

State and Local Public Health
Communicable Disease Prevention and Control
Common Activities Framework
PREAMBLE

This Framework lays out a minimum set of disease prevention and control activities that are to be carried out by all local public health agencies and the Minnesota Department of Health.

Background: Infectious disease prevention and control (DP&C) includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks. Controlling communicable diseases is perhaps the oldest and most fundamental public health responsibility. For decades, it was the primary responsibility of local Boards of Health and, in fact, the main reason for their creation. Yet, the Local Public Health Act (Chapter 145A) and the Department of Health Act (Chapter 144) are ambiguous about respective state and local authorities for conducting disease prevention and control activities.

Subdivision 6 of the Local Public Health Act states, A board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section 144.12, 145A.06, subdivision 2, or 145A.07. Boards of health must cooperate so far as practicable to act together to prevent and control epidemics.

Note that this is a requirement of local boards of health whether or not they form a Community Health Board and receive the CHS subsidy.

While intended to allow for flexibility and varied capacity to address communicable disease problems, such broad direction leaves ambiguity and uncertainty about the respective roles of state and local public health. Clearly, both the Minnesota Department of Health (MDH) and local Boards of Health have assumed a shared responsibility for conducting public health activities.

In 1989, the MDH DP&C Division and the State Community Health Services Advisory Committee (SCHSAC) formed a workgroup to review roles and responsibilities for conducting DP&C activities at the state and local level. The outcome was a DP&C A cooperative agreement@ that formalized some of MDH relationships with local public health.

Communicable DP&C Common Activities Framework: In 1996, another SCHSAC workgroup was formed, which abolished the old agreement and redefined expected roles and responsibilities for DP&C. The final report of the workgroup was released in 1998. This report, which was approved by SCHSAC, set standards for DP&C activities to be carried out at the state and local level as contained in the initial version of the Communicable DP&C Framework of Common Activities.

This Framework lays out a minimum set of DP&C activities that are to be carried out by all local public health agencies and MDH. These activities are to be reflected in state and local community health service (CHS) planning efforts. Those agencies that are currently unable to carry out these activities are expected to strive to reach this level. MDH activities listed in the Framework are to be implemented by MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division staff in support of local public health agency DP&C activities. This Framework also lists DP&C activities that are conducted jointly by MDH and local public health agencies.

The 1998 version of the Framework also listed suggested activities for private health care providers and health plans in support of DP&C public health efforts. The Framework as revised (May 2001) focuses on local public health agency and MDH DP&C activities. Additional discussion with health care providers and health plans is being planned by the DP&C Leadership Team to determine ways they can support DP&C activities. These activities will then be included in the Framework.

The Framework may be used as the foundation for a DP&C work plan for both MDH and local public health agencies. Yet to be determined is how local public health and MDH can measure their progress in maintaining and improving DP&C activities as contained in the Framework.

DP&C Leadership Team: Another recommendation to enhance the partnership between state and local public health for disease prevention and control that was made by the SCHSAC workgroup in the 1998 report was to create a DP&C Leadership Team.

This Team is made of members representing regional and job specific categories from local public health agencies, a representative from each of the sections within the IDEPC Division, as well as a representative from the MDH Community Health Services Division. The DP&C Leadership Team meetings are intended to provide an ongoing forum for the review and discussion of how DP&C activities are implemented at the state and local level. The Team meets about five times a year. One co-chair represents local public health; the other co-chair represents MDH.

The DP&C Leadership Team will review the Communicable DP&C Framework of Common Activities at least every two years (in conjunction with the CHS planning cycle) for any needed revisions. The next review will need to be completed by January 2003, in preparation for the development of local public health 2004-2007 CHS Plans.

Recommendations and updates are brought back to the Commissioner of Health and to the SCHSAC as necessary.

MDH and local health departments have worked together to carry out the DP&C activities contained in the Framework, initially through pilot projects. To ensure the success of the Framework, training sessions are being held statewide to review the Framework with all local public health and MDH DP&C staff. In these sessions participants share ways to enhance the collaborative relationship between MDH and local agencies.

Preamble developed May, 17, 2001

Minnesota Department of Health (MDH) and Local Public Health (LPH)/Community Health Services (CHS) Agency

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**Disease Prevention and Control Leadership Team
 COMMUNICABLE DISEASE PREVENTION AND CONTROL COMMON ACTIVITIES FRAMEWORK**

Disease Surveillance/Data Collection			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems*
1. Promote provider compliance of infectious disease reporting ,** pursuant to Minnesota Reporting Rules Chapter 4605. a. identify local staff responsible for disease reporting; b. maintain current lists of all providers within jurisdiction; c. assure reporting rules, report cards and MDH toll free reporting phone number (1-877-676-5414) are available to all medical clinics and laboratories, and hospitals; and	1. Promote provider compliance of infectious disease reporting,** pursuant to Minnesota Reporting Rules Chapter 4605. a. Jointly conduct training programs and provide consultation for reporting sources regarding issues related to reporting and surveillance systems.	1. Provide and maintain a centralized statewide communicable disease surveillance system that monitors incidence, demographics, and other appropriate characteristics. Maintain both active and passive surveillance: a. develop and distribute reporting materials (<i>i.e.</i> , rules, report cards, toll-free phone numbers); and b. provide and maintain current information and resources on surveillance.	1. Assure infectious diseases are reported to MDH as identified in MN Reporting Rules Chapter 4605. a. designate who within the provider facility will be responsible for reporting diseases.

* Clinics/Health Systems includes: public and private practitioners, clinics, hospitals, health plans, HMO's and other insurance providers.

** Reporting sources include: a) primary reporting sources: clinics and hospitals; b) secondary reporting sources: schools, day care centers, and nursing homes; and c) community-based reporting sources: agencies, businesses, correctional institutions, restaurants, etc.

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<p>d. respond to inquiries from reporting sources and forward any reports of cases or suspect cases to MDH.</p> <p>2. Review surveillance data with staff and non-reporting providers at least twice per year. May also review data with other interested parties (<i>e.g.</i>, CHS board, health advisory board, local legislators), as needed:</p> <ul style="list-style-type: none"> a. review any local barriers to the reporting process; and b. use these data to assess LPH/CHS program effectiveness. 	<p>2. Jointly review data to determine if additional strategies are needed to stimulate improved reporting.</p>	<p>c. Provide leadership and resources for the design and development of electronic reporting capacity.</p> <p>2. Surveillance data are sent quarterly:</p> <ul style="list-style-type: none"> a. where applicable, Epidemiology Field Services (EFS) staff will evaluate data for their districts and send each LPH/CHS agency summaries semi-annually; b. where applicable, EFS staff will evaluate regional surveillance data and present to regional directors via local public health association (LPHA) or other regional meetings; and c. data will be evaluated for any or all of the metro area counties, as requested. 	<p>2. Review surveillance data with LPH/CHS agency and with providers in system.</p> <ul style="list-style-type: none"> a. identify gaps and barriers to reporting b. work with LPH/CHS agency and MDH to improve reporting c. monitor reporting compliance in provider system

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Disease Surveillance/Data Collection

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<p>3. Assess immunization levels:</p> <ul style="list-style-type: none"> a. assess immunization levels in public health clinics, if appropriate, and encourage/support private clinic assessment using tools such as Clinic Assessment Software Application (CASA) and registries; and b. review and distribute state and local immunization reports to schools, policy makers, providers, and others. <p>4. Assess adherence to immunization practice standards and provide consultation, as needed:</p> <ul style="list-style-type: none"> a. assess parental and other barriers to age-appropriate immunizations as warranted by local immunization coverage data 	<p>3. Work together to interpret and disseminate immunization data for providers; Women, Infants, and Children program providers; schools; and other child health programs.</p> <p>4. Jointly develop standards and protocols to evaluate and improve immunization practices in private and public clinics, and to assess and address barriers to age-appropriate immunizations.</p>	<p>3. Maintain a statewide system to determine immunization rates that can identify pockets of need. Disseminate data to the LPH/CHS agency and providers; and also provide consultation and training on interpretation and use of data to meet statewide immunization goals.</p> <p>4. Develop, maintain, and promote standards and protocols for clinic immunization assessment. Also provide appropriate information to guide providers in meeting the standards of immunization practice, including developing and updating standards regarding vaccine delivery and storage.</p>	<p>3. Review statewide and local immunization rates</p> <ul style="list-style-type: none"> a. assess client immunization status with each clinic encounter b. review and act on local and clinic specific immunization coverage reports. <p>4. Annually assess immunization practices within the community and provider system using registries or the Minnesota Immunization Clinic Protocol</p> <ul style="list-style-type: none"> a. collaborate with LPH/CHS to assess practice or parental barriers in community and provider systems

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<p>5. Assess health needs of at-risk (e.g., foreign-born) populations living in the LPH/CHS jurisdiction:</p> <ul style="list-style-type: none"> a. assess at the local level the need to provide targeted tuberculosis (TB) screening for people at high risk (e.g., refugees) of developing active TB disease; b. maintain a record of all persons with TB disease in jurisdiction. Notify MDH and refer directly observed therapy (DOT) to another state or county if patient leaves jurisdiction before treatment is completed; c. assess for other communicable diseases as warranted by local epidemiological data; and d. assure immunizations are current. 	<p>5. Work together to identify health issues and health care access barriers of at-risk (e.g., foreign-born) populations. Provide information and tools to private providers for infectious disease screening.</p>	<p>5. Assess health needs and access to health care of at-risk populations (e.g., refugees, individuals in correctional facilities, foreign-born populations); disseminate information to LPH/CHS agencies.</p>	<p>5. Collect and provide data to local public health and MDH relating to at-risk populations accessing care</p> <ul style="list-style-type: none"> a. work with LPH/CHS agencies to assess specific health issues and barriers of at-risk populations utilizing providers in community

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<p>6. Review infectious disease epidemiological studies related to incidence of disease, barriers to health care and other needs of the public and disenfranchised from the health care delivery system.</p>	<p>6. Conduct special studies, as warranted, to better understand epidemiology of infectious diseases. Assess effectiveness of prevention programs and provide results to others, as needed.</p>	<p>6. Conduct special studies to better understand epidemiology of infectious diseases. Assess effectiveness of prevention programs and provide results to others, as needed.</p> <p>Provide information about these studies to LPH/CHS agencies and provide technical assistance to enhance their ability to interpret the data. These studies could relate to barriers, needs, and outcomes of local populations, such as:</p> <ul style="list-style-type: none"> a. studies to ascertain behavior of populations at-risk for HIV/STDs, service needs for HIV-infected people, availability of community resources, and prevention programs; b. studies that help define needs of specific populations related to health improvement (<i>e.g.</i>, immunization barrier studies); and any additional studies, as supported by community assessment. 	<p>6. Participate in special infectious disease studies as requested.</p>

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Disease Surveillance/Data Collection

LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>7. Review the environmental health program activities related to food- and waterborne diseases and other infectious diseases with environmental etiology. Communicate surveillance data to the MDH.</p>	<p>7. Share information about infectious diseases with environmental etiology with appropriate environmental health program.</p>	<p>7. Provide epidemiology support when needed. Communicate surveillance data to appropriate MDH sections. Provide training to environmental health program, as needed.</p>	<p>7. Assure providers are aware of disease etiology of water and foodborne disease</p> <p>a. report food or waterborne related disease identified in practice to MDH.</p>

COMMUNICABLE DISEASE PREVENTION AND CONTROL COMMON ACTIVITIES FRAMEWORK

Disease Prevention			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>1. Maintain current MDH and CDC communicable disease recommendation/guidelines.</p> <p>a. develop and implement plans and policies using these guidelines to assure capacity to respond to cases of TB, vaccine-preventable diseases, food-and waterborne illness, and other diseases as warranted by local epidemiologic data;</p> <p>b. disseminate guidelines to local providers (<i>e.g.</i>, vaccine schedules and recommendations; STD/HIV prevention, testing, and treatment including perinatal; TB prevention, diagnosis, and treatment; food-and waterborne illness).</p>	<p>1. Jointly develop statewide guidelines and assure training is available to LPH/CHS agencies and providers.</p>	<p>1. Assure statewide guidelines are developed based on epidemiologic data for the prevention of specific diseases (<i>e.g.</i>, Lyme disease, TB, HIV/STDs, and vaccine-preventable diseases) and disseminate such guidelines to CHS agencies, private providers, MDH-funded grant programs, and others:</p> <p>a. review national guidelines on specific diseases and disseminate;</p> <p>b. maintain toll-free telephone numbers for reporting and consultation (immunization, foodborne disease, and acute disease epidemiology hotlines); and</p> <p>c. maintain current resources on Web site (www.health.state.mn.us) that are reproducible.</p>	<p>1. Adopt appropriate prevention guidelines received from LPH/CHS and/or MDH relating to infectious diseases. Such as:</p> <ul style="list-style-type: none"> • Standards for Pediatric Immunization Practices • Childhood, Adolescent and Adult Immunization Schedules and Guidelines • Guidelines for prevention and control of TB, HIV and STD's

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Disease Prevention			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>2. Develop and implement screening and referral strategies for high-risk groups when epidemiologically appropriate. LPH/CHS agencies will refer and follow-up on positive screening tests.</p> <p>3. Establish and manage public immunization clinics, as needed, based on population-based assessment data. Follow vaccine management standards.</p> <p>4. Maintain and provide consumer education information based on community needs to the public and:</p> <p>a. develop local community education programs;</p>	<p>2. Jointly assure that at-risk populations (<i>e.g.</i>, refugees and other foreign-born populations) receive appropriate screening, diagnosis, and therapy for diseases (<i>e.g.</i>, TB), as needed.</p> <p>3. Jointly assure all immunization providers use Vaccine Information Sheets (VIS) at the time of vaccination. Assure professional and consumer education materials are used by providers and meet the information needs of patients.</p> <p>4. Jointly identify local consumer education needs, and develop programs and materials for the public and media. Materials will be available in languages, as needed.</p>	<p>2. Maintain statewide prevention programs that identify priorities and objectives for short- and long-term control of communicable diseases in Minnesota.</p> <p>3. Maintain a statewide vaccine distribution system for MnVFC providers. Develop and distribute vaccine management standards, VISs in all relevant languages, and no-cost professional and consumer materials.</p> <p>4. Develop and/or identify resource materials that can be used by LPH/CHS agencies in community education programs related to the prevention and control of disease.</p>	<p>2. Screen high-risk patients for infectious diseases when epidemiologically appropriate;</p> <p>a. follow CDC recommended treatment guidelines</p> <p>b. provider reimbursement support for screening programs for infectious disease</p> <p>3. Establish and manage immunization activities and follow vaccine management standards</p> <p>4. Implement patient education programs in the clinic setting such as handwashing instructions, flu vaccinations.</p> <p>a. Use culturally and linguistically appropriate materials</p> <p>b. participate in local consumer disease education programs with LPH/CHS and the community</p> <p>c. Participate in local immunization information system activities</p>

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Disease Prevention			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>b. maintain current lists of local providers and resources for people infected with STD/HIV; and</p> <p>c. develop a policy for working with local media regarding infectious disease issues; and</p> <p>d. maintain Internet connection in order to receive and forward health alert information to local health care providers and others, as needed.</p> <p>5. Designate staff within the LPH/CHS agency to have communicable disease responsibilities for TB; STD/HIV; vaccine-preventable disease; refugee health; and surveillance activities.</p>	<p>5. Jointly assure training and current guidelines relating to communicable disease are available to staff who are assigned these responsibilities:</p> <p>a. maintain a current list of contact staff for communicable diseases.</p>	<p>5. Provide LPH/CHS agencies with a list of minimum expectations for the following LPH/CHS contact persons:</p> <p>a. TB control nurse (e.g., contact investigations, DOT, distribution of TB medications);</p>	<p>5. Identify and communicate to local LPH/CHS, a person in the clinic/system as liaison between clinic and LPH/CHS agency. Update the information when appropriate.</p>

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Disease Prevention			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
	<p>b. notification of change in infectious disease contact staff to be provided to each other on a timely basis.</p>	<p>b. HIV/STD resource person (serves as liaison for providing information and referrals to residents and providers);</p> <p>c. vaccine-preventable disease person (<i>e.g.</i>, perinatal HBV contact, vaccine ordering);</p> <p>d. refugee health contact person; (coordinating refugee screening and follow-up); and</p> <p>e. surveillance contact person (see #1 of Disease Surveillance/Data Collection Table).</p>	

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Disease Prevention			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>6. Collaborate regionally on communicable disease efforts:</p> <ul style="list-style-type: none"> a. assure regional representation on Disease Prevention and Control (DP&C) Leadership Team and provide that representative with comments and ideas from your CHS agency; b. identify staff that need training; c. LPH/CHS agencies in a region will exchange information on communicable disease prevention and control activities on a regular basis; and d. maintain contact with regional and state immunization information service. 	<p>6. Support regional planning activities.</p>	<p>6. Provide regional training and consultation on communicable disease issues.</p> <ul style="list-style-type: none"> a. Assure representation on the DPC Leadership Team. 	<p>6. Collaborate with regional public health DP&C planning efforts and activities. Participate in public health training opportunities in DP&C issues as appropriate.</p>

COMMUNICABLE DISEASE PREVENTION AND CONTROL COMMON ACTIVITIES FRAMEWORK

Disease Prevention

NOTE: These activities may evolve as federal guidance changes.

LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>7. Follow the HAN operational guidelines from MDH, including to:</p> <ul style="list-style-type: none"> a. Receive and promptly acknowledge any Health Alert Network message sent by MDH. b. Review MDH HAN messages in a timely way, adding additional information of local relevance as appropriate, and forwarding the message to local HAN recipients. c. Serve as an information resource to local HAN recipients in response to HAN messages. 	<p>7. Continually evaluate and improve the effectiveness of the Health Alert Network.</p> <ul style="list-style-type: none"> a. Maintain and coordinate distribution lists of appropriate local recipients of HAN messages. b. Continuously monitor the accuracy of the distribution list, response rate and time. 	<p>7. Maintain an effective Health Alert Network that meets federal requirements and local needs.</p> <ul style="list-style-type: none"> a. Update and disseminate HAN operational guidelines for local agencies. b. Route all urgent and time sensitive messages to LPH through the Health Alert Network. c. Maintain HAN database. d. Maintain public and secure Web site of current health threat information. e. Review CDC health alerts and when appropriate add Minnesota specific information and forward on to local HAN contacts. 	<p>7. Develop internal communication systems to distribute information received via the Health Alert Network</p>

COMMUNICABLE DISEASE PREVENTION AND CONTROL COMMON ACTIVITIES FRAMEWORK

Disease Control			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>1. Assist and/or conduct investigations on communicable diseases in collaboration with the MDH and/or refer information related to cases and suspect cases to the MDH.</p>	<p>1. Jointly identify the lead agency and conduct epidemiological investigations of cases and suspect case of infectious diseases including when there is a potential for an outbreak. This will be done in order to better understand the epidemiology of specific diseases and may include:</p> <ul style="list-style-type: none"> • public education and outreach programs; • informing the public and providers about disease control recommendations; • special clinics for immunizing, treating, or screening people at-risk of disease; • procedures that limit access to sources of disease (<i>e.g.</i>, closing restaurants and/or day care facilities, recommending quarantine); and 	<p>1. Provide technical assistance in conducting disease case and outbreak investigations and special studies (<i>e.g.</i>, specify epidemiologic methods). Make recommendations for the control of infectious diseases that may include:</p> <ul style="list-style-type: none"> • notifying LPH/CHS agencies, environmental health, and providers of outbreaks and potential outbreaks; • assuring providers understand and implement control procedures (such as screening for enteric pathogens/treating people at-risk); • providing training on outbreak investigations to environmental health programs, as needed; and • investigating and take action on cases of communicable disease (<i>e.g.</i>, TB, HIV) that pose an endangerment to the public. 	<p>1. Support local disease investigations by:</p> <ol style="list-style-type: none"> a. collecting specimens b. providing medical diagnostic evaluation, as needed c. providing treatment and immunization of client populations at risk of or with disease d. assisting with education or control activities

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Disease Control			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
	<ul style="list-style-type: none"> • co-coordinating investigations with environmental health staff. a. clarify roles of those involved in the investigation of an outbreak; and b. For infectious diseases with environmental etiology, coordinate the investigation with the appropriate environmental health agency and assure communication throughout the investigation. 		

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Disease Control			
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<p>2. Assure 100% of persons with TB disease in LPH/CHS jurisdiction complete TB treatment by providing DOT or according to CDC/MDH standards.</p>	<p>2. Jointly assure that 100% of active TB cases complete therapy. This may require DOT.</p>	<p>2. Provide technical assistance to assure TB case treatment:</p> <ul style="list-style-type: none"> a. collect data on treatment and clinical status of all patients with TB disease from CHS agencies and private providers, and maintain a database containing this current information; b. monitor location and treatment status of persons with TB disease statewide and notify CHS agencies of patients in their jurisdiction; c. assure medication is available, without cost, to all TB patients statewide; and d. pursue and implement actions pursuant to the TB Health Threat Act, as needed, in order to ensure completion of adequate treatment for potentially infectious TB case patients who refuse to adhere to prescribed therapy through less restrictive means. 	<p>2. Report TB disease per MN statute.</p> <ul style="list-style-type: none"> a. cooperate with local public health and MDH to assure appropriate treatment is initiated and completed for all TB cases and suspect cases until lab confirmation is available following current CDC guidelines b. notify MDH or LPH/CHS agency of patients who are non-adherent to TB treatment

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Disease Control			
LPH/CHS Agency Activities	MDH & LPH/CHS Agency Collaborative Activities	MDH Activities	Clinics/Health Systems
<p>3. Assure contacts of infectious TB patients in the LPH/CHS jurisdiction are identified, located, evaluated, and followed appropriately. Notify other jurisdictions of contacts residing in those jurisdictions (i.e., MN counties).</p>	<p>3. Develop and implement policies and protocols to respond to TB outbreaks.</p>	<p>3. Provide technical assistance to LPH/CHS agencies to assure a thorough contact investigation is conducted for each infectious TB case.</p> <p>a. Collect data on contact follow-up investigations from LPH/CHS agencies and maintain a database on these investigations; make recommendations for improvement of contact follow-up, as needed, based on data generated. Make interstate referrals, as needed, for contacts residing outside of Minnesota.</p>	<p>3. Cooperate with local public health to assure contacts of infectious cases are identified, located and evaluated. Assist to assure contacts with latent tuberculosis infections are treated with an adequate course of therapy.</p>

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<p>4. In outbreak situations conduct mass or targeted immunization clinics, arranging for staffing, training, emergency supplies, and other logistical needs.</p> <p>5. Proactively implement local disease control programs, as indicated, from local surveillance data and trends. These programs should then be part of the Framework and included as part of the LPH/CHS Plan.</p> <p>6. LPH/CHS agencies will work with the local emergency management agency and others to develop and maintain a local Emergency Management Plan.</p>	<p>4. Jointly assure staffing, supplies, training, etc. are in place for a targeted or mass immunization clinic.</p> <p>5. Work together to provide accurate and timely public communications so that community members understand the risks and preventive actions to be taken. Local providers will be involved.</p> <p>6. As identified through surveillance, with input from local providers, jointly develop programs to control disease and other health conditions at the local level. Develop and implement policies and protocols for public health outbreak response activities, including media responses.</p>	<p>4. Assure overall coordination exists for outbreak management and control in vaccine-preventable disease outbreak situations, including mass or targeted immunization clinics. Provide adequate vaccines, antibiotics, and prophylaxis, as needed. Advocate for state funding, if needed.</p> <p>5. Develop statewide guidelines based on statewide epidemiologic data for the control of disease and disseminate such guidelines to LPH/CHS agencies, private providers, MDH-funded grant programs, and others.</p> <p>6. Implement statewide public health outbreak response protocols (such as pandemic flu and foodborne disease) as a part of the statewide Emergency Management Plan and train county agencies in coordination with the Department of Emergency Management.</p>	<p>4. Work closely with local and state public health in understanding and managing an outbreak. Assist with public information efforts</p> <p>5. Collaborate with MDH and LPH/CHS in implementation of disease control programs</p> <p style="padding-left: 20px;">a. screen clients according to appropriate guidelines</p> <p>6. Participate with LPH/CHS and MDH in developing and implementing of public health emergency response plans</p> <p style="padding-left: 20px;">a. Identify internal emergency plan for responding to public health emergencies</p>