.

37. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV. Facilitate linkages to care: HIV resources should be targeted to include support for linkage coordinators in a range of settings where at risk populations receive health and social services. Promote collaboration among providers: All levels of government should increase collaboration between HIV medical care providers and agencies providing HIV counseling and testing services, mental health treatment, substance abuse treatment, housing and supportive services to link people with HIV to care. Maintain people living with HIV in care: Clinical care providers should ensure that all eligible HIV-positive persons have access to antiretroviral therapy. Those who start therapy need to be maintained on a medication regimen, as recommended by the HHS treatment guidelines. One approach to improving linkage to care is co-location of testing and care services. Another approach is using nontraditional sites to provide HIV screening and referral services. A recent study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that fewer than half of all substance abuse treatment facilities surveyed nationwide reported that they conduct on-site infectious disease screening.¹¹⁴ Facilities that provided hospital inpatient treatment were more likely than facilities providing only outpatient or nonhospital residential treatment to offer screening for HIV, sexually transmitted diseases (STDs), hepatitis B, hepatitis C, or tuberculosis. Encouraging these types of facilities and nontraditional sites like community centers,

mental health centers, or faith institutions to get trained and offer HIV screening and referrals could help build service provider capacity and connect people to the care and treatment they need to address HIV and other co-occurring conditions.

<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

38. Linkage to care helps ensure people living with HIV receive life-saving medical care and treatment, and helps reduce their risk of transmitting HIV. 40% of people living with HIV have received regular HIV medical care. Once in medical care, people get HIV medicines and prevention services to help them stay healthy and protect their partners.

(Winnable Battles powerpoint: <http://www.cdc.gov/winnablebattles/hiv/index.html>)

39. Address HIV prevention in Asian American and Pacific Islander and American Indian and Alaska Native populations: Federal and State agencies should consider efforts to support surveillance activities to better characterize HIV among smaller populations such as AAPIs and AI/ANs. HIV surveillance data are used extensively to target and evaluate HIV prevention and care programs. Therefore, completeness and timeliness of the data are critical. Surveillance of HIV disease necessitates a complex system of reporting from providers, laboratories, and State and local health departments to coordinate accurate, complete and timely reporting. While the system has performed well, there are few tools to accurately detect people who are newly infected with HIV. Aside from tools to diagnose acute HIV infection, not all HIV surveillance sites track the same key measures in the same way (e.g., viral load, CD4).

<https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

40. Pre-exposure prophylaxis (PrEP):

Allows HIV-uninfected people who are at substantial risk of getting HIV to take a pill daily

Potential Users: sexual partner who has HIV, multiple partners, frequent STDs, or other evidence of high risk

Federal PrEP Guidelines issued May 2014

Non-occupational Post-exposure prophylaxis (nPEP):

Involves taking medicines no more than 72 hours (3 days) after you may have been exposed to HIV

(Winnable Battles powerpoint: <http://www.cdc.gov/winnablebattles/hiv/index.html>)

41. In 2009, CDC launched the “Get Smart for Healthcare Campaign” to promote improved use of antibiotics in acute care hospitals and in 2013, the CDC highlighted the need to improve antibiotic use as one of four key strategies required to address the problem of antibiotic resistance in the U.S.

<http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>

42. Connecticut has a state mandate to publicly report at least one HAI to NHSN. Connecticut is one of 10 state health departments participating in CDC’s Emerging Infections Program, which allows for extra surveillance and research of HAIs. Prevention efforts to reduce specific HAIs: ■ Central line-associated bloodstream infections ■ Catheter-associated urinary tract infections ■ Surgical site infections ■ Multidrug-resistant infections (MRSA, C. difficile, CRE) ■ Long-term care facilities ■ Hand hygiene ■ Antibiotic stewardship ■ Healthcare personnel influenza vaccination

<http://www.cdc.gov/hai/pdfs/stateplans/factsheets/ct.pdf>

43. <http://www.cdc.gov/HAI/prevent/top-cdc-recs-prevent-hai.html>

44. CDC’s National Healthcare Safety Network is the nation’s most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections. In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

<http://www.cdc.gov/nhsn/>

<i>Vaccine-Preventable Diseases Strategies</i>	<i>Notes</i>
<p><i>Assure costs of vaccines/administration for all ages are covered by all insurers.</i> <i>(For ID-1 & ID-5)</i></p>	
<p><i>Maintain and expand access to Advisory Committee on Immunization Practices recommended vaccines for children (HPV, hepatitis A, rotavirus, influenza)</i> <i>(For ID-1 & ID-5)</i></p>	
<p><i>Maintain and enhance CT immunization registry, including across lifespan; implement comprehensive reminder/recall systems</i> <i>(For ID-1 & ID-5)</i></p>	
<p><i>Use new and existing data systems to measure vaccine coverage among populations to identify disparities and target vaccine strategies</i> <i>(For ID-1 & ID-5)</i></p>	
<p><i>Identify other methods for reaching out to the public (e.g. social media)</i> <i>(For ID-5)</i></p>	
<p><i>Maintain annual education of providers and the public about flu vaccine.</i> <i>(For ID-5)</i></p>	
<p><i>Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.</i> <i>(For ID-5)</i></p>	
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<p><i>Maintain and drill plans. (For ID-5)</i></p>	
<p><i>Develop new systems for measuring vaccine coverage among all age groups. (For ID-5)</i></p>	
<p><i>Advocate expanding patient eligibility for free HPV vaccine available through the Connecticut Vaccine Program to include all age-eligible children. (For ID-7)</i></p>	
<p><i>Promote the use of HPV for the Vaccines for Children Program (VCP), and in targeted settings including School Based Health Clinics, to effectively reach prime audience. (For ID-7)</i></p>	
<p><i>Advocate for coverage of the HPV vaccine by commercial and public insurers. (For ID-7)</i></p>	
<p><i>Educate providers about vaccine availability, delivery, cost and practice guidelines. (For ID-7)</i></p>	
<p><i>Educate parents and providers about the cancer prevention benefits of the HPV vaccine. (For ID-7)</i></p>	

STD Strategies	Notes
<i>Promote use of the “Expedited Partnership Therapy”. (ID-8 & ID-9)</i>	
<i>Educate the population at risk through appropriate venues and technology using culturally appropriate methods. (ID-8 & ID-9)</i>	
<i>Educate and train providers about resources and available referral services and culturally appropriate treatment interventions. (ID-8 & ID-9)</i>	
<i>Implement testing and screening according to recommended standards. (ID-8 & ID-9)</i>	

HIV Strategies	Notes
<p>Ensure housing support for persons with HIV/AIDS (For ID-12 & ID-14)</p>	
<p>Promote utilization of partner referral services for HIV-positive individuals. (For ID-12 & ID-14)</p>	
<p>Promote condom use among sexually active youth and adults. (For ID-12 & ID-14)</p>	
<p>Educate and train providers about routine HIV prevention, screening and treatment. (For ID-12 & ID-14)</p>	
<p>Educate providers about CDC guidelines regarding testing and early treatment, referrals to prevention and treatment services, and culturally appropriate prevention, treatment and follow-up interventions. (For ID-12 & ID-14)</p>	
<p>Implement routine screening programs to increase early detection of HIV. (For ID-12 & ID-14)</p>	
<p>Implement syringe exchange, drug treatment and other harm reduction measures. (For ID-12 & ID-14)</p>	
<p>Implement interventions to link and retain persons with HIV in care. (For ID-12 & ID-14)</p>	
	<p>Continue on next page</p>

<p><i>Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions.</i> <i>(For ID-12 & ID-14)</i></p>	
<p><i>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</i> <i>(For ID-12 & ID-14)</i></p>	

<i>HAI Strategies</i>	<i>Notes</i>
<p><i>Implement and integrate current evidence-based prevention strategies, including antimicrobial stewardship.</i> <i>(ID-28 & ID-30)</i></p>	
<p><i>Establish reporting of infections via the National Healthcare Safety Network.</i> <i>(ID-30)</i></p>	