

Division of Public Health

Agreement Addendum

FY 16–17

Master _____
Local Health Department Legal Name

Epidemiology/Communicable Disease Branch _____
DPH Section/Branch Name

510 General Communicable Disease Control _____
Activity Number and Description

Robert Pace, (919) 819-3607
 robert.g.pace@dhhs.nc.gov _____
DPH Program Contact
 (name, telephone number with area code, and email)

06/01/2016 – 05/31/2017 _____
Service Period

DPH Program Signature **Date**
 (only required for a negotiable agreement addendum)

07/01/2016 – 06/30/2017 _____
Payment Period

- Original Agreement Addendum**
 Agreement Addendum Revision # _____ (Please do not put the Budgetary Estimate revision # here.)

I. Background:

The mission of the North Carolina Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, tracking, investigation, control, education and care activities to improve the health of people in North Carolina.

Under the overarching goal of providing the best level of care possible to North Carolinians, the Communicable Disease Branch works with Local Health Departments to control the spread of communicable diseases in the community, detect cases of communicable disease and monitor for the occurrence of new cases.

North Carolina General Statute includes specific laws related to specific communicable diseases such as HIV infection, sexually transmitted infections, tuberculosis disease and rabies. Per NCGS 130A-41(b) 10, the Local Health Director is responsible for examination, investigation, and control of rabies. While these functions may be delegated to local animal control or law enforcement agencies, it is essential that human rabies risk assessments be handled by formally trained health care providers.

II. Purpose:

The purpose of this Activity is to provide training and technical assistance to Local Health Departments to meet the needs for their community.

In order to maximize our ability to control communicable diseases, it is essential that reports of communicable diseases of public health significance be investigated in a timely manner so that needed control measures can be rapidly identified and applied.

Health Director Signature _____ (use blue ink)	Date _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">Local Health Department to complete: (If follow-up information is needed by DPH)</td> <td style="width: 65%; border: none;">LHD program contact name: _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Phone number with area code: _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Email address: _____</td> </tr> </table>		Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____		Phone number with area code: _____		Email address: _____
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Signature on this page signifies you have read and accepted all pages of this document.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) performs essential public health services through disease surveillance, investigation, reporting, prevention and control. The Local Health Department shall:

1. Provide timely investigation of case reports

Within one month of receiving notification of a reportable communicable disease or condition, the LHD will assure that investigation and reporting to the North Carolina Division of Public Health (DPH) via the North Carolina Electronic Disease Surveillance System (NC EDSS) is complete.

2. Provide staff training in communicable disease control

The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who have completed the Introduction to Communicable Disease Surveillance and Investigation in North Carolina course or successfully completed the challenge exam and received an orientation to communicable disease investigation and reporting by a Regional Communicable Disease Nurse Consultant.

- a. Within one year of employment, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the Introduction to Communicable Disease Surveillance and Investigation in North Carolina course offered by the Technical Assistance and Training Program (TATP) of the CDB. Attendance and participation in the Annual Communicable Disease conference and at least one regional workshop organized by TATP is a required component of the course. Those LHD staff with prior relevant work experience and/or academic course work in communicable disease epidemiology from an accredited school of public health within the last ten years may request to take a written challenge exam in lieu of taking the Introduction to Communicable Disease Surveillance and Investigation Course in North Carolina course. Staff must successfully pass the written challenge exam with a score of 80% or better. Only one challenge attempt will be permitted; if the challenge is unsuccessful, the course must then be completed.
- b. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by a Regional Communicable Disease Nurse Consultant utilizing the current Communicable Disease Orientation checklist. LHDs will schedule an orientation with the Regional Communicable Disease Nurse Consultant within three months of assignment of a new primary or backup Communicable Disease Nurse.
- c. Public health nurses assigned to the primary role of communicable disease are encouraged to incorporate additional training relevant to communicable disease into their continuing education plans.

3. Use the North Carolina Electronic Disease Surveillance System (NC EDSS)

Surveillance reports received under the authority of GS 130A-41 and 10A NCAC 41A .0101 must be investigated and reported using the NC EDSS. To become authorized users of NC EDSS, LHD staff must receive training provided by DPH to assure the preservation of reported data and protect the confidentiality of records. Additional training is required in order to use NC EDSS for tuberculosis (TB) reporting and HIV/Syphilis. LHD agrees to the following related to NC EDSS:

- a. LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS training.
- b. LHD must have a minimum of two staff members who are currently “active users” (i.e., the ability to log into the NC EDSS system has not been deactivated) who can access all disease areas within NC EDSS (i.e., STD, CD, VPD and TB areas). Access may be split among multiple users as long as two users have access to each disease area.

- c. LHD must delegate oversight responsibility to a registered nurse who will be responsible for monitoring all STD/Communicable Disease events via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS and be knowledgeable of the currently published North Carolina Communicable Disease Manual and the North Carolina Sexually Transmitted Disease Manual.
 - d. LHD agrees to monitor and manage workflows in a timely manner (optimally, on a daily basis, however the LHD is not required to monitor workflows on weekends or holidays).
 - e. LHD agrees to enter into NC EDSS, in a timely manner, all paper laboratory reports and physician reports it receives. Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS then transferred electronically to the appropriate jurisdiction. (Reports will not be mailed, faxed or emailed.)
 - f. NC EDSS security will be administered by DPH, which includes creating new user accounts, disabling user accounts, and deleting user accounts.
 - g. Sharing NC EDSS user account information such as user name and password is strictly prohibited. Every NC EDSS user must have his or her own account. Additionally, every user must have a functioning LHD email account so he or she may receive system updates distributed via email.
 - h. LHD agrees to notify DPH by emailing the NC EDSS Help Desk at NCEDSSHelpDesk@dhhs.nc.gov immediately when a user no longer needs access to NC EDSS, either through attrition or transfer to a position unrelated to Communicable Disease or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software.
4. Per NCGS 130A-41(b)10, the Local Health Director is responsible for examination, investigation, and control of rabies.
- LHD clinical staff will provide guidance to persons, utilizing the North Carolina Rabies Public Health Program Manual, <http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html>, pertaining to:
- a. Rabies pre-exposure immunization
 - b. Human rabies risk assessment
 - c. Rabies post-exposure prophylaxis in persons
5. LHD agrees to maintain a policy incorporating all of the aforementioned items. This policy will be electronically available to Regional Communicable Disease Nurse Consultant upon request.
6. Per 10A NCAC 41A .0206 (b), healthcare organizations that perform invasive procedures (e.g., injections) shall implement a written infection control policy and designate a staff member who has completed approved infection control training (available at <http://spice.unc.edu/outpatient/>) to direct infection control activities. The LHD will delegate this responsibility to a registered nurse and make proof of training and the infection control policy electronically available to the Regional Communicable Disease Nurse Consultant upon request.

IV. Performance Measures/Reporting Requirements:

Performance Measure #1: Days taken to complete investigation and submit to DPH.

Reporting Requirements: Document disease investigations in NC EDSS and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or

condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS documentation.

Performance Measure #2: Completion of Communicable Disease Course within one year of employment as a LHD Communicable Disease nurse.

Reporting Requirements: Provide the names of nurses, their dates of hire into the communicable disease position, and dates they have completed the Communicable Disease Course to the Regional Communicable Disease Nurse Consultant by December 2016 and upon request.

Performance Measure #3: Completion of NC EDSS Training.

Reporting Requirements: Provide names, email addresses, and telephone numbers of nurses and dates that have completed the NC EDSS training to the Regional Communicable Disease Nurse Consultant by December 2016 and upon request.

Performance Measure #4: Appropriate Policies on Disease Surveillance, Investigation, and NC EDSS.

Reporting Requirements: Provide the Regional Communicable Disease Nurse Consultant with an electronic copy of Disease Surveillance, Disease Investigation, and NC EDSS Reporting Policies by December 2016 and upon request.

Performance Measure #5: Policies and relevant Inter-Agency Agreements (animal control, law enforcement, shelters, etc.) on rabies.

Reporting Requirements: Provide the Regional Communicable Disease Nurse Consultant with an electronic copy of the Rabies Pre-Exposure Immunization policy and the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy as well as any Inter-Agency Agreements by December 1, 2016.

V. Performance Monitoring and Quality Assurance:

The Technical Assistance and Training Program within the Medical Consultation Unit of the Communicable Disease Branch will assign a Regional Communicable Disease Nurse Consultant to advise LHDs on all aspects of a Communicable Disease Program. The map of Communicable Disease Regional Nurse Consultants assignments can be found in the 2012 North Carolina Division of Public Health Communicable Disease Manual: <http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html>.

The Regional Communicable Disease Nurse Consultant will conduct an on-site assessment of the LHD Communicable Disease Program at least once every three years utilizing the TATP Site Visit Assessment Tool found in the 2012 North Carolina Division of Public Health Communicable Disease Manual: <http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html>. In years where no site visit is made, the most recent site visit report and the following tools will be used to assess compliance::

1. Review of NC EDSS data, including reports, workflows, and disease events
2. Annual review of LHD Communicable Disease Control staff trained in NC EDSS
3. Annual review of nurse(s) completing Introduction to Communicable Disease Surveillance and Investigation Course
4. Annual review of LHD policies on Communicable Disease Surveillance, Investigation, and reporting in NC EDSS

5. Annual review of the Rabies Pre-Exposure Immunization policy, the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy, and any Inter-Agency Agreements.

If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the Local Health Department back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS. Noncompliance with this agreement will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.