



Section III: General Communicable Disease Control

MPR I

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

References: *Michigan Administrative Code R 325.174 (1) (5); R325.173 (7).

Indicator I.1

The local health department shall be able to receive all Communicable Disease (CD) referrals from reporting entities AND maintain relevant, annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
 - Receiving case reports from residents, physicians, health care facilities, laboratories, schools, and other reporting entities; **AND**
 - Entering the received reports into the Michigan Disease Surveillance System (MDSS) within one business day; **AND**
- Evidence that policies and procedures for above are adhered to and reviewed annually.

Documentation Required:

- Annual reviewed policies and procedures listed above.
- Documentation indicating the staff responsible for MDSS case entry.
- Documentation indicating how referrals will be received during both business and non-business hours.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following: Communicable Disease (CD)/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator I.2

The local health department collects and reviews CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

This indicator may be met by:

- The local health department conducts analysis of reported disease cases that shall be documented in a weekly surveillance log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director; **AND**

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- Documentation should also include how data is collected, collated, and analyzed and who within the LHD is responsible for such activities.

Documentation Required:

- The LHD maintains instructions for generation and review of the weekly surveillance log.
- Evidence that surveillance logs are monitored and signed-off on a weekly basis by the CD/Nursing Supervisor, Epidemiologist, or Medical Director. Signatures may be electronic but should include full name and date of review.
- It is highly recommended that weekly analyses are maintained electronically.

Evaluation Question:

None

Indicator 1.3

The local health department shall create routine reports that includes aggregate CD data with interpretation for dissemination throughout the local health department's jurisdiction.

This indicator may be met by:

- The local health department maintains and displays CD case counts in a routine report that can be distributed to interested entities such as community physicians, infection control, and the public.
 - Paper-based or electronic reports should be distributed at least annually and include aggregate data to illustrate the jurisdiction's CD trends.
 - The report should also include an analysis and interpretation of public health data with conclusions drawn from the data. For example, including a narrative about data findings, summarizing disease-specific control efforts, or discussing a specific condition or interest (e.g., local increase in Hepatitis C).
 - If this analysis cannot be included in the agency's annual report, analysis and interpretation of CD data in another report or displayed on the agency's website would meet this indicator.

Documentation Required:

- Annual (or more frequent) report of your jurisdiction's communicable diseases that includes counts or trends plus interpretation.
- List of stakeholders who receive Annual Report/quarterly updates.

Evaluation Question:

None

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Indicator 1.3 Special Recognition

Indicator: The local health department disseminates a quarterly (or more frequent) update with similar data as the annual report to community physicians, infection control, and the public.

Documentation: Quarterly (or more frequent) updates or other news bulletins that get disseminated through the local health department's jurisdiction or via a public-facing dashboard.



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MPR 2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

References: PA 368 of 1978, MCL 333.2433 (2)(a)(c)(i)(iii); Michigan Administrative Code R 325.174 (1) (5); R 325.173 (7).

Indicator 2.1

The local health department shall conduct CD investigations as required by Michigan laws, rules, and/or executive orders AND maintain relevant, annually reviewed policies and procedures. The local health department shall electronically submit CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

This indicator may be met by:

- Maintaining the following policies and procedures for:
 - Utilizing MDSS and case report forms for all CD; **AND**
 - Completing at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) in MDSS within 7 days of receipt; **AND**
 - Utilizing disease specific protocols to investigate individual case reports; **AND**
 - Completing cases within the local health department's timeframes; **AND**
 - Filling in, completing, or accounting for at least 90% of the detailed case report form's fields prior to case completion. Information that cannot be obtained should be documented; **AND**
 - Updating, reactivating, or reclassifying MDSS cases as new information is obtained (e.g., lab serogroups and serotype results, patient outcome, and outbreak identification); **AND**
- Evidence that policies and procedures for the above are adhered to and reviewed annually.

Documentation Required:

- Annually reviewed policies and procedures listed above.
- Documentation of how the local health department investigates individual case reports. This includes identifying who initiates the investigation, what action shall be taken, how MDSS is utilized, and the appropriate timelines to be followed.
- Disease specific protocols for select diseases.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following: CD/Nursing Supervisor, Medical Director, or Health Officer.
Note: Reviewer will pull a random sample of MDSS case reports prior to the Review for evaluation of this indicator. A list of diseases that may be included can be requested from the Reviewer. During this evaluation, evidence of: case completion efforts, reporting timeline requirements, and efforts to update MDSS case report forms as new information is obtained. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the completion criteria listed above.



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Evaluation Question:

None

Indicator 2.1 Special Recognition

Indicator: The local health department has an internal review or audit process for improvement of data quality.

Documentation: Provide evidence of internal review process or audit that includes an aspect of data quality improvement.

And/Or

Indicator: The local health department utilizes case management practices for hepatitis C (HCV) cases and linkage to care (i.e., confirmatory HCV RNA testing and/or HCV treatment start).

Documentation: Local health department provides a disease specific follow-up protocol for hepatitis C that utilizes case management practices, including linkage to care.

And/Or

Indicator: The local health department documents the HIV and diabetes statuses of confirmed TB cases.

Documentation: Confirmed TB cases have known HIV and diabetes statuses documented in the MDSS case report form.



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Indicator 2.2

The local health department shall investigate suspect or confirmed outbreaks AND maintain relevant, annually reviewed policies and procedures on such investigations.

This indicator may be met by:

- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- Outbreak investigation folder or log, which may include a list of investigated outbreaks and any additional outbreak investigation notes or documents not already attached to the aggregate form; **AND**
- Evidence that policies and procedures for outbreak investigations are reviewed annually.

Documentation Required:

- Documents and/or records that illustrate how the local health department conducts investigations of CD outbreaks and clusters. This should include identification of roles, corresponding responsibilities during an outbreak.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following: CD/Nursing Supervisor, Medical Director, or Health Officer.
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be provided for this review, as epidemiological components of the outbreak will be reviewed. Note: As a cross-reference, aggregate case reports marked as outbreaks will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

Evaluation Question:

None

Indicator 2.2 Special Recognition

Indicator: The local health department maintains regular collaboration meetings with CD and environmental health (EH) staff (at least quarterly).

Documentation: Provide evidence (such as agendas) of quarterly CD/EH collaboration meetings.

And/Or

Indicator: The local health department manages large outbreaks or monitoring events using the MDSS Outbreak Management System (OMS).

Documentation: Outbreak file contains evidence that OMS was utilized to manage one or more outbreaks.



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Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction and provide finalized data for reporting.

This indicator may be met by:

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Initial notification can be via phone, fax, email, or MDSS (must include an outbreak identifier); **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (initial notification should include, when available, possible pathogen, source, number ill, facility); **AND**
- The local health department reports all outbreaks into MDSS via the aggregate form within one business day; for non-routine outbreaks, the local health department has a protocol that indicates when to ALSO call or email an MDHHS point of contact (e.g., Regional Epidemiologist); **AND**
- The local health department updates the aggregate MDSS form with final outbreak data prior to marking complete at the end of the outbreak.

Documentation Required:

- Protocol for notifying MDHHS of outbreaks.
- Protocol for reporting outbreaks into the MDSS aggregate report form, including updating the form with final outbreak data prior to marking complete.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 2.4

The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

This indicator may be met by:

- For foodborne or waterborne outbreaks, the local health department completes and submits the CDC 52.14 outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.



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- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.14 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.
 - Notes: Delays in outbreak reporting occur more often when outbreaks are due to illnesses with long incubation periods, or the outbreak was detected later due to additionally reported cases or laboratory information being received.

Documentation Required:

Copies of completed CDC 52.14 forms

Evaluation Question:

None



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MPR 3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

References: PA 368 of 1978, MCL § 333.2433(1)(2); MCL § 333.2451(1); *Michigan Administrative Code R 325.174 (1) (5).

Indicator 3.1

The local health department performs activities necessary for case follow-up and outbreak mitigation, which includes guidance to prevent disease transmission AND maintains relevant, annually reviewed policies and procedures regarding CD control.

This indicator may be met by:

- Maintaining the following policies and procedures:
 - Case follow-up and completion;
 - Guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.
- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, social media postings, or other guidance documents that will assist the local health department with prevention of disease transmission.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following: CD/Nursing Supervisor, Medical Director, or Health Officer.
- Records and/or documentation that demonstrates timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS.
- Control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners.
- Additional educational materials, fact sheets, social media postings, or other guidance documents that will assist the local health department with prevention of disease transmission.

Evaluation Question:

None



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Indicator 3.1 Special Recognition

Indicator: The local health department provides communicable disease presentations to educational venues such as conferences or community health education fairs (at least annually).

Documentation: Copies of CD presentations to educational venues such as conferences or community health education fairs.

And/Or

Indicator: The local health department meets with healthcare stakeholders (such as long-term care facilities and hospital infection preventionists) to provide communicable disease updates (at least quarterly).

Documentation: Local health department / healthcare meeting agendas (at least quarterly).

Indicator 3.2

The local health department maintains adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

This indicator may be met by:

- New staff are provided orientation guidance.
- Routine collaboration between CD/EH/EPC staff.
- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings, including MDSS trainings; **AND**
- Attendance (in-person or remote) of the annual MDHHS CD Conference by at least one staff member. Exceptions may apply (e.g., remote attendance is not offered, the LHD is experiencing an outbreak or local emergency, etc.).
- Local health department staff are aware of how to elevate situations that may require legal intervention (such as public health threat to others, quarantine order, or enforcement of reporting requirements).

Documentation Required:

- The local health department has documentation of CD staff (Epidemiologists, Supervisors, and/or Nursing Staff) orientation guidance either in the form of a manual or checklist.
- Annually reviewed policies and procedures that include description of CD/EH/EPC roles and collaboration.
- Local health department has documentation of CD staff participation in professional development activities, conferences, seminars, and/or trainings.

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- The documentation for the above indicator may include either a copy of the CEU certificate or a listing of activities attended for a given year, along with the date of the activity.
- Annually reviewed policies and procedures indicating how frontline CD staff notify Health Officer/Medical Director of situations that may require legal intervention.

Evaluation Question:

None

Indicator 3.2 Special Recognition

Indicator: The local health department staff attend relevant public health webinars, trainings or conferences (e.g., Public Health Law Webinars, Annual Tuberculosis Day Conference, health equity or implicit bias trainings).