



Minnesota Infectious Disease Operations Guide

PREVENTION AND CONTROL
ACTIVITIES AND RESPONSIBILITIES

Minnesota Infectious Disease Operations Guide Prevention and Control Activities and Responsibilities

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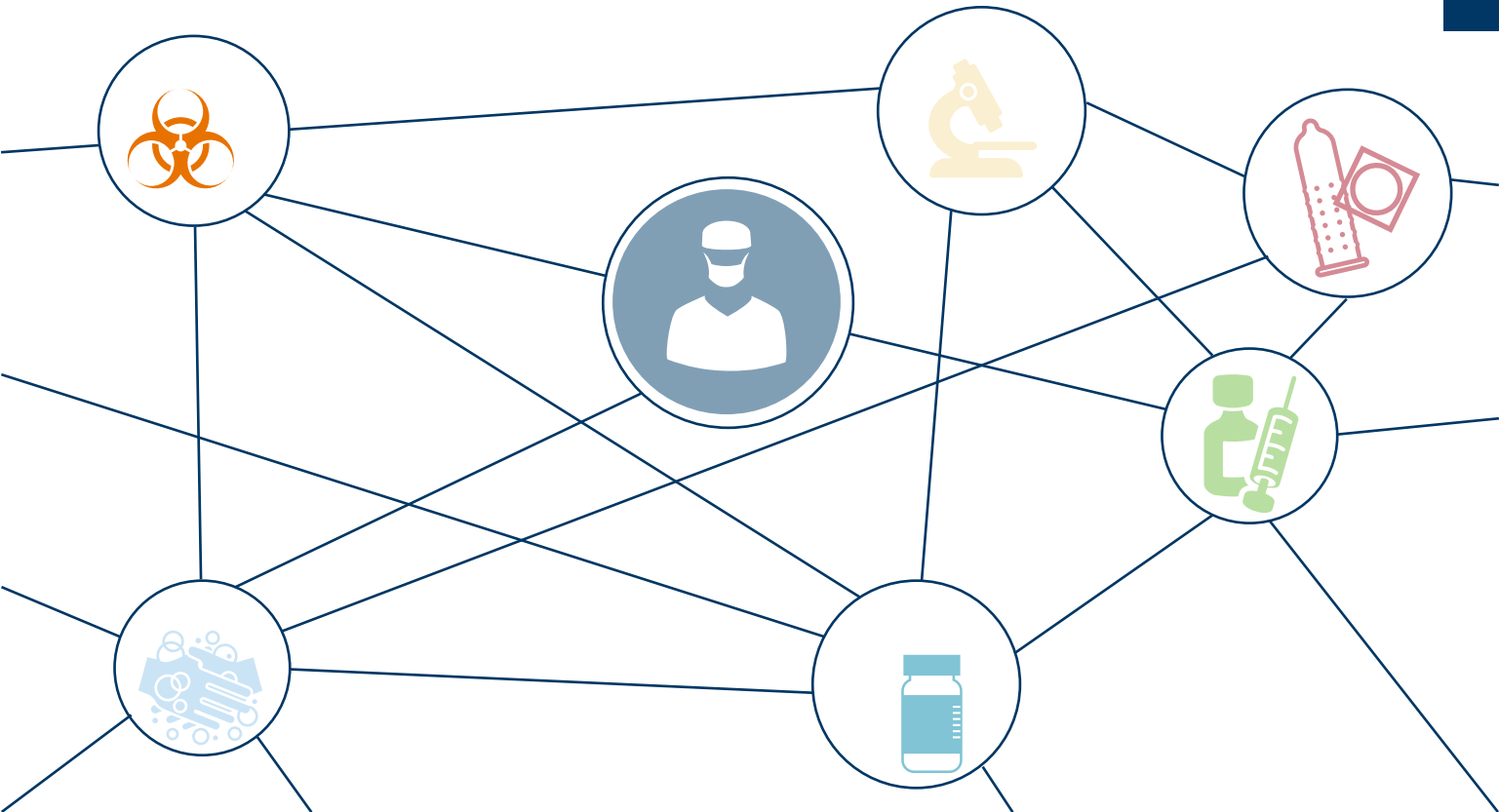
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Acronyms and Abbreviations

CAF	Common Activities Framework
CDC	Centers for Disease Control and Prevention
CHB	community health board
DOT	directly observed therapy
DP&C	disease prevention and control
EHR	electronic health record
eSHARE	Electronic System for the Health Assessment of Refugees
FPHR	Foundational Public Health Responsibilities
HBV	hepatitis B virus
HIV	human immunodeficiency virus
IDEPD	Infectious Disease Epidemiology Prevention and Control Division (MDH)
IGRA	interferon gamma release assay
IQIP	Immunization Quality Improvement for Providers (Program)
LPH	local public health
LPHA	Local Public Health Association of Minnesota
LTBI	latent tuberculosis infection
MDH	Minnesota Department of Health
MEDSS	Minnesota Electronic Disease Surveillance System
MIDOG	Minnesota Infectious Disease Operations Guide
MIIC	Minnesota Immunization Information Connection
MnVFC	Minnesota Vaccines for Children (Program)
PHN	public health nurse
POC	point-of-contact
RN	registered nurse
SME	subject matter expert
STI	sexually transmitted infection
TB	tuberculosis
UUAV	Un- and Underinsured Adult Vaccine Program
VPD	vaccine-preventable disease

Introduction

For purposes of this document, references to the “Minnesota Department of Health” or “MDH” are in reference to the MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division unless otherwise specifically noted.

Purpose of this Document

State and local public health (LPH) departments in Minnesota have a unique responsibility to protect and promote the health of all state residents.

- The purpose of this document is to:
 - delineate infectious disease-related roles and responsibilities for local jurisdictions and MDH,
 - document the spectrum of the types of governmental public health infectious disease prevention and control activities occurring in Minnesota, and
 - provide guidance to MDH and LPH agencies on promoting continuous improvement and accountability in and among involved agencies.

This document applies to the full governmental public health system in Minnesota, inclusive of MDH and all local governmental public health agencies. Tribal health agencies are an integral part of the public health system in Minnesota. However, due to tribes’ sovereign nation status, this document does not outline expectations of tribal health staff. Public health agencies shall develop and maintain infectious disease capacity as outlined for their agency in this document or make arrangements to ensure this capacity is present for their jurisdictions. Additionally, it is important that MDH and LPH agencies periodically reevaluate the infectious disease operations of the public health system to ensure that needs of the population are being met.

- In the adoption of this document, it is acknowledged that:
- LPH agency capacity and the needs of local jurisdictions are not uniform across the state nor does local capacity and need remain static.
- MDH staff cannot take on all the governmental public health infectious disease work in the state.
 - Logistically, there is too much work for this to be practical and
 - There are activities that need to be informed by or led by staff more directly serving local communities.

With this in mind, with regards to LPH agencies, the content of this document describes expectations of all LPH agencies as well as expectations applicable to only some LPH agencies. Each of the seven LPH infectious disease roles have an Expectations section and a few of the roles have different expectations noted depending on the services offered by an agency. The responsibility content notes which responsibilities are applicable to LPH agencies. Some responsibilities are applicable to all LPH agencies, some are not applicable to LPH agencies, and some are applicable to a portion of agencies depending on a variety of factors (most commonly capacity, need and expertise). Roles and responsibilities are also outlined for regional staff¹ and staff designated to serve multiple community health boards. At the state level, MDH staff take on the remaining governmental public health infectious disease activities and collaborate on portions of others with LPH and regional staff involvement.

¹ These staff may be MDH, LPH or CHB staff.

Scope of Document

The scope of this document is the governmental infectious disease activities performed by MDH and LPH agencies. Tribal health agencies are an integral part of the public health system in Minnesota. However, due to tribes' sovereign nation status, they are outside the scope of this document.

This document includes:

- References to governmental public health's legal authority.
- Infectious disease prevention and control activities that are conducted by MDH and LPH agencies.
- Infectious disease roles and responsibilities for MDH and LPH agencies, including
 - Roles and associated expectations for all LPH agencies,
 - Roles and associated expectations at a regional level (MDH staff and LPH staff), and
 - Responsibility delineation for LPH agencies, MDH district epidemiologists, MDH subject matter staff, and clarification comments as needed.
- Identification of places and situations where governmental infectious disease activities require partnering with other areas of state and local government, the healthcare sector, and community-based organizations to fully accomplish the goal of protecting the public's health.
 - In these instances, other reference materials will guide roles and responsibilities. More detail will be provided as these situations are mentioned in this document to clarify roles and responsibilities. Examples include:
 - environmental health (including public health nuisances),
 - laboratory services, and
 - emergency preparedness.



Tuberculosis

In Minnesota, while most infectious disease case investigation and follow-up is centralized to MDH staff, follow-up on Minnesota residents diagnosed with active tuberculosis (TB) disease is not. Activities associated with TB case and contact investigations and subsequent case management of residents with *active TB and contacts with latent TB* are carried out by local public health agencies with guidance from the MDH TB Control Program. Additionally, local public health is responsible for connecting new refugee and immigrant arrivals with TB class B notifications to medical evaluation and reporting back to MDH. In this document, high-level TB case and contact investigation responsibilities and case management responsibilities are in area E: Conduct Investigation and Respond to Infectious Disease Outbreak. Some high-level responsibilities including working with partners to support TB cases are in the first sub-grouping of area J: Develop Guidelines and Provide Technical Expertise. Additional details on carrying out TB case and contact investigations, case management activities, and TB data management are provided directly by the MDH TB Control Program.

Perinatal Hepatitis B

Follow-up activities for pregnant Minnesotans diagnosed with hepatitis B infection are carried out by LPH agency staff with guidance from MDH Hepatitis Unit staff. The goal of the work done with the pregnant person is to prevent hepatitis B infection in the infant. For purposes of providing a more comprehensive view of infectious disease work performed in the Minnesota public health system, this document outlines the role of the “Perinatal Hepatitis B Coordinator/Point-of-Contact” on page 23 and identifies high-level responsibilities for public health staff to prevent hepatitis B infection in infants (*in the Infectious Disease Responsibility section*). More details on specific expectations can be found in the perinatal hepatitis B contract between MDH and each LPH agency and by contacting the MDH Hepatitis Unit.

A note about the responsibilities in this document as they pertain to perinatal hepatitis B work: Perinatal hepatitis B work is specifically noted in some responsibilities in areas E1, E4, and J1. Other responsibilities that do not mention perinatal hepatitis B work specifically may still be applicable (e.g., I2 [promoting timely, age-appropriate vaccination]). This document is not intended to change or dictate perinatal hepatitis B work; it is intended to identify what is being done as a piece of the governmental public health infectious disease work puzzle.

Health Equity

Protecting and promoting the health of the *whole* population is the foundational mission of the public health system. Achieving health equity requires convening and collaborating with partners to address the social determinants of health and health disparities. Public health staff are continually learning and refining equity-grounded approaches to improve health for all Minnesotans. The population demographics across Minnesota are not uniform. Consequently, actions to address health equity are not going to be precisely uniform across Minnesota. As such, the different segments of the public health system in Minnesota have important roles that all contribute to addressing the social determinants of health and health disparities. In the specific area of infectious disease work, the public health system acts to address acute, or more immediate, situations and acts to prevent exposures and infections from happening.

In this document, health equity related activities are not grouped into a specific area of the roles and responsibilities. As much as possible, they are integrated into the content of this document. This has consciously been done to emphasize that health equity efforts are integral to all aspects of public health infectious disease work.

Connection with the Foundational Public Health Responsibilities

Information about how the content of this document connects to the Foundational Public Health Responsibilities (FPHR) has been incorporated into the MIDOG. Notes about how each responsibility connects with areas and capabilities in the FPHR are noted in “Appendix 1: Responsibility Detail” on page 49. More information about the connection between these infectious disease roles and responsibilities and the FPHR can be found in “Appendix 4: Connections with the FPHR” on page 115.

Important note: As of June 2023, this operations guide reflects the full list of infectious disease responsibilities and does not contain information about what responsibilities or portions of responsibilities are considered foundational for different segments of the Minnesota public health system. Guidelines on how the segments of the public health system determine what work should be considered foundational have not been finalized. Once finalized, the ID CIB will use this to add this information to this operations guide.

Alignment with National Accreditation Standards

The [Public Health Accreditation Board \(PHAB\)](https://phaboard.org/) (<https://phaboard.org/>) administers the national public health accreditation program. National accreditation involves assessing a local public health agency’s ability to carry out essential public health services and foundational capabilities, including their ability to monitor, prevent, and control infectious diseases. This document can help local health agencies demonstrate how Minnesota’s public health system works in partnership to carry out these activities by clearly articulating state and local roles across different aspects of infectious disease prevention and control responsibilities.

See “Appendix 8: Using the MIDOG for PHAB Accreditation” on page 120 for more detailed information about how this document can help local agencies demonstrate their ability to meet specific national accreditation standards and measures.

Legal Foundation for Governmental Public Health Infectious Disease Work in Minnesota

Preventing and controlling infectious diseases is perhaps the oldest and most fundamental public health responsibility. In Minnesota, the Department of Health Act (Chapter 144) and the Local Public Health Act (Chapter 145A) confer authority to carry out infectious disease activities to the state health department and to community health boards, respectively.

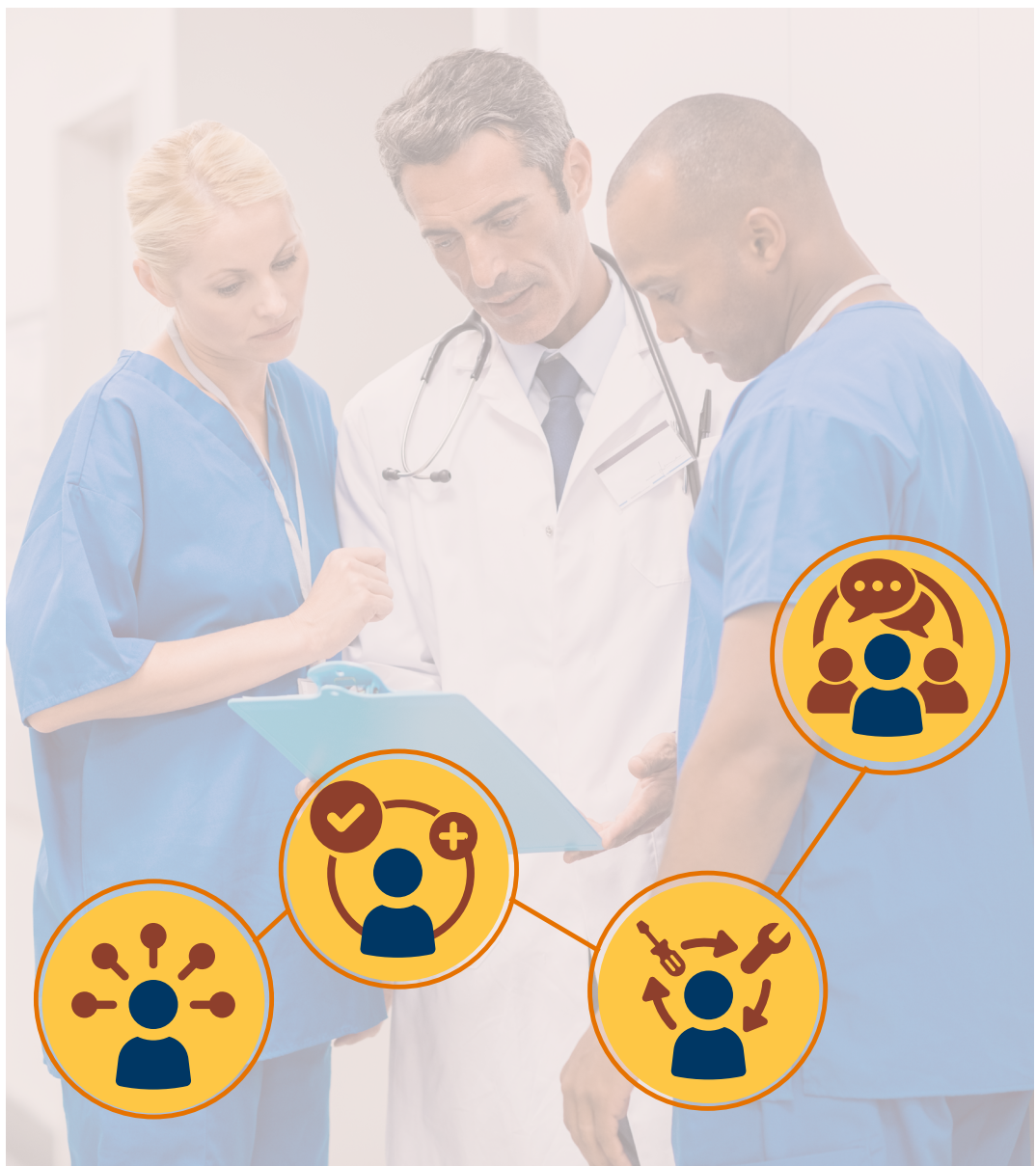
Local Public Health Act Grant Logistics

This Minnesota Infectious Disease Operations Guide replaces the Disease Prevention and Control Common Activities Framework. The Disease Prevention and Control Common Activities Framework is referenced in Exhibit A of the Local Public Health Grant project agreement. The Minnesota Infectious Disease Operations Guide will be referenced by the new name in future versions of the Local Public Health Grant project agreements.

Infectious Disease Roles

Reminder that for purposes of this document, references to the “Minnesota Department of Health” or “MDH” are in reference to the MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division unless otherwise specifically noted.

This information on roles is intended to be a basic reference for MDH and LPH staff. The content covers key elements of roles important to public health infectious disease work. When orienting new LPH staff into one of these roles, MDH district epidemiologists will cover this foundational content and add information more specific to the jurisdiction and corresponding region.



Roles for LPH Agencies

Staffing Considerations

- Agencies are responsible for ensuring that the people they identify for these roles fit the capabilities/skills needed to do the role.
 - In some roles, if the coordinator or point-of-contact assigned to the role (e.g., TB coordinator, refugee and immigrant coordinator/POC) is not a public health nurse with specific certifications (e.g., medication administration) then the LPH agency will need to ensure that staff with the needed licensure are made available as needs arise.
- All agencies need to ensure that messages sent to a point person get forwarded on to applicable staff in the agency.
- The designated Infectious Disease Coordinator should know who is assigned to these roles in their agency.
 - There are no requirements on how roles are documented. A template that can be used and modified is provided in “Appendix 9: LPH Agency Infectious Disease Coordinator/Point-of-Contact List” on page 121.
 - While 2 spaces are included for each role in the template provided, MDH does not require all roles to be “2-deep”, but agencies should consider what back-up to each role looks like in case primary staff are unavailable.

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STI/HIV Coordinator/Point-of-Contact	25
Medical Consultant	26

Note for awareness: The size of an LPH agency will impact how these roles are assigned.

- Very small LPH agencies may have one person assigned to more than 1 or all of these roles.
- Larger LPH agencies may have separate teams dedicated to one or more of these areas.

Recommended training: Reviewing key resources and pre-recorded or self-directed trainings may be helpful. Please contact the district epidemiologist for your region for recommended foundational training (“MDH District Epidemiologists” on page 28)

Infectious Disease Coordinator

Person designated as the infectious disease coordinator for a local public health agency.

Historical note: This role is formerly known as the Disease Prevention and Control Coordinator [DP&C Coordinator].



Necessary Capabilities/Skills:

- **Licensure:** no licensure requirements; however, if LPH agencies bill insurance for associated services, insurance companies may have licensure requirements.
- Organizational skills
- Critical thinking
- Detail oriented
- Creative
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: If there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist.



Expectations:

- Have an understanding of the MIDOG
- Have an understanding of the structure of the overall governmental public health system in Minnesota.
- It is recommended that each agency has an infectious disease work plan or prevention plan.
(In the future, more comprehensive recommendations about what this plan should contain will be included as an appendix.)
 - Content of the plan should take into consideration a jurisdiction's² disease burden and staff capacity, but could include goals, objectives, or activities specific to diseases more commonly present among residents of the jurisdiction and/or responsibilities that the agency has prioritized for improvement or strengthening.
- Attend meetings with MDH district epidemiologist (e.g., regular regional meetings of the region's LPH/TH infectious disease coordinators).
- Know what agency staff are assigned to other infectious disease roles outlined in this document.
 - If multiple staff in the local agency are assigned to the roles in this document, ensure ongoing information exchange, situational awareness updates, and routine meetings to coordinate efforts and exchange pertinent information.
- If not also your agency's public health emergency preparedness coordinator, communicate regularly with the staff person in this role in your agency to promote situational awareness and collaboration with this person.
- For jurisdictions that overlap or neighbor tribal reservations, establish and maintain a connection with the tribal health infectious disease point-of-contact.
- Maintain situational awareness of disease trends for the jurisdiction.
(For information about disease trends in neighboring jurisdictions, the MDH district epidemiologist is a source for this information as well as regional meetings organized by the district epidemiologist.)
- As needed, disseminate current disease trend information, new or updated guidelines, health education materials, and information to local health care providers and community-based partners.
(Guidelines applicable to topics related to other roles in this document are expected to be disseminated by the people filling those roles.)
- As needed, educate local providers about making disease reports to MDH.
- Maintain an understanding of the general disease investigation process.

2 "Jurisdiction" refers to the jurisdiction the person assigned to this role works for. For example, the infectious disease coordinator for Washington County should know disease trends for Washington County.

- In the event of an outbreak, assist MDH with the development and implementation of outbreak response strategies and activities.
- Other expectations as assigned by the local agency. Examples could include:
 - Education/trainings (i.e., doing trainings for agency staff and/or self)
 - Agency-level behind the scenes work (i.e., data monitoring and/or meetings with local partners)
 - As capacity allows, assure implementation of population-based disease prevention and control programs and strategies



Tools a person in this position may or should have access to:

Should have access to:

- GovDelivery:
Your region's district epidemiologist can provide recommendations for infectious disease newsletters to sign up for. More information about GovDelivery is available in "GovDelivery" on page 113
- LPH Data Dashboard (aka Trusted Partner Site or LPH Data Immunization Tool):
Contact your region's district epidemiologist for access. More information is available in "LPH Data Dashboard" on page 113.
- PartnerLink:
Should have Disease Prevention and Control subscription linked to their profile. More information is available in "PartnerLink" on page 114

May need access to:

- MEDSS:
LPH staff may have access to MEDSS for non-infectious disease areas already (blood lead and birth defects). Access to infectious disease areas of MEDSS is dependent on the case investigation activities assigned to this role by the agency. Please see "Minnesota Electronic Disease Surveillance System (MEDSS)" on page 113 for more information and guidance on seeking access.
- MIIC:
Access would be dependent on how an agency has decided to staff the roles in this document and their immunization team. It is recommended that at least 2 people in the agency have access to MIIC. More information is available in "Minnesota Immunization Information Connection (MIIC)" on page 113.



Communication between MDH and LPH staff

- Unless indicated in the disease-specific role information in this document or indicated as result of a current disease response, LPH staff should direct infectious disease communication to their MDH district epidemiologist. There is not one universal MDH email address that communication from LPH agencies should be directed to.
- Each district epidemiologist maintains a distribution list for the region they serve. These lists include the infectious disease coordinators, their backup, and the coordinators' agency leadership. These lists are updated as district epidemiologists are made aware of staff changes.
- Occasional emails are sent statewide via PartnerLink using the Disease Prevention and Control subscription.

Notes:

- LPH agency leadership are copied on all emails sent via PartnerLink regardless of the subscription(s) chosen for the message.
- Anyone with access to PartnerLink can choose to add the Disease Prevention and Control subscription to their profile.
- PartnerLink does not allow for LPH staff to indicate who the infectious disease/disease prevention and control lead is for an agency.

Immunization Coordinator

Staff designated as the coordinator for the local public health agency for immunization activities. This coordinator will help manage involvement of staff from their agency regarding immunization access, education, outreach, and cluster/outbreak response efforts.

Note: A person should still be designated to this role even if the agency does not administer vaccines.



Necessary Capabilities/Skills:

- *Licensure:* no licensure requirements; however, if an LPH agency
 - Bills insurance for associated services, insurance companies may have licensure requirements.
 - Provides vaccinations, staff giving vaccinations would need to be appropriately licensed and trained.
- Organizational skills
- Critical thinking
- Detail oriented
- Creative
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: If there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist



Expectations:

- If not also the local agency's infectious disease coordinator, meet with the infectious disease coordinator as needed to exchange pertinent information.
- MDH hosts a monthly statewide call (4th Thursday) covering vaccine-preventable diseases (VPDs) and immunization topics. These meetings are not required but may provide knowledge and networking around issues of VPDs and immunizations.
- *For all LPH agencies: (inclusive of agencies that do not give vaccinations):*
 - As needed, disseminate new or updated guidelines, including updated immunization schedules, health education materials, and other relevant information to local providers and community-based organizations.
 - As needed, educate local providers about reporting vaccine administration data to MIIC.
 - At minimum, have access to MIIC, know how to navigate MIIC, and be able to perform core functions of MIIC.
 - Know where to access VPD trends and immunization coverage trends in the jurisdiction. (MDH District Epidemiologists can help get started in obtaining and understanding this information. More information about "MDH District Epidemiologists" on page 28.)
 - In the event of a vaccine-preventable disease outbreak, assist MDH with the development and implementation of outbreak response strategies and activities.
 - Review responsibility area I (Immunization Program) of this document.
 - Developing and maintaining a list of providers who provide low- or no-cost vaccines (responsibility 14.2, "Appendix 1: Responsibility Detail" on page 49) is an example activity of the person in this role.
- *For agencies that do give vaccines (regardless of participation in MnVFC or UUAV programs):*
 - Maintain a list of staff able to give vaccinations.
- *For agencies that are enrolled in the Minnesota Vaccines for Children (MnVFC) program and the Uninsured and Underinsured Adult Vaccine (UUAV) Program:*
 - The immunization coordinator may also be the MnVFC and UUAV program vaccine coordinator or back-up vaccine coordinator for the agency. Brief descriptions of the MnVFC roles and links to additional information can be found in "MnVFC Program Roles" on page 29 of this document.
- Other expectations as assigned by the local agency.



Tools a person in this position may or should have access to:

Should have access to:

- GovDelivery:
More information about GovDelivery is available in “GovDelivery” on page 113
Your region’s district epidemiologists can provide recommendations for infectious disease newsletters to sign up for.
Some suggestions to get started:
 - MnVFC Announcements
 - Respiratory Illness Activity in Minnesota
 - School Immunization and Vaccine-preventable Disease Information
 - Vaccine Protocols for Local Public Health
 - Vaccine-preventable Disease Information
- LPH Data Dashboard:
More information is available in “LPH Data Dashboard” on page 113. Should have access to the vaccine data on this dashboard. Contact your region’s district epidemiologist for access.
- MIIC:
More information about MIIC and how to gain access can be found in “Minnesota Immunization Information Connection (MIIC)” on page 113.
- PartnerLink:
More information is available in “PartnerLink” on page 114. Should have Immunization subscription linked to their profile.
- If you do site visits for the MnVFC Program, you will need access to the
 - MnVFC Site Reviewer SharePoint site
 - CDC Provider Education and Assessment Reporting (PEAR)

May need access to:

- MEDSS:
LPH staff may have access to MEDSS for non-infectious disease areas already (blood lead and birth defects). Access to infectious disease areas of MEDSS is dependent on disease burden and the case investigation activities assigned to this role by the agency. Please see “Minnesota Electronic Disease Surveillance System (MEDSS)” on page 113 for more information and guidance on seeking access.
- MDH VPD LPH SharePoint site:
Contact district epi to request access.



Communication between MDH and LPH staff

LPH communication to MDH:

- Immunization Programs:
 - MnVFC: health.mnvfc@state.mn.us
 - UUAV: health.uuadultvax@state.mn.us
 - MIIC: health.miichelp@state.mn.us
 - General vaccine distribution questions: health.mdhvaccine@state.mn.us
 - Clinical Vaccine Information: health.vaccineSME@state.mn.us
- Disease-related:
 - Unless indicated because of a current disease response, LPH staff should direct communication to their corresponding district epidemiologist first. There is not one universal MDH email address that communication from LPH agencies should be directed to.

MDH communications to LPH:

- Emails about the monthly vaccine-preventable disease call are sent via PartnerLink and are sent using the Immunization and VPD Surveillance subscriptions. Additional VPD or immunization emails are sent more often via the GovDelivery newsletters and only occasionally via PartnerLink.

Notes:

- LPH agency leadership are copied on all emails sent via PartnerLink regardless of the subscription(s) chosen for the message.
- Anyone with access to PartnerLink can choose to add the Immunization and VPD Surveillance subscriptions to their profile.
- PartnerLink does not allow for LPH staff to indicate who the immunization lead is for an agency.

Tuberculosis Coordinator/Point-of-Contact

Staff designated as the point-of-contact for the local public health agency for TB related communication and coordination of local TB case management and contact investigation activities.



Necessary Capabilities/Skills:

- *State perspective:* no licensure requirements; however, it is preferred that the person in this role would be an RN/PHN with licensure to do medication administration and patient assessment.
 - If the person in this role is not an RN/PHN with licensure to do medication administration and patient assessment, then the agency *must* have a plan to access staff with this licensure since it is required for TB case management activities.
 - Insurance companies may also have requirements for specific licensure if an LPH agency is seeking insurance reimbursement for directly observed therapy (DOT) or other case management activities. (The licensure requirements may differ between insurance companies and may change over time.)
- Organizational skills
- Excellent interpersonal skills
- Critical thinking
- Detail oriented
- Creative/Problem solving
- Familiar with local governmental and community resources
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: if there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist.



Expectations:

- **Important note:** It is the responsibility of LPH agency staff to perform case and contact investigations, coordinate patient care, and administer DOT for residents of their jurisdictions who are diagnosed with TB. MDH staff do not perform these activities. In situations where portions of this work are either contracted out to a healthcare entity or done directly by a clinical provider (usually without a contract), LPH agency staff will still need to collect the requisite information from these providers to submit to MDH. (Information that they would have been submitting to MDH had the activities been done by LPH agency staff.)
 - Some information for LPH on these activities can be found on the MDH website [TB Information for Local Public Health Departments \(https://www.health.state.mn.us/diseases/tb/lph\)](https://www.health.state.mn.us/diseases/tb/lph).
 - Your corresponding "MDH District Epidemiologists" on page 28 is also a good resource to identify needs and make connections with appropriate MDH staff.
- If the staff in this role are not also the local agency's refugee health point-of-contact/coordinator, meet with the refugee health point-of-contact/coordinator as needed to exchange pertinent information.
- MDH has statewide meetings for TB coordinators - please speak to your MDH TB nurse consultant to be invited. These meetings are not required but may provide knowledge and networking around issues of TB. *(If you are not sure who your TB nurse consultant is, please contact your district epidemiologist.)*
- Maintain an understanding of the general disease investigation process.
 - Work with MDH TB staff to schedule and participate in training for agency staff. (For many LPH agencies, this will be just-in-time training.)
- As needed, disseminate new or updated guidelines, health education materials, and other relevant information to local providers and community-based organizations.
- As needed, educate local providers about making disease reports to MDH.
- In the event of a TB outbreak, assist MDH with the development and implementation of outbreak response strategies and activities.

- Adhere to timelines for case and contact investigation follow-up.
- Assure medication administration for cases (DOT for cases or dispensing for Latent TB Infection [LTBI]) *(Closely related to responsibilities in area “E4. Provide case management services” on page 39)*
- Communicate with MDH TB staff for assistance in managing a TB case and/or contact investigation.
- Identify at least one clinic that would complete immigrant TB evaluations – only for immigrants that arrive with a class B TB notification.
 - This could be the same clinic that does the refugee health assessment screening.
- Maintain the agency’s annual TB risk assessment or ensure that one is being maintained for the agency. *(This may be done separately from or as part of an infectious disease prevention plan/program or respiratory protection program.)*
 - Agencies with an onsite clinic require an annual facility TB risk assessment (e.g., dental clinic, STI and family planning clinic, jail health).
- Ensure that a Respiratory Protection Plan is being maintained as part of internal infection control policies. This plan must include respirator fit testing and training on N95 use.
- TB Screening Tests (Mantoux Tests [aka TSTs] or IGRAs³):
 - *For all agencies:* maintain information that staff can use to identify clinics that will perform an IGRA test and chest x-ray.
 - *For agencies that place and read TSTs:* maintain protocols associated with performing the TST and completing the associated risk assessment.
 - *For agencies that do not place and read TSTs:* maintain information that staff can use to help identify locations providing TB testing and, if needed, chest x-ray done in the community.



Tools a person in this position may or should have access to:

Should have access to:

- GovDelivery:
More information about GovDelivery is available in “GovDelivery” on page 113
Your region’s district epidemiologist can provide recommendations for infectious disease newsletters to sign up for.

May need access to:

- MEDSS:
LPH staff may have access to MEDSS for non-infectious disease areas already (blood lead and birth defects). Access to the TB area of MEDSS is dependent on disease burden. Please see “Minnesota Electronic Disease Surveillance System (MEDSS)” on page 113 for more information and guidance on seeking access.



Communication between MDH and LPH staff

LPH communication to MDH:

- Staff changes: please reach out to TB staff or MDH district epidemiologist.
- Disease-related: There is not one universal MDH email address that communication from LPH agencies should be directed to. Please reach out to MDH staff as questions come up.

MDH communications to LPH:

- MDH TB program distribution lists are not managed with PartnerLink.
 - Emails from the MDH TB Unit are sent out multiple times per month.

3 IGRA = interferon gamma release assay; in the context of TB, this is a blood test that tests a person’s immune system to see if it has ever encountered *Mycobacterium tuberculosis* complex. In people with a history of BCG vaccination, this is more accurate than a TST and is recommended over a TST for TB screening.

Refugee Health Coordinator/Point-of-Contact

Staff designated as the point-of-contact for the local public health agency for refugee health related communication and coordination of local refugee care and education activities.

Note: For LPH agencies that infrequently receive refugees and other newcomers who need benefits to the same extent as refugees (refugees, humanitarian parolees, asylees, victims of trafficking, and others): it is still important to designate a staff person for this role. This role is used to communicate with local agencies about all newcomers entering the country via other visa programs who may need health screenings. Newcomers may not necessarily enter via regular refugee resettlement programs.⁴



Necessary Capabilities/Skills:

- **Licensure:** no licensure requirements; however, if LPH agencies bill insurance for associated services, insurance companies may have licensure requirements.
- Organizational skills
- Excellent interpersonal skills
- Critical thinking
- Detail oriented
- Creative/Problem solving
- Familiar with local governmental and community resources
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: If there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist.



Expectations:

- If not also the local agency's tuberculosis point-of-contact/coordinator, meet with the tuberculosis point-of-contact/coordinator as needed to exchange pertinent information.
 - Refer to the local agency's TB coordinator/point-of-contact for information on options to access TB screening options and other TB services.
- Identify at least one clinic that would complete refugee health assessment screening.
 - The clinic can be managed by a health plan or federally-qualified health center (FQHC).
- Organize and assist with clinical trainings⁵
 - Content for these trainings is developed with MDH Refugee Health Program staff assistance.
 - Delivery of a training is a collaboration between MDH refugee health staff and LPH staff.
 - Trainings may be ad-hoc, as requested by new clinics and/or new clinicians.
 - Audience would be at a minimum staff in the identified clinic doing refugee health assessment screening.
- Review protocols and guidance
(Most protocols and guidance can be found on the MDH website: [Refugee and International Health \(https://www.health.state.mn.us/communities/rih/\)](https://www.health.state.mn.us/communities/rih/).)
 - Maintain an understanding of the refugee health assessment process.
- As needed, disseminate new or updated guidelines, health education materials, and other relevant information to local providers and community-based organizations.
- As needed, educate local providers about making disease reports to MDH.

⁴ The MDH Refugee Health Program or the MDH District Epidemiologist would be good starting points for information related to these situations.

⁵ Examples: TB screenings, immunization follow-up, hepatitis screening, mental health

- In the event of an unusual cluster of illnesses, assist MDH with the development and implementation of strategies and activities to address the situation.
- Review immunization records.
- Coordinate health services for newcomers with complex medical needs.

Notes:

- Newcomers may arrive with acute or chronic infectious or non-infectious health conditions, needing expedited access to primary care.
- MDH staff will work with LPH to facilitate access to a clinic. (This clinic may be the designated refugee health screening clinic.)
- This expectation may be beyond the scope of infectious disease but is included because it may closely correlate or overlap with the work done by the person in this role.
- In some agencies this expectation may be part of a position in LPH or be in a different local government agency.

- Assist families in connecting to public health services and other wrap-around services provided by the county (e.g., WIC, child and teen checkups) or community-based organizations.



Tools a person in this position may or should have access to

Should have access to:

- GovDelivery:
More information about GovDelivery is available in “GovDelivery” on page 113.
 - Refugee Health Quarterly Newsletter
 - Minnesota Immigrant and Refugee Health Announcements
 - Minnesota Center of Excellence in Newcomer Health Newsletter
- eSHARE
More information about eSHARE is available in “eSHARE” on page 113
 - Access required regardless of the number of refugees and immigrants received; training provided by MDH Refugee Health staff
 - Refer humanitarian parolees eligible for refugee benefits to the MDH Refugee Health Program at health.refugeehealth@state.mn.us
- PartnerLink:
More information is available in “PartnerLink” on page 114.
Should have Refugee Health subscription linked to their profile.

May need access to:

- MIIC:
More information about MIIC can be found in “Minnesota Immunization Information Connection (MIIC)” on page 113.



Communication between MDH and LPH staff

LPH communication to MDH:

- Questions or other communication: health.refugeehealth@state.mn.us
- Staff changes: please reach out to refugee health staff or MDH district epidemiologist.

MDH communications to LPH:

- While there is a Refugee Health subscription in PartnerLink, emails are not sent using the system. The MDH Refugee Health Program will periodically compare their internal distribution list with the PartnerLink distribution list.

Perinatal Hepatitis B Coordinator/Point-of-Contact

Staff designated as the point-of-contact for the local public health agency for perinatal hepatitis B will receive notifications from MDH Hepatitis Unit staff for the following:

- pregnant people in the LPH agency's jurisdiction who have been diagnosed with hepatitis B,
- children born to persons with hepatitis B infection,
- follow-up related to documentation as outlined in the perinatal hepatitis B contract the LPH agency has signed with MDH, and
- upcoming coordinator/POC check in calls.



Necessary Capabilities/Skills:

- *Licensure*: no licensure requirements; however, if LPH agencies bill insurance for associated services (e.g., immunizations), insurance companies may have licensure requirements.
- Organizational skills
- Excellent interpersonal skills
- Critical thinking
- Detail oriented
- Creative/Problem solving
- Familiar with local governmental and community resources
- Comfortable providing disease education and case management services
- Native language speakers (or access to interpreting services or agency staff who are native language speakers) reflective of the language needs for people with HBV in the jurisdiction.
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: If there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist.



Expectations:

- Expectations are outlined in a contract with LPH agencies. This contract provides reimbursement for the work that LPH agencies do for perinatal HBV follow-up.
 - Case management documents can be found on a corresponding SharePoint site. Please contact district epi to request access.
- Complete required training that is located on a related SharePoint site.
- Documentation: MDH Hepatitis staff will help determine if MEDSS access makes sense. In general, if a local agency has frequent perinatal HBV referrals, then MEDSS will be used. If a local agency has less frequent referrals, documentation will be submitted directly to the MDH Hepatitis Unit.



Tools a person in this position may or should have access to:

Should have access to:

- **GovDelivery:**
Your region's district epidemiologist can provide recommendations for infectious disease newsletters to sign up for. Suggestions include immunization-related newsletters- see "Immunization Coordinator" on page 16 for some ideas.
More information about GovDelivery is available in "GovDelivery" on page 113
- **PartnerLink:**
Perinatal HBV coordinator role/subscription.
More information is available in "PartnerLink" on page 114.

- Perinatal HBV SharePoint site:
Contact district epi to request access.

Will likely need access to:

- **MIIC:**
Access could be dependent on how an agency has decided to staff the roles in this document and the number of perinatal HBV referrals. It is recommended that at least 2 people in the agency have access to MIIC. More information about MIIC can be found in "Minnesota Immunization Information Connection (MIIC)" on page 113.
- **MEDSS:**
Access to the perinatal HBV area of MEDSS is dependent on disease burden (for example, LPH agencies with little to no annual disease burden may not need access to hepatitis B in MEDSS.) LPH staff may have access to MEDSS for non-infectious disease areas already (blood lead and birth defects). Please see "Minnesota Electronic Disease Surveillance System (MEDSS)" on page 113 for more information and guidance on seeking access.



Communication between MDH and LPH staff

LPH communication to MDH:

- Staff changes: please reach out to hepatitis staff or MDH district epidemiologist.
- Disease-related: There is not one universal MDH email address that communication from LPH agencies should be directed to. Please reach out to MDH staff as questions come up.

MDH communications to LPH:

- Emails about statewide calls and other meetings are sent via PartnerLink using the perinatal hepatitis B subscription.

Notes:

- LPH agency leadership are copied on all emails sent via PartnerLink regardless of the subscription(s) chosen for the message.
- Anyone with access to PartnerLink can choose to add the perinatal hepatitis B subscription to their profile.
- PartnerLink does not allow for LPH staff to indicate who the perinatal hepatitis B lead is for an agency.

STI/HIV Coordinator/Point-of-Contact

Staff designated as the point-of-contact for the local public health agency for STI/HIV related communication, education, and outreach activities.



Necessary Capabilities/Skills:

- Organizational skills
- Excellent interpersonal skills
- Creative/Problem solving
- Familiar with local governmental and community resources
- Use a health equity lens (related to race, culture, geography, and other factors)

Note: If there are questions about assigning this role to LPH staff based on skill sets vs a specific type of credential please contact your region's district epidemiologist.



Expectations:

- As needed, disseminate new or updated guidelines, health educational materials, and other relevant information to local providers and community-based organizations.
- As needed, educate local providers about making disease reports to MDH.
- Maintain an understanding of the general disease investigation (partner services) process.
- Either separately or as part of another local resource guide (e.g., child and teen checkups), maintain a list of local resources for people with STI/HIV infections.
- In the event of an outbreak, assist MDH with the development and implementation of outbreak response strategies and activities.
- Expectations for LPH agencies who have an in-house HIV/STI clinic:
 - Report STI/HIV cases to MDH according to reporting requirements.
 - In an outbreak situation, if not already doing disease investigation and as capacity allows, conduct corresponding disease investigations in collaboration with MDH (e.g., if syphilis outbreak, conduct syphilis disease investigations and report data and findings to MDH)
 - Filling roles in local incident command structure for local response to the outbreak
- MDH staff will maintain access to jurisdiction-level data. (*Contact your corresponding MDH district epidemiologist to discuss data sources.*)
 - Receipt of HIV data more detailed than the publicly available county-level counts will be dependent on review and acceptance of MDH data suppression, data re-release rules, and security and confidentiality policies and procedures.



Tools a person in this position may or should have access to:

Should have access to:

- GovDelivery:
More information about GovDelivery is available in "GovDelivery" on page 113
Your region's district epidemiologist can provide recommendations for infectious disease newsletters to sign up for.



Communication between MDH and LPH staff

- LPH staff should direct STI/HIV communication to MDH to their corresponding district epidemiologist. There is not one universal MDH email address that communication from LPH agencies should be directed to.
- District epidemiologists maintain distribution lists for the STI/HIV coordinators/points-of-contact and their backups. These lists are updated as district epidemiologists are made aware of staff changes.

Medical Consultant

Minnesota Statute 145A, the Local Public Health Act, requires Community Health Boards to appoint, employ, or contract with a medical consultant.⁶ The expectations for the medical consultant will vary depending on the programs and activities done by CHBs and/or LPH agencies. Individual agencies within a multi-county CHB may each have their own medical consultant.



Necessary Capabilities/Skills:

- *Licensure:* Minnesota statute requires the medical consultant to be a physician licensed to practice medicine in Minnesota⁷



Expectations

For all CHBs:

- Ensure appropriate medical advice and direction for the CHB.
- Provide advice and information.
- Authorize medical procedures through protocols.
- Assist the CHB and its staff in the coordination of community health services with local medical care and other health services.

6 Ch. 145A MN Statutes (145A.04 Powers and Duties of Community Health Board. Subdivision 2a)

7 Ch. 145A MN Statutes (145A.02 Definitions, subdivision 15)

Examples

Note: Depending on the size and organization of an agency these expectations might be distributed over one or more people. Different from the other LPH Roles, these expectations are **examples** of things a medical consultant would do.

- For all LPH agencies:
 - Be a resource for local medical needs/support.
 - Include informal consults (e.g., agency infection control)
 - TB case management needs:
 - TB DOT
 - TB TSTs
 - Agency TB protocols
- For LPH agencies giving vaccinations and participating in the MnVFC and UUAV programs:
 - Reviewing and signing policies and protocols such as
 - Vaccine Protocols
 - Anaphylaxis protocol
 - Post-exposure protocols
 - Writing prescriptions for medications (e.g., epinephrine)
 - For counties that participate in MnVFC and UUAV:
 - Medical provider review and signature of program provider agreements
- For LPH agencies that provide jail nursing:
 - Jail health visits (or delegated to a PA or NP)
 - Policy review
 - Disease testing and treatment
 - Vaccines
 - Condition-specific protocols



Tools a person in this position should have access to

- GovDelivery:
More information about GovDelivery is available in "GovDelivery" on page 113
-

Roles for Staff that Work Regionally (MDH and LPH)

Staff in these roles support infectious disease work done in multiple neighboring CHBs.

Regional Roles

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MDH District Epidemiologists

MDH has infectious disease epidemiologists who each serve a designated region of the state ([Map of Field Services Epidemiologists \(https://www.health.state.mn.us/about/org/idepc/epis.html\)](https://www.health.state.mn.us/about/org/idepc/epis.html)).

These epidemiologists:

- provide epidemiology support (including data analysis and interpretation, education on the biology and population-level implications of infectious diseases, case investigation and outbreak response support) to LPH and tribal agencies,
- bring a local perspective to internal MDH discussions and bring the MDH perspective to discussions happening in the regions they serve,
- serve as liaisons between MDH staff and staff at LPH and tribal health agencies who work in infectious disease roles, and
- augment MDH’s capacity in a variety of different areas (including MnVFC site visits and education and outreach activities).

The district epidemiologists work with the [MDH Public Health Preparedness Consultants \(PHPCs\) \(https://www.health.state.mn.us/about/org/epr/phpc\)](https://www.health.state.mn.us/about/org/epr/phpc) (MDH Emergency Preparedness and Response Division) and [MDH Public Health Systems Consultants \(PHSCs\) \(https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html\)](https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html) (MDH Community Health Division).

IQIP Consultants

IQIP consultants are trained public health professionals that implement CDC’s IQIP program in Minnesota.

The consultants are either MDH staff or (via contract) LPH staff or LPH subcontracted staff. They are immunization experts that help providers participating in the IQIP program plan and execute immunization improvement activities over a 12-month period. Consultants are required to attend annual IQIP training, conduct IQIP site visits for a certain percent of their list of providers, and attend monthly IQIP calls hosted by Minnesota’s IQIP Coordinator. MDH contracts with LPH agencies to support the LPH IQIP consultants’ work.

Other Infectious Disease-related Roles Covered Elsewhere

Other Roles

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MnVFC Program Roles

Information on the staff roles for clinic sites participating in the Minnesota Vaccines for Children (MnVFC) are outlined in the policies and procedures manual developed by the MDH MnVFC program.

The policy and procedure manual can be found on the [MDH MnVFC Required Reports and Trainings \(https://www.health.state.mn.us/people/immunize/hcp/mnvfc/required.html\)](https://www.health.state.mn.us/people/immunize/hcp/mnvfc/required.html) website, clicking on the type of site the clinic is (separate stock or replacement method), and then clicking on the link to policies and procedures manual.

MIIC Users

Information for users of the Minnesota Immunization Information Connection (MIIC) can be found on MDH’s website [About MIIC \(https://www.health.state.mn.us/people/immunize/miic/about.html\)](https://www.health.state.mn.us/people/immunize/miic/about.html).

More information about MIIC can be found in “Minnesota Immunization Information Connection (MIIC)” on page 113.

MEDSS Users

The Minnesota Electronic Disease Surveillance System (MEDSS) is a secure system that allows public health officials to receive, manage, process, and analyze disease-related data.

Information about the system is on the [MDH Minnesota Electronic Disease Surveillance System \(https://www.health.state.mn.us/diseases/reportable/medss/index.html\)](https://www.health.state.mn.us/diseases/reportable/medss/index.html) website. To start the process to request access to this system, please contact your regional “MDH District Epidemiologists” on page 28)

More information about MEDSS is in “Minnesota Electronic Disease Surveillance System (MEDSS)” on page 113.

Role and Distribution List Management Activities

Managing distribution lists and information flow is essential to maintaining communication within the public health system in Minnesota. This information focuses on management of distribution lists to ensure communication between MDH and LPH agencies.

LPH

Infectious disease roles (outlined in this document)

- Refer to the different roles in this document for guidance on how to add staff assigned to the roles to corresponding distribution lists.
- The Infectious Disease Coordinator should know who is assigned to what roles in their LPH agency. “Appendix 9: LPH Agency Infectious Disease Coordinator/Point-of-Contact List” on page 121 can be used to organize this information.)

Electronic systems (eSHARE, GovDelivery, MEDSS, MIIC, LPH Data Dashboard/Trusted Partner Site, PartnerLink)

- Distribution lists are maintained based on the users that have access to the systems.
- Refer to the information about the tools in this document for guidance on how to access these sites.
- When a user leaves their position and they no longer need access to a specific electronic system, their access needs to be ended through notification of an administrator of the system or their corresponding MDH district epidemiologist.

MDH

MDH District Epidemiologists

- Will maintain distribution lists of infectious disease coordinators (and backups as needed), STI/HIV coordinators/POCs, and LPH agency directors/leadership for the regions they serve.
- Quarterly, will remind LPH agency staff to review the LPH staff assigned to infectious disease roles to ensure they are up to date.
- Quarterly, will remind LPH agency staff to review lists of LPH staff with access to systems and websites to ensure that people who no longer need access are removed.

MDH Staff (other than district epidemiologists)

- For program areas with distribution lists not managed in PartnerLink, check annually to make sure they have points of contact from all LPH agencies.

Reminder that the individual counties of some multicounty CHBs will function as standalone agencies and, therefore, some CHBs will have multiple points of contact. For more information, see the definition of “Cross-jurisdictional LPH” on page 111

- When sending information out to LPH staff, copy the MDH district epidemiologists. (The unit has a distribution list in the MDH address book and a dedicated role in PartnerLink.)

Infectious Disease Responsibilities

Reminder that for purposes of this document, references to the “Minnesota Department of Health” or “MDH” are in reference to the MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division unless otherwise specifically noted.

This information on infectious disease responsibilities is intended to provide a basic understanding of the spectrum of infectious disease work being done in the governmental public health system in Minnesota. When orienting new LPH staff into an infectious disease role, MDH district epidemiologists will cover this foundational content and add information more specific to the jurisdiction and corresponding region. Within MDH, this is an expected part of onboarding new employees.

Organization of responsibility information

The responsibilities are grouped into 11 core areas of infectious disease work. (The section headers that start with letters A – K.) The responsibilities in each of these 11 core areas are grouped into 2 – 5 sub-areas of related responsibilities. (The subsection headers that start with a letter/number combination.)

In this section of the document, tables list the responsibility reference number (“Number”), the title of the responsibility (“Responsibility”), and then 3 columns for the segments of the Minnesota public health system that have a role in carrying out the responsibilities (“LPH” (more info on “LPH (local public health)” on page 32), “District Epis (MDH)” (more info on “MDH District Epidemiologists” on page 28), “MDH”).

Additional clarification of the responsibilities and more detail about how each segment of the governmental public health system contributes to each specific responsibility are in “Appendix 1: Responsibility Detail” on page 49.

Important notes:

- There is a variety of valuable work being done by LPH agency staff on behalf of multiple LPH agencies (general definition and examples in the Glossary under the definition “Cross-jurisdictional LPH” on page 111). These collaborations can be formal or informal and short term or long term. The variety is difficult to comprehensively and succinctly capture in a document such as this, but an attempt has been made to note formal and/or long term cross-jurisdictional LPH agency collaborations.
- Due to tribes’ sovereign nation status, this document does not outline expectations of tribal health staff. More information about the Minnesota public health system segments these expectations apply to is in the “Purpose of this Document” on page 8 of this document.



Definitions of Terms Used to Delineate Responsibilities

LPH (local public health)

- Refers to the most local level of public health that has staff doing infectious disease work in a jurisdiction.

For more detail, please see the general definition and examples in the Glossary under the definition “Cross-jurisdictional LPH” on page 111

“Yes”

- This is a responsibility that all LPH agencies in the state are expected to do or help with.

Notes:

- If a responsibility is marked “Yes” in this column and you work in an LPH agency that is lacking capacity or expertise to carry out the responsibility, please discuss it with the corresponding district epidemiologist.
- For most responsibilities, additional detail is in “Appendix 1: Responsibility Detail” on page 49.

“Some”

- This is a responsibility that some LPH agencies in the state are expected to do or help with. When this option is used, more information is in “Appendix 1: Responsibility Detail” on page 49

Notes: While this ‘who does what’ delineation indicates some work required for certain agencies in particular situations or with higher capacity, for other agencies (e.g., lower capacity agencies), these responsibilities may be aspirational, or responsibilities to set as staff or agency development goals.

“No”

- This is a responsibility that LPH agencies are not required to do, but in some situations may choose to do.

Note: If an LPH agency is interested in taking on activities related to a responsibility marked as “No” for them, please consult with the corresponding district epidemiologist. In many situations this should not be an issue, but some activities may require more regular communication or collaboration with MDH staff.

District Epis (MDH)

- District Epis (MDH):* refers to “MDH District Epidemiologists” on page 28.

“Yes”

- This is a responsibility that MDH district epidemiologists are expected to do or help with.

“No”

- This is a responsibility that MDH district epidemiologists are not required to do but may do or help with in rare situations.

MDH

- MDH:* refers to MDH staff functioning at a statewide level.

“Yes”

- This is a responsibility that all work units of MDH are expected to do or help with.

“No”

- This is a responsibility that MDH work units are not required to do but may do or help with in rare situations.

A. Enforce public health laws to prevent and control infectious diseases

This foundational area encompasses the activities being done by Minnesota public health agencies (state and local) to support the development and application of public health laws, rules, and ordinances in their infectious disease work. Carrying out these responsibilities requires collaboration between public health agency staff working on infectious disease activities and legal staff designated to work with public health agencies. (For example, county-based staff would work with their county attorney, or staff designated by their county's attorney to work with their agency.)

This area is not intended to be a summary of federal, state, or local legal language that gives public health agencies authority for infectious disease work.

A1. Draft and implement legal provisions

Number	Responsibility	LPH	District Epis (MDH)	MDH
A1.1	Work with agency legal and/or policy staff to draft new legal provisions or propose changes to existing legal provisions.	Yes	No	Yes
A1.2	Collaborate with non-infectious disease governmental partners in the review and development of the statutes, rules, and ordinances that will impact infectious disease work.	Some	No	Yes
A1.3	Translate legal language into policy for implementation.	Some	No	Yes

A2. Ensure reports of reportable diseases and conditions are made

Number	Responsibility	LPH	District Epis (MDH)	MDH
A2.1	Train staff who make and receive disease reports on what data is required to be reported.	Some	Yes	Yes
A2.2	Audit infectious disease reporting.	No	No	Yes
A2.3	Follow-up on infectious disease and data reporting questions and issues.	Yes	Yes	Yes
A2.4	Work with legal/policy staff on reporting issues that infectious disease staff have not been able to resolve.	No	Yes	Yes

A3. Maintain the privacy and confidentiality of data required to be reported

Number	Responsibility	LPH	District Epis (MDH)	MDH
A3.1	Work with agency's legal and compliance staff as data privacy and confidentiality questions arise.	Yes	Yes	Yes
A3.2	Maintain data according to federal and state data privacy and confidentiality laws and assure staff are trained.	Yes	Yes	Yes

A4. Implement legal measures to prevent disease transmission, as warranted

Number	Responsibility	LPH	District Epis (MDH)	MDH
A4.1	Educate public health partners about implementation of a health threat notification.	Some	Yes	Yes
A4.2	Identify health threat situations and collaborate with corresponding public health agency(ies).	Yes	Yes	Yes
A4.3	Work with patients/clients not adhering to transmission prevention measures to bring them into compliance.	Yes	Yes	Yes
A4.4	Work with legal counsel if unable to bring patient/client to comply with transmission prevention measures.	Some	Yes	Yes
A4.5	As needed, implement isolation or quarantine.	Yes	Yes	Yes

B. Educate policy makers and assure policies, resources, and systems are in place to support infectious disease prevention and control

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to educate policy makers and assure policies, resources and systems are in place to support prevention and control of infectious diseases in the population.

As it applies to the Minnesota public health system, it is important to be familiar with the Hatch Act (federal law passed in 1939) and how it applies to public employees interacting with elected officials. *(More information is in the introductory text of area B in “Appendix 1: Responsibility Detail” on page 49.)*

B1. Seek new and/or maintain existing resources

Note: There is some cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. More information can be found in the details of the responsibilities in this sub-area.

Number	Responsibility	LPH	District Epis (MDH)	MDH
B1.1	Seek out, apply, and manage funding opportunities.	Some	No	Yes
B1.2	Educate elected officials about resources needed for infectious disease work.	Yes	No	Yes
B1.3	Maintain agency support for resources that give residents access to needed infectious disease services.	Yes	Yes	Yes
B1.4	Educate local healthcare systems about infectious disease-related needs of the community.	Yes	Yes	Yes

B2. Support and promote equitable policies and systems for infectious disease prevention and control

Number	Responsibility	LPH	District Epis (MDH)	MDH
B2.1	Educate elected officials about policies and systems needed for infectious disease work.	Yes	No	Yes
B2.2	Collaborate among government public health agencies to align goals and associated activities to support the public health system in Minnesota.	Yes	Yes	Yes
B2.3	Collaborate with agency leadership to inform policy development or maintenance of policies for the agency’s infectious disease work.	Yes	Yes	Yes
B2.4	Determine and communicate the infectious disease impact on the population of current or proposed public health policy.	Yes	Yes	Yes
B2.5	Participate in advisory groups that influence or propose policy or guidance for infectious disease work.	Some	Yes	Yes

C. Identify partners and maintain relationships for infectious disease prevention and control

This foundational area encompasses activities being carried out by public health agencies (state and local) across Minnesota to identify and collaborate with partners. There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Many of these cross-jurisdictional LPH activities will be informal and are occurring especially in activities related to responsibilities in sub-areas C1 and C2.

C1. Coordinate within the governmental public health system

Number	Responsibility	LPH	District Epis (MDH)	MDH
C1.1	Maintain relationships with CDC.	Some	No	Yes
C1.2	Maintain relationships with MDH staff.	Yes	Yes	Yes
C1.3	Maintain regional collaborations.	Yes	Yes	Yes
C1.4	Maintain relationships with public health staff from neighboring jurisdictions and collaborate as needed.	Yes	Yes	Yes
C1.5	Maintain relationships with and among LPH staff.	Yes	Yes	Yes
C1.6	Maintain distribution lists and communication channels among state/regional/local/tribal staff.	Yes	Yes	Yes
C1.7	As appropriate, coordinate infectious disease activities with other activities within public health departments and across public health divisions and agencies providing interconnected, or related services.	Yes	Yes	Yes
C1.8	Coordinate communication in response to specific cases, outbreaks, or other situations.	Yes	Yes	Yes
C1.9	Collaborate with partners across disease/topical areas that work with the same populations.	Yes	Yes	Yes

C2. Coordinate with partners at the local, state, and federal levels outside of the governmental public health system

Number	Responsibility	LPH	District Epis (MDH)	MDH
C2.1	Coordinate activities, messaging, and outreach with partners to reduce duplication of efforts and maximize use of financial resources.	Yes	Yes	Yes
C2.2	Collaborate with partners across disease/topical areas that work with the same populations.	Yes	Yes	Yes

C3. Expand reach to increase effectiveness

Number	Responsibility	LPH	District Epis (MDH)	MDH
C3.1	Engage underserved groups, marginalized groups and groups that have received misinformation.	Yes	Yes	Yes
C3.2	Establish and maintain connections with population sub-groups to collaborate and promote prevention messages using trusted members of these groups.	Yes	Yes	Yes

D. Maintain a statewide infectious disease surveillance system

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to maintain a statewide infectious disease surveillance system. Since MIIC is not a disease surveillance system, it is not included in this area. For responsibilities related to MIIC, please see “I. Maintain a statewide immunization program” on page 43.

D1. Communicate infectious diseases and conditions that must be reported

Number	Responsibility	LPH	District Epis (MDH)	MDH
D1.1	Specify the diseases/conditions that must be reported.	No	Yes	Yes
D1.2	Conduct sentinel surveillance to gather data that cannot be collected through routine disease reporting about how diseases are affecting a population.	Some	Yes	Yes
D1.3	Communicate protocols and processes for disease reporting.	Yes	Yes	Yes
D1.4	Follow protocols and processes for disease reporting.	Yes	Yes	Yes
D1.5	Assist in clarifying and interpreting what test results do and do not need to be reported to MDH.	Yes	Yes	Yes
D1.6	Train staff required to make disease reports on what to report, timely reporting, and what public health agencies do with disease reports.	Some	Yes	Yes
D1.7	Educate providers on disease reporting options for infectious diseases and conditions that aren't specifically listed on the reportable disease list.	Yes	Yes	Yes
D1.8	Communicate changes to disease reporting requirements.	Yes	Yes	Yes

D2. Maintain and enhance disease reporting systems

Number	Responsibility	LPH	District Epis (MDH)	MDH
D2.1	Maintain a governance system to oversee maintenance and enhancement of disease reporting systems.	No	No	Yes
D2.2	Create and maintain user accounts, profiles, security settings, and user training documentation.	Yes	Yes	Yes
D2.3	Maintain fields within MEDSS for electronic reporting.	No	Yes	Yes
D2.4	Implement electronic lab reporting for reportable diseases.	No	No	Yes
D2.5	Update and maintain infrastructure to send and/or receive secure, electronic case reports.	Yes	No	Yes
D2.6	Implement auditing and data quality control measures for reportable diseases.	Some	No	Yes

E. Conduct investigations and respond to infectious disease outbreaks

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota conduct disease investigations and respond to disease outbreaks. There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. For example, some LPH agencies are covering case investigations and outbreak response for other LPH agencies. Also, if an outbreak covers multiple LPH agency jurisdictions, there is a higher likelihood of informal cross-jurisdictional LPH work and collaboration.

E1. Conduct investigations

Note: MDH staff are working with LPH staff from a selection of agencies that do case investigation and a contractor (to help facilitate) to document more clearly what it takes to do case investigation and to be successful in these activities. (Outbreak response is out-of-scope for this project.) The results of this project will be used to fine tune responsibilities in this section, E1, and J2.

Number	Responsibility	LPH	District Epis (MDH)	MDH
E1.1	Enter case information into MEDSS.	Some	Yes	Yes
E1.2	Interview patient (or parent/guardian).	TB and perinatal HBV: Yes Other diseases: Some	Yes	Yes
E1.3	Customize case investigation based on unique needs of a situation.	TB: Yes Other diseases: Some	Yes	Yes
E1.4	Conduct contact tracing and follow-up on contacts, as required.	TB: Yes Other diseases: Some	Yes	Yes
E1.5	Identify when outbreak response is necessary.	TB: Yes Other diseases: Some	Yes	Yes
E1.6	As needed, carry out field work or site visits related to an investigation.	TB: Yes Other diseases: Some	Yes	Yes
E1.7	As appropriate, assure post-exposure prophylaxis (PEP) is offered to contacts.	TB and perinatal HBV: Yes Other diseases: Some	Yes	Yes
E1.8	With subject matter expert (SME) collaboration, assure cases and contacts have been appropriately treated for their infections.	TB: Yes Other diseases: Some	Yes	Yes
E1.9	With SME collaboration, assure cases and contacts have been tested with the correct or recommended test.	TB and perinatal HBV: Yes Other diseases: Some	Yes	Yes
E1.10	Utilize isolation and quarantine as appropriate or indicated.	TB: Yes Other diseases: Some	Yes	Yes

E2. Respond to infectious disease outbreaks

Number	Responsibility	LPH	District Epis (MDH)	MDH
E2.1	Focus outreach to impacted groups.	Yes	Yes	Yes
E2.2	Implement timely interventions to affect transmission.	Yes	Yes	Yes
E2.3	Collaborate with partners both within and outside the governmental public health system.	Yes	Yes	Yes
E2.4	Delineate roles specific to a situation.	Yes	Yes	Yes

E3. Manage resources for outbreak management and control

Number	Responsibility	LPH	District Epis (MDH)	MDH
E3.1	Provide infection control technical assistance.	Yes	Yes	Yes
E3.2	Evaluate needs of the affected population.	Yes	Yes	Yes
E3.3	Coordinate staff to make sure resources get where they need to go, and partners have what they need.	Yes	Yes	Yes
E3.4	Provide or assure access to vaccines, IG, or antibiotics to residents as determined by individual (or sub-group) need or as other outbreak response circumstances indicate.	Yes	Yes	No
E3.5	Provide information on how to access clinical services to individuals or groups of people who need to because of the outbreak affecting them.	Yes	Yes	Yes
E3.6	Maintain expertise for medical billing to seek reimbursement for services provided.	Some	No	No
E3.7	If needed for the response, work with agency's medical consultant to approve protocol or standing orders for public health staff to administer or distribute prophylaxis or treatment.	Yes	Yes	Yes

E4. Provide case management services

These services are provided by public health agency staff for people diagnosed with infectious diseases or conditions due to infectious exposures that require longer treatment regimens. These situations are characterized by regular, active work with a patient, or client, to support the person as they progress through a treatment course. Examples include active tuberculosis, perinatal hepatitis B, and latent TB infection.

Number	Responsibility	LPH	District Epis (MDH)	MDH
E4.1	Seek reimbursement for services or medications.	Yes	No	Yes
E4.2	Manage medication administration.	TB: Yes	No	Yes
		All other diseases: Some		
E4.3	Assure access to clinical care that might be needed.	Yes	No	Yes
E4.4	Connect patients/clients to wrap-around services needed to successfully complete case management activities.	Yes	No	No

F. Provide scientifically accurate, accessible, and culturally appropriate information on infectious diseases to the public

This foundational area encompasses activities being carried out by public health agencies (state and local) across Minnesota to provide scientifically accurate information to the public.

Important general notes regarding LPH agency capacity for external messaging:

Not every LPH agency has dedicated and trained communications staff. This can pose significant challenges to create information specific for their local community to disseminate. Collaboration with MDH staff in message development can help to overcome this hurdle.

Important note regarding preventing use of stigmatizing language: When planning infectious disease related messaging, if specific sub-groups of the population are most at-risk of becoming infected, it is important to effectively inform these groups of people in such a way that minimizes potential stigmatization. Based on feedback from previous disease response work it is strongly recommended that community-based groups and organizations representing these at-risk populations be consulted to provide communication guidance. Responsibilities in this document in areas “C. Identify partners and maintain relationships for infectious disease prevention and control” on page 36 and “G. Analyze and share infectious disease data and trends” on page 41 could be helpful.

F1. Identify communication needs and develop messages

Number	Responsibility	LPH	District Epis (MDH)	MDH
F1.1	Assess and identify communication needs and opportunities.	Yes	Yes	Yes
F1.2	Develop tailored information and recommended actions as needed for sub-communities/populations.	Yes	Yes	Yes
F1.3	Include members of key audiences when developing messages.	Yes	Yes	Yes
F1.4	Respond to requests for information.	Yes	Yes	Yes

F2. Develop a communications plan

Number	Responsibility	LPH	District Epis (MDH)	MDH
F2.1	Include members of key audiences when developing and implementing communication strategies.	Yes	Yes	Yes
F2.2	Plan how to share messages using relevant communication platforms.	Yes	Yes	Yes
F2.3	Develop up-to-date resources in multiple languages.	Some	No	Yes

F3. Inform the community

Number	Responsibility	LPH	District Epis (MDH)	MDH
F3.1	Implement communications plan.	Yes	Yes	Yes
F3.2	Overcome potential language barriers to ensure effective communication of infectious disease messages.	Yes	Yes	Yes
F3.3	Create disease specific educational materials and/or collaborate with other programs to incorporate infectious disease messages.	Some	Yes	Yes
F3.4	Include members of key audiences when delivering messages.	Yes	Yes	Yes
F3.5	Convene and/or participate in events including but not limited to community fairs and community forums.	Yes	Yes	Yes

G. Analyze and share infectious disease data and trends

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to analyze and share infectious disease data and trends.

Important note: When infectious disease data analyses identify specific sub-groups of the population that are most at-risk of becoming infected, it is important to effectively inform these groups of people in such a way that minimizes potential stigmatization. Based on feedback from previous disease response work it is strongly recommended that community-based groups and organizations representing these at-risk populations be consulted to provide communication guidance. Responsibilities in this document in “C. Identify partners and maintain relationships for infectious disease prevention and control” on page 36 and “F. Provide scientifically accurate, accessible, and culturally appropriate information on infectious diseases to the public” on page 40 could be helpful.

G1. Monitor the occurrence of disease in the population

Number	Responsibility	LPH	District Epis (MDH)	MDH
G1.1	Identify emerging issues and trends.	Some	Yes	Yes
G1.2	Monitor for outbreaks and share information, as needed.	Some	Yes	Yes
G1.3	Monitor for disparities in disease rates and underlying inequities.	Some	Yes	Yes
G1.4	Monitor diagnostic practices, identify changes to diagnostic practices, and determine the impact on any changes to disease trends.	No	Yes	Yes
G1.5	Identify populations most at-risk for infectious diseases.	Yes	Yes	Yes

G2. Monitor and understand risk and protective factors

Number	Responsibility	LPH	District Epis (MDH)	MDH
G2.1	Use data as one method to identify population sub-groups affected, at-risk, or most impacted by multiple reportable diseases and conditions.	Yes	Yes	Yes
G2.2	Promote provider education and awareness of factors that protect people from contracting monitored diseases and conditions or put them at more risk.	Some	Yes	Yes

G3. Share data on infectious disease and risk factors for transmission

Number	Responsibility	LPH	District Epis (MDH)	MDH
G3.1	Share data analyses findings with general public and specific sub-groups.	Yes	Yes	Yes
G3.2	Respond to data analysis requests.	Some	Yes	Yes
G3.3	Utilize partnerships to provide access to and clear interpretation of data analysis results to stakeholders.	Some	Yes	Yes
G3.4	Use publications from MDH to share findings from data analyses.	Some	Yes	Yes
G3.5	Present at conferences, grand rounds, community events, and/or other opportunities.	Some	Yes	Yes
G3.6	Maintain capacity to analyze and draft interpretations of data analyses.	Some	Yes	Yes

H. Implement infectious disease prevention and control programs and strategies

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to implement infectious disease prevention and control strategies.

H1. Identify and prioritize prevention and control strategies

There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area.

Number	Responsibility	LPH	District Epis (MDH)	MDH
H1.1	Use quality improvement methods to identify new strategies.	Some	No	Yes
H1.2	Work with internal and external partners to identify and prioritize strategies.	Yes	Yes	Yes
H1.3	Seek support for resources to work with specific at-risk populations to co-create effective strategies.	Yes	Yes	Yes

H2. Implement prevention and control strategies

Number	Responsibility	LPH	District Epis (MDH)	MDH
H2.1	Work with community members and partners to implement disease prevention approaches or adjust existing prevention activities.	Yes	Yes	Yes
H2.2	Monitor and respond to novel, emerging, and/or out-of-the-ordinary infectious disease prevention and control situations.	Yes	Yes	Yes
H2.3	Protect the health of public health staff doing infectious disease work.	Yes	Yes	Yes

I. Maintain a statewide immunization program

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to maintain a statewide immunization program. There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Formal cross-jurisdictional LPH work includes accomplishing MnVFC and IQIP site visits. Informal cross-jurisdiction LPH work is also occurring on a variety of topics.

I1. Assure safe and effective administration of vaccines

Number	Responsibility	LPH	District Epis (MDH)	MDH
I1.1	Conduct site visits for clinics enrolled in the MnVFC program.	Some	Yes	Yes
I1.2	Promote vaccine administration best practices to vaccine providers.	Yes	Yes	Yes
I1.3	Proactively review and share state-level and jurisdiction-level immunization rates.	Some	No	Yes
I1.4	Ensure that eligible clinics are offered an IQIP visit.	Some	No	Yes

I2. Promote timely, age-appropriate vaccination

Number	Responsibility	LPH	District Epis (MDH)	MDH
I2.1	Promote and educate providers on CDC vaccination schedules.	Some	Yes	Yes
I2.2	Update Minnesota-specific immunization information materials, as needed.	No	No	Yes
I2.3	Support outreach to groups experiencing vaccine hesitancy.	Some	Yes	Yes
I2.4	Maintain and promote immunization reminder/recall efforts to Minnesotans due or overdue for vaccines.	Some	Yes	Yes
I2.5	Use data from MIIC to identify vaccination coverage gaps.	Some	Yes	Yes
I2.6	Use data from MIIC and local knowledge to help prioritize vaccination efforts in outbreak situations.	Some	Yes	Yes
I2.7	Assist with requests to locate, translate, and review immunization records.	Yes	No	Yes

I3. Maintain and promote a statewide immunization information system (MIIC)

Number	Responsibility	LPH	District Epis (MDH)	MDH
I3.1	Maintain and improve quality of data in MIIC.	Yes	Yes	Yes
I3.2	Educate providers on MIIC and encourage them to use MIIC.	Yes	Yes	Yes
I3.3	Assist staff of organization entering vaccine information to troubleshoot data submissions.	Yes	No	Yes
I3.4	Create and maintain MIIC user accounts to ensure access to key functionality.	Yes	No	Yes
I3.5	Maintain and improve interoperability between MIIC and eSHARE, MEDSS, and large healthcare system EHRs.	No	No	Yes
I3.6	Maintain and improve interoperability between MIIC and LPH EHRs.	Some	Yes	Yes
I3.7	Add and maintain data sharing agreements and linkages with other states' immunization information systems (IISs).	Some	No	Yes

I4. Ensure equitable access to vaccinations

Number	Responsibility	LPH	District Epis (MDH)	MDH
I4.1	Administer routinely recommended vaccine through the MnVFC and UUAV programs.	Some	No	Yes
I4.2	Seek reimbursement for services and/or private stock vaccine.	Some	No	Yes
I4.3	Connect residents to information to find low- or no-cost immunizations.	Yes	No	Yes
I4.4	Bring immunization clinics to community locations.	Some	No	No

J. Develop guidelines and provide technical expertise

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to share population-based infectious disease expertise with health professionals (including schools) and community partners who care for Minnesota residents. (Non-clinical professionals in health-related organizations and staff from community-based organizations [e.g., syringe service programs] are included in this group.)

J1. Share and maintain technical expertise regarding the role of public health in infectious disease work and epidemiologic and clinical characteristics of infectious disease

Note: There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Much of the collaboration is informal.

Number	Responsibility	LPH	District Epis (MDH)	MDH
J1.1	Provide information on biology, transmission, treatment, and prevention of infectious diseases.	Yes	Yes	Yes
J1.2	Advise on infectious disease screening activities.	TB and perinatal HBV: Yes STIs, HIV, and VPDs: Some Other diseases: No	Yes	Yes
J1.3	Advise on actions to take related to people with suspected, or unconfirmed, infections.	TB: Yes STIs, HIV, and VPDs: Some Other diseases: No	Yes	Yes
J1.4	Advise on specimen collection for infectious diseases.	TB: Yes STIs, HIV, and VPDs: Some Other diseases: Some	Yes	Yes
J1.5	Assist in interpreting lab results related to determining infectious pathogens.	TB: Yes STIs, HIV, and VPDs: Some Other diseases: No	Yes	Yes
J1.6	Advise on infection prevention and control activities.	Some	Yes	Yes
J1.7	Maintain 24/7 epidemiology technical assistance capacity.	No	Some	Yes
J1.8	Provide training to facility staff on infection prevention and control practices.	Some	Yes	Yes
J1.9	Participate in activities or trainings to develop or maintain staff knowledge base.	Yes	Yes	Yes
J1.10	Share expertise and information with partners and appropriate audiences.	Yes	Yes	Yes
J1.11	Maintain awareness of infectious diseases trends globally.	Some	Yes	Yes
J1.12	Assure training for staff and students.	Yes	Yes	Yes
J1.13	Submit articles for publication.	Some	Yes	Yes

J2. Establish and ensure standards for investigation and public health response to infectious disease reports, clusters, and outbreaks

Note: MDH staff are working with LPH staff from a selection of agencies that do case investigation and a contractor (to help facilitate) to document more clearly what it takes to do case investigation and to be successful in these activities. (Outbreak response is out-of-scope for this project.) The results of this project will be used to fine tune responsibilities in this section, J2, and E1.

Number	Responsibility	LPH	District Epis (MDH)	MDH
J2.1	Advise on responding to clusters or outbreaks of disease.	Some	Yes	Yes
J2.2	Maintain case investigation and response policies and procedures and, as appropriate, improve these to incorporate best practices.	Some	Yes	Yes
J2.3	Provide expertise or assistance in responses involving an infectious disease pathogen where a non-public health agency is the lead responding agency and where there are potential human health implications.	Some	Yes	Yes
J2.4	Educate on disease management and response guidelines.	Yes	Yes	Yes
J2.5	Share resources with facilities and organizations that they can share with their staff and the people they serve.	Yes	Yes	Yes
J2.6	Advise on specimen collection (reportable and non-reportable conditions).	Some	Yes	Yes
J2.7	Assist in interpreting lab results.	Some	Yes	Yes
J2.8	Apply culturally and linguistically appropriate services (CLAS) standards to outbreak response.	Yes	Yes	Yes
J2.9	Create and maintain standard response tools and forms.	Some	Yes	Yes
J2.10	Assure staff performing response activities are trained.	Yes	Yes	Yes

J3. Develop guidelines based on epidemiological data for the prevention and control of infectious disease

Number	Responsibility	LPH	District Epis (MDH)	MDH
J3.1	Assemble guidelines from multiple reputable sources with SME consultation, including community expertise, as needed.	Some	Yes	Yes
J3.2	Make decisions on procurement, distribution and prescribing alternative medications or vaccine when shortages occur.	Some	No	Yes
J3.3	Create guidance for specific settings that are under state licensure.	Some	No	Yes
J3.4	Create guidance for settings or situations that are needed for certain diseases where the specific guidance doesn't exist.	Some	Yes	Yes
J3.5	Create tools to facilitate guidance implementation.	Some	No	Yes

J4. Adopt/adapt/interpret national recommendations

Note: There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Much of the collaboration is informal.

Number	Responsibility	LPH	District Epis (MDH)	MDH
J4.1	Participate in workgroups creating and revising national guidance.	Some	No	Yes
J4.2	Review recommendations and guidance from CDC and other national partners.	Some	No	Yes
J4.3	Adapt guidelines and best practices in collaboration with community stakeholders to facilitate appropriate implementation in Minnesota.	Some	Yes	Yes
J4.4	As applicable and appropriate, promote national guidelines to partners.	Yes	Yes	Yes

J5. Conduct site visits

These responsibilities cover the tangible goals and activities of site visits. An additional, non-tangible goal of a site visits is to develop and maintain relationships with the people who live or work at the site being visited. Examples of site visits include visits to petting zoos, skilled nursing facilities to review infection control practices, and visits to sites where an infectious TB case was present. MnVFC and IQIP site visits are specifically mentioned in the area "I. Maintain a statewide immunization program" on page 43, in responsibility I1.1.

Some types of site visits may require staff conducting them to have training on how to carry out aspects of a site visit. (For example, how to collect specimens or set up equipment.) Training that may be needed will be provided.

Note: There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Much of the collaboration is informal or associated with case, cluster, or outbreak investigations.

Number	Responsibility	LPH	District Epis (MDH)	MDH
J5.1	Identify program information and education needs and share subject matter expertise.	Some	Yes	Yes
J5.2	Review physical setting for infectious disease risks and mitigation opportunities.	Some	Yes	Yes
J5.3	Confirm, collect, or review information that can only be accomplished in person.	Some	Yes	Yes
J5.4	Collect specimens for lab testing.	Some	Yes	Yes

K. Conduct evaluations and special studies

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to evaluate their programming and work to fill in knowledge gaps in the field of infectious disease.

K1. Evaluate the effectiveness of public health programs, strategies, and interventions

Number	Responsibility	LPH	District Epis (MDH)	MDH
K1.1	Contribute to the development of jurisdiction-level health assessments and improvement plans.	Yes	Yes	Yes
K1.2	Evaluate infectious disease activities, projects, or programs.	Yes	No	Yes
K1.3	Conduct customer feedback surveys to measure customer satisfaction with infectious disease programs.	Some	No	Yes
K1.4	Evaluate effectiveness of messaging.	Some	No	Yes

K2. Gather new data to fill gaps in knowledge

Number	Responsibility	LPH	District Epis (MDH)	MDH
K2.1	Conduct surveys or additional interviews to gather more information.	Some	Yes	Yes

Appendix 1: Responsibility Detail

Reminder that for purposes of this document, references to the “Minnesota Department of Health” or “MDH” are in reference to the MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division unless otherwise specifically noted.

How the responsibility information is laid out:

- A. Responsibility code (letter numbers) and responsibility title
- B. Information about how the responsibility fits in with the Foundational Public Health Responsibilities
- C. Overall clarifying information

(Most responsibilities have this section but not all. If present, this text appears between the FPHR information and the responsibility delineation table.)

- D. Responsibility delineation table outlining what each segment of the public health system contributes to the responsibility.

Labeled Schematic of Responsibility Detail

A.

B1.1 Seek out, apply, and manage funding opportunities.

B.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Organizational Competencies: Financial Management: responsibility B.

C.

This includes governmental and non-governmental funding opportunities but excludes insurance reimbursement/billing. Also included in this responsibility are requests to public health agencies for letters of support from partner organizations seeking funding. Public health agencies should consider providing a letter of support dependent on agency capacity.

There is cross-jurisdictional LPH work occurring related to this responsibility. For example, MDH contracting with some CHBs to have “IQIP Consultants” on page 28. In a multicounty CHB where the individual member counties operate as independent LPH agencies, collaboration on this contract is facilitated by CHB staff.

D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies are recommended to review their jurisdictions infectious disease needs and seek opportunities for applicable grant funding. Note that these opportunities may have broader application than only infectious disease and some may allow for partnering among different public health program areas or partnering among various partners.
District Epis (MDH)	No	
MDH	Yes	

Terminology Definitions for Responsibility Delineation Tables

LPH Row

- LPH (local public health): refers to the most local level of public health that has staff doing infectious disease work in a jurisdiction. For more information see “LPH (local public health)” on page 111.

Important notes:

There is a variety of valuable work being done by LPH agency staff on behalf of multiple LPH agencies (general definition and examples in the Glossary under “Cross-jurisdictional LPH” on page 111). These collaborations can be formal or informal and short term or long term. The variety is difficult to comprehensively and succinctly capture in a document such as this, but an attempt has been made to note formal and/or long term cross-jurisdictional LPH agency collaborations.

Due to tribes’ sovereign nation status, this document does not outline expectations of tribal health staff. More information about what public health agencies these responsibilities apply to is in “Purpose of this Document” on page 8 .

Staff Responsible Column

“Yes”

- This is a responsibility that all LPH agencies in the state are expected to do or help with.

“Some”

- This is a responsibility that some LPH agencies in the state are expected to do or help with. When this option is used, more information will be found in the “Comments” column.

“No”

- This is a responsibility that LPH agencies are not required to do, but in some situations, may choose to do.

Comments Column

- Notes in this column may provide needed clarifying information.
- This column also describes the contribution that LPH staff make to carrying out the responsibility. Information includes
 - the characteristics of LPH agencies where carrying out the responsibility would make it a required responsibility and/or
 - situations that might come up that would result in an agency being required to work on the responsibility. *(Examples of situations include responding to an outbreak or performing a TB case investigation.)*

District Epis (MDH) and MDH Rows

- *District Epis (MDH)*: refers to “MDH District Epidemiologists” on page 28).
- *MDH*: refers to MDH staff functioning at a statewide level.

Staff Responsible Column

“Yes”

- This is a responsibility that MDH district epidemiologists or work units of MDH are expected to do or help with.

“No”

- This is a responsibility that MDH district epidemiologists or work units of MDH are not required to do but may do or help in rare situations.

“Some” is not used for these segments of the public health system.

Comments Column

- Notes in this column address needed clarifying information or what the MDH district epidemiologists or MDH work unit staff contribute to implementing the responsibility.

A. Enforce public health laws to prevent and control infectious diseases

This foundational area encompasses the activities being done by Minnesota public health agencies (state and local) to support the development and application of public health laws, rules, and ordinances in their infectious disease work. Carrying out these responsibilities requires collaboration between public health agency staff working on infectious disease activities and legal staff designated to work with public health agencies. (For example, county-based staff would work with their county attorney, or staff designated by their county's attorney to work with their agency.)

This area is not intended to be a summary of federal, state, and local legal language that gives public health agencies authority for infectious disease work.

A1. Draft and implement legal provisions

A1.1 Work with agency legal and/or policy staff to draft new legal provisions or propose changes to existing legal provisions.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Legal Services and Analysis, responsibility A.
- Capability: Policy Development and Support, responsibility A.

The intent of this responsibility is to highlight that staff working in infectious disease will work with their agency's legal/policy unit to advise on legal provisions within the agency's purview. MDH staff advise on state statutes or rules and LPH agencies advise on county or city ordinances (depending on the jurisdiction of the agency).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Ensure proposed provisions from the public health unit are necessary and consistent with other departments of the jurisdiction.
District Epis (MDH)	No	
MDH	Yes	Ensure that MDH proposed provisions are necessary and consistent with proposals or provisions from other MDH divisions and other state agencies.

A1.2 Collaborate with non-infectious disease governmental partners in the review and development of the statutes, rules, and ordinances that will impact infectious disease work.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Legal Services, responsibility A
- Capability: Policy Development and Support, responsibility B.

Ensure that statutes, rules, and ordinances from other agencies divisions or work units and other local government or state agencies correlate with public health infectious disease recommendations.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies will do this as a need or situation arises. (For example, a new or significantly updated state rule or statute.)
District Epis (MDH)	No	
MDH	Yes	

A1.3 Translate legal provisions into policy for implementation.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Legal Services and Analysis, responsibility A.
- Capability: Policy Development and Support: responsibility responsibilities B and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies will do this as a need or situation arises. (For example, a new or significantly updated state rule or statute.)
District Epis (MDH)	No	
MDH	Yes	

A2. Ensure reports of reportable diseases and conditions are made

A2.1 Train staff who make and receive disease reports on what data is required to be reported.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibilities A and D.
- Capability: Policy Development and Support: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This only applies to LPH agencies who perform testing. For example, if they have a TB or STI clinic or are performing TB contact investigation.
District Epis (MDH)	Yes	
MDH	Yes	

A2.2 Audit infectious disease reporting.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility A.
- Capability: Accountability and Performance Management, responsibility A

In this situation “auditing” refers to a systematic process that staff managing data in a database go through to ensure that all the data that should be submitted are actually being submitted. An example of data auditing: MDH staff will review a laboratory’s historical data submission patterns to compare with more recent data reporting patterns. If a significant change is observed, MDH staff will contact the laboratory to attempt to find out why reporting patterns have changed.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	No	
MDH	Yes	Data auditing will be initiated if anomalies are observed when data are being reviewed.

A2.3 Follow-up on infectious disease and data reporting questions and issues.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control, responsibilities A, C, and D.
 - Capability: Policy Development and Support: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This is expected of all LPH agencies, but it may not happen frequently. Some agencies may need to work closely with their district epidemiologist.
District Epis (MDH)	Yes	
MDH	Yes	

A2.4 Work with legal/policy staff on reporting issues that infectious disease staff have not been able to resolve.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control, responsibilities C and D.
 - Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	Yes	If an LPH agency needs to get involved, the corresponding district epidemiologist liaisons between MDH and LPH staff. As needed, district epidemiologists also assist MDH staff when LPH agencies are not involved.
MDH	Yes	

A3. Maintain the privacy and confidentiality of data required to be reported

A3.1 Work with agency's legal and compliance staff as data privacy and confidentiality questions arise.



Crosswalk with Foundational Public Health Responsibilities:
 - Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.
 - Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.

Public health agency staff should work with their agency's legal/policy unit.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

A3.2 Maintain data according to federal and state data privacy and confidentiality laws and assure staff are trained.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.
- Capability: Organizational Competencies: Workforce Development and Human Resources: responsibility B.

This includes maintaining data privacy and confidentiality within paper and electronic data management systems; as needed, using secure methods to share private information among internal and external staff to those authorized to receive it; and reporting data privacy incidents. Public health agencies are expected to orient staff on pertinent state and federal data privacy and confidentiality laws.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

A4. Implement legal measures to prevent disease transmission, as warranted

Note: In Minnesota, there are three laws under chapter 144 pertaining to infectious diseases that may be used to protect the public's health from infected or exposed individuals: the Health Threat Procedures Act (Minn. Stat. § 144.4171–§ 144.4185), the TB Health Threat Act (Minn. Stat. § 144.4801–§ 144.49), and Isolation and Quarantine (Minn. Stat. § 144.419–§ 144.4196)). More information is available on the Office of Revisor of Statutes website: [Chapter 144: Department of Health \(https://www.revisor.mn.gov/statutes/cite/144\)](https://www.revisor.mn.gov/statutes/cite/144) Authority to initiate any of these three legal options is assigned to the MDH Commissioner of Health⁸. However, when LPH staff have been involved in addressing a situation, MDH will likely request documentation from the LPH agency(ies).

A4.1 Educate public health partners about implementation of a health threat notification.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Policy Development and Support: responsibilities C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity, staff expertise, and infectious disease burden
District Epis (MDH)	Yes	
MDH	Yes	

A4.2 Identify health threat situations and collaborate with corresponding public health agency(ies).



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities C and D.
 - Capability: Policy Development and Support: responsibility D.

These do not happen often but will be mostly tuberculosis and HIV situations.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH agencies identifying a situation of concern should either notify their corresponding district epidemiologist or the corresponding MDH subject matter group. LPH agency staff will not be asked to deliver TB or HIV health threat act notices. ⁹
District Epis (MDH)	Yes	District epidemiologists most of the time will not be the staff identifying a potential health threat situation but may be a first point of contact for LPH agencies. District epidemiologists serve as the agents of the MDH Commissioner in the delivery of TB health threat act notices.
MDH	Yes	<i>TB</i> : MDH TB staff identifying a health threat situation will work with both LPH staff and the corresponding district epidemiologist. <i>HIV</i> : MDH STI/HIV staff investigate and deliver HIV health threat act notices statewide. Non-TB and non-HIV: these are very rare; these would involve collaboration between MDH and LPH staff to determine the best course of action

A4.3 Work with patients/clients not adhering to transmission prevention measures to bring them into compliance.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities C and D.
 - Capability: Policy Development and Support: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	<i>For TB</i> : LPH need to document their efforts to connect with and counsel the patient/client. LPH staff must keep MDH TB program staff abreast of issues with patients complying with isolation and/or treatment adherence. <i>For HIV</i> : MDH staff would usually be the lead on these issues. <i>For non-TB and non-HIV situations</i> : collaboration between MDH and LPH staff
District Epis (MDH)	Yes	
MDH	Yes	<i>HIV and TB</i> : MDH subject matter staff have direct patient contact as needed. <i>Non-TB or non-HIV situations</i> : MDH staff and LPH staff would collaborate to address the situation

⁹ The one exception to this for TB health threat act notices for Hennepin County residents. Hennepin County Public Health has delegated authority from the MDH commissioner for TB health threat act notices.

A4.4 Work with legal counsel if unable to bring patient/client to comply with transmission prevention measures.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities C and D..
- Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.
- Capability: Policy Development and Support: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies do this as the need or situation arises.
District Epis (MDH)	Yes	TB: district epidemiologist would generally serve the Commissioner's Health Order
MDH	Yes	MDH staff would be the lead when it comes to seeking formal isolation/quarantine or a health threat order from a court. (<i>Exception: Hennepin County has delegated authority from MDH for TB situations.</i>)

A4.5 As needed, implement isolation or quarantine.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility C.
- Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.
- Capability: Policy Development and Support: responsibilities B and D.

This responsibility covers both isolation and quarantine and essential services. It is important to note that formal legal orders of isolation and quarantine are rare. It is more common for isolation and quarantine to be implemented voluntarily by a person with an infectious disease. More information on isolation and quarantine and essential services, including guidelines and requirements, are available from MDH district epidemiologists.

This responsibility coordinates closely with responsibilities in E1. This responsibility focuses more on the legal basis for isolation and quarantine. Responsibility E1.11 contains some additional information pertinent to particular diseases.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	In the case of TB, the LPH agency would need to maintain DOT and case management services, if the patient is not hospitalized. In the rare case of non-adherence with therapy, accurate and timely documentation and communication with MDH is required to evaluate and support formal legal intervention. In non-TB situations, this could include facilitating coordination among relevant agencies including the LPH agency, MDH, and local law enforcement, and coordinating essential services.
District Epis (MDH)	Yes	Corresponding district epidemiologist will advise on isolation logistics.
MDH	Yes	MDH staff would be the lead in obtaining the formal court order but may need to collaborate with LPH staff for documentation. MDH subject matter staff would help to provide guidance to LPH about what needs to be done locally.

B. Educate policy makers and assure policies, resources, and systems are in place to support infectious disease prevention and control

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to educate policy makers and assure policies, resources and systems are in place to support prevention and control of infectious diseases in the population.

As it applies to the Minnesota public health system, it is important to be familiar with the Hatch Act (federal law passed in 1939) and how it applies to public employees interacting with elected officials:¹⁰

- Limits certain political activities of federal employees, as well as other government employees who work in connection with federally funded programs.¹¹
- The law's purposes are
 - to ensure that federal programs are administered in a nonpartisan fashion,
 - to protect federal employees from political coercion in the workplace, and
 - to ensure that federal employees are advanced based on merit and not based on political affiliation.

B1. Seek new and/or maintain existing resources

B1.1 Seek out, apply, and manage funding opportunities.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility E.
- Capability: Organizational Competencies: Financial Management: responsibility B.

This includes governmental and non-governmental funding opportunities but excludes insurance reimbursement/billing. Also included in this responsibility are requests to public health agencies for letters of support from partner organizations seeking funding. Public health agencies should consider providing a letter of support dependent on agency capacity.

There is cross-jurisdictional LPH work occurring related to this responsibility. For example, MDH contracting with a some CHBs to have "IQIP Consultants" on page 28. In a multicounty CHB where the individual member counties operate as independent LPH agencies, collaboration on this contract is facilitated by CHB staff.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies are recommended to review their jurisdictions infectious disease needs and seek opportunities for applicable grant funding. Note that these opportunities may have broader application than only infectious disease and some may allow for partnering among different public health program areas or partnering among various partners.
District Epis (MDH)	No	
MDH	Yes	

¹⁰ [Hatch Act Overview \(https://osc.gov/Services/Pages/HatchAct.aspx\)](https://osc.gov/Services/Pages/HatchAct.aspx)

¹¹ The US Office of Special Counsel outlines how The Hatch Act applies to non-federal public employees: [State, D.C., or Local Employee Hatch Act Information \(https://osc.gov/Services/Pages/HatchAct-StateLocal.aspx\)](https://osc.gov/Services/Pages/HatchAct-StateLocal.aspx).

B1.2 Educate elected officials about resources needed for infectious disease work.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility E.
- Capability: Organizational Competencies: Financial Management: responsibility B.
- Capability: Policy Development and Support: responsibilities A and C.

“Resources” in this usage is intended to encompass more than just financial resources including people and items. It is important to note that paid staff are not the only human resources involved in carrying out infectious disease work. At times, volunteers or partner agencies are used as well.

There are a wide spectrum of funding sources, including the state funded Infectious Disease Contingency Fund¹². Education on the Infectious Disease Contingency Fund includes both (1) educating on the importance of the funding source and, therefore, maintaining funds in it and (2) applying to access the funds.

Some governmental public health agencies have policies in place providing guidance on employee interaction with elected officials. Follow your agency’s policy. One example of LPH agencies educating elected officials would be through the Local Public Health Association of Minnesota (LPHA).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	At the request of MDH, LPH staff may provide some information related to use of the Infectious Disease Contingency Fund.
District Epis (MDH)	No	
MDH	Yes	

B1.3 Maintain agency support for resources that give residents access to needed infectious disease services.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility E
- Capability: Accountability and Performance Management, responsibilities C and D
- Capability: Organizational Competencies: Financial Management: responsibility B.

The public health system is expected to assure that residents are connected to information needed to find and utilize prevention options or treatment of infectious diseases, healthcare in the community, or direct care via an LPH agency to infectious disease prevention options (pre- or post-exposure) or treatment of infectious diseases.

The infectious disease resources that segments of the public health system implement will depend on routine community needs, preparedness-related needs, and agency capacity.

Examples of infectious diseases services that LPH agencies contribute local resources to include: LPH agency participation in the MnVFC and UUAV programs and agreements between LPH agencies to access TB clinical services.

Examples of activities that MDH staff do to support access to infectious disease services are to advocate to MDH leadership, some STI surveillance activities, and staff at MDH managing the Vaccines for Children program.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

12 Description and details of the fund in [Minnesota Statute: 144.4199 Public Health Response Contingency Account \(https://www.revisor.mn.gov/statutes/cite/144.4199\)](https://www.revisor.mn.gov/statutes/cite/144.4199)

B1.4 Educate local healthcare systems about infectious disease-related needs of the community.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and B.

The intent of this responsibility is to assure that local healthcare systems have the information they need to adjust local availability and access to infectious disease services in a community. Activities associated with this responsibility include analyzing and sharing infectious disease data the public health system has (“G. Analyze and share infectious disease data and trends” on page 41 of this document including immunization data [mentioned in “I. Maintain a statewide immunization program” on page 43]) and adapting national and state guidelines and recommendations based on epidemiological patterns.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

B2. Support and promote equitable policies and systems for infectious disease prevention and control

B2.1 Educate elected officials about policies and systems needed for infectious disease work.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Policy Development and Support: responsibilities A and C.

Many governmental public health agencies have policies in place providing guidance on employee interaction with elected officials. Please determine if your agency has a policy on this. One example of LPH agencies educating elected officials would be through the Local Public Health Association of Minnesota (LPHA).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	No	District epidemiologists are able to do educational presentations to groups that include elected officials that cover foundational disease biology and epidemiology.
MDH	Yes	

B2.2 Collaborate among government public health agencies to align goals and associated activities to support the public health system in Minnesota.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Policy Development and Support: responsibilities A, B, and C.

An example would be contributing to the public health transformation work by providing a perspective from public health infectious disease work.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

B2.3 Collaborate with agency leadership to inform policy development or maintenance of policies for the agency's infectious disease work.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Policy Development and Support: responsibilities A and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

B2.4 Determine and communicate the infectious disease impact on the population of current or proposed public health policy.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Equity: responsibilities D and E.
- Capability: Policy Development and Support: responsibilities A, B, and C.

The goal with this responsibility is to reduce or eliminate unintended consequences to population sub-groups.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Intent is to respond to policies as they are brought to staff attention. The response at the local level may be to bring in other agency or jurisdiction staff or MDH staff. Example: agency staff who are already assigned the role to keep track of new policy being drafted/voted on.
District Epis (MDH)	Yes	Provide input as requested.
MDH	Yes	State staff comment and educate on policy as opportunities or needs arise.

B2.5 Participate in advisory groups that influence or propose policy or guidance for infectious disease work.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Equity: responsibility A.
- Capability: Policy Development and Support: responsibilities A, B, and C.

Advisory groups may be at the local, state, or national level.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on need, staff capacity and expertise.
District Epis (MDH)	Yes	
MDH	Yes	

C. Identify partners and maintain relationships for infectious disease prevention and control

This foundational area encompasses activities being carried out by public health agencies (state and local) across Minnesota to identify and collaborate with partners. There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Many of these cross-jurisdictional LPH activities will be informal and are occurring especially in activities related to responsibilities in sub-areas C1 and C2.

C1. Coordinate within the governmental public health system

C1.1 Maintain relationships with CDC.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies will do this as needed or as required by any funding they receive directly from CDC.
District Epis (MDH)	No	
MDH	Yes	

C1.2 Maintain relationships with MDH staff.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

Both formal and informal cross-jurisdictional LPH work is happening in this. An example of formal cross-jurisdictional work happening is related to performing MnVFC and IQIP site visits.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	Applicable to cross-divisional and cross-departmental relationships

C1.3 Maintain regional collaborations.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

Examples of this include regional infectious disease meetings, quarterly TB nurse meetings, and quarterly perinatal hepatitis B meetings.

Mostly informal cross-jurisdictional LPH work is happening in this area. An example of cross-jurisdictional work happening are regional meetings.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C1.4 Maintain relationships with public health staff from neighboring jurisdictions and collaborate as needed.



Crosswalk with Foundational Public Health Responsibilities: Capability:
- Community Partnership Development: responsibility A.

This includes maintaining relationships with neighboring local public health agencies inside and outside Minnesota and tribal health agencies.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C1.5 Maintain relationships with and among LPH staff.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This pertains to public health staff within an agency.
District Epis (MDH)	Yes	
MDH	Yes	Relationships will be unique to the program; may be direct depending on programmatic requirements (e.g., TB) and some may be facilitated with corresponding district epidemiologist

C1.6 Maintain distribution lists and communication channels among state/regional/local/tribal staff.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

Examples of distribution lists include internal Outlook Contact Groups or lists managed through an external platform such as GovDelivery.

PartnerLink and HAN distribution lists are also key platforms used to push out important and time-sensitive infectious disease messages. Please consult public health emergency preparedness information for local requirements regarding management of these two platforms.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C1.7 As appropriate, coordinate infectious disease activities with other activities within public health departments and across public health divisions and agencies providing interconnected, or related services.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility A.

The focus of this responsibility is coordination of communication within an agency or across agencies all within the same local or state government structure.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C1.8 Coordinate communication in response to specific cases, outbreaks, or other situations.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities B and C.
- Capability: Communications: responsibilities E and G.
- Capability: Community Partnership Development, responsibility A.

Responsibilities related to communicating with the public can be found in area F, Provide Scientifically Accurate and Culturally Appropriate Information in Infectious Diseases. Responsibilities related to communicating with partners can be found in area J, Develop Guidelines and Provide Technical Expertise; in particular sub-areas J1 and J2.

Mostly informal cross-jurisdictional LPH work is happening in this area. Much of this work happens as situations requiring this communication arise.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	All LPH agencies want to be involved but the level and intensity of involvement will vary depending on the capacity of the agency. All will want some collaboration with MDH.
District Epis (MDH)	Yes	
MDH	Yes	

C1.9 Collaborate with partners across disease/topical areas that work with the same populations.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Community Partnership Development: responsibilities A and B.

Topical area refers to a group of diseases (e.g., enteric diseases) or a characteristic that can make someone at higher risk for contracting a disease or having a severe outcome from an infection (e.g., compromised immune system).

Mostly informal cross-jurisdictional LPH work is happening in this area. Much of this work happens as situations requiring this communication arise.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C2. Coordinate with partners at the local, state, and federal levels outside of the governmental public health system

Ranges from routine communication to intensive case-by-case coordination with non-governmental public health collaborators and includes identifying collaborators amid a response.

C2.1 Coordinate activities, messaging, and outreach with partners to reduce duplication of efforts and maximize use of financial resources.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Communications: responsibility F.

Mostly informal cross-jurisdictional LPH work is happening in this area. Much of this work happens as situations requiring this communication arise.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C2.2 Collaborate with partners across disease/topical areas that work with the same populations.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility B.
- Capability: Community Partnership Development: responsibility A.

Responsibilities related to communicating with the public can be found in area F, Provide Scientifically Accurate and Culturally Appropriate Information in Infectious Diseases. Responsibilities related to communicating with partners can be found in area J, Develop Guidelines and Provide Technical Expertise; in particular sub-areas J1 and J2.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C3. Expand reach to increase effectiveness

C3.1 Engage underserved groups, marginalized groups, and groups that have received misinformation.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Community Partnership Development: responsibilities A and B.

Responsibilities related to communicating with the public can be found in area F, Provide Scientifically Accurate and Culturally Appropriate Information in Infectious Diseases.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

C3.2 Establish and maintain connections with population sub-groups to collaborate and promote prevention messages using trusted members of these groups.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Community Partnership Development: responsibility B.

Responsibilities related to communicating with the public can be found in area F, Provide Scientifically Accurate and Culturally Appropriate Information in Infectious Diseases.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	Collaboration with corresponding district epi and LPH

D. Maintain a statewide infectious disease surveillance system

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to maintain a statewide infectious disease surveillance system. Since MIIC is not a disease surveillance system, it is not included in this area. For responsibilities related to MIIC, please see “I. Maintain a statewide immunization program” on page 43.

D1. Communicate infectious diseases and conditions that must be reported

D1.1 Specify the diseases/conditions that must be reported.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.
- Capability: Policy Development and Support: responsibility A.

Details about what is reportable can be found on the MDH Website [Infectious Disease Reporting \(https://www.health.state.mn.us/diseases/reportable\)](https://www.health.state.mn.us/diseases/reportable)

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	Yes	
MDH	Yes	

D1.2 Conduct sentinel surveillance to gather data that cannot be collected through routine disease reporting about how diseases are affecting a population.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility D.
- Capability: Assessment and Surveillance: responsibility G.

Sentinel surveillance is defined as surveillance based on selected population samples chosen to represent the relevant experience of particular groups. It is generally implemented to collect data that is not practical to be collected universally. In Minnesota, we use the term to describe 2 types of sentinel surveillance: disease surveillance of specific diseases in a defined sub-population (e.g., geography, age group, clinical features) and voluntary reporting of certain diseases or syndromes. Diseases required to be reported and reporting details can be found on the MDH Website, [Infectious Disease Reporting \(https://www.health.state.mn.us/diseases/reportable\)](https://www.health.state.mn.us/diseases/reportable). An example of voluntary sentinel surveillance is sentinel surveillance for influenza-like illness from a small number of outpatient clinics around the state during influenza season (October 1 – May 31).

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Help to facilitate connections between participating sites in jurisdiction and MDH staff or participate as capacity allows.
District Epis (MDH)	Yes	As requested by MDH SME staff
MDH	Yes	

D1.3 Communicate protocols and processes for disease reporting.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and D.

The intent with this responsibility is for agencies to communicate this information to staff who are required to submit reports of reportable diseases to MDH. These staff are identified in [Minnesota Administrative Rule 4605.7030](https://www.revisor.mn.gov/rules/4605.7030/) (<https://www.revisor.mn.gov/rules/4605.7030/>) and include healthcare practitioners, laboratory staff, and school nurses.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH activities related to this responsibility are not required to be proactive for all diseases. The expectation is that this would happen as needed and as agencies respond to questions coming in.
District Epis (MDH)	Yes	
MDH	Yes	

D1.4 Follow protocols and processes for disease reporting.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and D.
- Capability: Assessment and Surveillance: responsibility G.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	<i>For all agencies:</i> if a disease report is made to an LPH agency, the agency should forward the report on to MDH staff. <i>For some agencies:</i> for LPH agencies doing testing that results in reportable test results, report those results to MDH.
District Epis (MDH)	Yes	District epidemiologists are involved in a troubleshooting capacity.
MDH	Yes	MDH staff maintain information on disease reporting processes and expectations.

D1.5 Assist in clarifying and interpreting what test results do and do not need to be reported to MDH.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility A

This is similar to responsibilities J1.5/J2.6 (advising on specimen collecting when working with an individual case or in a cluster/outbreak response situation) and J1.6/J2.7 (interpreting lab results when working with an individual case or in a cluster/outbreak response situation). The main difference between this responsibility and the ones in area J are that this pertains to disease reporting and the ones in area J pertain more closely to a person's disease management.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH agencies will do this as a need or situation arises.
District Epis (MDH)	Yes	District epidemiologists would help with triaging questions and referring questions to MDH subject matter experts.
MDH	Yes	

D1.6 Train staff required to make disease reports on what to report, timely reporting, and what public health agencies do with disease reports.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and D.
- Capability: Assessment Surveillance: responsibility D.
- Capability: Organizational Competencies: Workforce Development and HR, responsibility B.
- Capability: Policy Development and Support: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This only applies to LPH agencies who perform testing. For example, if they have a TB or STI clinic or are performing TB contact investigation.
District Epis (MDH)	Yes	
MDH	Yes	

D1.7 Educate providers¹³ on disease reporting options for infectious diseases and conditions that aren't specifically listed on the reportable disease list.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and D.
- Capability: Policy Development and Support: responsibility D.

Terminology clarification: other disease reporting options are referring to unusual instances or clusters of disease suspected to be caused by an infectious pathogen or new diseases or syndromes that are novel to the population. "Unusual or increased case incidence of any suspect infectious illness" is listed as a reportable infectious disease or condition in [Minnesota Administrative Rule 4605.7050 Unusual Case Incidence](https://www.revisor.mn.gov/rules/4605.7050/) (<https://www.revisor.mn.gov/rules/4605.7050/>). New diseases and syndromes are reportable under [Minnesota Administrative Rule 4605.7080 New Diseases and Syndromes; Reporting and Submission](https://www.revisor.mn.gov/rules/4605.7080/) (<https://www.revisor.mn.gov/rules/4605.7080/>).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Can be as informal as answering a call and passing on the info to MDH staff to look into.
District Epis (MDH)	Yes	
MDH	Yes	

D1.8 Communicate changes to disease reporting requirements.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	The expectation is to take MDH messaging about changes to reporting requirements and distribute the messaging to local partners that need to implement the changes. This is not expected to be a frequent occurrence
District Epis (MDH)	Yes	
MDH	Yes	

D2. Maintain and enhance disease reporting systems

Systems used within MDH: MEDSS, eShare [Refugee and Immigrant Health], REDCap [multiple systems including the enteric disease complaint system], eHARS [HIV]

D2.1 Maintain a governance system to oversee maintenance and enhancement of disease reporting systems.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	No	
MDH	Yes	

D2.2 Create and maintain user accounts, profiles, security settings, and user training documentation.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This includes letting MDH know if staff with MEDSS access no longer need access to infectious diseases in MEDSS.
District Epis (MDH)	Yes	District epidemiologists help as a <i>de facto</i> screener for new user requests being submitted from LPH agencies.
MDH	Yes	MDH staff supporting these activities include MDH-based staff from Minnesota IT Services (Mn.IT @ MDH).

D2.3 Maintain fields within MEDSS for electronic reporting.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Assessment and Surveillance: responsibility A.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility A.

This includes adding or changing case-based variables as needed for case investigations and maintaining associated system data dictionaries.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	Yes	District epidemiologists submit requests for fields and as needed, help with beta testing.
MDH	Yes	MDH staff supporting these activities include MDH-based staff from Minnesota IT Services (Mn.IT @ MDH).

D2.4 Implement electronic lab reporting for reportable diseases.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and D.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	No	
MDH	Yes	MDH staff supporting these activities include MDH-based staff from Minnesota IT Services (Mn.IT @ MDH).

D2.5 Update and maintain infrastructure to send and/or receive secure, electronic case reports.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibilities A and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	When an LPH agency receives a case report it must be forwarded to MDH staff. ¹⁴ For agencies that perform testing: Ensure that testing results are securely reported to MDH.
District Epis (MDH)	No	
MDH	Yes	MDH staff supporting these activities include MDH-based staff from Minnesota IT Services (Mn.IT @ MDH).

D2.6 Implement auditing and data quality control measures for reportable diseases.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Accountability and Performance Management: responsibility A.
- Capability: Assessment and Surveillance: responsibility A.

In this situation “auditing” refers to a systematic process that staff managing data in a database go through to ensure that all the data that should be submitted are actually being submitted. Data auditing is done mainly by MDH. An example of data auditing: MDH staff will review a laboratory’s historical data submission patterns to compare with more recent data reporting patterns. If a significant change is observed, MDH staff will contact the laboratory to attempt to find out why reporting patterns have changed.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This does not apply to LPH’s TB and perinatal hepatitis B investigations. ¹⁵ The data quality control portion of this responsibility applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases. ¹⁶ Details of this will be determined from recommendations from the Case Investigation Deep Dive workgroup.
District Epis (MDH)	No	
MDH	Yes	MDH staff will initiate an auditing process. MDH will also take the lead on data quality activities.

¹⁴ Minnesota Administrative Rules [4605.7040 Disease and Reports; Clinical Material Submissions \(https://www.revisor.mn.gov/rules/4605.7040/\)](https://www.revisor.mn.gov/rules/4605.7040/) requires reporting to the MDH

¹⁵ The MDH TB and Hepatitis programs have separate follow-up protocols for data quality checks.

¹⁶ Not including TB and perinatal hepatitis B which LPH agencies are required to take on as they arise.

E. Conduct investigations and respond to infectious disease outbreaks

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota that conduct disease investigations and respond to disease outbreaks. There is some cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. For example, some LPH agencies are covering case investigations and outbreak response for other LPH agencies. Also, if an outbreak covers multiple LPH agency jurisdictions, there is a higher likelihood of informal cross-jurisdictional LPH work and collaboration.

E1. Conduct investigations

MDH staff are working with LPH staff from a selection of agencies that do case investigation and a contractor (to help facilitate) to document more clearly what it takes to do case investigation and to be successful in these activities. (Outbreak response is out-of-scope for this project.) The results of this project will be used to fine tune responsibilities in this section, E1, and J2.

E1.1 Enter case information into MEDSS.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A, C, and D.
- Capability: Assessment and Surveillance: responsibilities B and G.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB and perinatal HBV	Some	MDH TB and hepatitis staff will work with LPH agencies to determine if MEDSS access to enable direct data entry of case data makes sense.
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.2 Interview patient (or parent/guardian).



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities C and D.
- Capability: Assessment and Surveillance, responsibility B.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Perinatal HBV	Yes	The patient interview is very different than what is done for other diseases. Similar to other diseases, patient education is done. Additionally, public health staff assist the person in connecting to other services offered by public health and other local government and community-based services.
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.3 Customize case investigation based on unique needs of a situation.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities C and D.
 - Capability: Assessment and Surveillance, responsibility B.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.4 Conduct contact tracing and follow-up on contacts, as required.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities C and D.
 - Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.5 Identify when an outbreak response is necessary.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibility D.

If an outbreak response is necessary, please consult responsibility content in areas E2 and E3 of this document.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.6 As needed, carry out field work or site visits related to an investigation.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility D.

Responsibilities related to onsite data collection or site visits can be found in J5.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.7 As appropriate, assure post-exposure prophylaxis (PEP) is offered to contacts.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and C.

Overall expectations for assuring access to PEP is outlined in the associated definition in the glossary ("Assure access" on page 111).

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Perinatal HBV	Yes	Education to family and contacts about PEP needs
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases. In the case of vaccination PEP, LPH should be able to offer PEP or know how to connect them with an appropriate provider.
District Epis (MDH)		Yes	
MDH		Yes	<i>Perinatal HBV</i> : MDH staff confirms that PEP has been done

E1.8 With subject matter expert (SME) collaboration, assure cases and contacts have been appropriately treated for their infections.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility C.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.9 With SME collaboration, assure cases and contacts have been tested with the correct or recommended test.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility C.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Perinatal HBV	Yes	In addition to assuring cases and contacts have been tested, the arrangements that have been made should be reported MDH.
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E1.10 Utilize isolation and quarantine as appropriate or indicated.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility C.
- Capability: Organizational Competencies: Legal Services and Analysis: responsibility A.
- Capability: Policy Development and Support: responsibility D.

This responsibility covers both isolation and quarantine and essential services. It is important to note that formal legal orders of isolation and quarantine are relatively rare. It is more common for isolation and quarantine to be implemented voluntarily by a person with an infectious disease. More information on isolation and quarantine and essential services, including guidelines and requirements, are available from MDH district epidemiologists.

This responsibility coordinates closely with responsibilities in A4. This responsibility focuses more on initial information pertinent to some diseases. Responsibility A4.5 contains some additional information noting the legal basis of isolation and quarantine.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	Other diseases	Some	Applies when an LPH agency has worked with MDH staff to take on case and contact investigation for some diseases.
District Epis (MDH)		Yes	
MDH		Yes	

E2. Respond to infectious disease outbreaks

E2.1 Focus outreach to impacted groups.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities B and C.

Public Health System Segment:		Staff Responsible	Comments
LPH		Yes	All LPH agencies will be involved but the level and intensity of involvement will vary depending on the capacity of the agency. Many agencies will work closely with their district epidemiologist to accomplish what needs to occur at the local level.
District Epis (MDH)		Yes	
MDH		Yes	

E2.2 Implement timely interventions to affect transmission.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities C, D, E, and F.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	All LPH agencies will be involved but the level and intensity of involvement will vary depending on the capacity of the agency. Many agencies will work closely with their district epidemiologist to accomplish what needs to occur at the local level.
District Epis (MDH)	Yes	
MDH	Yes	

E2.3 Collaborate with partners both within and outside the governmental public health system.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Access and Linkage with Clinical Care: responsibility A.
- Area: Communicable Disease Control: responsibilities A and C.
- Area: Environmental Health: responsibility A.
- Area: Maternal, Child, and Family Health: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	All LPH agencies will be involved but the level and intensity of involvement will vary depending on the capacity of the agency. Many agencies will work closely with their district epidemiologist to accomplish what needs to occur at the local level.
District Epis (MDH)	Yes	
MDH	Yes	

E2.4 Delineate roles specific to a situation.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility C.

Roles will be determined through discussion among LPH and MDH staff, including the corresponding district epidemiologist.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

E3. Manage resources for outbreak management and control

E3.1 Provide infection control technical assistance.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility A and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	In an outbreak response situation, LPH agencies would be expected to help provide a basic level of infection control technical assistance (e.g., disease basics, infection prevention basics).
District Epis (MDH)	Yes	District epidemiologists can help with providing basic technical assistance and some situational-specific technical assistance in collaboration with LPH staff and MDH subject matter staff.
MDH	Yes	

E3.2 Evaluate needs of the affected population.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B and C.

In response to a cluster or outbreak, this includes activities such as reviewing information (case interview data or information from conversations with the affected population) on barriers to accessing care (testing, treatment, and prophylaxis), resources needed to reduce the risk of transmission/exposure, and disease information needs.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	District epidemiologists do this in collaboration with LPH staff.
MDH	Yes	

E3.3 Coordinate staff to make sure resources get where they need to go, and partners have what they need.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

E3.4 Provide or assure access to vaccines, IG, or antibiotics to residents as determined by individual (or sub-group) need or as other outbreak response circumstances indicate.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, D, and E.

When responding to a particular case, the details of what post-exposure prophylaxis exposed persons would need to prevent infection will be determined in collaboration with MDH subject matter staff. Overall expectations for assuring access are outlined in the associated definition in the glossary ("Assure access" on page 111).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	All LPH agencies will be involved but the level and intensity of involvement will vary depending on the capacity of the agency. LPH should be able to offer PEP or know how to connect residents with an appropriate provider. Many agencies will work closely with their district epidemiologist to accomplish what needs to occur at the local level.
District Epis (MDH)	Yes	District epidemiologists can help with transport and/or coordination.
MDH	No	In non-pandemic situations, directly providing or contracting to provide vaccines, IG or antibiotics is not something that MDH staff usually do. MDH staff collaborate with LPH agencies to work with local clinics to help provide information on where access gaps exist.

E3.5 Provide information on how to access clinical services to individuals or groups of people who need them because of the outbreak affecting them.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

E3.6 Maintain expertise for medical billing to seek reimbursement for services provided.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibility E.
- Capability: Organizational Competencies: Financial Management: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and services that the agency provides.
District Epis (MDH)	No	
MDH	No	For TB medications, MDH contracts with an in-state pharmacy to handle billing to insurance.

E3.7 If needed for the response, work with agency's medical consultant to approve protocols or standing orders for public health staff to administer or distribute prophylaxis or treatment.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and E.

The Local Public Health Act defines medical consultant (“Medical Consultant” on page 26) as “a physician licensed to practice medicine in Minnesota who is working under a written agreement with, employed by, or on contract with a community health board to provide advice and information, to authorize medical procedures through protocols, and to assist a community health board and its staff in coordinating their activities with local medical practitioners and health care institutions.”¹⁷ In a multicounty CHB, individual counties may have a different medical consultant from the CHB.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH staff may utilize and adapt MDH templates.
District Epis (MDH)	Yes	
MDH	Yes	Depending on the situation, either a just-in-time template may be shared or MDH SME staff may share a sample protocol that was used during a similar previous response or MDH SME staff may be able to collaborate on a protocol or standing order. MDH VPD staff maintain vaccine protocol templates. These are posted on the MDH website: Vaccine Protocols (https://www.health.state.mn.us/people/immunize/hcp/protocols)

E4. Provide case management services

These services are provided by public health agency staff for people diagnosed with infectious diseases or conditions due to infectious exposures that require longer treatment regimens. These situations are characterized by regular, active work with a patient, or client, to support the person as they progress through a treatment course. Examples include active tuberculosis¹⁸, perinatal hepatitis B¹⁹, and latent TB infection²⁰.

E4.1 Seek reimbursement for services or medications.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility E.
- Capability: Organizational Competencies: Financial Management: responsibility A.

The only requirement with regards to billing is related to TB medications. For Minnesota residents diagnosed with active TB disease or latent TB infection, MDH can provide medications at no cost to the patient. Current eligibility information for the MDH TB medication program is available at: [Tuberculosis Medications Program Eligibility \(https://www.health.state.mn.us/diseases/tb/meds/eligibility.html\)](https://www.health.state.mn.us/diseases/tb/meds/eligibility.html).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Based on staff capacity and services that the agency provides. For agencies that are not as familiar with seeking reimbursement for case management services, MDH program area staff or other LPH agencies with more experience in this can help with information and possibly just-in-time training.
District Epis (MDH)	No	
MDH	Yes	MDH TB Program: follow internal protocols in administering state TB medications assistance program.

E4.2 Manage medication administration.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility C.

Includes medication management activities that might be done via a telemedicine or remote management model.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	This is expected of all agencies when a resident of their jurisdiction is diagnosed with TB (active disease and some LTBI).
	Other diseases	Some	This will be situationally dependent.
District Epis (MDH)		No	
MDH		Yes	Review of TB treatment logs and assisting LPH staff with troubleshooting medication administration.

18 Requires a minimum of six months treatment and monitoring of the patient for treatment side effects

19 Requires follow-up with the pregnant person and their infant during pregnancy and for a period of time after pregnancy

20 Includes people with LTBI who are identified as part of a contact investigation to a person with an active TB disease are followed by LPH agencies and refugees arriving with an LTBI diagnosis or who are diagnosed with LTBI during the refugee health assessment. For people with LTBI not associated with a TB contact investigation or who are not a recently arrived refugee, some LPH agencies will do varying degrees of case management.

E4.3 Assure access to clinical care that might be needed.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Access and Linkage with Clinical Care: responsibility A.
- Area: Communicable Disease Control: responsibilities A and B.

Overall expectations for assuring access is outlined in the associated definition in the glossary (“Assure access” on page 111).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	No	
MDH	Yes	As needed and appropriate, MDH staff help to coordinate getting samples sent to the MDH Public Health Lab for testing.

E4.4 Connect patients/clients to wrap-around services needed to successfully complete case management activities.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	<i>Smaller, lower capacity agencies or jurisdictions with a lower disease burden:</i> are expected to at least provide information to people with the wrap-around services they are seeking. <i>Larger agencies or areas with a higher disease burden:</i> are expected to have a more active role in assisting with lining up wrap-around services.
District Epis (MDH)	No	
MDH	No	The MDH TB program does not directly connect patients/clients to wrap-around services. TB program staff work with LPH staff to brainstorm options.

F. Provide scientifically accurate, accessible, and culturally appropriate information on infectious diseases to the public

This foundational area encompasses activities being carried out by public health agencies (state and local) across Minnesota to provide scientifically accurate information to the public.

Important general notes regarding LPH agency capacity for external messaging:

Not every LPH agency has dedicated and trained communications staff. This can pose significant challenges to create information specific for their local community to disseminate. Collaboration with MDH staff in message development can help to overcome this hurdle.

Important note regarding preventing use of stigmatizing language: When planning infectious disease related messaging, if specific sub-groups of the population are most at-risk of becoming infected, it is important to effectively inform these groups of people in such a way that minimizes potential stigmatization. Based on feedback from previous disease response work it is strongly recommended that community-based groups and organizations representing these at-risk populations be consulted to provide communication guidance. Responsibilities in this document in areas C (“C. Identify partners and maintain relationships for infectious disease prevention and control” on page 36) and G (“G. Analyze and share infectious disease data and trends” on page 41) could be helpful.

F1. Identify communication needs and develop messages

F1.1 Assess and identify communication needs and opportunities.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility B.
- Capability: Assessment and Surveillance: responsibilities A and C.
- Capability: Community Partnership Development: responsibilities B and C.
- Capability: Communications: responsibilities E and F.

Included in this responsibility is identifying communication needs related to misinformation and identifying concerns about stigma.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F1.2 Develop tailored information and recommended actions as needed for sub-communities/populations.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility B.
- Capability: Assessment and Surveillance: responsibilities B and D.
- Capability: Communications: responsibilities D and F.

This includes developing information for posting on public health agency websites.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F1.3 Include members of key audiences when developing messages.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility B.
 - Capability: Communications, responsibilities D and F.
 - Capability: Community Partnership Development: responsibilities A, B, and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	District epidemiologists communicate LPH needs to MDH statewide staff and assist LPH agencies in their roles in carrying out this responsibility.
MDH	Yes	

F1.4 Respond to requests for information.



- Crosswalk with Foundational Public Health Responsibilities:
- Capability: Assessment and Surveillance: responsibilities D and H.
 - Capability: Communications: responsibility F.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F2. Develop a communications plan

F2.1 Include members of key audiences when developing and implementing communication strategies.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility B.
 - Capability: Community Partnership Development: responsibilities A, B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	District epidemiologists communicate LPH needs to MDH statewide staff and assist LPH agencies in their roles in carrying out this responsibility.
MDH	Yes	

F2.2 Plan how to share messages using relevant communication platforms.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibility B.
 - Capability: Communications: responsibilities A, D, E, and F.

Communication strategies may include presentations and messaging related to public health topical awareness dates. Public health topical awareness dates refer to dates with a designated topic; for example, Infant Immunization Week (last week of April) or World TB Day (March 24).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F2.3 Develop up-to-date resources in multiple languages.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Communications: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and population language needs.
District Epis (MDH)	No	
MDH	Yes	

F3. Inform the community

F3.1 Implement communications plan.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Communications: responsibilities A, E, and F.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F3.2 Overcome potential language barriers to ensure effective communication of infectious disease messages.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Communications: responsibility D.

Examples include leveraging resources to translate materials and arrange for interpretation and connecting with media used by immigrants and refugees.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

F3.3 Create disease specific educational materials and/or collaborate with other programs to incorporate infectious disease messages.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility B.
- Capability: Communications: responsibilities A, D, E, and F.

Immunization educational materials developed by MDH are covered by responsibility I2.2.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This will be dependent on identified needs in the agency's jurisdiction and on the capacity of the LPH agency.
District Epis (MDH)	Yes	
MDH	Yes	

F3.4 Include members of key audiences when delivering messages.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and B.
- Capability: Community Partnership Development: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	District epidemiologists communicate LPH needs to MDH statewide staff and assist LPH agencies in their roles in carrying out this responsibility.
MDH	Yes	

F3.5 Convene and/or participate in events including but not limited to community fairs and community forums.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Community Partnership Development: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

G. Analyze and share infectious disease data and trends

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to analyze and share infectious disease data and trends.

Important note: When infectious disease data analyses identify specific sub-groups of the population that are most at-risk of becoming infected, it is important to effectively inform these groups of people in such a way that minimizes potential stigmatization. Based on feedback from previous disease response work it is strongly recommended that community-based groups and organizations representing these at-risk populations be consulted to provide communication guidance. Responsibilities in this document in areas “C. Identify partners and maintain relationships for infectious disease prevention and control” on page 36 and “F. Provide scientifically accurate, accessible, and culturally appropriate information on infectious diseases to the public” on page 40 could be helpful.

G1. Monitor the occurrence of disease in the population

G1.1 Identify emerging issues and trends.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibility A.
- Capability: Assessment and Surveillance: responsibility G.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In consultation with MDH district epidemiologist and dependent on LPH agency capacity and available data.
District Epis (MDH)	Yes	
MDH	Yes	

G1.2 Monitor for outbreaks and share information, as needed.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility D.
- Capability: Assessment and Surveillance: responsibility G.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In consultation with MDH district epidemiologist and dependent on LPH agency capacity and available data.
District Epis (MDH)	Yes	
MDH	Yes	

G1.3 Monitor for disparities in disease rates and underlying inequities.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibility A.
- Capability: Assessment and Surveillance, responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In consultation with MDH district epidemiologist and dependent on LPH agency capacity and available data.
District Epis (MDH)	Yes	
MDH	Yes	

G1.4 Monitor diagnostic practices, identify changes to diagnostic practices, and determine the impact on any changes to disease trends.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and D.
 - Capability: Community Partnership Development: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	Yes	
MDH	Yes	

G1.5 Identify populations most at-risk for infectious diseases.



Crosswalk with Foundational Public Health Responsibilities:
 - Capability: Assessment and surveillance: responsibilities B, C, and G.

This includes identifying changes to population demographics.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

G2. Monitor and understand risk and protective factors

G2.1 Use data as one method to identify population sub-groups affected, at-risk, or most impacted by multiple reportable diseases and conditions.



Crosswalk with Foundational Public Health Responsibilities:
 - Capability: Assessment and Surveillance: responsibilities B, C, and H.
 - Capability: Community Partnership Development: responsibility C.

“Data” can include disease surveillance data, case investigation data, lab data and immunization data. Note that this is done in a variety of ways and related activities will be done differently depending on the type of agency (MDH or LPH) doing them. Additional information on responsibilities related to using immunization data can be found in responsibilities I1.3, I2.5, and I2.6.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	All LPH agencies can contribute local on-the-ground information for analysis initiatives led by MDH. Some LPH agencies will lead this themselves, but this will be based on agency capacity, available data, and population needs.
District Epis (MDH)	Yes	
MDH	Yes	

G2.2 Promote provider education and awareness of factors that protect people from contracting monitored diseases and conditions or put them more at risk.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and B.
 - Capability: Community Partnership Development: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies that are able to do this, are asked to do this as needs arise.
District Epis (MDH)	Yes	
MDH	Yes	

G3. Share data on infectious disease and risk factors for transmission

G3.1 Share data analyses findings with the general public and specific population sub-groups.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and B.
 - Capability: Assessment and Surveillance: responsibilities C and H.
 - Capability: Community Partnership Development: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	As requested by LPH agencies and adhering to Minnesota Data Practices Law.
MDH	Yes	

G3.2 Respond to data analysis requests.



Crosswalk with Foundational Public Health Responsibilities:
 - Capability: Assessment and Surveillance: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Some LPH agencies will respond if they already have access to the relevant dataset and if they have the capacity to do the analysis.
District Epis (MDH)	Yes	
MDH	Yes	

G3.3 Utilize partnerships to provide access to and clear interpretation of data analysis results to stakeholders.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and B.
 - Capability: Assessment and Surveillance: responsibilities D and H.
 - Capability: Community Partnership Development: responsibilities B and C.

This includes sharing basic data analyses online and educating people on what the results mean and how they can be used.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In consultation with MDH district epidemiologist and dependent on LPH agency capacity and available data.
District Epis (MDH)	Yes	
MDH	Yes	

G3.4 Use publications from MDH to share findings from data analyses.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Communications: responsibilities C and D.
- Capability: Community Partnership Development: responsibility B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In consultation with MDH district epidemiologist and dependent on LPH agency capacity and available data.
District Epis (MDH)	Yes	
MDH	Yes	

G3.5 Present at conferences, grand rounds, community events, and/or other opportunities.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and B.
- Capability: Communications: responsibilities A and D.
- Capability: Community Partnership Development: responsibility B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on agency capacity.
District Epis (MDH)	Yes	
MDH	Yes	

G3.6 Maintain capacity to analyze and draft interpretations of data analyses.



Crosswalk with Foundational Public Health Responsibilities:

- Capability: Assessment and Surveillance: responsibilities A, B, and G.

Examples for maintaining capacity include hiring staff trained to do data analysis and interpretation, supporting existing staff to develop these skills, and/or identifying regular programmatic needs for data analysis, visualization, and interpretation.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on agency capacity.
District Epis (MDH)	Yes	
MDH	Yes	

H. Implement infectious disease prevention and control programs and strategies

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to implement infectious disease prevention and control strategies.

H1. Identify and prioritize prevention and control strategies

There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area.

H1.1 Use quality improvement methods to identify new strategies.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility B.
- Capability: Accountability and Performance Management: responsibilities C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Implementation of this will be done in collaboration with MDH district epidemiologist and dependent on identified needs in the agency's jurisdiction and on the capacity of the LPH agency.
District Epis (MDH)	No	Would help as requested and as workload allows
MDH	Yes	

H1.2 Work with internal and external partners to identify and prioritize strategies.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility B.
- Capability: Assessment and Surveillance: responsibility H.
- Capability: Equity: responsibility A.
- Capability: Community Partnership Development: responsibilities A and B.

This responsibility is closely linked with responsibilities in area C, identifying partners and maintaining relationships for infectious disease prevention and control.

Mostly informal cross-jurisdictional LPH work is happening in this area. Activities done to support this responsibility will not necessarily be done by a specified staff person that operates in a regional capacity. Activities related to this may be completed by groups of LPH staff working together with a regional outlook.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Implementation of this will be dependent on identified needs in the agency's jurisdiction and on the capacity of the LPH agency. All agencies should be working internally and externally with partners.
District Epis (MDH)	Yes	
MDH	Yes	

H1.3 Seek support for resources to work with specific at-risk populations to co-create effective strategies.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities B and E.
- Capability: Organizational Competencies: Financial Management: responsibility B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This could be as straightforward as seeking support from MDH to address a situation.
District Epis (MDH)	Yes	
MDH	Yes	

H2. Implement prevention and control strategies

H2.1 Work with community members and partners to implement disease prevention approaches or adjust existing prevention activities.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibility A.
- Area: Communicable Disease Control: responsibilities B and D.
- Capability: Accountability and Performance Management: responsibilities C and D.
- Capability: Community Partnership Development: responsibilities A and B.
- Capability: Equity: responsibility C.

Examples of infectious disease activities could be infectious diseases screenings, a mobile STI testing clinic and activities done to ensure that people newly diagnosed with hepatitis C infections are connected with treatment.

Overall expectations for assuring access to disease screenings and other prevention resources are outlined in the associated definition in the glossary. As appropriate, including internal and external partners in implementation is important to assure that populations most at risk have access to these opportunities.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH agencies will do this as a need or situation arises. Implementation of screening activities will be dependent on identified needs in the agency's jurisdiction and on the capacity of the LPH agency for that jurisdiction.
District Epis (MDH)	Yes	District epidemiologists can help with planning and getting some screening supplies and other prevention resources (e.g., IG and vaccine) to local agencies or events.
MDH	Yes	Able to provide limited amounts of screening supplies (e.g., HIV, syphilis, enteric diseases, varicella) working through external partners.

H2.2 Monitor and respond to novel, emerging, and/or out-of-the-ordinary infectious disease prevention and control situations.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, F, and G.
 - Capability: Assessment and Surveillance: responsibility G.

Examples of this work include:

- Activities conducted to prevent hepatitis A infections in at-risk populations during the state and national hepatitis A outbreak (December 2018 – September 2021). Activities included, but were not limited to, vaccine clinics and outreach at homeless shelters and encampments.
- Tick specimen submission to MDH vectorborne disease unit for tick identification (not lab testing) to identify tick species.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This will be accomplished with MDH support.
District Epis (MDH)	Yes	District epis would consult with LPH agencies as needed.
MDH	Yes	

H2.3 Protect the health of public health staff doing infectious disease work.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility F.
 - Capability: Organizational Competencies: Workforce Development and Human Resources: responsibility A.

Public health agencies should have an infection prevention plan. Staff doing infectious disease work should actively participate in following agency infection prevention plans. Plans should include N95 fit testing for employees assigned to do work that requires this level of respiratory protection (e.g., administering DOT to people with active, infectious TB disease). In particular for TB prevention, these plans should include carrying out a baseline screening for new employees.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
MDH (including district epidemiologists)	Yes	

I. Maintain a statewide immunization program

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to maintain a statewide immunization program. There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Formal cross-jurisdictional LPH work includes accomplishing MnVFC and IQIP site visits. Informal cross-jurisdiction LPH work is also occurring on a variety of topics.

I1. Assure safe and effective administration of vaccines

I1.1 Conduct site visits for clinics enrolled in the MnVFC program.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Access and Linkage with Clinical Care: responsibilities A and B.
- Area: Communicable Disease Control: responsibilities A and E.

This includes assessment of storage and handling protocols of vaccines. Examples of site visit activities can be found in "J5. Conduct site visits" on page 47. **Note:** This responsibility also applies to conducting site visits for the UUAV program. Any clinic participating in the UUAV program also participates in the MnVFC program and so a MnVFC site visit will double as a site visit for the UUAV program.

Mostly formal cross-jurisdictional LPH work is happening in this area. An example of this cross-jurisdictional work happening is related to performing MnVFC and IQIP site visits.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and the number of local clinics needing MnVFC site visits.
District Epis (MDH)	Yes	
MDH	Yes	

I1.2 Promote vaccine administration best practices to vaccine providers.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and E.

"Vaccine administration best practices" is broadly defined to encompass not only physically giving a patient, or client, a vaccine, but also includes vaccine storage and handling information, reporting accurate and complete vaccine administration information to MIIC, and reporting adverse events via the Vaccine Adverse Events Reporting System (VAERS).

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Ensure that LPH agency staff administering vaccinations are using best practices. As needed and local capacity allows, instruct staff from local private or FQHC clinics on best practices for vaccine administration.
District Epis (MDH)	Yes	
MDH	Yes	

11.3 Proactively review and share state-level and jurisdiction-level immunization rates.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities B and D.
- Capability: Assessment and Surveillance: responsibilities A, C, and H.
- Capability: Communications: responsibilities D and F.

Expectation is not necessarily for broad, across-the-board data sharing. It is recommended, at least annually, agencies proactively review immunization coverage rates related to specific populations they are working with or activities they are doing to try to boost rates.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Implementation of this will be dependent on identified needs in the agency's jurisdiction and on the capacity of the LPH agency.
District Epis (MDH)	No	
MDH	Yes	MDH will make data available on the Public Health Data Access Portal (https://data.web.health.state.mn.us/home) and "LPH Data Dashboard" on page 113)

11.4 Ensure that eligible clinics are offered an IQIP visit.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibilities A and C.
- Area: Communicable Disease Control: responsibilities A, B, and D.

The Immunization Quality Improvement for Providers (IQIP) program supports clinics to improve immunization rates. The program uses a site visit approach that includes quality improvement capacity building, Minnesota Immunization Information Connection (MIIC) training, and resource sharing. Visits are conducted in person or virtually to clinics participating in MnVFC in their jurisdictions to implement this program.

Mostly formal cross-jurisdictional LPH work is happening in this area. An example of this cross-jurisdictional work happening is related to performing IQIP site visits.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	For jurisdictions choosing to do IQIP site visits, complete visits for 25% of eligible providers on a list annually provided by the MDH IQIP coordinator. (<i>Contract deliverable</i>)
District Epis (MDH)	No	
MDH	Yes	Conduct IQIP visits, support IQIP site visitors (including LPH), and ensure the overall program activities are on track with CDC grant deliverables.

12. Promote timely, age-appropriate vaccination

12.1 Promote and educate providers on CDC vaccination schedules.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibility A.
- Area: Communicable Disease Control: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity.
District Epis (MDH)	Yes	District epidemiologists carry this out mostly via meetings with LPH staff.
MDH	Yes	

12.2 Update Minnesota-specific immunization information materials, as needed.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and B.
 - Capability: Communications: responsibilities D and F.

This responsibility refers to keeping MDH-created immunization materials up to date. Educational materials developed by LPH agencies are covered in responsibility F3.3.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	No	
MDH	Yes	

12.3 Support outreach to groups experiencing vaccine hesitancy.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control: responsibilities A and B.
 - Capability: Communications: responsibilities A, C, D, and F.

The intent of this responsibility is to convey the idea of promoting vaccines to specific groups of the population. These efforts could range from passive to more active. For example, putting information on a website or using established reminder/recall tools.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on staff capacity and funding.
District Epis (MDH)	Yes	District epidemiologists will support public health agencies in their efforts on this and may take on special projects in certain situations (e.g., Amish vaccine toolkit project).
MDH	Yes	

12.4 Maintain and promote immunization reminder/recall efforts to Minnesotans due or overdue for vaccines.



Crosswalk with Foundational Public Health Responsibilities:
 - Area: Communicable Disease Control, responsibility A.
 - Capability: Assessment and Surveillance, responsibilities A and C.

Reminder/Recall is a tool to help improve immunization rates. Promotion of reminder/recall programs and resources is an important part of immunization rate improvement activities.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Some LPH agencies have the capacity to perform reminder/recall activities and may do so depending on staff capacity and/or need. LPH agencies may also collaborate with MDH staff on reminder/recall activities. For example, phone text-based reminder/recall. Reminder/recall activities may be promoted during outreach activities as well.
District Epis (MDH)	Yes	
MDH	Yes	MDH actively promotes texting campaigns and MIIC reminder/recall tools to our partners. MDH immunization program receives funds from DHS to do reminder/recall targeted to Medicaid population.

12.5 Use data from MIIC to identify vaccination coverage gaps.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibility B.

Vaccine coverage information can be found in the "LPH Data Dashboard" on page 113) and generated in MIIC (more info "Minnesota Immunization Information Connection (MIIC)" on page 113) with assessment reports.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	<i>Higher capacity agencies:</i> have capacity to routinely review data to identify gaps. <i>Lower capacity agencies (but not all agencies):</i> in response to a specific situation, would rely on MDH staff to pull and analyze data, but then would carve out staff time to review data and identify gaps
District Epis (MDH)	Yes	District epidemiologists do this upon request but not regularly. Frequently, district epidemiologists will seek assistance from other staff MDH.
MDH	Yes	Staff maintains these data, regularly reviews these data for coverage gaps, and as needed, provides support through the MIIC help desk on data interpretation and use of relevant MIIC reports.

12.6 Use data from MIIC and local knowledge to help prioritize vaccination efforts in outbreak situations.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Access and Linkage with Clinical Care: responsibilities A and C.
- Area: Communicable Disease Control, responsibility B
- Capability: Assessment and Surveillance: responsibilities A and C.

While immunization coverage data is a helpful tool to identify pockets of need, the addition of local knowledge helps prioritize vaccination efforts in outbreak situations. Immunization coverage data can be accessed without running reports in MIIC (more info "Minnesota Immunization Information Connection (MIIC)" on page 113) via the "LPH Data Dashboard" on page 113.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	<i>Higher capacity agencies:</i> rely on MDH staff to pull and possibly also analyze data but would have capacity to review data to identify gaps; may or may not be able to offer offsite vaccines in a pop-up setting. <i>Lower capacity agencies (but not all agencies):</i> in response to a specific situation, may rely on MDH staff to pull and analyze data, but then would carve out staff time to review data and identify gaps; may or may not be able to offer offsite vaccines in a pop-up setting.
District Epis (MDH)	Yes	District epidemiologists get involved in this especially in HAV or measles outbreaks; sometimes when responding to a school activity cluster.
MDH	Yes	MDH will provide data on relevant coverage gaps to LPH for them to use to coordinate vaccination efforts for VPD outbreak situations.

12.7 Assist with requests to locate, translate, and review immunization records.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, C, and E.

The MIIC combines a person's immunizations given in Minnesota²¹ into a single record. The MDH MIIC Public Inquiry program provides tools for the public to access their MIIC record, if one exists.

"Translate" does not refer to a word-for-word translation of immunization records in languages other than English, but enough of a translation to figure out what vaccines someone has received so that a provider can identify what vaccines are needed.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	No	
MDH	Yes	<i>Related to requests for translations:</i> MIIC Public Inquiry staff works with MDH's Refugee Health Program and CDC's Pink Book: Appendix B: Vaccines (https://www.cdc.gov/pinkbook/hcp/table-of-contents/appendix-b-vaccines.html)

13. Maintain and promote a statewide immunization information system (MIIC)

13.1 Maintain and improve quality of data in MIIC.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Notify MDH MIIC Operations of any data quality issues they notice. (For example, duplicate MIIC records or concerns about potentially invalid vaccine doses.)
District Epis (MDH)	Yes	Notify MDH MIIC Operations of any data quality issues noticed.
MDH	Yes	Regular maintenance and enhancement of MIIC application, ongoing MIIC data quality and assurance activities (including provider onboarding, identifying, and addressing data quality issues, etc.)

13.2 Educate providers about MIIC and encourage them to use MIIC.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and E.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	LPH agencies will do this as a need or situation arises. LPH can refer any questions or other needs to the MDH MIIC Help Desk (health.miichelp@state.mn.us or 651-201-5207). Some agencies may actively reach out to new people in certain positions (e.g., school nurses). Agencies doing IQIP visits are expected to offer MIIC training and outreach as a part of the technical assistance during the visit.
District Epis (MDH)	Yes	Is a MIIC advocate, refers any questions, etc. to MDH MIIC Ops
MDH	Yes	Provides user guidance, ongoing training, and help desk services to all MIIC users.

21 And some neighboring states including Wisconsin and North Dakota.

13.3 Assist staff of organizations entering vaccine information to troubleshoot data submissions.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	If staff of a public or private clinic reaches out to LPH staff seeking assistance in troubleshooting vaccine data submission, the issue can be referred to the MDH MIIC Helpdesk (health.miichelp@state.mn.us or 651-201-5207). LPH staff are not required to help troubleshoot issues.
District Epis (MDH)	No	
MDH	Yes	Responsible for data exchange onboarding and troubleshooting. Can also help enter historical data as needed.

13.4 Create and maintain MIIC user accounts to ensure access to key functionality.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility A.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility C.

Administrator level MIIC users help maintain users and associated permissions for each participating organization. The MIIC Help Desk assists with this and makes any necessary changes to MIIC roles.

Key MIIC user functionality includes the ability to order vaccine, run immunization assessment reports (aka immunization coverage reports), look up individual vaccination records, and enter vaccination data.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Agency MIIC Administrator maintains MIIC users and associated permissions.
District Epis (MDH)	No	
MDH	Yes	MIIC Help Desk staff assist organizations in maintaining MIIC users for functions such as vaccine ordering and running assessment reports.

13.5 Maintain and improve interoperability between MIIC and eSHARE, MEDSS, and large healthcare system EHRs.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibilities A and E.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	No	
MDH	Yes	MIIC Ops staff works with MEDSS and eSHARE partners to maintain technical connections. MIIC Ops staff routinely communicates with health care provider EHR staff to ensure data is being exchanged correctly and that updates to data exchange processes are made as needed.

13.6 Maintain and improve connections between MIIC and LPH EHRs.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibilities A and E.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	In the context of an LPH agency's electronic health record system (e.g., PHDoc, Nightingale Notes) exchanging data with MIIC. This is going to be dependent on the LPH agency's priorities and likely the number of immunizations given.
District Epis (MDH)	Yes	As needed, district epidemiologists do this in an advocacy capacity.
MDH	Yes	MDH MIIC Ops staff will onboard and help maintain connections between LPH EHRs and MIIC.

13.7 Add and maintain data sharing agreements and linkages with other states' immunization information systems (IISs).



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and E.
- Capability: Organizational Competencies: Information Technology Services, including Privacy and Security: responsibilities A and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Seeking and maintaining LPH direct access to IISs of other states is determined by individual LPH agencies and is not discouraged by MDH.
District Epis (MDH)	No	
MDH	Yes	MIIC Operations Unit staff will maintain appropriate agreements with neighboring states' IIS to ensure data is shared with MIIC as appropriate. MDH is not able to provide support to individual LPH agencies seeking direct access to IISs of other states. The MDH MIIC Operations Unit will maintain current MIIC linkages with WI, ND, and IA and will pursue links with other states that likely vaccinate many Minnesotans including SD, FL, CA, and AZ.

14. Ensure equitable access to vaccinations

14.1 Administer routinely recommended vaccines through the MnVFC and UUAV programs.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibility C.
- Area: Communicable Disease Control: responsibilities C and E.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Implementation is dependent on the identified needs in the agency's jurisdiction and on the capacity of the LPH agency. An LPH agency may need to participate in these programs as a safety net for vaccine services.
District Epis (MDH)	No	
MDH	Yes	MDH administers these programs but does not routinely administer vaccines to individuals.

14.2 Seek reimbursement for services and/or private stock vaccine.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control, responsibility E.
- Capability: Organizational Competencies: Financial Management: responsibility A.

With regards to vaccine acquired through the MnVFC and UUAV programs: billing guidance for vaccine administration can be found on the [MnVFC Program Resources](https://www.health.state.mn.us/people/immunize/hcp/mnvfc/resources.html) (<https://www.health.state.mn.us/people/immunize/hcp/mnvfc/resources.html>) and [Uninsured and Underinsured Adult Vaccine Program](https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html) (<https://www.health.state.mn.us/people/immunize/hcp/uuav/index.html>) websites.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and other administrative logistics (e.g., contracts with insurance companies).
District Epis (MDH)	No	
MDH	Yes	MDH VPD section: keep billing guidance for vaccine administration up to date.

14.3 Connect residents to information to find low- or no-cost immunizations.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibility A.
- Area: Communicable Disease Control: responsibilities A and B.
- Capability: Communications: responsibilities B, C, and F.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	No	
MDH	Yes	MDH maintains a web-based map listing all MnVFC and UUAV providers in the state: Vaccination Clinic Web Map (https://vacmap.web.health.state.mn.us/?prog=MnVFC). MDH staff will send callers to this map and refer them to their LPH agency.

14.4 Bring immunization clinics to community locations.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Access and Linkage with Clinical Care: responsibility C.
- Area: Communicable Disease Control, responsibility E.

For example, these locations could include homes and congregate care settings. Bringing vaccine to these settings may require partnering with local clinics.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Implementation is dependent on the identified needs in the agency's jurisdiction and on the capacity of the LPH agency. An LPH agency may need to participate in these programs as a safety net for vaccine services.
District Epis (MDH)	No	
MDH	No	

J. Develop guidelines and provide technical expertise

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to share population-based infectious disease expertise with health professionals (including schools) and community partners who care for Minnesota residents. (Non-clinical professionals in health-related organizations and staff from community-based organizations [e.g., syringe service programs] are included in this group.)

J1. Share and maintain technical expertise regarding the role of public health in infectious disease work and epidemiologic and clinical characteristics of infectious disease

J1.1 Provide information on biology, transmission, treatment, and prevention of infectious diseases.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J1.2 Advise on infectious disease screening activities.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	TB and perinatal HBV	Yes
	STIs, HIV, and VPDs	Some
	Other diseases	No
District Epis (MDH)	Yes	Based on staff expertise
MDH	Yes	

J1.3 Advise on actions to take related to people with suspected, or unconfirmed, infections.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, C, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	TB	Yes
	STIs, HIV, and VPDs	Some
	Other diseases	No
District Epis (MDH)	Yes	Based on staff expertise
MDH	Yes	

J1.4 Advise on specimen collection for infectious diseases.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and D.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	
	STIs, HIV, and VPDs	Some	Based on staff expertise
	Other diseases	Some	LPH agencies will do this as a need or situation arises. (For example, varicella testing or stool testing.) Also, based on staff expertise.
District Epis (MDH)		Yes	
MDH		Yes	

J1.5 Assist in interpreting lab results related to determining infectious pathogens.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility D.

Public Health System Segment:		Staff Responsible	Comments
LPH	TB	Yes	MDH staff can assist as needed.
	STIs, HIV, and VPDs	Some	Based on staff expertise
	Other diseases	No	
District Epis (MDH)		Yes	
MDH		Yes	

J1.6 Advise on infection prevention and control activities.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and C.

Public Health System Segment:		Staff Responsible	Comments
LPH		Some	Based on staff capacity and expertise In an outbreak response situation, LPH agencies would be expected to help provide a basic level of infection control technical assistance (e.g., disease basics, infection prevention basics).
District Epis (MDH)		Yes	
MDH		Yes	

J1.7 Maintain 24/7 epidemiology technical assistance capacity.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, C and D.
 - Capability: Emergency Preparedness and Response: responsibility H.

This is in reference to the infectious disease epidemiologist on call resource coordinated and maintained by MDH and staffed by MDH infectious disease epidemiologists who volunteer for the on-call rotation. This does not refer to the emergency preparedness requirement for LPH agencies to have an after-hours contact identified.

Public Health System Segment:	Staff Responsible	Comments
LPH	No	
District Epis (MDH)	Some	Some district epidemiologists participate in the epidemiologist on call rotation.
MDH	Yes	

J1.8 Provide training to facility staff on infection prevention and control practices.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on staff capacity, staff expertise, and situation. In an outbreak response situation, LPH agencies would be expected to help provide a basic level of infection control technical assistance (e.g., disease basics, infection prevention basics).
District Epis (MDH)	Yes	
MDH	Yes	

J1.9 Participate in activities or trainings to develop or maintain staff knowledge base.



- Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and C.
 - Capability: Organizational Competencies: Workforce Development and Human Resources, responsibility B

For example, by attending trainings, presentations, meetings, reviewing current literature, or hiring or onboarding staff.

Mostly informal cross-jurisdictional LPH work is happening in this area. An example of cross-jurisdictional work happening are regional meetings.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J1.10 Share expertise and information with partners and appropriate audiences.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibilities A and B.
- Capability: Assessment and Surveillance: responsibilities C and H.

For example, by via giving presentations, attending meetings, one-on-one conversations, diverse media vendors, or regular communication routes with partners.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J1.11 Maintain awareness of infectious disease trends globally.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility D.
- Capability: Assessment and Surveillance: responsibilities A and G.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and need.
District Epis (MDH)	Yes	
MDH	Yes	

J1.12 Assure training for staff and students.



Crosswalk with Foundational Public Health Responsibilities:

- Area: Communicable Disease Control: responsibility A.
- Capability: Organizational Competencies: Workforce Development and Human Resources, responsibility B.

Overall clarification regarding definition “students” for this responsibility: “students” refers to students participating in associates, undergraduate, and graduate school programs. “Staff” would not only refer to permanent staff but also to interns, contractors, and volunteers.

Overall clarification regarding definition “training”: assuring that public health staff are staying up to date on relevant general infectious disease prevention topics. Specifically, when it comes to training for LPH staff: LPH infectious disease staff are not required to be the trainer(s) for staff within their agency. This includes just-in-time training and annual trainings.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J1.13 Submit articles for publication.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, D, and F.
- Capability: Assessment and surveillance: responsibility H.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on staff capacity and expertise.
District Epis (MDH)	Yes	
MDH	Yes	

J2. Establish and ensure standards for investigation and public health response to infectious disease reports, clusters, and outbreaks

MDH staff are working with LPH staff from a selection of agencies that do case investigation and a contractor (to help facilitate) to document more clearly what it takes to do case investigation and to be successful in these activities. (Outbreak response is out-of-scope for this project.) The results of this project will be used to fine tune responsibilities in this section, J2, and E1.

J2.1 Advise on responding to clusters or outbreaks of disease.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This would be done in collaboration with MDH staff.
District Epis (MDH)	Yes	
MDH	Yes	

J2.2 Maintain case investigation and response policies and procedures and, as appropriate, improve these to incorporate best practices.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, B, C, and D.

Important note: There may be changes to this responsibility soon. A workgroup is working to document what is required to do case investigations.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This would be done in collaboration with MDH staff.
District Epis (MDH)	Yes	
MDH	Yes	

J2.3 Provide expertise or assistance in responses involving an infectious disease pathogen where a non-public health agency is the lead responding agency and there are potential human health implications.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, B, C, and D.

Public health staff working in infectious disease may need to actively offer assistance to the organization(s) leading the response to bring their expertise to the table. Most situations will likely involve infectious disease pathogens that are not transmissible person-to-person. Examples include responding to highly pathogenic avian influenza or naturally occurring anthrax.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity and expertise.
District Epis (MDH)	Yes	
MDH	Yes	

J2.4 Educate on disease management and response guidelines.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, B, C, and D.

This includes education on disease treatment guidelines.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Focused on staff and partners who are responding to a particular disease or outbreak/cluster.
District Epis (MDH)	Yes	
MDH	Yes	

J2.5 Share resources with facilities and organizations that they can share with their staff and the people they serve.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility A.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	Any LPH responding to an outbreak in their jurisdiction would do this.
District Epis (MDH)	Yes	
MDH	Yes	

J2.6 Advise on specimen collection (reportable and non-reportable conditions).



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	LPH agencies will do this as a need or situation arises. (For example, varicella testing or stool testing.) Also, based on staff expertise.
District Epis (MDH)	Yes	
MDH	Yes	

J2.7 Assist in interpreting lab results.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on staff capacity and expertise.
District Epis (MDH)	Yes	
MDH	Yes	

J2.8 Apply culturally and linguistically appropriate services (CLAS) standards to outbreak response.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Culturally and Linguistically Appropriate Services (CLAS) standards:
[Culturally and Linguistically Appropriate Services \(https://thinkculturalhealth.hhs.gov/clas\)](https://thinkculturalhealth.hhs.gov/clas)

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J2.9 Create and maintain standard response tools and forms.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Creation of tools and forms is dependent on staff/agency capacity. If this is done, the starting point will likely be CDC or MDH tools. Dependent on capacity, LPH agency may provide feedback on tools created by MDH.
District Epis (MDH)	Yes	District epidemiologists do this as needed during a response.
MDH	Yes	

J2.10 Assure staff performing response activities are trained.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, B, and D.
- Capability: Organizational Competencies: Workforce Development and HR, responsibility B.

This could include videos, in-person training, or just-in-time training.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	For staff involved in the response
District Epis (MDH)	Yes	
MDH	Yes	

J3. Develop guidelines based on epidemiological data for the prevention and control of infectious disease

J3.1 Assemble guidelines from multiple reputable sources and with SME consultation, including community expertise, as needed.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some ²²	Done in coordination with MDH. The intensity of LPH staff involvement will depend on need and agency capacity. MDH staff drafting guidance may approach LPH agency staff for their input (including local expertise) on portions of draft guidance.
District Epis (MDH)	Yes	Generally, not something that this group will take the lead on except in rare situations. However, this group will assist in reviewing assembled guidance.
MDH	Yes	

J3.2 Make decisions on procurement, distribution and prescribing of alternative medications or vaccines when shortages occur.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

When national guidelines do not exist MDH will create and share guidance.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Done in coordination with MDH. Intensity of LPH staff involvement will depend on need and agency capacity.
District Epis (MDH)	No	
MDH	Yes	

J3.3 Create guidance for specific settings that are under state licensure.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Settings under state licensure include assisted living facilities, long-term care facilities, county or state operated correctional facilities, daycares (in-home and facility-based), child and adult group homes, and child and adult foster homes.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on need and agency capacity.
District Epis (MDH)	No	
MDH	Yes	

²² Exception to this is the work that Hennepin County Public Health does to create and maintain content for the [Hennepin County Infectious Diseases in Schools and Childcares Manual](https://www.hennepin.us/childcaremanual) (<https://www.hennepin.us/childcaremanual>).

J3.4 Create guidance for settings or situations that are needed for certain diseases where the specific guidance doesn't exist.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	MDH staff drafting guidance may approach LPH agency staff for their thoughts on portions of draft guidance.
District Epis (MDH)	Yes	Generally, not something that this group will take the lead on except in rare situations. However, this group will assist in reviewing assembled guidance.
MDH	Yes	

J3.5 Create tools to facilitate guidance implementation.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities B, C, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity, expertise, and situational need.
District Epis (MDH)	No	
MDH	Yes	

J4. Adopt, adapt, and interpret national recommendations

J4.1 Participate in workgroups creating and revising national guidance.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility B.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Staff participating in national workgroups revising guidance may approach public health professionals for their expertise on portions of draft guidance.
District Epis (MDH)	No	
MDH	Yes	As opportunities arise.

J4.2 Review recommendations and guidance from CDC and other national partners.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A and B.

This may occur as a part of being on a workgroup working on new recommendations or it may happen as national guidelines are being reviewed to determine implementation in Minnesota.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Based on staff capacity, expertise, and situational need.
District Epis (MDH)	No	
MDH	Yes	

J4.3 Adapt guidelines and best practices in collaboration with community stakeholders to facilitate appropriate implementation in Minnesota.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility B.
- Capability: Equity: responsibility D.

Adaptions may include culturally specific considerations for various population sub-groups or other unique needs (e.g., drug resistance patterns).

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	As agency capacity allows and needed for a jurisdiction.
District Epis (MDH)	Yes	As applicable, facilitate review by LPH staff.
MDH	Yes	

J4.4 As applicable and appropriate, promote national guidelines to partners.



Crosswalk with Foundational Public Health Responsibilities:
- Communicable Disease Control: responsibilities A, and B.

Mostly informal cross-jurisdictional LPH work is happening in this area.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	
District Epis (MDH)	Yes	
MDH	Yes	

J5. Conduct site visits

These responsibilities cover the tangible goals and activities of site visits. An additional, non-tangible goal of a site visit is to develop and maintain relationships with the people who live or work at the site being visited. Examples of site visits include visits to petting zoos, skilled nursing facilities to review infection control practices, and visits to sites where an infectious TB case was present. MnVFC and IQIP site visits are specifically mentioned in the area I, Maintain a Statewide Immunization Program, in responsibility I1.1.

Some types of site visits may require staff conducting them to have training on how to carry out aspects of a site visit. (For example, how to collect specimens or set up equipment.) Training that may be needed will be provided.

There is cross-jurisdictional LPH work happening in activities associated with the responsibilities in this area. Much of the collaboration is informal or associated with case, cluster, or outbreak investigations.

J5.1 Identify program information and education needs and share subject matter expertise.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities A, B, and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This applies to staff conducting site visits based on situational need.
District Epis (MDH)	Yes	
MDH	Yes	

J5.2 Review physical setting for infectious disease risks and mitigation opportunities.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This applies to staff conducting site visits.
District Epis (MDH)	Yes	
MDH	Yes	

J5.3 Confirm, collect, or review information that can only be accomplished in person.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities C and D.

For example, staff may need to review and/or abstract information from paper documentation that cannot be taken off site.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This applies to staff conducting site visits based on situational need.
District Epis (MDH)	Yes	
MDH	Yes	

J5.4 Collect specimens for lab testing.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibilities C and D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This applies to staff conducting site visits based on situational need. This does not apply to MnVFC site visits.
District Epis (MDH)	Yes	
MDH	Yes	

K. Conduct evaluations and special studies

This foundational area encompasses the activities being carried out by public health agencies (state and local) across Minnesota to evaluate their programming and work to fill in knowledge gaps in the field of infectious disease.

K1. Evaluate the effectiveness of public health programs, strategies, and interventions

K1.1 Contribute to the development of jurisdiction-level health assessments and improvement plans.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control, responsibilities A and B.
- Capability: Assessment and Surveillance: responsibility E.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	This is applicable when there is an infectious disease need identified. Agencies are not being asked to do a special CHA/CHIP for infectious disease.
District Epis (MDH)	Yes	District epidemiologists help LPH agencies with this as requested. Activities will vary by region.
MDH	Yes	Coordinated out of the MDH Community Health Division and done at the state-level.

K1.2 Evaluate infectious disease activities, projects, or programs.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Accountability and Performance Management: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Yes	As capacity allows and opportunities present, agencies should evaluate infectious disease work they are doing. If MDH requests participation in an evaluation activity they are leading, the local agency should participate as capacity allows. If capacity is a barrier, the local agency should work with their district epidemiologist.
District Epis (MDH)	No	
MDH	Yes	

K1.3 Conduct customer feedback surveys to measure customer satisfaction with infectious disease programs.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Accountability and Performance Management: responsibility D.
- Capability: Community Partnership Development: responsibility C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	Dependent on agency capacity and if it makes sense for a particular situation or program.
District Epis (MDH)	No	
MDH	Yes	Via website link and other mechanisms; will depend on the definition of "customer" for the particular project.

K1.4 Evaluate effectiveness of messaging.



Crosswalk with Foundational Public Health Responsibilities:
- Capability: Accountability and Performance Management: responsibility D.
- Capability: Communications: responsibilities B and C.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	This is dependent on agency capacity and if there is a special project that includes dedicated funding.
District Epis (MDH)	No	
MDH	Yes	Usually, a specific project which will be in varying degrees of formal to informal.

K2. Gather new data to fill gaps in knowledge

K2.1 Conduct surveys or additional interviews to gather more information.



Crosswalk with Foundational Public Health Responsibilities:
- Area: Communicable Disease Control: responsibility D.

Public Health System Segment:	Staff Responsible	Comments
LPH	Some	
District Epis (MDH)	Yes	
MDH	Yes	

Appendix 2: Glossary

Assure access

- Providing patients/clients with:
 - the information needed to find and utilize prevention options (pre- or post-exposure) of infectious disease or treatment of infectious diseases,
 - linkage to care at a health clinic in the community, or
 - direct access via an LPH agency to infectious disease prevention options (pre- or post-exposure) or treatment of infectious diseases.
 - LPH Capacity Notes:
 - LPH capacity to coordinate direct treatment of other infectious conditions will depend on the infectious condition, services offered by the specific agency, and staffing capacity.
 - Availability of direct pre- or post-exposure prevention options through LPH agencies will depend on the disease, staffing capacity, and regular services offered by the LPH agency.
- Overall, the decision on which of these 3 access-to-care options is implemented will depend on the disease being responded to, the context of the response, and the capacity of the LPH agency and corresponding MDH district epidemiologist. As needed disease- and situation-specific detail will be included in responsibility notes.

Cross-jurisdictional LPH

- Refers to two or more LPH agencies (*see definition in this glossary*) collaborating.
- In the context of infectious disease work, this usually occurs around a specific need. These collaborations may be informal (e.g., ad hoc workgroup) or formal (e.g., outlined by contract or MOU/MOA). Examples include but are not limited to
 - An LPH agency operating a TB clinic and nearby LPH agencies obtaining permission to send residents to seek care at this clinic
 - LPH agencies collaborating on a media or outreach campaign over multiple LPH agency jurisdictions
 - LPH agency staff from one agency doing MnVFC site visits for clinics in nearby LPH agency jurisdictions

LPH (local public health)

- Refers to the most local level of public health that has staff doing infectious disease work in a jurisdiction.
 - There are many variations on the level of local government that infectious disease public health work occurs in the context of. In the Twin Cities metro area, there are a few city-level jurisdictions that have their own public health departments. There are county level LPH agencies. These county-level agencies are sometimes also a community health board (CHB) and sometimes part of a multi-county community health boards (CHBs) where each county has its own public health agency doing infectious disease work. There are also multi-county CHBs that function as 1 local public health agency. These multi-county CHBs then would be the LPH agency. There are also healthcare based LPH agencies. These are agencies where the local county has contracted with a local healthcare organization to carry out the public health activities (including infectious disease work) for the local county.²³

23 For more information please see: [Find a Local or Tribal Health Department or Community Health Board \(https://www.health.state.mn.us/communities/practice/connect/findlph.html\)](https://www.health.state.mn.us/communities/practice/connect/findlph.html)

Post-exposure Prophylaxis (PEP)

- Administration of vaccine, other injectable product (e.g., immune globulin or monoclonal antibody), or antibiotics to prevent the development of an infection after someone has been exposed to an infectious pathogen.²⁴

Sentinel Surveillance

- Surveillance based on selected population samples chosen to represent the relevant experience of particular groups. In sentinel surveillance, standard case definitions and protocols must be used to ensure validity of comparisons across time and sites despite lack of statistically valid sampling.²⁵

24 Paraphrase of the definitions of chemoprophylaxis and prophylaxis from Porta, Miquel. A Dictionary of Epidemiology. 5th ed. Pages 38 and 197.

25 Porta, Miquel. A Dictionary of Epidemiology. 5th ed. p. 228 Sentinel Surveillance

Appendix 3: Information on Tools

eSHARE

The Electronic System for Health Assessment of Refugees (eSHARE) is a secure, web-based application developed by the MDH Refugee Health Program for collecting demographic and domestic refugee health screening results. The system enables refugee health assessment data to be securely shared between MDH and LPH agencies. To request access to this system, contact the MDH Refugee Health Unit.

GovDelivery

GovDelivery is an electronic system for distributing newsletters or other communications via email. Most federal agencies and Minnesota state government agencies use this system. Some local government agencies in Minnesota use it as well. This system is used to manage distribution lists that allow for anyone to sign up. This system can also allow for controlled registration.

For MDH newsletters distributed with GovDelivery: there is a sign-up wizard at the bottom of every page on the MDH website (“Get email updates”). Many MDH topic-specific websites have a sign-up link if a newsletter exists (e.g., “Subscribe to <name of newsletter>”). Each time someone signs up for a new newsletter they will have the opportunity to review and modify current subscriptions.

LPH Data Dashboard

The LPH Data Dashboard, or the trusted partner site, is a web-based Tableau data dashboard displaying frequently requested infectious disease data. Access to the infectious disease data in the site is granted to Minnesota LPH and tribal health staff and can be requested by contacting an agency’s corresponding district epidemiologist. The site is accessed via a web browser (e.g., Microsoft Edge or Google Chrome) and does not require any additional software or browser add-ins.

Minnesota Electronic Disease Surveillance System (MEDSS)

The Minnesota Electronic Disease Surveillance System (MEDSS) is a confidential electronic disease surveillance system that allows public health officials to receive, manage, process, and analyze disease-related data. The system allows for secure data exchange and communication among state and local health departments, labs, and clinics. Please contact your corresponding district epidemiologist with questions or to initiate access to infectious disease data in MEDSS.

Minnesota Immunization Information Connection (MIIC)

The Minnesota Immunization Information Connection (MIIC) is a confidential system that stores electronic immunization records. MIIC combines immunizations a person has received into a single record, even if the shots were given by different health care providers in the state. Health care providers, schools, childcare centers, health plans, and other organizations listed in Minnesota Statutes, 144.3351 Immunization Data are encouraged to participate in MIIC to support immunization practice, monitoring, and improvement in Minnesota. Pharmacies operating in Minnesota are mandated to use MIIC to assess patient immunization status and report vaccination data.

MIIC is used to support several MDH programs and activities including Immunization Quality Improvement for Providers (IQIP), MnVFC, UUAV, and VPD outbreak investigation. LPH staff needing access to MIIC should contact a system administrator in their home LPH agency.

PartnerLink is a directory designed to streamline communication among segments of the Minnesota public health system. PartnerLink is used to send out health alert network (HAN) messages to LPH and tribal health partners and other important messages. Roles (termed “subscriptions” in the system) are used to develop distribution lists. LPH PartnerLink users are added by system administrators located within the person’s home LPH agency. Users of the PartnerLink system can self-select some roles, or subscriptions, in the system but not all.

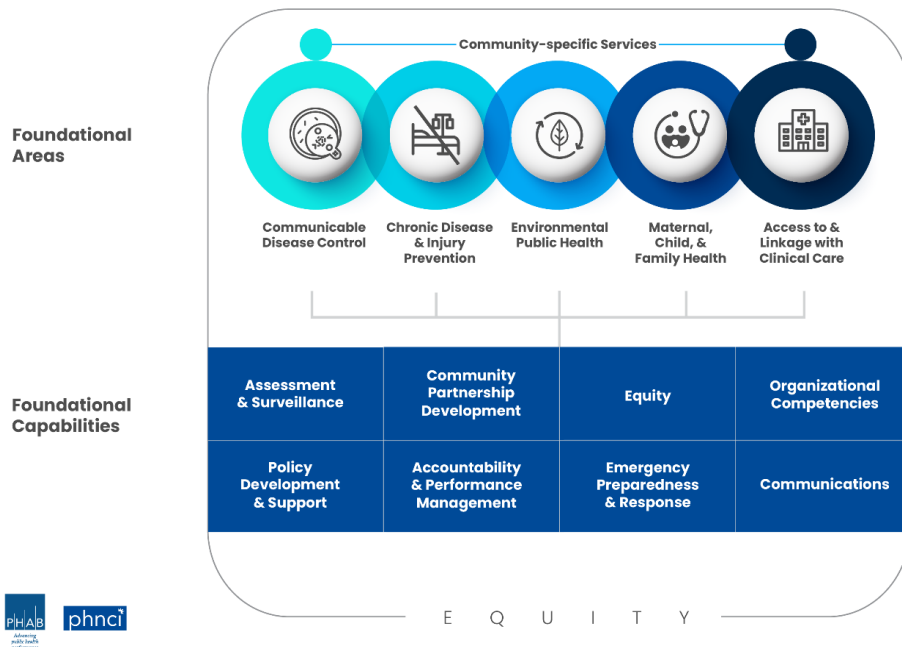
The infectious disease-related subscriptions available in PartnerLink are:

- DP&C Coordinator (*related to role: “Infectious Disease Coordinator” on page 14*)
 - *Important:* new infectious disease coordinators should contact their corresponding district epidemiologist if they haven’t already.
- Immunization (*related to role: “Immunization Coordinator” on page 16*)
 - *Important:* new immunization coordinators should contact the MDH MIIC Help Desk for access to MIIC and any needed changes to MnVFC staffing. (District epidemiologists can help with questions, as needed. “MDH District Epidemiologists” on page 28.)
- IQ Monitoring
- IQ Essential Services
- Perinatal Hepatitis B (*related to role: “Perinatal Hepatitis B Coordinator/Point-of-Contact” on page 23*)
 - *Important:* new perinatal hepatitis B coordinators/points-of-contact should contact the MDH hepatitis program to ensure timely connections are made. MDH district epidemiologists can help make the connection if needed.
- Refugee Health (*related to role: “Refugee Health Coordinator/Point-of-Contact” on page 21*)
 - *Important:* new refugee and immigrant health coordinators/points-of-contact should contact the MDH refugee health program to ensure timely connections are made. MDH district epidemiologists can help make the connection if needed.
- VPD Surveillance

Appendix 4: Connections with the FPHR

- The Foundational Public Health Responsibilities (FPHR) is a “framework that outlines the foundational responsibilities of the governmental public health system. It defines what needs to be in place everywhere for Minnesota’s public health system to work anywhere.”²⁶ The FPHR does not convey roles and responsibilities. As stated in the Purpose of this Document section in the Introduction, this Minnesota Infectious Disease Operations Guide provides this information for governmental public health infectious disease activities done by MDH and LPH agencies.
- The FPHR is organized into five foundational areas and eight foundational capabilities:
- Areas: Communicable Disease Control, Chronic Disease and Injury Prevention, Environmental Public Health, Maternal, Child, and Family Health, and Access to and Linkage with Clinical Care
- Capabilities: Assessment and Surveillance, Community Partnership Development, Equity, Organizational Competencies, Policy Development and Support, Accountability and Performance Management, Emergency Preparedness and Response, and Communications
- Within this model, equity is embedded in all areas and capabilities. Additionally, many health departments provide additional services that have been identified to address community-specific needs; in the image below these are “community-specific services”.

Framework of Foundational Public Health Responsibilities



- All infectious disease responsibilities in this operations guide have had corresponding elements of the FPHR identified. These corresponding elements are noted in each responsibility in the appendix containing detailed responsibility information. However, as of the initial adoption of this operations guide, community-specific infectious disease services – that could be portions of some of these responsibilities – have not been identified. That will be done in an upcoming stage of work on this document.
- Illustrating how interconnected the work of public health is, connections were identified between all the FPHR areas and capabilities and the infectious disease responsibilities in this operations guide. As expected, most connections were identified with the Communicable Disease Control area and the Assessment and Surveillance capability. These connections represent not only the frontline work being done every day but also the behind-the-scenes work and collaborations needed to carry out the work. For example, staff cannot use secure data management systems like MEDSS or electronic health records systems without IT staff working behind the scenes. Also, staff cannot effectively respond to a foodborne outbreak without collaborating with environmental health or other food regulatory partners.

26 Foundational Public Health Responsibilities and Framework - MN Dept. of Health (<https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html>)

Appendix 5: History of the MIDOG

Work on the Minnesota Infectious Disease Operations Guide began in 2018 by the Infectious Disease Continuous Improvement Board (ID CIB) and continued until the SARS-CoV-2 pandemic dominated public health activities in early 2020. The ID CIB resumed work on the Minnesota Infectious Disease Operations Guide in early 2022. The Minnesota Infectious Disease Operations Guide is aligned with the foundational public health responsibilities (“Appendix 4: Connections with the FPHR” on page 115) as outlined for use in Minnesota. More information on how the Minnesota Infectious Disease Operations Guide was developed can be found in “Appendix 6: Content Development” on page 117.

- SCHSAC approved the very first version of the Disease Prevention and Control Common Activities Framework (DP&C CAF), the precursor to the Minnesota Infectious Disease Operations Guide, in 1998. The DP&C CAF was revised in 2001 and again in 2012 when the document was updated and aligned with the voluntary national accreditation standards. The DP&C CAF addressed areas of infectious disease activities where state and local public health staff both had roles and responsibilities.

Previous versions of the MIDOG

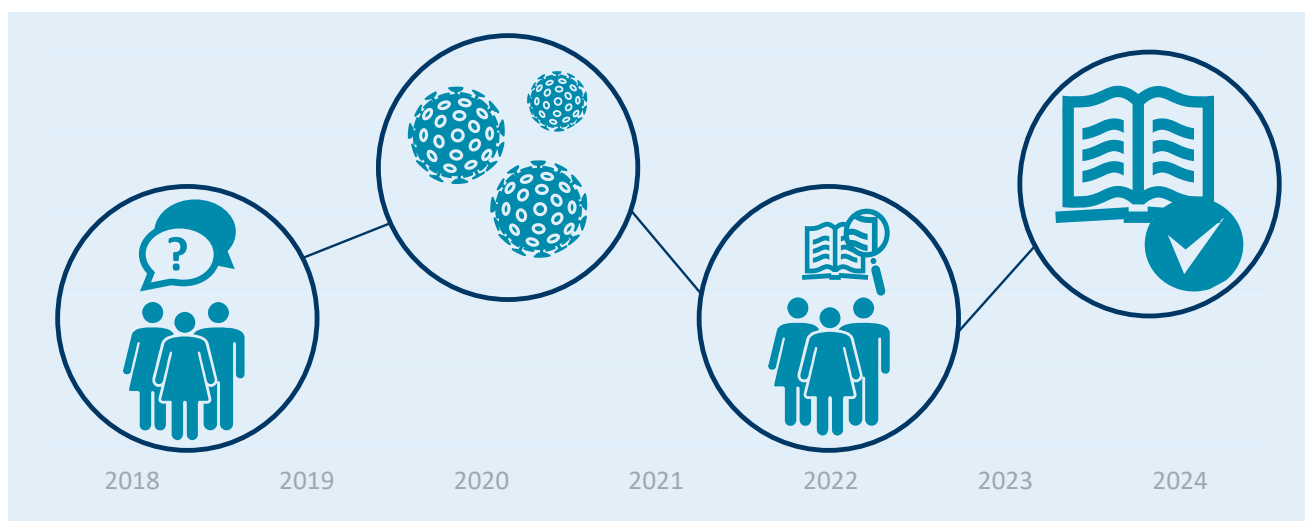
Note: The Disease Prevention and Control Common Activities Framework (DP&C CAF) was the precursor to the Minnesota Infectious Disease Operations Guide (MIDOG).

- 1989: MDH DP&C Division and SCHSAC formed a workgroup to review roles and responsibilities for conducting DP&C activities at the state and local levels. The outcome was a DP&C cooperative agreement that formalized some of MDH relationships with local public health.
- 1998: First Communicable Disease Prevention and Control Common Activities Framework.
 - Redefined expected roles and responsibilities for DP&C. Set standards for DP&C activities to be carried out at the state and local levels.
- 2001: Updates to the DP&C CAF.
- 2003: Updates to the DP&C CAF.
- 2012: Overhaul of the DP&C CAF to align with initial national accreditation areas.

Appendix 6: Content Development

Timeline of Content Development Process

- 2018:
 - ID CIB LPH members asked for feedback about the current DP&C CAF from agencies in the regions they represented. The ID CIB crafted questions for the members to ask of their regions.
 - ID CIB members developed goals for the document rewrite.
- 2018 – 2019
 - ID CIB used the 2012 Disease Prevention and Control Common Activities Framework and the working knowledge of public health infectious disease work of the ID CIB members to draft the 11 foundational infectious disease areas. (*Responsibility areas A-K.*)
- Late 2019 – February 2020:
 - Collected info from MDH IDEPC staff about what infectious disease activities are being done.
- 2020 – 2022: Work mostly paused due to COVID response
 - In late 2021, MDH ID CIB staff did restart some behind the scenes work to compile MDH infectious disease activity notes.
- Late 2022: re-started regular work on document rewrite; ID CIB sub-group established.
- 2023
 - Early 2023: collected current infectious disease activity information from LPH staff via regional meetings.
 - ID CIB sub-group used the infectious disease activity information from LPH and MDH IDEPC staff to draft the responsibilities.
- 2024
 - ID CIB sub-group refined and finalized content of the document.
 - June 13: document approved by SCHSAC.



Content Development Methods

- Roles Content Development
 - Abstracted roles and responsibility content from 2012 Disease Prevention and Control Common Activities Framework.
 - Identified gaps and update needs.
 - Organized and drafted content.
 - Reviewed by key staff and partners.
 - Key staff and partners included: ID CIB document rewrite sub-group, full ID CIB, Corresponding MDH subject matter staff, and LPH infectious disease staff.
 - Incorporated feedback from key staff and partners.
- Responsibility Content Development
 - Abstracted roles and responsibility content from 2012 Disease Prevention and Control Common Activities Framework.
 - Developed 11 foundational areas of infectious disease work.
 - Conducted key informant group interviews with MDH IDEPC and LPH staff working in infectious disease to collect information on current infectious disease activities.
 - Compiled and themed information from key informant interviews.
 - Populated a modified RACI chart to show what is currently happening and to allow the ID CIB document rewrite sub-group to propose responsibility delineations.
 - Organized and drafted content.
 - Reviewed by key staff and partners.
 - Key staff and partners included: ID CIB document rewrite sub-group, full ID CIB, Corresponding MDH subject matter staff, and LPH infectious disease staff.
 - Incorporated feedback.
- Document Assembly
 - Identified the introductory content needed and drafted the content.
 - Identified the appendices content needed and drafted the content.
 - Compiled content all into one document.
 - Provided a final opportunity for review to full ID CIB, MDH IDEPC Staff, and LPH Infectious Disease Staff.
- Approvals
 - Pertinent content was reviewed and approved the MDH legal unit.
 - Full document along with implementation recommendations were submitted to the Statewide Community Health Services Advisory Committee (SCHSAC) for their vote to recommend adoption. SCHSAC voted to recommend adoption on June 13, 2024.

Appendix 7: MIDOG Development Contributors

* Sub-group member/sub-group regular attendee

In addition to the current and past ID CIB members and regular attendees noted below, the MIDOG development sub-group greatly appreciates the MDH IDEPC staff and LPH staff who took the time to review content at key points. All the feedback was constructive and valuable!

Current ID CIB Members:

- *Kristin Sweet, MDH IDEPC (Co-chair)
- *Erica Keppers, Morrison-Todd-Wadena CHB (*Co-chair*)
- *Jenny Barta, Carlton-Cook-Lake-St Louis CHB
- Jaimee Brand, Brown-Nicollet CHB
- Kristi Goos, Partnership4Health CHB
- *Nora Moore, St. Paul-Ramsey County CHB
- Deb Purfeerst, Rice County CHB
- *Fran Tougas, Quinn County CHB
- *Ellen Hill, MDH IDEPC

Current Regular Attendees:

- *Dawn Huspeni, MDH IDEPC
- *Linda Kopecky, MDH CHD
- *Dol Hassan, MDH IDEPC/AmeriCorps

Past ID CIB Members/Regular Attendees:

- Kris Ehresmann, MDH IDEPC
- Cindy Borgen, Beltrami County CHB
- Allie Elbert, Meeker-McLeod-Sibley CHB
- Kim Gearin, MCH CHD
- Jamie Hennen, Partnership4Health CHB
- Mary Hildebrandt, Brown-Nicollet CHB
- Chelsie Huntley, MDH CHD
- *Dave Johnson, Hennepin County CHB
- Megan Kirby, Le Sueur-Waseca CHB
- Catherine Main, Wright County CHB
- *Amy Westbrook, Carlton-Cook-Lake-St Louis CHB
- Julie Whitcomb (Putz), Watonwan County CHB
- Mary Zelenack, Stearns County CHB
- Jennifer Zipprich, MDH IDEPC

Appendix 8: Using the MIDOG for PHAB Accreditation

The Minnesota Infectious Disease Operations Guide (MIDOG) may serve as one piece of documentation to demonstrate a local public health agency's ability to meet some national public health accreditation standards and measures. The list below identifies possible uses of this guide to meet current national standards and measures ([PHAB: Version 2022 \(https://phaboard.org/accreditation-recognition/version-2022/\)](https://phaboard.org/accreditation-recognition/version-2022/)). It is up to the agency applying for accreditation to determine if and when this document should be submitted to PHAB as documentation.

Please note:

- Other documentation may also be necessary to fully meet a particular measure; these might include the Assurances and Agreements attached to a community health board (CHB) Master Grant Contract, a CHB's All Hazards Emergency Response Plan, or specific outbreak response protocols.
- The process for initial PHAB accreditation is different from the process for reaccreditation after initial accreditation has already been achieved. It is up to the local health agency to reference the most current guidance for their specific situation from the [Public Health Accreditation Board \(https://phaboard.org/\)](https://phaboard.org/).

This document outlines state and local roles and responsibilities related to infectious disease prevention and control. As a result, it can be used as documentation to help demonstrate how specific standards and measures related to infectious disease prevention and control are met in the context of Minnesota's governmental public health system. In particular, MIDOG can support a local health agency's response to measures in Domain 2 (Investigate, diagnose, and address health problems and hazards affecting the population). These include:

- Standard 2.1: Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.
 - 2.1.1: Maintain surveillance protocols
 - 2.1.2: Communicate with surveillance sites
 - 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards
 - 2.1.4 Maintain protocols for investigation of public health issues
 - 2.1.5 Maintain protocols for containment and mitigation of public health problems and environmental public health hazards
- Standard 2.2: Prepare for and respond to emergencies.
 - 2.2.6 Maintain and implement a process for urgent 24/7 communications with response partners

In addition, documentation of specific infectious disease prevention and control activities carried out locally could be used to provide evidence that a local health agency is able to meet measures in several domains, including, but not limited to, standards and measures related to communications, community partnerships, assuring access to health care, use or analysis of data, engagement of policymakers, policy development, and more. Contact your [regional or tribal public health system consultant \(Who is My Public Health System Consultant? \(https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html\)\)](https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html) with questions about accreditation.

The Minnesota Department of Health supports local public health agencies in their efforts to meet the national standards and measures and will work with local agencies applying for accreditation to help provide additional documentation on disease prevention and control responsibilities if needed.

Appendix 9: LPH Agency Infectious Disease Coordinator/Point-of-Contact List

Agency:

MDH District Epi:

(Map of district epi regions: [Map of Field Services Epidemiologists \(https://www.health.state.mn.us/about/org/idepc/epis.html\)](https://www.health.state.mn.us/about/org/idepc/epis.html))

Phone number:

Email address:

Infectious Disease Coordinator

Primary:

Backup:

Immunization Coordinator

Primary:

Backup:

Medical Consultant:

Perinatal Hepatitis B Coordinator/Point-of-Contact

Primary:

Backup:

STI/HIV Coordinator/Point-of-Contact

Primary:

Backup:

Tuberculosis (TB) Coordinator/Point-of-Contact

Primary:

Backup:

Refugee Health Coordinator/Point-of-Contact

Primary:

Backup:

MIIC Administrator:

Primary:

Backup:

MEDSS Users (for infectious diseases):