

Healthy Connecticut 2020

State Health Improvement Plan

Infectious Disease ACTION Team Meeting AGENDA & NOTES

Date: 03-01-2018

Time: 3:00pm - 4:30pm

Conference Call: 1-877-916-8051 Access Code: 539-9866

Attendees (Please list all who participated): Elaine O'Keefe, Heidi Jenkins, Cathy Wiley, June Holmes, Linda Niccolai, Josh Rozovsky, and Chantelle Archer

Agenda Items	Time	Discussion	ACTION Items and person responsible
Welcome & Introductions	10		
2018 Infectious Disease Action Agenda	30	Brief updates from subcommittees - highlight what has happened since November 2017	
		 Vaccine Coverage Updates Strategy: Maintain and expand access to ACIP recommended vaccines for children (HPV, hepatitis A, rotavirus, influenza) There is no one specifically taking on this strategy; use of this strategy has increased in other states. There is a map of Connecticut and other states that already have legislation to support this strategy. We need strong champions to move forward with this strategy. At a previous meeting there was discussion on asking the CT American Academy of Pediatrics to support this strategy. Increasingly more patients are coming into the office and are refusing to be vaccinated against the flu. States are using the community paramedicine model to increase immunization rates among populations. Community paramedicine is an emerging healthcare profession which allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles to provide routine healthcare services to 	

- underserved populations, and helps to improve rural emergency medical services (EMS).
- Regarding HPV, there is an education issue because less boys have received the HPV vaccine compared to girls.

<u>Strategy: Enhance Connecticut Immunization Registry and Tracking System (CIRTS)</u> to accept electronic reporting and implement comprehensive reminder/recall systems.

• There will be a new CIRTS platform that will allow for better operability between systems. The system will roll out in 2019.

<u>Strategy: Develop new and diverse venues for influenza vaccine administration and</u> culturally appropriate outreach to ensure access to all population groups.

 It was suggested that focusing on this strategy around paramedics would work (community paramedicine) since EMTs are trained on how to give vaccines in emergency situations.

<u>Strategy: Educate parents and providers about the cancer prevention benefits of</u> the HPV vaccine.

- We need to work around quality improvement and provider messaging.
- Linda Niccolai will be and the Connecticut Cancer Partnership would be advocates for this strategy.
- The Connecticut Area Health Education Center Network (AHEC) has been involved with providing education (i.e. webinars).

HIV Updates

Strategy: Implement routine screening programs to increase early detection of HIV

- Dulce Dones-Mendez (CT DPH) is working on adding new HIV testing sites.
 Heidi can have a list by the next meeting. New DPH staff is also being hired for the fall.
- The DOC is doing routine testing and there has been a dramatic increase in the number of HIV positive results. An HIV staff person from DPH has been assigned to DOC. UCONN health care is not involved with the DOC anymore.
- Lawrence & Memorial hospital joined Yale New Haven Health 6-8 months ago; over the last 4 months the number of tests administered exceeded the number of targets (1, 015 tests were administered with 10 new positives).

Strategy: Develop coordinated HIV surveillance, prevention and care data systems to monitor Connecticut trends in the HIV continuum and effectively target resources/interventions

		 The HIV AIDS Network Knowledge Base (Hank) is in the process of setting up vendors; the purchase order is in transition. In the next couple of months phases 1 and 2 will be implemented. Strategy: Increase referrals to partner services The Center for Interdisciplinary Research on AIDS (CIRA) has developed study pilots on the experiences of MSM and STI partner referrals in Connecticut, Rhode Island, and Massachusetts. Will be partnering with Dulce on referrals. The rates of STDs is enormous and there is a high demand for partner referral services. Patients are being referred back to the state because the community-based organizations are being overwhelmed. Strategy: Expand Use of Pre-exposure prophylaxis (PrEP) as preventive measure for persons engaging in high-risk behaviors CIRA is continuing to support several studies including a study with Planned Parenthood of Southern New England. CIRA is looking into a tool for providers to help refine the screening process; it would help individuals gage their level of risk. It was suggested that PrEP screenings be added to clinical screenings. The DPH HIV Program hired Luis Diaz as the new PrEP coordinator to replace Daniel. 	
		 There is a growing concern that PrEP is so selective it's leaving people out; many people are high risk and are not being testing or engaged. 	
2018 SHIP Policy Agenda	15	 Overview proposed policies Action items for advocacy – What can action team members do? Immunizations – allow the release of aggregate immunization data for each school in Connecticut How do you make people care about this issue? There was mention of adding prophylaxis treatment of minors to the policy 	
		agenda, specifically treating them without consent. Perhaps SHIP can support emerging piece of legislation. A fact sheet on this issue can be circulated to the team.	
Review of Infectious Disease Section of final report	20	 Data snapshot Are current strategies making an impact, or do we need to do something different? Updating indicator targets – Are following the right indicators? 	

		Members reviewed the status of all the infectious disease indicators which were provided in tables. A green circle meant the original SHIP and updated target was reached. A yellow circle meant the indicator's most recent data point is moving in a positive direction relative to the current 2020 target. A red circle meant the indicator's most recent data point is moving in a negative direction relative to the current 2020 target, and a white circle meant the baseline was not established, or the data was not available.	
Action items for the next three months	10	 What will happen in the next three months? (Define at least 2-3 specific actions that will be completed by the next action team meeting.) 1) Josh will network at the upcoming EMS PRO EXPO: International EMS Conference https://emspro.org (May 30-June 2) to learn from other jurisdictions outside of Connecticut how community paramedicine is being implemented successfully. 2) Cathy will reach out to Linda Niccolai regarding HPV education of males. 	
Next Steps	5	Next Meeting Date/Time: TBD	