

**Health Priority: Existing, Emerging, and Re-emerging Communicable Diseases**  
**Objective 1: Statewide Communicable Disease Surveillance and Response (Logic Model)**

**Long-term (2010) Subcommittee Outcome Objective:** Assure the timely detection of, and effective response to, communicable diseases.

**1a:** By 2010, at least 85 percent of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).

**1b:** By 2010, 100 percent of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined in HFS 140.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Time and effort of state and local public health staff.</p> <p>Federal/state funding of hardware, software, and information system technical support for disease reporting and surveillance data collection and storage.</p> <p>Federal/state funding of public health laboratory human and capital resources sufficient to maintain adequate, routine, and emergency testing capacity for state and local health department testing, and sufficient state-of-the-art technical assistance and reference laboratory capacity to assist and backup private clinical laboratories performing infectious disease testing analyses.</p>	<p>The Wisconsin Division of Public Health will assist local health departments and local medical/clinical group practices to develop an orientation to communicable disease reporting and control programs for newly employed physicians and other appropriate clinical staff.</p> <p>The Wisconsin Division of Public Health and the Wisconsin State Laboratory of Hygiene will establish and maintain an epidemiologic system, which directly and through the coordinated efforts of local providers is capable of providing early detection of and response to any infectious disease outbreaks or acts of bioterrorism which would threaten the health and safety of the state's citizens.</p> <p>The Wisconsin Division of</p>	<p>Department of Health and Family Services Division of Public Health Bureau of Communicable Diseases</p> <p>Local health departments</p> <p>Tribes</p> <p>Clinical laboratories</p> <p>Medical group practices</p> <p>Communicable disease clinicians and institutional infection control practitioners</p>	<p>By December 31, 2004, Wisconsin will have an operating system of surveillance for all major, reportable communicable diseases which will also include components of sentinel surveillance for new and emerging pathogens which are not yet reportable by law, and for acts of bioterrorism. The system will perform the six core activities of: (1) detection; (2) registration; (3) confirmation (both epidemiological and laboratory); (4) reporting; (5) analysis; and, (6) feedback.</p> <p>By December 31, 2004, the state/local public health preparedness system for bioterrorism and disease</p>	<p>By January 31, 2005, 100 percent of cases of E. coli .0157, hepatitis C, tuberculosis, and HIV infection will be reported to the appropriate public health authority within the timeframe which is specified in the Wisconsin Administrative Code.</p> <p>By June 30, 2005, the Division of Public Health will utilize an electronic reporting and surveillance system for all reportable communicable diseases.</p> <p>By January 31, 2006, the percentage of the total number of laboratory-confirmed cases of E. coli .0157, hepatitis C, tuberculosis, and HIV infection that are reported</p>	<p>By March 31, 2008, Wisconsin clinical group practices will electronically report cases of reportable diseases within 4 hours of having made the diagnosis.</p> <p>By December 31, 2008, the public health communicable disease surveillance system will provide complete real-time information of the status and occurrence of infectious diseases of public health significance in every local public health jurisdiction in the state.</p> <p>By March 31, 2009, the percentage of all cases of laboratory confirmed reportable diseases which are reported to the appropriate public health</p>

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<p>An adequate statutory and legal base for disease reporting and surveillance activities.</p> <p>The cooperative commitment of private health care providers to participate in public health infectious disease control activities.</p>	<p>Public Health will establish qualifications for “Qualified Public Health Epidemiologists” in Administrative Rule HFS 139 and will establish a registry of those who are employed in local health departments and the corresponding number of local health departments which employ one or more “Qualified Epidemiologists.”</p> <p>The Wisconsin Division of Public Health will establish and maintain ongoing state mechanisms for training and credentialing local health department staff in epidemiology to increase the capacity of local health departments to perform epidemiological surveillance and investigations.</p> <p>The Wisconsin Division of Public Health will revise Administrative Rule HFS 145, and if necessary draft proposed statute revisions to require disease reports to include specified locator information on the infected individual.</p>		<p>outbreaks will have and demonstrate the capability for acute (epidemic-type) responses to naturally occurring or terrorist-initiated infectious disease events.</p>	<p>to the appropriate public health agencies will increase by 50 percent or will equal 95 percent or greater of the total number of cases.</p> <p>By March 31, 2006, 80 percent of medical/clinical group practices will have implemented an orientation for newly employed clinicians on state disease reporting requirements and systems within the group practice to ensure compliance.</p> <p>By March 31, 2007, 100 percent of local health departments will either employ, share through an epidemiological consortium, or contract for the services of an individual who is credentialed by the Wisconsin Division of Public Health as an epidemiologist.</p> <p>By October 31, 2007, all hospital emergency departments will electronically report all</p>	<p>authority will increase by 50 percent.</p> <p>By December 31, 2009, the state/local public health preparedness system for bioterrorism and disease outbreaks will have and demonstrate the capability for planned (management-type) responses to naturally occurring or terrorist-initiated infectious disease events, including the continual anticipatory development and updating of all personnel, material, and knowledge-based resources likely to be necessary to respond to potential future events.</p>

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	<p>The Wisconsin Division of Public Health will create and maintain an electronic communicable disease reporting system with interactive and analytic capabilities as defined and accepted by the Wisconsin Public Health Data Steering Committee for use by all clinical and laboratory providers and all local health departments in the state.</p> <p>All reporters will receive appropriate training on how to use the electronic system.</p> <p>Local health departments will receive all communicable disease reports electronically, and will have the ability to electronically store and analyze the information received, in order to inform and expedite response actions.</p>			<p>cases of reportable diseases and all patients with selected symptoms or nonspecific syndromes which are suggestive of bioterrorist or epidemic pathogens to the Division of Public Health within 8 hours of clinical determination.</p> <p>By October 31, 2007, Wisconsin clinical laboratories will electronically report positive test results for reportable diseases within 4 hours of having identified and confirmed the pathogen.</p>	