



Healthy Connecticut 2020 State Health Improvement Plan

Infectious Disease ACTION Team Meeting AGENDA & NOTES

Date: 08-17-2017
 Time: 3:00pm-4:30pm
 Location: DPH Lab, 395 West Street, Rocky Hill

Attendees: Elaine O'Keefe, Heidi Jenkins, Cathy Wiley, Sandra Gill, Chantelle Archer, Carol Stienke, Kris Magnussen

Agenda Items	Time	Discussion	ACTION Items and person responsible
Timeline & Future SHIP Direction		<p><u>HCT 2020 Implementation Timeline</u> <u>Next 3-6 months</u></p> <ul style="list-style-type: none"> The next Advisory Council meeting is on September 26, 2017. <u>October to December 2017</u>: We hope to schedule a coalition conference call to share progress with members. <p><u>Next 6-12 months</u></p> <ul style="list-style-type: none"> The HCT 2020 Interim Progress Report will be out in January 2018. The State Health Assessment (SHA) will be updated in 2018. The Healthy CT2020 State Health Improvement Plan (SHIP) will be updated in 2019. 	
Review Dashboards		<ul style="list-style-type: none"> <u>HIV Data</u>: will have updated data at the end of 2017, moving in the right direction MSM are the highest priority population followed by African American women who are a high priority population. 	
2018 Action Agenda (see worksheet)		<ul style="list-style-type: none"> <i>2017 Strategy Status - What is done?</i> <i>What strategies continue?</i> <i>Opportunities for continued or new policy agenda</i> <i>Opportunities for collaboration with other action teams on objectives, strategies, or policy agendas</i> 	
Next Steps		<ul style="list-style-type: none"> Next Meeting Date/Time: November 16, 2017 3:00pm-4:30pm, DPH Lab 	

Focus Area 1: Infectious Disease Prevention and Control				
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.				
Area of Concentration: Vaccine-Preventable Diseases				
SHIP Objective ID-1: Increase by 5% the vaccination coverage levels for Advisory Committee on Immunization Practices (ACIP) recommended vaccines among children and adults.				
Dashboard Indicator:				
<ul style="list-style-type: none"> Vaccine coverage levels for ACIP recommended vaccines among children 19 - 35 months of age. Varicella vaccine coverage levels for ACIP recommended vaccines among adolescents 13 to 17 years of age. Tdap vaccine coverage levels for ACIP recommended vaccines among adolescents 13 - 17 years of age. Meningococcal conjugate vaccine coverage levels for ACIP recommended vaccines among adolescents (13 – 17 years of age). 				
Strategies	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
Explore feasibility and funding options to assure costs of vaccines/administration for all ages.	Yes Progress made – some advocacy occurred – did not increase funding			Community Health Centers MICH
Maintain and expand access to ACIP recommended vaccines for children (Human Papillomavirus (HPV), hepatitis A, rotavirus, influenza).	yes Progress made – maintained access but did not expand		OPTION: <i>Pharmacy vaccinate older children – need legislation to allow?</i>	
Enhance Connecticut Immunization Registry and Tracking System (CIRTS) to accept electronic reporting and implement comprehensive reminder/recall systems.	No Progress made – have funding, explored vendors, have made decision to change	Yes		

Focus Area 1: Infectious Disease Prevention and Control				
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.				
Area of Concentration: Vaccine-Preventable Diseases				
SHIP Objective ID-5: Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.				
<ul style="list-style-type: none"> Dashboard Indicator: <ul style="list-style-type: none"> Percent of youth in Connecticut under 18 years of age who are vaccinated annually against seasonal influenza. Percent of adults in Connecticut (18 years of age and older) who are vaccinated annually against seasonal influenza. Percent of adults (65 years of age and older) in Connecticut who are vaccinated annually against seasonal influenza. 				
Strategies	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
Same as ID-1				
Develop new and diverse venues for influenza vaccine administration and culturally appropriate outreach to ensure access to all population groups.	Progress made – survey of local health departments; Drive through clinics – reach young folks; trying farmer’s markets; use preparedness funding; utilize MRC; more VNA’s getting less calls	Yes – re-visit with local health departments	Medicaid reimbursement for LHD	For profit market??

Focus Area 1: Infectious Disease Prevention and Control				
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.				
Area of Concentration: Vaccine-Preventable Diseases				
SHIP Objective ID-7: Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.				
Dashboard Indicator:				
<ul style="list-style-type: none"> • Rate of HPV vaccinations for female adolescents 13 to 17 years of age meeting CDC guidelines. • Rate of HPV vaccinations for male adolescents 13 to 17 years of age meeting CDC guidelines. 				
Strategies	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
Educate providers about vaccine availability, delivery, cost and practice guidelines.	Yes –call to action, Advocacy group, newsletters;	Yes		HPV coalition , AHEC??
Educate parents and providers about the cancer prevention benefits of the HPV vaccine.	Yes – TV commercials	Yes		Suggestions from May AC meeting included: utilizing DSS, specifically individuals receiving services; focusing on organizations where young people are going into the healthcare field; exploring organizations that offer behavioral health and HIV services (i.e. Charter Oak); possibly training different types of health professionals in how to bring up the HPV vaccine in their interactions with adolescents (example: oral health professionals).
Develop plan for a mandate for HPV vaccination for youth in CT	No mandate – funding proposed in budget	Yes	continued	

Focus Area 1: Infectious Disease Prevention and Control				
Goal 4: Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.				
Area of Concentration: HIV				
SHIP Objective ID-12: Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.				
Dashboard Indicator:				
<ul style="list-style-type: none"> Number of newly diagnosed cases of HIV in Connecticut overall. Number of newly diagnosed cases of HIV in Connecticut among men who have sex with men (MSM). Number of newly diagnosed cases of HIV in Connecticut among black females. 				
Strategies	a. Was strategy completed in Y2? (if no, current status)	b. Do we intend to continue work on this into Y3?	c. Are there opportunities for continued or new policy agendas?	d. Are there opportunities for collaboration with other Action Teams on objectives, strategies, or policy agendas?
Implement routine screening programs to increase early detection of HIV. (Note: Seek collaborative with other health systems related to implementation of one health system's model statewide.	Yes	Yes		FQHC; hospitals; urgent care centers
Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/ interventions.	Progress made – data to care	Yes - HANK	Medicaid statute change to allow HIV information to be shared between DSS and DPH – Careware collaboration between Ryan White and DPH	DSS; Ryan White
Increase referrals to partner services	Need to find out	Yes	Contractual language – 100% referral	Educate about availability of services – improve referrals
Expand use of pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors.	Yes	Yes	Address High co-pays for PrEP Propose statute to provide preventive medication to 13 y and older	Provider awareness and general public, ER
Increase use of post-exposure prophylaxis (PEP) as preventive measure for persons with suspected exposure to HIV.	Need to find out	Yes - Can be lead in to PrEP		Provider awareness and general public, ER's

e. Review the full list of objectives. Out of the ones not part of Y1 & Y2 implementation, are there any emerging issues that would suggest that we act on any of these in Y3?

Phase 1 Objectives	Phase 2 Objectives
Infectious Disease Prevention and Control	
<p>OBJECTIVE ID-1 Ph1</p> <p>Increase by 5% the vaccination coverage levels for ACIP recommended vaccines among children and adults.</p> <p>OBJECTIVE ID-3 (DEVELOPMENTAL) Ph1</p> <p>Increase vaccination levels of pregnant women and child care providers.</p> <p>OBJECTIVE ID-5 Ph1</p> <p>Increase by 5% the percentage of adults who are vaccinated annually against seasonal influenza.</p> <p>OBJECTIVE ID-7 Ph1</p> <p>Increase by 20% HPV vaccination rates for male and female adolescents 13 to 17 years of age to meet CDC guidelines.</p> <p>OBJECTIVE ID-8 Ph1 =</p> <p>Reduce chlamydia incidence rates by 5% among youths 15-24 years of age, by 10% among blacks, and by 10% among Hispanics.</p> <p>OBJECTIVE ID-9 Ph1 =</p> <p>Reduce gonorrhea incidence rates by 5% among youths 15-24 years of age, by 10% among blacks, and by 10% among Hispanics.</p> <p>OBJECTIVE ID-12 Ph1 =</p> <p>Reduce by 5% the number of diagnosed cases of HIV overall, among men who have sex with men (MSM) and among black females.</p> <p>OBJECTIVE ID-13 (DEVELOPMENTAL) Ph1</p> <p>Increase the proportion of known HIV-positive individuals with suppressed viral loads (i.e., 200 or less copies of virus per milliliter)</p> <p>OBJECTIVE ID-14 Ph1</p> <p>Decrease by 20% the proportion of people who progress to AIDS within 1 year of initial diagnosis.</p> <p>OBJECTIVE ID-17 (DEVELOPMENTAL) Ph1 =</p> <p>Increase hepatitis C screening among high risk populations, consistent with Centers for Disease Control and Prevention (CDC) guidelines.</p>	<p>OBJECTIVE ID-2</p> <p>Reduce by 5% the incidence of pertussis.</p> <p>OBJECTIVE ID-4</p> <p>Reduce by 5% the incidence of invasive pneumococcal infections.</p> <p>OBJECTIVE ID-6</p> <p>Reduce by 5% the incidence of hepatitis B infections.</p> <p>OBJECTIVE ID-10</p> <p>Reduce by 10% the incidence of primary and secondary syphilis.</p> <p>OBJECTIVE ID-11 (DEVELOPMENTAL) =</p> <p>Reduce the incidence of syphilis in HIV-infected men who have sex with men (MSM)</p> <p>OBJECTIVE ID-15</p> <p>Reduce by 5% the overall incidence rate of tuberculosis.</p> <p>OBJECTIVE ID-16 (DEVELOPMENTAL)*</p> <p>Reduce by 5% the number of cases of acute hepatitis C (HCV).</p> <p>OBJECTIVE ID-18 (DEVELOPMENTAL)</p> <p>Increase the proportion of persons with identified Hepatitis C infection who are receiving appropriate treatment and care.</p> <p>OBJECTIVE ID-19</p> <p>Decrease by 5% the incidence of Lyme disease.</p> <p>OBJECTIVE ID-20</p> <p>Decrease by 5% the incidence of West Nile Virus infection.</p> <p>OBJECTIVE ID-21 =</p> <p>Reduce by 5% the overall incidence of illnesses caused by enteric pathogens and toxins.</p> <p>OBJECTIVE ID-22 =</p> <p>Reduce by 5% the incidence of infections associated with the most common foodborne bacterial pathogens, <i>Salmonella</i> and <i>Campylobacter</i>.</p> <p>OBJECTIVE ID-23 =</p> <p>Reduce by 5% the incidence of infections caused by foodborne pathogens associated with significant morbidity and mortality, such as <i>E.coli</i> 0157 and non-0157, shiga-toxin-producing <i>E.coli</i> (STEC), and <i>Listeria</i>.</p>

Phase 1 Objectives	Phase 2 Objectives
Infectious Disease Prevention and Control	
<p>OBJECTIVE ID-27 (DEVELOPMENTAL) Ph1 MAINTAIN AND ENHANCE THE STATE’S PUBLIC REPORTING INFRASTRUCTURE FOR HEALTHCARE ASSOCIATED INFECTIONS (HAIS) TO INCLUDE ADDITIONAL TYPES OF HEALTHCARE FACILITIES, FACILITY LOCATIONS, OR TYPES OF HAIS REPORTED.</p> <p>OBJECTIVE ID-28 (DEVELOPMENTAL) Ph1 ACHIEVE AND MAINTAIN STANDARD INFECTION RATIOS (SIRS) OF LESS THAN OR EQUAL TO ONE (≤ 1) FOR ACUTE CARE HOSPITAL HAIS, INCLUDING CENTRAL-LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI’S), CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI’S), SURGICAL SITE INFECTIONS (SSI’S), CLOSTRIDIUM DIFFICILE INFECTIONS (CDI’S), AND METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BACTEREMIA.</p> <p>OBJECTIVE ID-29 (DEVELOPMENTAL) Ph1 REDUCE THE RATE OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI’S) AND CLOSTRIDIUM DIFFICILE INFECTIONS IN LONG TERM CARE FACILITIES.</p> <p>OBJECTIVE ID-30 (DEVELOPMENTAL) Ph1 REDUCE THE RATE OF CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) IN HEMODIALYSIS FACILITIES.</p> <p>OBJECTIVE ID-31 (DEVELOPMENTAL) Ph1 REDUCE THE NUMBER OF SURGICAL SITE INFECTIONS (SSI’S) IN AMBULATORY SURGICAL CENTERS (ASC’S).</p> <p>OBJECTIVE ID-34 (DEVELOPMENTAL) Ph1 REDUCE THE ADVERSE IMPACT OF EMERGING INFECTIOUS DISEASE ON POPULATION HEALTH THROUGH EARLY DETECTION AND CONTROL BY MAINTAINING SUPPORT FOR AND EXPANDING THE CURRENT EMERGING INFECTIONS PROGRAM.</p>	<p>OBJECTIVE ID-24 = REDUCE BY 5% THE NUMBER OF ANNUAL OUTBREAKS ATTRIBUTED TO NOROVIRUS.</p> <p>OBJECTIVE ID-25 MAINTAIN AT ZERO THE OVERALL INCIDENCE OF ILLNESSES CAUSED BY WATERBORNE PATHOGENS.</p> <p>OBJECTIVE ID-26 REDUCE BY 5% THE INCIDENCE RATES FOR MULTIDRUG RESISTANT ORGANISMS (MDROS), SPECIFICALLY VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE) AND METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA).</p> <p>OBJECTIVE ID-32 (DEVELOPMENTAL) REDUCE THE NUMBER OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI’S) AND SURGICAL SITE INFECTIONS (SSI’S) IN HOMECARE AND HOSPICE PROGRAMS.</p> <p>OBJECTIVE ID-33 (DEVELOPMENTAL) REDUCE THE NUMBER OF HEALTHCARE ASSOCIATED INFLUENZA OUTBREAKS.</p>