

Surveillance – Disease Control Measure
Public Health Surveillance and Epidemiological Investigation
Performance Measures for the
Public Health Emergency Preparedness Cooperative Agreement

Definition of disease control performance measure: Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate timeframe

Numerator: Number of reports of selected reportable diseases for which public health control measure(s) were initiated within an appropriate timeframe

Denominator: Number of reports of selected reportable diseases received by a public health agency

Intent: Effective control measures and mitigation strategies are fundamental to the health of communities and populations by limiting the spread of disease and, as feasible, eliminating or reducing sources of infection.

The immediate intent of this measure is to capture the extent to which initial public health control measures are initiated within an appropriate timeframe following the first report of a selected disease (i.e., either probable or confirmed depending on what is appropriate in practice for that disease) received by a public health agency.

The broader programmatic aim of this measure is to improve the timeliness of appropriate interventions to limit the spread of disease in human populations and communities.

Diseases:

Awardees are required to provide data on the following diseases according to the specified case classification criteria noted in parentheses:

Botulism, all types *excluding* infant botulism (confirmed)

Tularemia (all reports)

Shiga-toxin producing *E. coli* (STEC) (all reports)

Hepatitis A, acute (confirmed)

Measles (all reports)

Meningococcal disease (confirmed)

In Florida, we are also going to capture data on the following diseases:

Salmonellosis (all reports)

Shigellosis (all reports)

Performance measure timeframe to be reported to CDC:

Start date: date CHD notified

Stop date: control measure initiated (Florida will use interview date for this)

Algorithm for calculating measure numerator:

The Control Measures screen in Merlin will be reviewed to identify cases where at least one control measure was implemented (see responses highlighted in green in Table 2 to see which

responses will be counted). For those cases where at least one control measure was implemented, the number of days between CHD notification date and interview date will be calculated. Cases with at least one control measure implemented that were interviewed within an appropriate timeframe (see Table 1) will be included in the numerator.

| Table 1: Appropriate timeframes for initiating control measures by diseases (time from date CHD notified to interview date) | |
|---|------------------------------|
| Disease | Appropriate timeframe |
| Botulism | 24 hours |
| STEC | 3 calendar days |
| Hepatitis A | 1 week |
| Measles | 24 hours |
| Meningococcal Disease | 24 hours |
| Tularemia | 48 hours |
| Salmonellosis | Current average |
| Shigellosis | Current average |

Florida, we will capture additional dates for the control measures for internal purposes. These dates will not be used to calculate the timeframe for the performance measure to be reported to CDC.

Table 2: Control Measures and Responses by Disease

| Diseases | Question | Responses (green responses count for CDC measure) | Date |
|---|---|---|---|
| Concept: Identify source | | | |
| Botulism Tularemia | Was the environmental source of the infection identified? | Yes, a definitive source was identified | Date source was identified |
| | | Yes, a possible source was identified | Date source was identified |
| | | No | |
| Concept: Case-finding | | | |
| Botulism Tularemia | If the environmental source was identified: Did you try to identify individuals potentially exposed to the source of infection? | Yes, and exposed individuals were identified | Date first individual identified |
| | | Yes, but no other exposed individuals were identified | |
| | | No | |
| Measles Meningococcal Disease Hepatitis A Salmonellosis Shigellosis STEC | Did you ask the patient (or patient's proxy, e.g., guardian/caregiver) to identify contacts who were exposed to the patient or a common point-source? This would include asymptomatic contacts and household contacts, and would typically be completed during the initial case interview. This does not include information gathered in a mailed questionnaire. | Yes, and contacts were identified | Date first contact was identified |
| | | Yes, but there were no contacts | |
| | | Yes, but the patient refused to answer | |
| | | No | |
| Measles Meningococcal Disease | Were additional cases identified through enhanced surveillance or active case-finding in the community? This does not include contacts identified during the case investigation. This would include identifying people with similar symptoms through reviewing ESSENCE, contacting medical providers, calling schools, etc. | Enhanced surveillance did identify additional cases | Date enhanced surveillance or active case-finding was implemented Date first case was identified |
| | | Enhanced surveillance did not identify additional cases | Date enhanced surveillance or active case-finding was implemented |
| | | Enhanced surveillance was not conducted | |

| Diseases | Question | Responses (green responses count for CDC measure) | Date |
|---|---|---|---|
| Concept: Prophylaxis | | | |
| Measles Hepatitis A | If contacts were identified: | Prophylaxis was recommended for one or more identified contacts | Date of first recommendation |
| | Was prophylaxis recommended for any identified contacts? Check all that apply. | One or more identified contacts were not susceptible (e.g., had a history of disease or immunization) | |
| | This includes recommendations made by a CHD or other healthcare provider. | One or more identified contacts were already beyond effective prophylaxis period | |
| Meningococcal Disease | If contacts were identified: | Prophylaxis was recommended for one or more identified contacts | Date of first recommendation |
| | Was prophylaxis recommended for any identified contacts? Check all that apply. This includes recommendations made by a CHD or other healthcare provider. | One or more identified contacts were already beyond effective prophylaxis period | |
| Measles Meningococcal Disease Hepatitis A | If prophylaxis was recommended for any contacts: | Prophylaxis was administered to all contacts for whom it was recommended | Date first prophylaxis administered |
| | When prophylaxis was recommended, was it actually administered? | Prophylaxis was administered to some contacts for whom it was recommended | Date first prophylaxis administered |
| | | Prophylaxis was not administered to any of the contacts for whom it was recommended | |
| Concept: Restriction of Movement | | | |
| Measles | If contacts were identified: | Restriction of movement was recommended for one or more identified contacts | Date first contact was notified of restriction of movement recommendation |
| | Was restriction of movement recommended for any identified contacts (i.e. exposed well persons)? Check all that apply. | One or more identified contacts were not susceptible (e.g., had a history of disease or immunization) | |
| | | One or more identified contacts were already beyond incubation period | |
| Measles | If restriction of movement was recommended for any exposed well persons: | Restriction of movement was implemented for all contacts for whom it was recommended | Date first restriction of movement implemented |

| Diseases | Question | Responses (green responses count for CDC measure) | Date |
|---|---|--|---|
| | When restriction of movement was recommended, was it actually implemented? | Restriction of movement was implemented for some contacts for whom it was recommended | Date first restriction of movement implemented |
| | | Restriction of movement was not implemented for any of the contacts for whom it was recommended | |
| Concept: Isolation | | | |
| Hepatitis A Salmonellosis Shigellosis STEC | Did you recommend that the patient be excluded from a sensitive situation (e.g., day care attendee or staff, food handler, or health care worker)? Exclusion can be based on follow-up testing until patient is negative or excluding until asymptomatic. Exclusion would include re-assigning employees in sensitive situations to job duties that are not sensitive. | Yes | Date patient notified of exclusion recommendation |
| | | No, the patient was in a sensitive situation, but was no longer infectious at the time of interview | |
| | | No, the patient was not in a sensitive situation | |
| | | No | |
| Measles | Was restriction of movements recommended for the patient (i.e., isolation)? | Yes | Date patient notified of isolation recommendation |
| | This would include respiratory isolation in a hospital. | No, the patient was no longer infectious at the time of interview | |
| | | No | |
| Concept: Education | | | |
| Measles Meningococcal Disease Hepatitis A Salmonellosis Shigellosis STEC | If patient was symptomatic at the time of interview (these questions are answered on other screens, and will also show up on this field): If the patient was symptomatic at the time of interview, did you provide the patient (or patient's proxy, e.g., guardian/caregiver) with information on preventing disease transmission in order to prevent the patient from infecting others? This would not include educational materials mailed to the patient. | Yes | Date of interview |
| | | No | |
| Measles Meningococcal Disease Hepatitis A | If contacts were identified: Did you provide prevention education directly (in-person or on the phone) to any non-household contacts of the patient? | Yes | Date of earliest information disseminated |
| | | No, all contacts were household contacts | |

| Diseases | Question | Responses (green responses count for CDC measure) | Date |
|-----------------|---|--|-------------|
| | Note: adhere to patient confidentiality rules when communicating with contacts. | No | |