

## Division of Disease Control – July 2009

- Bureau of Immunization
- Bureau of Sexually Transmitted Disease Prevention and Control
- Bureau of HIV/AIDS
- Bureau of Tuberculosis and Refugee Health
- Bureau of Epidemiology
- A.G. Holley State Hospital

### ACCOMPLISHMENTS

#### Division Accomplishments for FY 08-09:

- Utilization of virtual file servers dramatically reducing equipment and software licensing requirements for the division's data and program systems and saving money
- Initiated a FACHO Disease Control Committee
- Assisted with the development of a Central Office Performance Improvement Snapshot
- Assisted with the department's Strategic Planning Workgroup
- Successfully implemented a joint DOH-DC project for the care and treatment of inmates sexually transmitted diseases
- Successfully managed the first H1N1 outbreak
- Initiated an epidemiology quality improvement program
- Successfully managed a tuberculosis outbreak at the Columbia Correctional Institution
- Recipient of nine (9) Davis Productivity Awards

#### STD

- During the past year, additional states have adopted DOH's PRISM surveillance application. This now brings the total number of states to five states have taken the code and adopted the application. Eleven other states are in process.
- Revisions completed to FAC 64-9
- Methodology established to prioritize services for most vulnerable populations and most likely cost effective outcomes

#### TB & Refugee Health

- Major accomplishments in FY 08-09.
- Conducted annual statewide meeting for tuberculosis and refugee health. Dr. Kevin Fenton, Director, National Center for HIV, viral Hepatitis, STD, and TB Prevention, gave the keynote address about program collaboration and service integration.
- BTBRH collaborated with other bureaus within Disease Control staff and Department of Corrections for a statewide summit about infectious diseases in correctional facilities. Brought key corrections staff and public health practitioners together to improve public health behind the corrections walls and in the community.
- BTBRH collaborated with other Disease Control staff and Bureau of Statewide Pharmacy Services, to develop a formulary for Department Corrections inmates who become Department of Health clients for treatment of infectious diseases. This was a novel model collaborative effort between Health and Corrections that will save Corrections dollars in cost of medications and facilitate case management for challenging medical cases. Started December 1, 2008.

- Expanded the role of the TB registered nurse consultant to function on a regional basis to support county health department TB programs in close proximity to Leon County.
- Provided technical guidance and collaborated with the Department of Corrections in conducting a TB case finding mission in Columbia Correctional Institution.
- Collaborated with Gadsden CHD in managing an outbreak investigation in a high-risk for TB and difficult to reach African-American community.
- Participated in public health promotion activities in recognition of World TB Day, World Refugee Day, Hepatitis Awareness Day, and National Public Health Week.
- The Refugee Health Program obtained federal funding for five refugee health case managers to improve the level of services for clients at five county health departments.
- Assisted the Office of Communications and Office of Public Health Preparedness in preparing a Spanish language public service recording about swine-origin H1N1 influenza.
- Was a key contributor to the revised CDC report of verified case of tuberculosis.

### **Immunizations**

- Annual surveys conducted in 2009 by the Bureau of Immunization indicated that 87% of 2 year-year old children served by the CHDs and 83.4% of all 2 year-old children statewide (both public and private) are up-to-date with immunizations.
- Annual surveys conducted during 2008/2009 also indicated that: 98.1% of children in Head Start Programs; 98.4% of children in child care; 89.8% of kindergarten students; and 93.7% of seventh grade students are reported as receiving all the required immunizations.
- Over 4.6 million doses of vaccine with a value of \$163M were shipped by the Vaccine For Children (VFC) program to over 2,000 healthcare providers in 2008.
- Over 3,200 healthcare providers are currently enrolled in Florida SHOTS and over 9 million patient records have been entered in the system.
- Increased from 64% in 2007 to 93% in 2008 toward reaching the Healthy People 2010 goal of enrolling 95% of children age 0-6 with 2 or more immunizations recorded in Florida SHOTS
- Implemented automated statewide vaccine accountability and immunization level assessment functions in Florida SHOTS for the public sector.
- Increased enrollment in Florida SHOTS to over 3,000 health care providers.

### **A.G. Holley**

- Improved business practices and departmental policies in coordination w/ TLH.
- Successfully treated and discharged an XDR-TB patient. This was an AGH first.
- No clinical deficiencies noted on annual AHCA licensing inspection.
- A.G. Holley Hospital is the Clinical Training Campus for the Southeastern National TB Center (SNTC)
- Provided 272 total training hours as the Clinical Training Campus for SNTC.
- Trained 1200 participants by live and web broadcast, from the Southeastern region, nationally and internationally
- Provided mini-fellowships to 12 participants ranging from several days to several weeks.

## HIV/AIDS

- Florida's HIV counseling and testing program performed over 372,000 HIV tests in 2008. 5,540 of the tests were positive. The bureau implemented the African American Testing Initiative in 11 counties and increased testing in emergency rooms, community health centers, STD clinics, jails, and a number of primary care clinics. The Test Miami initiative, a partnership with the Miami-Dade CHD and the University of Miami, kicked off on June 25th with the primary goal of expanding routine testing in Miami.
- The Bureau of HIV/AIDS implemented the Sistas Organizing to Survive (SOS) Initiative to mobilize black women to confront and overcome their vulnerability to HIV/AIDS.
- To date, the AIDS Drug Assistance Program (ADAP) has filled over a million prescriptions for individuals living with HIV disease in Florida. In 2008, the ADAP provided lifesaving drugs to over 14,000 clients. As a result of these medications, 64% of these clients have undetectable viral loads, a measure of the amount of virus in the blood. The total number of clients with suppressed viral load increased by 17% since 2006.
- The AIDS Insurance Continuation Program (AICP) helped approximately 7,614 persons through December 2008 maintain their healthcare coverage. Over the past 13 years, the AICP has obtained nearly \$5 in private medical care and services for every dollar spent.
- The Hepatitis Prevention Program provided 41,431 hepatitis A, B, and A/B combination vaccines in 2008, compared to 37,026 in 2007. The number of reported acute hepatitis B cases has declined 72% since its peak in 1985 through 2006. From 2002 through 2006, there was a 13% decline to the 454 acute hepatitis B cases reported that year in Florida.
- For the first time since 1999, we are seeing a decline in AIDS mortality.
- Between 1992 – 2008, perinatally HIV-infected births declined by 98% from 194 to 4.
- The Bureau of HIV/AIDS has partnered with the General Baptist State Convention of Florida to establish one HIV health ministry in every county in Florida.

## EPI

- Implemented transmission of electronic laboratory surveillance data from private laboratories into Merlin, one of Florida's notifiable disease surveillance systems. Laboratory data for notifiable diseases is sent electronically to the state central electronic laboratory database. Receiving data electronically improves the completeness of disease reporting and reduces the time it takes to receive notifiable disease laboratory reports. This enables the Department of Health to respond more quickly to cases of notifiable disease and implement control measures providing the opportunity to prevent cases of secondary infection in the community.
- Florida's central cancer registry, the Florida Cancer Data System (FCDS), was certified "Gold" in 2008 and 2009 by the North American Association of Central Cancer Registries (NAACCR). The FCDS achieved the "Gold" standard for completeness, timeliness, and quality.
- The Bureau of Epidemiology played a central and critical role in the public health response to the swine-origin influenza A (H1N1) outbreak. As the virus spread throughout the United States and Florida subsequently reported confirmed cases of swine-origin influenza A (H1N1), a public health emergency was declared and ESF8 was activated. Throughout the event epidemiologists played critical roles as technical

specialists and advisors to ESF8 command. To provide service and support to county health departments, hospitals and clinicians, the bureau held daily statewide conference calls and developed a number of documents to provide guidance on surveillance, testing and treatment of swine-origin influenza.

- The Bureau of Epidemiology received two Davis Productivity Awards in 2008 and 2009.
  - 1) Melissa Murray, Youjie Huang, Dallas Nazworth, and Susan Pearson, members of the Developed Local Health Surveillance System Team (DOH-92) received a Notable Cash Award in the 2008 Prudential-Davis Productivity Awards program. The team developed a centrally organized surveillance system to monitor diseases and conditions, behavioral risk factors, and emerging health issues in every county to meet the needs of state and local disease prevention programs. This resulted in a cost savings of approximately \$1.45 million.
  - 2) The Notifiable Disease Surveillance Team which consists of 18 Department of Health staff from the Bureau of Epidemiology, Bureau of Environmental Public Health Medicine and five county health departments was awarded a Davis Productivity Award, plaque designation. The Notifiable Disease Surveillance Team instituted a semi-automated notifiable disease case classification system that sets a new national standard for communicable disease surveillance and saves both time and effort at the local and state levels in addition to improving the quality of the data enabling more accurate identification of trends and clusters of disease.
- Produced the 2008 Annual Morbidity Report, on time and on budget, with clearly presented information on the status and trends of over 70 reportable infectious and non-infectious diseases in Florida.
- Brought the number of hospital emergency departments participating in our statewide syndromic surveillance system ESSENCE over 110, capturing information on well over 50% of all emergency department visits in the state every day. We relied heavily on this system to monitor population impact of novel influenza A H1N1 starting in late April.
- Brought both reportable disease data and poison center consultation data into ESSENCE, to allow users to compare those two streams of data with emergency department visit data to get a more comprehensive picture of community health status, both in regular public health work and in public health emergencies.
- Published articles in peer-reviewed epidemiologic journals and presented scientific work at national professional and scientific meetings.
- Published a complete version 11.2 of the state's Pandemic Influenza Response Plan, right before the H1N1 event began.

## GOALS FOR THE UPCOMING YEAR

### Division Goal for FY 09-10:

- Strive to enhance, maintain and optimize disease control resources for the public's health throughout Florida

### Initiatives & Conferences – see bureau notes below

### Division Focus for FY09-10:

- National immunization campaign
- RFP for A.G. Holley State Hospital
- Anticipated H1N1 epidemic
- STD epidemic in adolescents and young adults with diminished resources
- Maintaining HIV/AIDS patient service levels with diminishing resources

### STD

- Align service delivery with priority action grid to serve populations both most at risk, and most likely to achieve favorable prevention health outcome.
  - Bring on board additional electronic laboratory partners and subsequently reduce interval between case identification, appropriate treatment
- Conferences planned – None
- Expected program focus – Align service priorities with further erosion of resources and increased demand.

### TB and Refugee Health

- Accomplish the 16 prevention and control goals; 6 surveillance goals; 2 public health laboratory goals; human resource development goals; and program evaluation goals outlined in the announcement for federal TB program funding, CDC-RFA-PS10-1005.
- Continue hosting the Southeastern National TB Center through contract with University of Florida.
- Improve infrastructure and services of TB teleradiology system. Upgrade to next software version; replace servers; obtain additional licensing as necessary.
- Make progress toward paperless, electronic lab reporting.
- Increase usage of telephonic interpretation services and provide interpreter training throughout the state.
- Fully implement the roles and responsibilities of the refugee health case managers.
- Ensure victims of trafficking receive health care services.
- Improve TB data management system.
- Enhance the regionalization aspect of the program in delivery of patient services and technical assistance.
- Contingent on CDC funding, continue strengthening the public health workforce through the public health apprentice program.
- Major initiatives and/or conferences planned for FY 09-10
- In collaboration with the North American Region of the International Union Against Tuberculosis and Lung Disease, conduct a joint meeting for the annual statewide tuberculosis and refugee health meeting in Orlando, FL, March 11-13, 2010.

- Expected program focus and highlights for FY 09-10.
- Development of central office performance improvement indicators.
- Program evaluation.

## **IMMUNIZATIONS**

- Raise and maintain immunization rates for two-year-old children to 90% or above in alignment with the Healthy People 2010 goal.
  - Continue to provide free vaccines to public and private healthcare providers to immunize eligible children at no cost.
  - Continue to provide immunization educational information and timely updates to healthcare providers, county health departments, schools, coalitions, parents, and other stakeholders.
  - Continue management for surveillance and outbreak control for vaccine-preventable diseases.
  - Continue to work toward meeting the Healthy People 2010 goal of enrolled 95% of children age 0-6 with 2 or more vaccinations in Florida SHOTS.
  - Continue to increase number of providers enrolled in VFC Program.
  - Continue to increase participation in Florida SHOTS.
  - Successfully implement and monitor accomplishments made possible by ARRA funds.
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- Enhancing Florida SHOTS to collect doses administered for AH1N1 vaccination campaign.
  - Initiate and track funding provided by the American Reinvestment and Recovery Act (AARA)
  - Conduct school-based seasonal influenza clinics.
  - Additional Florida SHOTS enhancements for increased efficiency and cost savings in conducting centralized surveys.
  - Supplement CHD staff for core immunization functions.
  - Purchase equipment for improved vaccine management.
  - Conduct informational campaign to increase awareness of adolescent immunization, uniform adoption of the birth dose of hepatitis B in hospital settings, VFC program and Florida SHOTS.
  - Continued focus on core goal of maintaining high immunization levels in all populations and reducing vaccine-preventable diseases.
  - Enhancing tools and strategies that ensure reaching goals.
  - Increased awareness of the need for immunizations for infants, children, adolescents and adults.
  - Ongoing monitoring of immunization levels using surveys and assessments.
  - Monitor and measure results from efficient use of ARRA funds.
  - Monitoring and reporting of doses administered for AH1N1 campaign through Florida SHOTS.
  - Full implementation of an enhanced perinatal hepatitis B program.
  - Increased enrollment of providers in VFC program.
  - Increased enrollment/participation in Florida SHOTS.

## **A.G. HOLLEY**

- Improve communication and supervisory training.,
- Continue the implementation of VISTA and CPRS electronic medical record.
- Obtain and implement the 45 day waiver cap on reimbursement from Medicaid.
- Move forward with the RFP action plan.
- Implement a re-organization plan for the hospital to increase efficiency and prepare the hospital and staff for future changes/challenges.
- Continue to develop a "Center of Excellence" through expanded medical programs specializing in the diagnosis, treatment and rehab of patients with TB and other infectious diseases.
- Seek external funding sources for electronic MR implementation via federal and private not for profit grants and other published opportunities.
- Supplement community outreach w/DCF.
- Formulate and implement changes in CHD referral process to ensure accurate and timely transfer of demographic and financial data.
- Continue with quarterly TB clinical conferences.
- North-American regional conference for IUTLD (International Union of TB and Lung Disease) in February 2010.

## **HIV/AIDS**

- Goals for FY 09-10
- Expand minority outreach activities to reduce the disproportionate impact of HIV on Florida's minority communities.
- Expand HIV testing initiatives to reduce the number of infected individuals who are unaware of their infection.
- Increase the total number of clients with suppressed viral load by 10%.
- Major initiatives and/or conferences planned for FY 09-10
- The SOS initiative to test 100,000 black women each year by 2010
- The faith-based initiative to mobilize churches, congregations, and communities to respond to the HIV/AIDS crisis in Florida's black communities
- Streamlining statutes, rules, and guidelines on HIV/AIDS testing to ensure that any real or perceived barriers to increased testing are eliminated.
- Adherence Initiative: Medication adherence is a universal health care problem costing states and programs such as ADAP thousands of dollars per year. The ADAP program is developing an adherence module to identify clients that need encouragement in medication compliance. The results would be improved health, reduced health care and medication costs.
- RAMP – Rewarding Adherence to Medication Program: This initiative will allow adherent clients, who have been in the program at least a year, to pick 90-days (three months) of medication at a time as opposed to the standard 30-day (one month) pickup. This will decrease travel costs to clients and increase medication compliance. Furthermore, it will reduce the current client workload of the local CHD staff, allowing them additional time to focus on adherence and client interventions. The outgrowth of RAMP will be E-Ordering.
- Electronic Ordering: The ADAP e-Ordering Database Module will automate the process for ordering medications from the Central Pharmacy and local CHD pharmacies. This

will reduce human error, improve service to clients, reduce costs for mailing, and increase efficiency in serving ADAP clients. This new module will be a first for the Florida Department of Health and will provide almost real-time information on everything from the number of prescriptions filled to the associated costs from the state level to the client level.

- Expected program focus and highlights for FY 09-10
- Improving minority health outcomes

## **EPI**

- Provide epidemiology, surveillance, and disease control support to CHDs and community partners during the expected major influenza season in the winter of 09-10, and to the expected statewide vaccination campaign.
- Bring another 10 commercial or hospital laboratories on board with Electronic Laboratory Reporting.
- Close remaining geographical gaps in ESSENCE coverage (e.g. Pensacola, Fort Myers, Gainesville, Tallahassee).
- Enhance several of our surveillance systems so we can better monitor hospitalizations and deaths due to H1N1 influenza.
- The Florida Epidemic Intelligence Service (FL EIS) Program will successfully complete the hiring and assignment of the last three of six public health preparedness funded positions.
- Enhance chronic disease surveillance and surveys.
- Monitor the prevalence of antibiotic resistance.
- Monitor on a regular basis the communicable disease information provided by health care providers across the state.
- Conduct investigations on individual cases as well as outbreaks in order to protect the public's health.
- Institute rapid control measures when cases or outbreaks of infectious diseases occur that present a threat to public health.
- Coordinate and plan enhancements related to Pandemic Influenza with response partners.
- Improving data collection of Florida Cancer Data System (FCDS):
  - Continue the process of collecting follow-up treatment data from Florida hospitals;
  - Contact VA hospitals in Florida to collect data on cancer cases;
  - Pilot test cancer report from physician's offices;
  - Link FCDS data with AHCA (hospital discharge and ambulatory surgical data)
- Implementing County-level BRFSS survey
  - Design and implement a survey that serves needs of both state-wide disease prevention programs and county health departments;
  - Incorporate cell survey in the county-level survey.
- In addition to providing epidemiologic assistance and expertise to their assigned counties, the six FL EIS fellows will be available to extend epidemiologic capacity as needed throughout the state in the event of outbreaks, pandemic influenza or disaster-related events.
- The Annual Epidemiology Statewide Conference tentatively scheduled for May 2010 has been funded as part of the 2009-10 Public Health Preparedness Cooperative Agreement.

- We expect to host the Convocation of Southern State Epidemiologists in Tallahassee in early December, 2009.
- Several national public health meetings will be held in Florida this year, including the International Society for Disease Surveillance, the national MCH epidemiology meeting, and NACCHO. We don't have any particular responsibility for any of these.
- Per anticipated grant funding allocation from CDC, the Bureau of Epidemiology will implement a comprehensive and collaborative healthcare-associated infections (HAI) program to reduce hospital associated infections, institute standardized surveillance and implement best practice prevention measures.
- Continue enhanced surveillance and guidance for novel influenza A (H1N1), including monitoring related hospitalizations and mortality. This will include interfacing with public health preparedness partners for implementing a vaccine campaign in the fall.
- Expected program focus and highlights for FY09-10
- Prepare for and respond to pandemic H1N1 influenza A; get as much electronic lab reporting built as possible;
- Expand ESSENCE so it can play its expected role in the influenza surveillance response.
- American College of Surgeons Commission on Cancer approved hospitals will submit follow-up cancer treatment data to FCDS by end of FY09/10;
- Cancer follow-up treatment information from AHCA data will be included in the FCDS database by end of FY09/10;
- All county health departments will participate in 2010 in the county-level Behavioral Risk Factor Surveillance Survey.
- The six FL EIS fellows will be available to extend epidemiologic capacity as needed throughout the state in the event of outbreaks, pandemic influenza or disaster-related events.
- Healthcare-Associated infections grant to develop a statewide plan, form regional collaboratives and begin hospital reporting of infections has been applied for and if awarded would begin in September 2009.

**Division of Disease Control**  
**Accomplishments/Goals/Initiatives/Focus Notes**

**Division Accomplishments for FY 08-09:**

- Utilization of virtual file servers dramatically reducing equipment and software licensing requirements for the division's data and program systems and saving money
- Successfully responded to a number of legislative attempts to undermine the integrity of the State Immunization Program
- Initiated a FACHO Disease Control Committee
- Assisted with the development of a Central Office Performance Improvement Snapshot
- Assisted with the department's Strategic Planning Workgroup
- Successfully implemented a joint DOH-DC project for the care and treatment of inmates sexually transmitted diseases
- Successfully managed the first H1N1 outbreak
- Initiated an epidemiology quality improvement program
- Successfully managed a tuberculosis outbreak at the Columbia Correctional Institution
- Recipient of nine (9) Davis Productivity Awards
- Established methodology to prioritize STD services for most vulnerable populations and most likely cost effective outcome
- Partnered with Dept. of Corrections to conduct a statewide summit on infectious diseases in correctional facilities.
- Secured supplemental federal funding for five (5) CHD based refugee health case managers
- Increased from 64% in 2007 to 93% in 2008 toward reaching the Healthy People 2010 goal of enrolling 95% of children age 0-6 with 2 or more immunizations recorded in Florida SHOTS
- Implemented automated statewide vaccine accountability and immunization level assessment functions in Florida SHOTS for the public sector
- Successfully treated and discharged the first extensively drug resistant TB patient (A.G. Holley)
- Performed over 372,000 HIV tests in 2008, 5540 of which had positive results
- Implemented the Sistas Organizing to Survive (SOS) Initiative to mobilize black women to confront and overcome their vulnerability to HIV/AIDS
- Facilitated, for the first time since 1999, a decline in AIDS mortality
- Partnered with the General Baptist State Convention of Florida to establish one HIV health ministry in every county in Florida
- Received "Gold" certification for the Florida Cancer Data System by the North American Association of Central Cancer Registries for completeness, timeliness and quality
- Increased the number of hospital emergency departments participating in the ESSENCE syndromic surveillance system to 110
- Published version 11.2 of the state's Pandemic Influenza Response Plan right before the H1N1 event began

**Division Goal for FY 09-10:**

- Strive to enhance, maintain and optimize disease control resources for the public's health throughout Florida
  - Close the remaining geographical gaps in ESSENCE coverage (e.g. Pensacola, Ft. Myers, Gainesville, Tallahassee)
  - Coordinate and plan enhancements related to Pandemic Influenza with response partners

- Obtain and implement a Medicaid waiver for the 45 day cap on hospitalization reimbursement
- Assist in the development of and scoring of responses to the TB hospital RFP
- Implement ARRA immunization projects and closely monitor accomplishments and funding
- Ensure victims of human trafficking receive appropriate health care services
- Enhance the TB regionalization initiative for delivery of patient services and technical assistance

**Initiatives & Conferences:**

- In collaboration with the North American Region of the International Union Against Tuberculosis and Lung Disease, conduct a joint meeting for the annual statewide tuberculosis and refugee health meeting in Orlando, FL, March 11-13, 2010
- Enhance Florida SHOTS to collect doses administered for the A H1N1 vaccination campaign
- Conduct an informational campaign to increase awareness of adolescent immunization, uniform adoption of the birth dose of hepatitis B in hospital settings, VFC program and Florida SHOTS
- Continue and expand the SOS initiative to test 100,000 black women by 2010
- Initiate the Rewarding Adherence to Medication Program (RAMP) project to allow adherent clients, who have been in the program at least a year, to pick 90-days (three months) of medication at a time as opposed to the standard 30-day (one month) pickup.
- Improve and expand data collection of the Florida Cancer Data System
- Implement a county level BRFSS survey
- Implement a comprehensive and collaborative healthcare-associated infections (HAI) program to reduce hospital associated infections, institute standardized surveillance and implement best practice prevention measures, per anticipated grant funding from CDC

**Division Focus for FY09-10:**

- National immunization campaign
- RFP for A.G. Holley State Hospital
- Anticipated H1N1 epidemic
- STD epidemic in adolescents and young adults with diminished resources
- Maintaining HIV/AIDS patient service levels with diminishing resources
- Monitor and report on surveillance and immunizations administered for the A H1N1 campaign
- Prepare for, respond to and report on pandemic H1N1 influenza A activities and incidence