

Attachment B

**FY10 Monitoring Tool
Section for Disease Control and
Environmental Epidemiology**

Agency _____
Date _____
SDCEE Staff _____

LPHA Staff _____

Administrative Review

- Yes**
 No

Communicable Disease Monitoring Tool

4.2.1 Flagged	There is evidence to verify that each professional staff member performing duties related to Environmental Public Health, Communicable Disease Prevention, Veterinary Public Health, Tuberculosis, Immunizations, Nutritional Health, or Chronic Disease Prevention/Health Promotion has participated in at least one training/educational activity in the past 24 months to maintain expertise appropriate to his/her level of responsibility and has current references available. Completed training shall be documented in a training log.
<input type="checkbox"/>	<p align="center">Y N</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> All staff performing disease investigation and/or environmental health duties has attended training and/or an educational activity within the previous twenty-four (24) months.</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Environmental Health Operational Guidelines (EHOG) and Communicable Disease Investigation Reference Manual (CDIRM) are available/present; American Public Health Association Control of Communicable Diseases Manual and American Academy of Pediatrics "Red Book" are available and current.</p>
Notes:	
	Monitor in 1 st quarter and as deemed appropriate.
4.2.3A Flagged	There is a system in place to routinely conduct disease surveillance, provide disease investigation, prevention/control activities and transmit information on reportable diseases/conditions, as defined in 19 CSR 20-20.020. The system shall conform to the guidance available in the CDIRM, state statutes, rules, most recent national guidelines and/or local ordinances as recognized by the Department.
<input type="checkbox"/>	<p align="center">Y N</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> A system is in place for conducting routine disease surveillance.</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> The system conforms to the guidance available in the CDIRM, state statutes, rules, most recent national guidelines and/or local ordinances as recognized by the Department.</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Evidence of monthly analysis of data; reports of communicable and environmental diseases are reviewed and analyzed to detect clusters and trends; extraordinary incidences have been noted and appropriate public health response implemented.</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Evidence of appropriately conducted disease investigations for reportable diseases, as defined in 19 CSR 20-20.020.</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> All cases have been reported to the Department.</p>

Notes	
	Monitor in 1 st and 3 rd quarters or as deemed appropriate.
4.2.3B Flagged	There is evidence to verify that the LPHA has performed epidemiological investigations on known/suspect disease cases and outbreaks in the community. Recommendations for control measures and interventions shall be communicated to local health care providers, the affected group/community, and the Department.
<input type="checkbox"/>	<p style="text-align: center;">Y N</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Evidence exists that appropriate epidemiological investigation occurred on known/suspect disease cases.</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Evidence of appropriate recommendations for control measures and interventions were communicated to the local health care providers, affected group/community and Department.</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> The LPHA has submitted all initial outbreak summary reports to the Department within twenty-four (24) hours.</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> The LPHA has submitted final summary reports to the Department within ninety (90) days of identification (diagnosis) of the last case.</p>
Notes	
	Monitor in 1 st and 3 rd quarters or as deemed appropriate.
4.2.3C Flagged	There is evidence to verify that the LPHA has entered data, accurately and promptly, on reportable communicable diseases and conditions that are currently available in the application provided by the Department. (The application includes all reportable communicable diseases, latent tuberculosis infection, tuberculosis disease and the aggregate reporting systems for varicella and influenza. The application does not include sexually transmitted diseases).
<input type="checkbox"/>	<p style="text-align: center;">Y N</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> No evidence exists of a backlog of cases to be entered into the Department's application.</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> All cases have appropriate and accurate diagnostic, treatment, condition, and status information entered into the Department's application.</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> All cases have appropriate and timely resolution.</p> <p>15. <input type="checkbox"/> <input type="checkbox"/> A system is in place to ensure the prompt referral of cases not belonging to the receiving jurisdiction.</p>
Notes	

	Monitor in 1 st and 3 rd quarters or as deemed appropriate.
4.2.3D Flagged	There is evidence to verify that the LPHA has an internal evaluation process in place to monitor and assure that investigation, prevention and control activities for communicable disease and other preventable conditions are being appropriately implemented.
<input type="checkbox"/>	Y N 16. <input type="checkbox"/> <input type="checkbox"/> A system is in place to internally monitor and assure investigation; prevention and intervention efforts are being implemented.
Notes	
	Monitor 1 st quarter or as deemed appropriate.
4.2.3E Flagged	There is evidence to verify that information and/or technical assistance has been provided to health care providers, surveillance sites, and mandated disease reporters regarding reporting requirements, methods of reporting, recognition of, and the control/prevention of communicable disease(s) and/or critical incidents.
<input type="checkbox"/>	Y N 17. <input type="checkbox"/> <input type="checkbox"/> All mandated reporters are notified of any new/updated reporting requirements. 18. <input type="checkbox"/> <input type="checkbox"/> Surveillance sites are notified of any new/updated surveillance requirements. 19. <input type="checkbox"/> <input type="checkbox"/> Health care providers have been notified of any changes in disease reporting requirements and appropriate responses to current diseases or conditions of public health concern.
Notes	
	Monitor 1 st and 3 rd quarters or as deemed appropriate.
4.2.3F Flagged	There is evidence to verify timely dissemination of public health information on community health risk and priorities to appropriate health care providers, other agencies and the public.
<input type="checkbox"/>	Y N 20. <input type="checkbox"/> <input type="checkbox"/> Evidence of timely dissemination of public health information to health care providers, other agencies and the public.
Notes	

	Monitor in 1 st and 3 rd quarters or as deemed appropriate.
4.2.3G Flagged	There is evidence to verify staff who are responsible for communicable disease activities have attended a Department approved "principles of epidemiology" course.
<input type="checkbox"/>	Y N 21. <input type="checkbox"/> <input type="checkbox"/> Communicable disease staff has attended a Department approved "principles of epidemiology" course.
Notes	
	Monitor in 1 st and 3 rd quarters or as deemed appropriate.

Reviewer _____

LPHA Administrator or
Designee _____

Date of Review _____