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HCT2020 2015-2016 Action Agenda

Focus Area 1: Infectious Disease Prevention and Control			
Goal 1: 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>Assure costs of vaccines/administration for all ages are covered by all insurers.</p> <p>Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).</p>	<p>Expand 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> <ul style="list-style-type: none"> ➤ Submit budget option for expansion of CVP <p>Due: 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>Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.</p>	<p>1. Enable Electronic Health Records (EHR) to report directly to the registry</p> <ul style="list-style-type: none"> ➤ Implement interoperability grant. <p>Due: 10/1/16</p>	<p>DPH, CDC, private physicians, BEST (IT)</p>	
	<p>2. Increase access by increasing the number of providers and local health departments using CIRTS</p> <ul style="list-style-type: none"> ➤ Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18. ➤ Propose legislation to require electronic reporting to CIRTS. <p>Due: 1/1/16</p>	<p>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, Local Health Departments, Connecticut Public Health Association (CPHA), CT Association of Directors of Public Health (CADH), legislature</p>	

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Resources Required (human, partnerships, financial, infrastructure or other)

- Human/partnerships: Advocacy from partners
- Financial: \$23,100,000 in state budget and funding from the CDC

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Regular reports from Connecticut legislation available on their website
- DPH Government Relations gives updates on StateScape

HCT2020 2015-2016 Action Agenda

Focus Area 1: Infectious Disease Prevention and Control			
Goal 1: 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.			
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.	Increase venues and outreach for flu vaccine administration through local health departments. <ul style="list-style-type: none"> ➤ 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)) Due: 1/1/16	DPH, Local Public Health Office, Public Health Emergency Preparedness (PHEP), Local Health Departments, CT Association of Directors of Public Health (CADH), Department of Social Services (DSS)	
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 			

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Focus Area 1: Infectious Disease Prevention and Control			
Goal 1: 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
Educate providers about vaccine availability, delivery, cost and practice guidelines.	Launch public communication campaign. <ul style="list-style-type: none"> ➤ Call-to-action letter from DPH Commissioner to physicians. Due: 1/1/16 ➤ Social media message on DPH website, Twitter, Facebook, etc. Due: 10/1/16 	DPH Office of Communications, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee	
Educate parents and providers about the cancer prevention benefits of the HPV vaccine.			
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • In-kind DPH staff 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Review of DPH website for social media, call-to-action 			

HCT2020 2015-2016 Action Agenda

Focus Area 1: Infectious Disease Prevention and Control

Goal 1: 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:

- 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>Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's HIV testing program, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Complete expansion of YNHH program to 2 School-Based Health Centers (SBHCs). Due: 1/1/16 ➤ Expand program to other Yale New Haven Health System (YNHHS) hospitals (Bridgeport, Greenwich). Due: 7/1/16 ➤ Begin to expand program to other settings (e.g. Federally Qualified Health Centers (FQHC), Corrections). Due: 10/1/16 ➤ Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing. Due: 4/1/16 	<p>DPH, YNHH's AIDS Care Program, Cornell Scott-Hill Health Center (CSHHC), Center for Interdisciplinary Research on AIDS (CIRA)</p>	
<p>Promote utilization of partner referral services for HIV-positive individuals.</p>	<p>1. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's partner referral initiative, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Add additional language to DPH HIV contracts for testing services in clinical settings <p>Due: 1/1/16</p>	<p>DPH</p>	

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<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>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.</p> <ul style="list-style-type: none"> ➤ Assessment of current use of data linkage capabilities. Due: 4/1/16 ➤ Workshop for providers on linkage of data sets that they use. Due: 7/1/16 ➤ Submit Meaningful Use testimony regarding possible linkage improvements. Due: 10/1/16 	<p>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))</p>	
<p>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</p>	<p>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, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> ➤ Expand program to other YNHHS hospitals (Bridgeport, Greenwich). Due: 7/1/16 ➤ Perform an assessment of the translation of PrEP and implementation in setting beyond the successful programs in HIV clinic (e.g., Yale) and community clinic (e.g., Cornell Scott) settings, and make recommendations on both the feasibility and best means of such expansion. Due: 10/1/16 ➤ Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections). Due: 10/1/16 <p>2. Expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns, like bus ads.</p> <ul style="list-style-type: none"> ➤ Public information campaign using bus ads, Ryan White educational and awareness materials. Due: 1/1/16 ➤ Distribute PrEP providers list via social media, Everbridge. Due: 1/1/16 	<p>DPH, YNHH's AIDS Care Program, CHAIR, ICR, CSHHC</p>	

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Resources Required (human, partnerships, financial, infrastructure or other)

- Human/Partnerships: Provision of HIV test kits, CT AIDS Education and Training Center (TBD), DPH Data analysts, Interns in DPH HIV Surveillance program and CDC support, In-kind DPH and CIRA staff time, DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff)
- Financial: (Current) \$90,000

Monitoring/Evaluation Approaches

Provide quarterly report outs

Contract reports from YNHH 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

Action Agenda Definitions

HCT2020 2015-2016 Action Agenda

Term	Definition/Description
Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected dates (start-end) for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

Appendix A

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
Assure costs of vaccines/administration for all ages are covered by all insurers.	Expand 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.
Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).	

Action: Expand 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
A. Submit budget option for expansion of CVP	1/1/16	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	\$23,100,000	Quarterly report from DPH staff

Appendix A

Strategy	Actions
Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement comprehensive reminder/recall systems.	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
A. Implement interoperability grant.	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
A. Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18.	1/1/16	DPH, American Academy of Pediatrics-CT chapter (CT-AAP), 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, Local Health Departments, Connecticut Public Health Association (CPHA), CT Association of Directors of Public Health (CADH), legislature	No cost	Quarterly reports from DPH staff
B. Propose legislation to require electronic reporting to CIRTS.	1/1/16	DPH, American Academy of Pediatrics-CT chapter (CT-AAP), 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, Local Health Departments, Connecticut Public Health Association (CPHA), CT Association of Directors of Public Health (CADH), legislature	No cost	Quarterly report from DPH staff

Appendix A

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
Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.	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
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))	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

Appendix A

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, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee	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, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee	In-kind DPH Staff	Quarterly report from DPH staff

Appendix A

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
Implement routine screening programs to increase early detection of HIV.	Establish routine testing initiatives throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's HIV testing program, CSHHC, other successful programs

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

Action Steps	Due	Responsible Partner	Resources	Monitor and Evaluate
Complete expansion of YNHH program to 2 School-Based Health Centers (SBHCs).	1/1/16	DPH, YNHH's AIDS Care Program	Current (\$90,000)	Contract reports from YNHH to DPH
Expand program to other Yale New Haven Health System (YNHHS) hospitals (Bridgeport, Greenwich)	7/1/16	DPH, YNHH's AIDS Care Program	Provision of HIV test kits, Staff funding	Contract reports from YNHH to DPH
Begin to expand program to other settings (e.g. FQHC, Corrections)	10/1/16	DPH, YNHH's AIDS Care Program	Provision of HIV test kits, Staff funding	Data on routine testing from site to DPH
Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing	4/1/16	Center for Interdisciplinary Research on AIDS (CIRA)	In-kind DPH staff	Final report of assessment

Appendix A

Strategy	Action
Promote utilization of partner referral services for HIV-positive individuals.	1. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHH's AIDS Care Program's partner referral initiative, CSHHC, other successful programs.

Action 1: Establish partner referral services throughout the state at healthcare facilities, modeled after YNHH's AIDS Care Program's partner referral initiative, CSHHC, other successful programs.

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

Strategy	Action
Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions.	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: 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
A. Assessment of current use of data linkage capabilities	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

Appendix A

Action Steps	Due	Responsible Partner	Resources	Monitor and Evaluate
B. Workshop for providers on linkage of data sets that they use	7/1/16	CHAIR	DPH Data analysts	DPH HIV Prevention, Health Care and Support Services
C. Submit Meaningful Use testimony regarding possible linkage improvements	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, CSHHC, other successful programs.
	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, CSHHC, other successful programs.

Action Steps	Due	Responsible Partner	Resources	Monitor and Evaluate
A. Expand program to other YNHHS hospitals (Bridgeport, Greenwich)	7/1/16	DPH, YNHH's AIDS Care Program, CIRA, ICR	DPH PrEP awareness campaign materials (already available, current DPH-funded prevention contractor staff)	Contract reports from YNHH to DPH
B. Assess the translation of PrEP and implementation in settings beyond the successful programs in HIV clinic (e.g., Yale) and community clinic (e.g., CSHHC) settings, and make recommendations on both the feasibility and best means of such expansion.	10/1/16	DPH, CIRA, YNHH, Cornell Scott Clinic	In-kind staffing from CIRA, DPH	DPH HIV Prevention and Health Care and Support Services

Appendix A

Action Steps	Due	Responsible Partner	Resources	Monitor and Evaluate
C. Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections)	10/1/16	DPH, YNHH's AIDS Care Program, CIRA, ICR	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
A. Public information campaign using bus ads, Ryan White educational and awareness materials	1/1/16	DPH	Already obtained	Contract reports to DPH
B. Distribute PrEP providers list via social media, Everbridge	1/1/16	DPH	In-kind DPH staff	DPH social media, Everbridge reports

Appendix B

Important Points to Consider when Reviewing the 2015/2016 Infectious Disease Action Agenda

- This appendix summarizes the concerns and discussion of the ID Action Team. These comments and issues are not reflected in the 2015/2016 Action Agenda, but the Team felt that they should be communicated to the SHIP Advisory Council.
- Summary of Action Team Discussion
 - Feedback from constituents- main takeaway:
 - Should focus on structural/ and systems level changes for policy rather than individual level interventions
 - Concern over who will do the work, and who funds the changes
 - Focus on health disparities and inequities- close gaps
 - ID-1 (Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among **children and adults**.): the objective specifically mentions children and adults, but the data is only given for children and adolescents, so this may require a change in wording.
 - In regards to the ID-1 strategy: Maintain and enhance Connecticut immunization registry, including across lifespan; implement comprehensive reminder/recall system, a team member revealed that DPH has requested technical assistance from the CDC to provide recommendations if we should move to a different vendor than the one we are currently using for CIRTS
 - In reference to ID-1 and ID-5, all local health departments should be able to bill Medicaid to help cover the cost of vaccines
 - Employers can encourage employees to get vaccinated and possibly try to enforce flu vaccination for nursing home employees
 - Vaccines require coverage before they can be mandated for schools
 - 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.): Instead of saying "...Reduce by 5% the number of diagnosed cases...", say something about increasing the number of diagnosed cases among those living with HIV for a specific amount of time. There was concern about how an increase in the number of diagnosed cases of a disease may be due to an improving surveillance system or enhancing awareness, not to worsening health.
 - It was noted that none of the ID-12 actions specifically targeted MSM and black females, but the YNHH routine testing program has reportedly diagnosed several MSM of color
 - Some members felt that routine HIV testing would be more successful if it was implemented in settings that serve the populations at risk, but it was also argued that the benefit of routine testing is that, although there is not a high prevalence, the people who are diagnosed typically have no idea that they have contracted HIV
 - **The number of people diagnose of the incidence rates of a these diseases should increase before they decrease.**

Appendix B

- Important changes to the Action Agenda made during the drafting process
 - Changes to ID-1
 - The action step: **Apply for federal funds to help local health departments bill Medicaid for administration costs and vaccine** was taken out of draft 1 since it doesn't seem to apply to this objective and action
 - The action step: **Increase speed of provider reimbursement process** was removed from draft 1 because it was felt that this is purely an insurance issue and it might not be worth pursuing, especially in year 1
 - The action step under the EHR action: **Hire program coordinator at DPH** was removed based on the suggestion from the subject matter expert
 - The action step for the CIRT action: **Legislative option to require providers to order vaccines through the registry** was removed because it is not feasible in the near future
 - Changes to ID-5
 - The action steps: **Inventory local health departments that currently administer influenza vaccines with outreach programs and see if they would administer vaccines at African American and Hispanic churches, WIC clinics, childcare centers, and private residences** and **Letter from DPH to local health departments requesting they establish flu clinics and develop outreach programs** were removed because local health departments are reaching out to groups that need help and it might not be necessary for DPH to send a letter and try to inventory their efforts
 - Action step change: From "Allocate a percentage of future PHEP funds to LHDs to do flu clinics such as drive-thru or Point of Dispensing sites (PODs)" to "**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))**"
 - Changes to ID-7
 - It was mentioned that the only action for ID-7 involved a budget option that might be rejected, so this action was added: **Launch public communication campaign**, since advocacy will be very important for passing the budget option, especially concerning HPV because it is controversial
 - Changes to ID-12
 - Action: **Increase use of the current DPH DIS program by private physicians** was removed because it was suggested that the 2015/2016 Action Agenda should focus on healthcare facilities and private physicians should be left to later years
 - Action step: **Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing** was added because private physicians need to be testing first before they can utilize the partner referral services