

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## COMMUNICABLE DISEASE AND OTHER HEALTH THREATS SUBGROUP

### CO-CHAIRS

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### SUBGROUP COORDINATOR

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### SUBGROUP MEMBERS

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Keith Grellner, Kitsap County Health District

Lyndia Wilson, Spokane Regional Health District

Maria Courogen, Washington State Department of Health

The *Communicable Disease and Other Health Threats* subgroup was formed to support the [Agenda for Change](#) efforts which focus on communicable disease capacity and enhancement. These efforts include the most effective and important elements of prevention, early detection, and swift response to protect people from communicable disease and other health threats.

The subgroup was co-chaired by [Scott Lindquist](#), Health Officer of Kitsap County Health District and [Jennifer Tebaldi](#), Assistant Secretary of the Disease Control and Health Statistics Division at the Washington State Department of Health. Workgroup members consisted of a diverse group of public health professionals across multiple disciplines from various governmental public health agencies. All of these individuals play a critical role in understanding the factors that impact local, state and national public health.

The subgroup's task was to identify a limited number of actions steps to address areas such as workforce, opportunities for effective regional approaches and reprioritizing work and modifying business practices and funding for communicable disease and other health threats. The subgroup developed recommendations for objectives and strategies that would give the public health system the 'biggest bang for its buck' and provide guidance on best or standard practices around communicable disease threats. The subgroup looked at systems and technology to accomplish this work over the next two to five years. It organized its work around the following focus areas:

- Immunizations - Best practices for assessing community immunization coverage.
- Capacity for Communicable Disease Surveillance and Response – Identifying public health need to evaluate and streamline our communicable disease and surveillance and response system.
  - Prioritize our work
  - Standardize our work
  - Leverage our work
- Informatics - Plan for an updated and integrated communicable disease and data collection system.

A small group was developed for each focus area and met through phone conferences to develop draft objectives and strategies. The draft objectives and strategies developed by each small group were reviewed and approved by the full Communicable Disease and Other Health Threats subgroup. The review occurred over the course of a two-month period (March and April) through electronic communication and an in-person subgroup meeting in March. The final report from each small group is below.

## Immunizations Small Group

Scott Lindquist – Group Lead

Members - Janna Bardi, Harvey Crowder, Jeffery Duchin, Barry Kling, Kathy Lofy, Jennifer Tebaldi

**Task:** Develop the specific *measurable* objectives and strategies to improve immunization practices in Washington State.

**Draft Objective:**            **Increase immunization rates across the lifespan of all residents in Washington State**

**Draft Strategy 1:**        **Improve our understanding of immunization coverage in Washington State by enhancing the completeness of data entered into the WA Immunization System (Child Profile).**

Note: An improved understanding of immunization coverage in Washington State will allow public health to target limited resources towards increasing coverage. DOH Immunization staff will review available coverage data from the WA Immunization System with each LHJ representation that ideally includes the health officer, administration, and immunization staff. The goal is to create a community response to local data that increases immunization coverage and data completeness.

**Draft Strategy 2:**           **Improve the quality of immunization data entered into the WA Immunization System (Child Profile).**

Note: All providers will participate in the WA Immunization System and participation will be defined in a meaningful way. This must be within the context of Centers for Disease Control and Prevention (CDC) requirements that prohibit barriers to provider participation in Vaccine for Children (VFC) program. Changes to Child Profile will also reflect the needs of adult immunization providers.

**Draft Strategy 3:**           **Identify and implement evidence-based practices to improve immunization coverage rates with an emphasis on vaccines that provide for the greatest public health impact.**

Note: Use available resources to target program efforts as a state. This is best achieved through standardized outreach and community education. This also includes analyzing available data to determine immunization coverage in schools and health jurisdictions that address partnerships to improve coverage within schools and the use of registry information to improve immunizations. Allow schools to enter data.

## Capacity for Communicable Disease Surveillance and Response Small Group

Scott Lindquist – Group Lead

Members - Maria Courogen, Harvey Crowder, Jeff Duchin, Keith Grellner, Barry Kling, Scott Lindquist, Kathy Lofy, Jennifer Tebaldi, Wayne Turnberg, Lyndia Wilson, Diana Yu

**Task:** Develop the specific *measurable* objectives and strategies to evaluate and streamline our communicable disease surveillance and response system.

**Draft Objective:**           **Standardize and prioritize CD surveillance and response.**

**Draft Strategy 1:**           **Prioritize communicable disease surveillance and response activities. *See the Communicable Disease Prioritization Work Group Report for detailed information.***

Note: This work will involve prioritizing all the communicable diseases and identifying essential services and response activities for high volume conditions. The end product will be a prioritization matrix. A working group has already been tasked with this deliverable and will be led by Kathy Lofy.

**Draft Strategy 2: Establish evidence-based statewide recommendations around communicable disease control.**

Note: This work will primarily focus around recommendations, which are inconsistent in the state, as identified by the Public Health Based Research Network survey. The end product will be an updated Communicable Disease Control Manual, which can be used by local health jurisdictions, DOH, tribes, and the military. We will create awareness of these guidelines and provide training to LHJ's around the use and updates of the Communicable Disease Control Manual. The Department of Health will review guidelines every two years and update as necessary.

## Informatics Small Group

Jennifer Tebaldi – Group Lead

Members - Janna Bardi, Maria Courogen, Harvey Crowder, Jeff Duchin, Keith Grellner, Barry Kling, Scott Lindquist, Kathy Lofy, Lyndia Wilson, Yu, Diana, German Gonzalez, Atar Baer, Bryant Karras

**Draft Objective: DEVELOP AND MAINTAIN AN INTEGRATED DATA COLLECTION SYSTEM FOR COMMUNICABLE DISEASE SURVEILLANCE AND RESPONSE ACTIVITIES.**

**Draft Strategy 1: Modernize the Notifiable conditions data collection system for case investigation and outbreak management.**

Notes: The federal government is currently looking at NEDSS (National Electronic disease Surveillance System) to consider upgrades – we should stay in touch with this work.

The process to identify business requirements should involve representatives from local and state health. The modernized system should be efficient and meet the priority needs of the end users. The following requirements were identified by the working group to inform the business requirements gathering process.

- 1) Ability to securely transfer Notifiable conditions data from LHJ's to DOH and from DOH to CDC (de-identified)

- 2) Ability to de-duplicate records
- 3) Ability to electronically accept demographic, clinical, and laboratory results from HIE's and laboratories
- 4) Interoperability with Child Profile for vaccine preventable conditions
- 5) Ability to easily analyze data

**Draft Strategy 2: Increase capacity to receive electronic laboratory reporting of Notifiable conditions through a health information exchange.**

Notes: Target should be 100% electronic lab reporting (ELR). Evidence shows that ELR results in more timely and complete data. There should be functionality added to collect demographic and clinical information with ELR's.

**Draft Strategy 3: Implement a secure communication alerting system from PH to outside community**

Notes: Several people mentioned this as an important topic. We looked into it and found out that the upcoming upgrade to the SECURES system will allow users of the system to keep their own ad hoc distributions lists. However, this won't be a secure transmission and would require work on the user to maintain the contact information. We also found out that this topic is being discussed by the Agenda for Change subgroup on Public Health Partnering with the Healthcare System so we'll follow their work to see the outcome.

- Need a secure, private system to communicate with non-governmental entities (send and receive)
- Expand Secures connection with non-PH entities and provider community?
- As an alternative – provide e-mails lists of health care providers to LHJ's on a routine basis so they could set up their own distribution lists.

**PARKING LOT:**

Topics were discussed but not identified as top priorities for the Agenda for Change work at this time.

**Electronic Health Records**

Evaluate the feasibility of implementing a statewide model for electronic health record systems in local and state health jurisdictions. Notes: Need to talk with other Agenda for Change subgroups to see if this concept is being considered. EHR systems in public health would facilitate communication with community health care providers through HIE's.

**Syndromic Surveillance**

Many unknowns and not a priority right now. Should look at again in

2-3 months.

- CDC has recently updated the Biosense application. DOH is currently evaluating whether to access this application for surveillance.
- Currently are not accepting clinical surveillance data – only data from emergency rooms.
- Consider this capability when identifying business requirements for the integrated data collection system