Nova Scotia Public Health

Communicable Disease Prevention and Control[23] Protocols

Communicable Disease Prevention, Management, & Response *Protocol*

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Expectations

Understanding

Public health will

- conduct assessment and surveillance of notifiable diseases and conditions as per the Health Protection Act http://nslegislature.ca/legc/statutes/healthprotection.pdf on a province-wide basis, using local epidemiological data (see Understanding Protocol)

- conduct assessment and surveillance of notifiable diseases and conditions in a manner that allows the identification of differences in local areas (see Understanding Protocol)

Collection of Information, Assessment, and Data Management

- collect information on a routine basis related to
  - notifiable diseases and conditions, as well as emerging and re-emerging communicable/infectious diseases or conditions

- identify inequalities and inequities of priority populations/populations at risk for notifiable diseases and conditions (see Publicly Funded Immunization Protocol)

- collect information and assess and manage data related to notifiable diseases and conditions by
  - entering notifiable diseases and conditions into electronic health systems (e.g., ANDS) http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/
  - managing electronic health applications http://novascotia.ca/dhw/populationhealth/surveillanceguidelines/ANDS_Business_Procedures.pdf

Analysis and Interpretation

- undertake timely analysis and interpretation of trends (communicable/infectious diseases; adverse events following immunization, or AEFI) by person, place, time, and other factors (e.g., analysis of the impact of inequalities/inequities and identifying priority populations/ populations at risk for notifiable diseases) (see Publicly Funded Immunization Protocol)

- provide expert advice and guidance concerning epidemiology and surveillance of notifiable diseases and conditions

Sharing and Dissemination

- develop, disseminate, and communicate surveillance information and findings pertaining to notifiable diseases and conditions of public health importance and factors related to the acquisition of such diseases to relevant audiences, including public health staff fulfilling

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

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Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

expectations of other protocols that have an impact on the occurrence and transmission of communicable diseases (see Healthy Development Protocol, Healthy Communities Protocol, Environmental Health Protocol). Mechanisms for dissemination may include, but are not limited to, timely regular communication and dissemination via routine and ad hoc reports, email, webinars, telephone calls, face-to-face meetings, meetings through local and provincial networks, press releases, media interviews, letters, articles, posters, pamphlets, Canadian Network for Public Health Intelligence (CNPHI) alerts and outbreak summaries, mail outs, and education sessions.

- report relevant notifiable diseases and conditions information to the Public Health Agency of Canada (PHAC) and to provincial, regional, and municipal government partners

Action

- enhance surveillance tools as required in response to surveillance information

- inform the development and/or implementation of public health measures concerning the notifiable diseases and conditions in question

- advocate for and contribute[24] to the development and implementation of a comprehensive public health electronic information system inclusive of communicable disease case management, outbreak, surveillance, and an immunization registry (see Publicly Funded Immunization Protocol)

Priority Setting and Planning

Public health will

- use the planning cycle to conduct a situational assessment, identify and prioritize options, and develop a comprehensive plan to implement and monitor impacts, including

    - applying a decision making framework for assessing additions and deletions from the notifiable disease and condition list

    - developing, implementing, monitoring, and evaluating programs and resources (e.g., SOP, policies) to support investigation and response, based on best practices, evidence-based practice, and expert consultation

    - developing and maintaining an accountability framework and quality assurance process with relevant stakeholders, establishing roles, responsibilities, and processes from detection through to the control of communicable/infectious diseases (see Priority Setting and Planning Protocol)

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Policy

Public health will

■ advocate for and develop policies that support the prevention and control of communicable/infectious diseases and that promote the health of the population

■ collaborate with others to influence and inform the development of policy in other content areas (see Healthy Development Protocol, Healthy Communities Protocol, Environmental Health Protocol)

Partnership

Public health will

■ establish and sustain relationships with a wide range of partners to understand needs, build support, and collaboratively take action to foster the prevention, early detection, and control of communicable/infectious diseases. The specific partners and relative roles will vary according to the nature of the issue and the context and will change over time. Broadly, categories of potential partners include

- federal, provincial, regional, and municipal levels of governance

- healthcare providers

- healthcare institutions (e.g., long-term care, residential care, and acute care facilities) and their staff (e.g., infection control practitioners)

- school boards and schools, universities and colleges

- child-care settings

- community coalitions and community based organizations

- laboratories

Health Equity

Public health will

■ incorporate consideration of inequalities and inequities in assessing, planning, implementation, and evaluation of actions to prevent and control communicable/infectious diseases, specifically (see Figure 4 next page; see Health Equity Protocol)

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Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

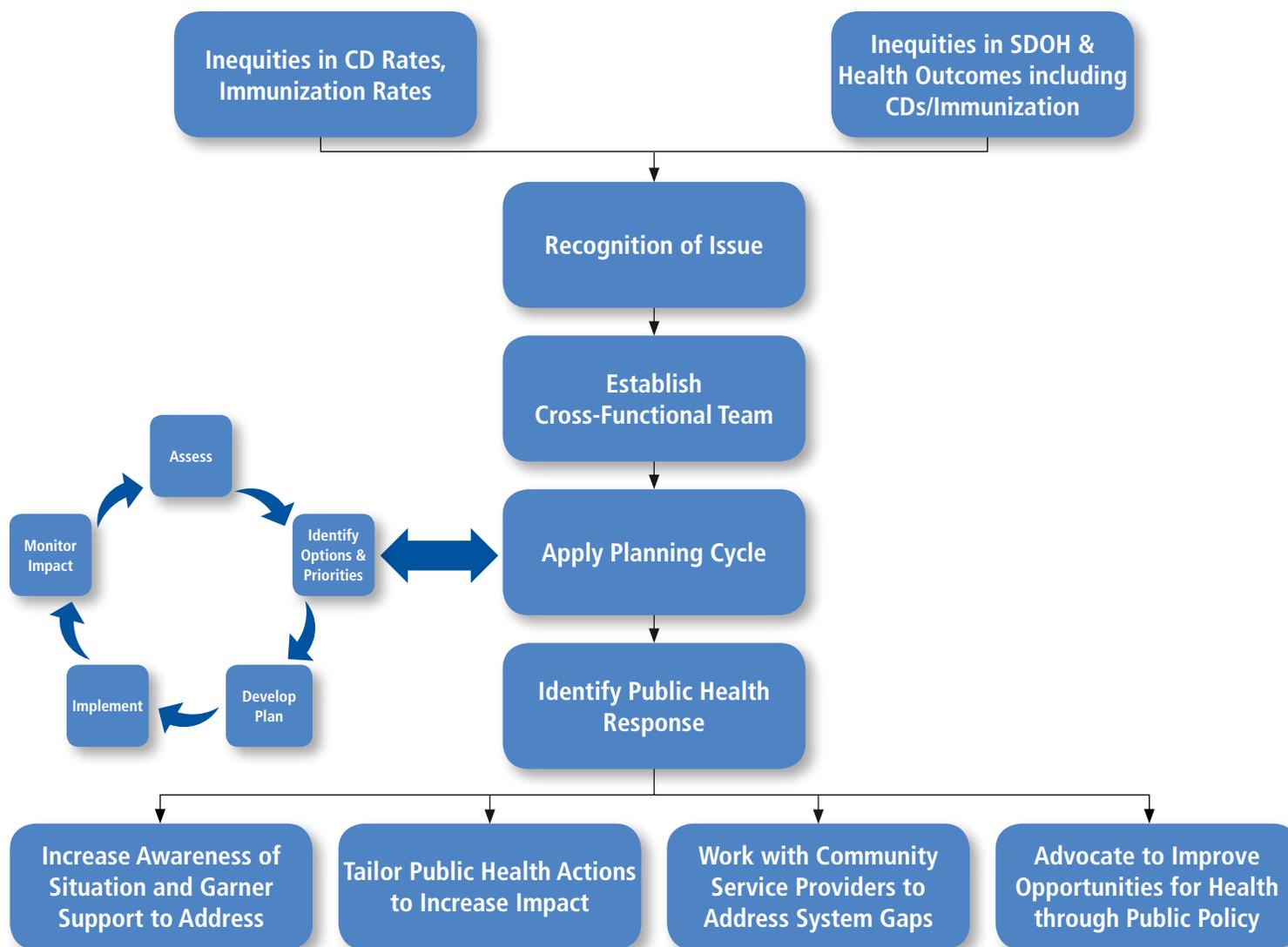**Healthy Communities**

Healthy Development

Figure 4: Process Steps for Pursuing Upstream Prevention of Communicable Diseases

- discussing population health assessment and surveillance information with community partners and priority populations, so as to further understand population-specific impacts of the social determinants of health on communicable/infectious disease outcomes and to identify possible means for addressing identified inequities/inequalities

- collaborating with others (i.e., as part of a cross-functional team) to conduct planning and priority setting that will address the upstream prevention of communicable/infectious diseases, incorporating the social determinants of health at every step of the planning cycle (with the understanding that analyzing and addressing upstream determinants of communicable diseases may overlap with the work of other protocols and may require involvement of those with complementary knowledge, skills, and perspectives)

- providing scientific and contextual evidence (provision of assessment and surveillance data, expert advice) to identify potential means for addressing inequalities and inequities (e.g., harm reduction initiatives, such as needle exchange)

- advocating for healthy public policy and services, including supportive social, economic, and physical environments that contribute to the reduction of communicable disease by addressing root causes and social determinants of health

Reporting of Communicable Diseases

Public health will

- provide information/instruction to persons and organizations responsible for reporting notifiable diseases and conditions (reportable events and deaths) to public health officials regarding expectations and processes, including the medical officers of the health on-call system. (Note: the Health Protection Act requires healthcare providers to report cases of notifiable diseases and conditions to public health.)

- transfer reports of cases/contacts referred to one local team that belong to the catchment area of another local team

- forward reports to the attention of the surveillance team within the PHAS Division DHW (delegate of the CMOH) with respect to notifiable diseases and conditions and to any other communicable/infectious diseases that the DHW may specify, as required, whereby

  - reports will be made by filling out a form (electronic and/or paper) in accordance with the frequency and timeliness of reporting specified by the DHW

  - the DHW may request additional information with respect to reports of notifiable diseases and conditions[25]

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

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Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Management and Control of Notifiable Diseases and Conditions

Public health will

- monitor, investigate, and respond to notifiable diseases and conditions, as well as to emerging and re-emerging communicable/infectious diseases or conditions, in accordance with the Health Protection Act http://nslegislature.ca/legc/statutes/healthprotection.pdf, the *Nova Scotia Communicable Disease Manual* http://novascotia.ca/dhw/cdpc/cdcmanual.asp, the *Nova Scotia Surveillance Guidelines for Notifiable Disease and Conditions*, and other guidance documents, such as response plans

- maintain a 24 hours per day, 7 days per week (24/7) on-call system

- manage cases and contacts of diseases of public health importance. This may consist of, but not be limited to

  - case management, including, where applicable,
    - the determination of potential exposures and the provision of disease prevention counselling; administration of chemoprophylaxis, immunization, or immuno-globulin; and/or advice to seek medical care and submit clinical samples
    - interventions, such as exclusion and quarantine

  - contact identification, tracing, and notification

  - maintenance of ongoing surveillance for further cases

  - where warranted, arrangement for inspection and follow-up of institutions, premises, or facilities where cases and/or disease transmission is suspected (see Environmental Health Protocol)

  - reporting of cases of communicable/infectious diseases to the attention of the surveillance team within the PHAS Division DHW (delegate of CMOH) in a manner specified by the DHW

- provide and facilitate expert advice, consultation, and guidance to internal and external partners and stakeholders, in support of the management and control of notifiable diseases and conditions, as well as emerging/re-emerging communicable/infectious diseases

- collaborate with partners to support harm reduction approaches for the prevention of communicable diseases related to illicit substance use

Management of Outbreaks

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Public health will

- manage confirmed or suspected outbreaks of diseases of public health importance as described in the "Outbreak Management Response Plan" in the *Nova Scotia Communicable Disease Manual* http://novascotia.ca/dhw/cdpc/cdcmanual.asp by, but not limited to, the following:

  - establishing the existence of an outbreak, assigning an outbreak number, developing a case definition, and notifying the public health system

  - establishing an outbreak team and assigning roles

  - developing an interview tool and collecting information/data

  - implementing control measures based on findings (in the case of an environmental health exposure, see the Environmental Health Protocol)

  - analyzing information and continuing surveillance for new cases

  - communicating regularly to stakeholders and the public health system

  - documenting the outbreak and completing reports

  - determining when the outbreak is over and evaluating the outbreak control and management

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[23] This terminology reflects national and international nomenclature, and hence "control" is used throughout the document. An element of response is "control."

[24] Public health can only contribute, because this work is dependent on CIO collaboration with DHW and funding, for which we are not the decision makers.

[25] Reporting is a function, and at times an obligation, that speaks to accountability. The feedback loop is addressed under sharing and dissemination in "Understanding," on the first page of this protocol.

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

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Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development