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## HCT2020 Year 1: 2016 Action Agenda Infectious Disease Prevention and Control

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<b>Focus Area 1: Infectious Disease Prevention and Control</b>			
<b>Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.</b>			
<b>Area of Concentration: Vaccine-Preventable Diseases</b>			
<b>SHIP Objective ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li><a href="#">Vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age.</a></li> <li><a href="#">Varicella vaccine coverage levels for ACIP recommended vaccines among adolescents 13 to 17 years of age.</a></li> <li><a href="#">Tdap vaccine coverage levels for ACIP recommended vaccines among adolescents 13 - 17 years of age.</a></li> <li><a href="#">Meningococcal conjugate vaccine coverage levels for ACIP recommended vaccines among adolescents (13 – 17 years of age).</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<p>Explore feasibility and funding options to assure costs of vaccines/administration for all ages.</p> <p>Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).</p>	<p>Convene stakeholders to explore Universal Vaccine State models.</p> <p>Due: 2/1/15</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><b>04.01.16</b> In 2012, a task force, formed pursuant to CGS 19a-7j, explored funding options to various universal access models and recommended the model that CT is currently following (an assessment on payers and mandating providers use the DPH vaccine for children program distribution system to obtain efficiencies and cost savings of scale). Funding for most recommended childhood vaccines has been secured through the assessment on payers, but additional funds are needed to support universal funding for all recommended vaccines for children through age 18 years.</p> <p><b>07-01-2016</b> Assessment completed and recommendations presented. Funding is major issue. Need \$23 million. Advocacy is needed to secure resources to move forward.</p>
<p>Maintain and expand Connecticut Immunization Registry and Tracking System (CIRTS) to include immunizations administered through age 18; implement</p>	<p>a. Enable Electronic Health Records (EHR) to report directly to the registry</p> <ul style="list-style-type: none"> <li>Implement interoperability grant.</li> </ul> <p>Due: 10/1/16</p>	<p>DPH, CDC, private physicians, BEST (IT)</p>	<p><b>04.01.16</b> CT DPH has received a CDC grant for EHR-CIRTS interoperability. Working with the CIRTS vendor (Consilience) to build the messaging capability. Working on getting a full-time developer for the project. Deadline for completion is Sept. 2017.</p>

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<p><b>comprehensive reminder/recall systems.</b></p>	<p>b. Increase access by increasing the number of providers and local health departments using CIRTS</p> <ul style="list-style-type: none"> <li>Propose legislation to expand reporting to CIRTS immunizations administered from age 6 to age 18.</li> <li>Propose legislation to require electronic reporting to CIRTS.</li> </ul> <p><b>Due: 1/1/16</b></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>	<p><b>04.01.16</b></p> <p>While the IT development for interoperability is being built, DPH staff are starting to meet with DPH Legal Office to develop statutory language/regulations to support requiring CIRTS reporting.</p>
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>Human/partnerships: Advocacy from partners</li> <li>Financial: \$23,100,000 in state budget and funding from the CDC</li> </ul>			
<p><b>Monitoring/Evaluation Approaches</b></p> <ul style="list-style-type: none"> <li>Provide quarterly report outs</li> <li>Regular reports from Connecticut legislation available on their website</li> <li>DPH Government Relations gives updates on StateScope</li> </ul>			

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<b>Area of Concentration: Vaccine-Preventable Diseases</b>			
<b>SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li>• <a href="#">Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza.</a></li> <li>• <a href="#">Percent of adults in Connecticut (18 years of age and older) who are vaccinated annually against seasonal influenza.</a></li> <li>• <a href="#">Percent of adults (65 years of age and older) in Connecticut who are vaccinated annually against seasonal influenza.</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
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.	<p>a. Increase venues and outreach for flu vaccine administration through local health departments.</p> <ul style="list-style-type: none"> <li>• 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))</li> <li>• Engage local business associations and/or Chambers of Commerce to collaboratively arrange for on-site, or near-site clinics</li> </ul> <p><b>Due: 1/1/16</b></p>	<p>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)</p>	<p><b>04.01.16</b> We are considering a Survey Monkey survey of LDHs, in collaboration with DPH Local Health Administration office to assess what has been done locally to implement this strategy.</p> <p><b>07-01-2016</b> No progress. Need to check in with CADH about LHD clinic/outreach approaches. Will reach out to Andrea Boissevain of CADH. SBHCs are getting flu vaccines out but policy varies across districts/schools.</p>
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• Final <a href="http://www.ct.gov/dph/lib/dph/v4/dph_v4_header_02.jpg">http://www.ct.gov/dph/lib/dph/v4/dph_v4_header_02.jpg</a> ncial: PHEP funds</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Provide quarterly report outs from DPH Public Health Emergency Preparedness program</li> </ul>			



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<b>Area of Concentration: Vaccine-Preventable Diseases</b>			
<b>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.</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li>• <a href="#">Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines.</a></li> <li>• <a href="#">Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines.</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<p>Educate providers about vaccine availability, delivery, cost and practice guidelines.</p> <p>Educate parents and providers about the cancer prevention benefits of the HPV vaccine.</p>	<p>a. Launch public communication campaign.</p> <ul style="list-style-type: none"> <li>• Call-to-action letter from DPH Commissioner to physicians. <b>Due: 1/1/16</b></li> <li>• Engage vulnerable populations in the development and dissemination of Social media messages. Dissemination could include reaching existing networks: local libraries, school districts, local health departments, community health centers, faith based communities, DPH website, Twitter, Facebook, etc.</li> </ul> <p><b>Due: 10/1/16</b></p>	<p>DPH Office of Communications, American Academy of Pediatrics-CT chapter (CT-AAP), Connecticut Cancer Partnership, CT Vaccine Advisory Committee</p>	<p><b>04.01.16</b> No progress in this area yet. Next step would be to meet with the new DPH Communications Director. We could consider meeting with the CT Cancer Partnership on education and outreach to develop joint strategies. This is part of their current goals/priorities.</p> <p><b>07-01-2016</b> DPH sent out HPV report. Should disseminate to all providers. SWAHEC doing provider outreach to promote uptake. Elaine contacted CT Cancer Partnership and SBHC Assn about collaboration and both are receptive to developing joint strategies.</p> <p>Social Media tele-meeting - Plan for Call to Action letter to physicians from DPH Commissioner regarding HPV vaccine, use mailing and content to generate “tweets.” - Explore use of social media to engage parents and kids with message from DPH - Linda Nicholai to generate a Research Brief on HPV – 1 pager to summarize HPV vaccine efficacy for.</p>
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>• In-kind DPH staff</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>• Review of DPH website for social media, call-to-action</li> </ul>			

<b>Focus Area 1: Infectious Disease Prevention and Control</b>			
<b>Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.</b>			
<b>Area of Concentration: HIV</b>			
<b>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.</b>			
<b>Dashboard Indicator:</b>			
<ul style="list-style-type: none"> <li>• <a href="#">Number of newly diagnosed cases of HIV in Connecticut overall.</a></li> <li>• <a href="#">Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM).</a></li> <li>• <a href="#">Number of newly diagnosed cases of HIV in Connecticut among black females.</a></li> </ul>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<p><b>Implement routine screening programs to increase early detection of HIV.</b></p> <p>(Note: Seek collaborative with other health systems related to implementation of one health system’s model statewide.)</p>	<p>a. Establish routine testing initiatives throughout the state at healthcare facilities, modeled after programs that have demonstrated success (e.g., YNNH’s AIDS Care Program’s HIV testing program, CSHHC, Optimus)..</p> <ul style="list-style-type: none"> <li>• Complete expansion of YNNH program to 2 School-Based Health Centers (SBHCs). <b>Due: 1/1/16</b></li> <li>• Expand program to other Yale New Haven Health System (YNNHS) hospitals (Bridgeport, Greenwich). <b>Due: 7/1/16</b></li> <li>• Begin to expand program to other settings (e.g. Federally Qualified Health Centers (FQHC), Corrections). <b>Due: 10/1/16</b></li> <li>• Assessment (key informant interviews) of private providers on barriers and possible ways to facilitate testing. <b>Due: 4/1/16</b></li> </ul>	<p>DPH, YNNH’s AIDS Care Program, Cornell Scott-Hill Health Center (CSHHC), Center for Interdisciplinary Research on AIDS (CIRA)</p>	<p><b>04.01.16</b>            YNNH continues to offer routine screening (453 tests in first quarter of 2016) and will be meeting with Bridgeport Hospital staff this week to plan for expansion.            Routine testing is now going on at 8 FQHCs funded by DPH, but not throughout the clinics, now expanding to throughout the clinics. Non-funded FHQCs are expressing interest and when they do so, received kits and supplies – a needs assessment is being planned for the non-funded clinics. Dept. of Correction will be discussed at CHAIR (statewide advisory group). The assessment of private providers is on hold for now, other actions under this strategy are active and higher priority.</p> <p><b>07-01-2016</b>            Bridgeport Hospital working on implementation of routine testing with support from YNNH AIDS Care Program. ER at YNNH may do more routine testing. DPH trying to engage more urgent care centers.</p>

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	<p>b. Establish partner referral services throughout the state at healthcare facilities, modeled after the YNHHS's AIDS Care Program's partner referral initiative, CSHHC, other successful programs.</p> <ul style="list-style-type: none"> <li>Add additional language to DPH HIV contracts for testing services in clinical settings</li> </ul> <p><b>Due: 1/1/16</b></p> <p>Are we certain that no other hospital system in the state has a different, maybe just as effective model? Could this be explored in 2016 before contracts are changed?</p>	DPH	<p><b>04.01.16</b></p> <p>DPH HIV contracts now require partner referral (interview of index client within 13 days), identify partners testing positive. Urgent care centers doing some testing and a challenge to coordinate with them. Plan to send out already written provider guide developed by CIRA and CT DPH and put on DPH website. CIRA-New England HIV Implementation Science Network is gathering data on models of partner notification from all NE states, and the research team which includes all NE State Health Depts. will publish a report.</p> <p><b>07-01-2016</b></p> <p>DPH exceeded goal for PS in 2014 with 94% ? New England STI consortium completed survey of state protocols on PS. Report will be requested and circulated.</p>

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<p><b>Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions.</b></p>	<p>a. 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"> <li>• Assessment of current use of data linkage capabilities. <b>Due: 4/1/16</b></li> <li>• Workshop for providers on linkage of data sets that they use. <b>Due: 7/1/16</b></li> <li>• Submit Meaningful Use testimony regarding possible linkage improvements. <b>Due: 10/1/16</b></li> </ul>	<p><b>Connecticut HIV/AIDS Identification and Referral Task Force</b> (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><b>04.01.16</b> Linkage is good for Ryan White services clients with CAREWARE not so good for others. Full integration a huge and complicated task. Project Connect – Disease Intervention Specialists (DIS) partner notification outreach staff are tracking clients in the continuum of services, and reconnecting them if they fall out of care – data collected for this project a good pilot for an eventual “enterprise” IT solution. A new DSS system is in the works. Workshop and meaningful use on hold for now.</p> <p><b>07-01-2016</b> Project Connect is good model (look at this and disseminate?) DPH submitted another data to care application for TA and will receive guidance from NASTAD and CDC on use of surveillance data for linkage to care</p>

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<p><b>Explore use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.</b></p>	<p>a. Establish PrEP programs in conjunction with risk reduction and adherence counseling throughout the state at healthcare facilities, modeled after programs that have demonstrated success (e.g., YNHH’s AIDS Care Program, CSHHC)</p> <ul style="list-style-type: none"> <li>Expand YNHH program to other YNHHS hospitals (Bridgeport, Greenwich). <b>Due: 7/1/16</b></li> <li>Perform an assessment of the translation of PrEP and implementation in settings 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. <b>Due: 10/1/16</b></li> <li>Begin to expand program to other settings (e.g., Community health Centers, Planned Parenthood, Corrections). <b>Due: 10/1/16</b></li> </ul>	<p>DPH, YNHH’s AIDS Care Program, CHAIR, ICR, CSHHC</p>	<p><b>04.01.16</b> In first 9 months of operation, YNHH program has enrolled 80 clients, zero infections. Not yet expanded to other YNHHS hospitals yet, planning is beginning at Bridgeport. Program is operating at Cornell Scott CHC and at Southwest and Optimus in Bridgeport, and at all 19 Planning Parenthood clinics in the state. CTDPH Provider packets (PrEP Information Action Kits) have been printed and distributed. Training in the Dept. of Correction. CTDPH Public information campaign with social media, bus posters, website (tracking use). Statewide summit – provider training. DPH intern developing community street outreach activities. CIRA working on 4 PrEP implementation studies each in a different population. <b>07-01-2016</b> DPH working on PrEP messaging campaign but funds are needed.</p>
	<p>b. 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"> <li>Public information campaign using bus ads, Ryan White educational and awareness materials. <b>Due: 1/1/16</b></li> <li>Distribute PrEP providers list via social media, Everbridge. <b>Due: 1/1/16</b></li> </ul>		
<p><b>Resources Required (human, partnerships, financial, infrastructure or other)</b></p> <ul style="list-style-type: none"> <li>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)</li> <li>Financial: (Current) \$90,000</li> </ul>			



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<b>Monitoring/Evaluation Approaches</b>	
<ul style="list-style-type: none"><li>• Provide quarterly report outs</li><li>• 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</li></ul>	