**BP1 2017-18 Epi Work Plan**

**Due: August 1, 2018**

**Introduction**

Work plan items continue to be developed in accordance with the Public Health Emergency Preparedness (PHEP) cooperative agreement. Specifically, these items are designed to address the priority Resources Elements found in the four Functions of Capability 13: Public Health Surveillance and Epidemiologic Investigation in the Public Health Preparedness Capabilities: National Standards for State and Local Planning Document. The four Functions are listed below:

1. Conduct public health surveillance and detection

2. Conduct public health and epidemiologic investigations

3. Recommend, monitor, and analyze mitigation actions

4. Improve public health surveillance and epidemiologic investigation systems

The functions are assessed through the following measures:

* **PHEP 13.1**: Proportion of reports of selected reportable diseases received by a public health agency within the awardee-required time frame
* **PHEP 13.2**: Proportion of reports of selected reportable diseases for which public health control measure(s) were initiated within the appropriate timeframe

In addition, items in the work plan address Capability 6: Information Sharing which addresses identification of stakeholders to be incorporated in information flow, development of rules and data elements for sharing and the exchange of information.

Per the PHEP cooperative agreement requirements, these tasks were designed to demonstrate the ability of health jurisdictions to analyze and interpret public health data.

**Instructions:**

* Please submit the quarterly MDSS user reviews **to your Regional Epidemiologist** on the due dates designated (see page 2).
* Please turn in all required documentation **to your Regional Epidemiologist** via email or fax no later than August 1, 2018. Please note that some tasks need to be performed quarterly. The Enhanced Analysis will be distributed by December 2017. Most Enhanced Analysis tasks cannot be completed until June 30, 2018.
* Regional Epidemiologists are available to answer any questions regarding work plan items. **If you experience any difficulty in completing these tasks please contact your Regional Epidemiologist for assistance.**
* The tasks below are most easily completed by staff familiar with MDSS reports. **If you anticipate needing assistance from CD/Epi staff in your department in order to complete work plan requirements, please forward this document to them as soon as possible.**
* Work plan items are recorded as complete or not complete, no specific scores are given.

**Completed by**:

**Name, Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tasks**

**Enhanced Analysis:** Complete the Enhanced Analysis form to analyze selected MDSS data

**Documentation**: Completion of the enhanced analysis form ***(form will be distributed in December 2017)***

**Epi-X:** Maintain valid enrollment of at least 3 individuals on Epi-X

**Documentation**: None needed, MDHHS will review Epi-X users

**Quarterly MDSS Users Review:**

1. Maintain at least 2 MDSS administrators

**Documentation**: None needed, MDHHS will review MDSS user listings

1. Submit MDSS user quarterly review (see supplemental guidance)
2. The MDSS user list should include user name, user status (active/inactive), job function, program, valid email address and last login date for all MDSS users in the jurisdiction
3. During each review period, inactivate users that no longer need MDSS access

**Documentation**: Submit a signed, dated MDSS user list quarterly to your Regional Epidemiologist

**Due Dates**: October 2017, January 2018, April 2018, and July 2018

**Quarterly Case Detail Form Completeness Review:** Review the control measures and the first positive laboratory report fields for **Confirmed, Completed** cases of Hepatitis A and **Confirmed, Completed** cases of Shiga toxin-producing *Escherichia coli* (STEC) (see supplemental guidance)

**Documentation**: Please complete tables below

**Hepatitis A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reviewer Name | Recommended Referral Dates | Review Date | # Cases | # Cases with Missing Control Measures Start Date | # Cases with Missing First Positive Lab Report Date |
| 1. | Jul 1 – Sep 30, 2017 |  |  |  |  |
| 2. | Oct 1 – Dec 31, 2017 |  |  |  |  |
| 3. | Jan 1 – Mar 31, 2018 |  |  |  |  |
| 4. | Apr 1 – Jun 30, 2018 |  |  |  |  |

**STEC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reviewer Name | Recommended Referral Dates | Review Date | # Cases | # Cases with Missing Control Measures Start Date | # Cases with Missing First Positive Lab Report Date |
| 1. | Jul 1 – Sep 30, 2017 |  |  |  |  |
| 2. | Oct 1 – Dec 31, 2017 |  |  |  |  |
| 3. | Jan 1 – Mar 31, 2018 |  |  |  |  |
| 4. | Apr 1 – Jun 30, 2018 |  |  |  |  |

**MDSS Case Reports:** Submit ongoing MDSS case reports according to accreditation guidelines

**Documentation**: None needed. Accreditation status will fulfill this indicator

**Enrollment in the MI Emergency Department Syndromic Surveillance System (MSSS):** Maintain valid enrollment of at least one staff member in the MSSS, defined as logging into the MSSS at least once during the grant period

**Documentation**: None needed, MDHHS will review users