

**Disease Prevention and Control Issues Team
Recommendations Approved by the
State Community Health Services Advisory Committee (SCHSAC)
February 2006**

The SCHSAC Disease Prevention and Control Issues Team met for two years and concluded its work with the approval of these recommendations in February 2006.

Recommendations

1. Regional Epidemiology Meetings

Organize regional meetings to communicate information back and forth between local public health and the Minnesota Department of Health (MDH). MDH field epidemiologists together with local public health staff in each region should decide how to meet (by phone or in person) and how often meetings are needed. The first meeting, however, should be held in the first quarter of 2006. Topics of discussion should include, but not be limited to:

- a. Trigger Points, and
- b. Statewide Disease Surveillance and Reporting System Training.

2. Trigger Points

The following events or situations are trigger points that indicate to a local health department or to the MDH to notify one another of the possibility of an infectious disease or reportable event:

- a. It has the potential for transmission or has been transmitted in an institutional facility such as: schools, day cares, and jails.
- b. It is a vaccine preventable disease.
- c. It is an emerging infection or is likely to cause community concerns (e.g., meningitis, media attention).
- d. It could potentially be related to a bioterrorism event.
- e. It occurs in a cluster of cases (e.g., geographic cluster).

Discussions about trigger points should take place during the Regional Epidemiology Meetings.

3. Statewide Disease Surveillance and Reporting System Training Module

Identify and make available (in 2006) statewide training modules on Minnesota's disease surveillance and reporting system for local public health staff. Discuss and introduce the training modules at the Regional Epidemiology Meetings.

4. Disease Surveillance, Investigations and Reporting Presentations

Make educational presentations available to county public health staff for their use in educating county officials (e.g., commissioners, community health boards, county attorneys, administrators, and others) on disease surveillance, investigations and reporting.

5. Evaluation and Reporting of DP&C Issues Team Recommendations

- Consider the Common Activities Framework when reviews and updates of the Essential Local Public Health Activities are done.
- Develop a way of evaluating how well these recommendations are being implemented during 2006, and
- Provide a progress report to the SCHSAC Executive Committee at its December 2006 meeting, and send a copy of that progress report to DP&C Issues Team members.

6. Conclude work of the DP&C Issues Team

Conclude the work of the DP&C Issues Team with the approval of these recommendations. These recommendations focus on local and regional groups as the appropriate place for discussions about these recommendations to take place. A number of other venues now exist in which state and local discussions about DP&C issues occur. If a specific policy issue is identified and cannot be handled either at the local or regional level or through existing groups, it should be brought to the SCHSAC Executive Committee for resolution.