

Communicable Disease Control and Prevention Program Goal		Agency/Program #: 6901-07-G2
		Division: Public Health and Safety
		Program: Communicable Disease
Agency Name:	Department of Public Health and Human Services	
Agency Contact:	Jane Smilie	444-4141
LFC Contact:	Senator Lewis, Senator Wanzenried	
LFD Liaison:	Kris Wilkinson	444-2722
OBPP Liaison:	Pat Sullivan	444-1207

Program or Project Description:

The Communicable Disease Control and Prevention Bureau provides core public health functions including disease surveillance, disease investigation, communicable disease emergency preparedness, regulatory public health activities, coordination of disease prevention and treatment, education, training and policy development for Montana.

Fund Name:	Appropriation, Expenditure and Source				Approp & Expenditure numbers are as of June 30, 2009
	2008		2009		
	Approp.	Expended	Approp.	Expended	
General Fund					
State Special					
Federal Funds	1,133,617	1,132,258	1,057,270	948,023	
Total:	\$1,133,617	\$1,132,258	\$1,057,270	\$948,023	

Legislative Goal(s):

To reduce the incidence of communicable disease in Montana citizens through efforts in prevention, treatment, surveillance, and epidemiology.

Legislative Performance Measures:

- By June 30, 2009, increase the proportion of children aged 19-35 months who are fully immunized as recommended by the Advisory Committee on Immunization Practices.
- By June 30, 2009, develop baseline information to measure and to subsequently increase the percentage of Chlamydia cases in women for which contacts are identified and followed up.
 -

2009 Biennium Significant Milestones:

		Completion Dates	
		Target	Actual
1	A. Vaccine series administration was monitored during provider audits of immunization records in 2007. Education and follow up was provided to care givers	12/31/2007	12/31/2007
2	Distributed educational materials to all providers of vaccines in the state. Distributed the reference manual "Epidemiology and Prevention of Vaccine Preventable Disease"	12/31/2007	12/31/2007
3	B. Provided funding for testing and educational materials to the Salish Kootenai College to reduce transmission of sexually transmitted diseases.	6/30/2008	6/30/2008
4	Funded 19 sexually transmitted disease treatment centers and prevention clinics to provide free testing and treatment of sexually transmitted diseases, including Chlamydia	6/30/2008	6/30/2008
5			
6			

Agency Performance Report:

1: According to the National Immunization Survey (NIS), since 2002 Montana has ranked below the national average for childhood immunization coverage for the full series of recommended immunizations for children aged 19-35 months. In survey conducted since 2002, Montana's coverage for this age group trailed the national average by approximately 12%. According to the 2008 NIS only 59% of Montana children aged 19-35 months fully immunized compared to a national average of 76%.

2: Chlamydia is the most reported disease in Montana and the U.S. nationally in 2008, the rate of chlamydia infections was 401 cases per 100,000 population. Montana's rate is well below the national rate at 321 per 100,000 population in 2009. In 2008, 88% of cases were interviewed, and for 57% of the cases, at least one partner was located by public health officials, and in 2009 82% of cases interviewed, and in 54% of the cases, at least one partner was interviewed.

LFD Narrative:

LFD Assessment: Further report needed

Data Relevance: Yes

Appropriation Status: Appropriation and expenditure information provided for both fiscal years

Comments/Issues: With 59 percent of Montana's children fully immunized compared to 76 percent nationally, the PHSD has implemented several strategies, attached to this document, to increase the proportion of children vaccinated. According to the CDC, the 2010 national target for this age group is 90 percent vaccination coverage. The LFC workgroup may wish to have PHSD provide an update as to the percentage of children immunized in FY 2009 in October of 2010.

Options: Change the LFD assessment
Release from reporting

Version	Date	Author

Change Description

1: CHILDHOOD IMMUNIZATION

Status Report: The National Immunization Survey (NIS) is conducted annually by the Centers for Disease Control and Prevention to monitor childhood immunization coverage rates throughout the nation. Since 2002, Montana has consistently ranked below the national average for childhood immunization coverage for the recommended series of immunizations for children aged 19-35 months. In surveys conducted since 2002, Montana's immunization rate has trailed the national average by approximately 12%. According to the 2008 NIS, only 59% of Montana children aged 19-35 months fully immunized compared to a national average of 76%.

DPHHS and local health departments are working aggressively to address this issue. Actions taken to date include the following strategies:

- Provision of data reports quarterly to local health departments to ensure effective targeting of efforts toward specific providers and vaccines with the lowest coverage rates.
- Working with all immunization providers to implement key practices that have been shown to increase immunization rates. These include consistent use of recall/reminder systems; encouraging immunizing at every opportunity; use of combination vaccines; administration of multiple vaccines at a single visit when appropriate; use of standing orders that expand the number of staff authorized to identify children in need and provide vaccine; tailoring interventions to the patient population; educating providers about the vaccines with the lowest coverage rates.
- Working with Medicaid/HMK/HMK+ to identify why and when children served through those programs fall behind in receiving immunizations according to the recommended schedule, and reaching out to providers and parents to address these issues in a targeted fashion.
- Increasing awareness among local public health personnel about the need for oversight and assurance of high immunization rates community-wide, not just among the population they serve directly.
- Training local public health agencies participating in the Robert Wood Johnson Foundation learning collaborative in quality improvement techniques that they are actively applying to this issue.
- Working with the Centers for Disease Control and Prevention (CDC) to conduct a formal review of our immunization information system. This project will lead to an improved information system, facilitating implementation of the best practices described above.
- In partnership with the Quality Assurance Division, exploring policy changes that may be needed to facilitate improved immunization rates for children who attend daycare facilities in Montana.
- Implementing CDC's AFIX (Assessment, Feedback, Incentives and eXchange) quality improvement strategy to raise immunization coverage levels and improve standards of practices at the provider level.

Results: DPHHS anticipates modest improvements in our immunization rate will be seen as new NIS results are released and expects significant improvement over the next 2-3 years.

2: CHLAMYDIA FOLLOWUP

Status Report:

Chlamydia is the most reported disease in Montana and in the nation. Nationally in 2008, the rate of chlamydia infection was 401 cases per 100,000 population. Montana's rate is well below the national at 321 cases per 100,000 population in 2008 and 307 cases per 100,000 population in 2009.

Of importance in lowering the incidence of chlamydia is contacting sexual partners of chlamydia cases and assuring they receive treatment. Local public health personnel collaborate with the DPHHS STD Program to locate, interview, test and treat the sexual partners. In 2008, 88% of cases were interviewed, and for 57% of the cases, one partner was located by public health officials, and in 2009, 82% of cases were interviewed, and in 54% of the cases, one partner was interviewed.

Strategies to increase number of sexual partners contacted:

- Regional trainings have been provided for public and private health personnel to build interviewing skills, as well as partner notification skills.
- Webinars on STD-related issues including partner notification laws and administrative rules have been held for local public health personnel.
- Monthly line listings are sent to local public health departments providing positive chlamydia case information that may have not been reported to local agencies, i.e., lab reports from out-of-state reference labs, lab results not provided to local health departments from private providers, and out-of-state referrals.
- Quarterly reports are sent to all local public health departments which delineate missing demographic data, incomplete interview information, and missing partner testing and treatment information.
- Active surveillance on the state and local level is a collaborative effort. The STD Program is vigilant in referring case and contact information to local agencies; the local agencies, in turn, provide diligence and time in locating the contacts. In most cases, sexual partners are tested and treated; occasionally, empirical treatment is necessary.
- Because sexual partners of chlamydia cases often do not present to health care agencies for testing and/or treatment, the DPHHS is collaborating with the Montana Board of Pharmacy and the Montana Board of Medical Examiners to explore offering Expedited Partner Therapy (EPT) as a method of treating partners. This would occur in a number of ways: an individual who has been diagnosed with chlamydia (the case) would deliver medical treatment to their partner(s); the case would deliver a prescription for medical treatment to their partner(s); the provider involved in the case would "call in" a prescription for the partner to pick up at a pharmacy.