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1. Definitions

CDC: Centers for Disease Control and Prevention

IDEPD: Infectious Disease Epidemiology & Prevention Division

IP: Infection Preventionist

IDOH: Indiana Department of Health

LHD: Local Health Department

NBS: NEDSS Base System

PEP: Post-Exposure Prophylaxis

2. Purpose

The purpose of this document is to provide guidance to a local health department (LHD) on public health activities that should be prioritized in the event of staffing shortages, including when a

department is without a public health nurse (PHN). These priorities are often limited to infectious diseases that require urgent follow-up to prevent immediate negative health outcomes for constituents and/or health of the community.

3. Immediate Follow Up Items

Immediately Reportable Conditions Investigations and Outbreaks

Immediately reportable conditions represent diseases that necessitate some level of immediate action regardless of normal business hours or after hours even for single incidents of the disease. In contrast, reported outbreaks are often when there are multiple occurrences of disease that are higher than expected and will usually necessitate follow up depending on both the disease and location of outbreak. For either of these situations, if it is after-hours then IDOH will attempt to call whoever is designated as the after-hours point of contact to coordinate any action items.

General preparedness action items for both immediately reportable conditions and outbreaks are listed below by priority:

- a. Maintain an after-hours POC for IDOH to contact in the event of immediately reportable conditions or other emergencies that require swift action.
- b. Identify internal or external capacity to facilitate specimen collection if necessary.
- c. Identify staff that have ability to conduct patient interviews if necessary.
- d. Discuss and prepare for how best to handle any work or school exclusions that may arise
- e. Identify routes of PEP acquisition (i.e local health officer or hospital) and key contacts for those routes.
- f. Create a plan and identify staff that would be communicating with local schools, daycares, long-term care facilities, and restaurants etc.
- g. Create a plan on how best to cover basic medical tasks in case of an emergency, such as vaccinations or serology, where these actions would be necessary.

A list of immediately reportable conditions can be found digitally here:

https://www.in.gov/health/idepd/communicable-disease-reporting/#Report_Immediately_on_Suspicion

High Priority NBS Investigations

IDOH staff will monitor NBS case investigations within your jurisdiction and may request action if a high priority investigation is identified. NBS access should be consistently maintained in the health department for accessing patient information even if the individual with NBS access is not familiar with the investigations.

In the event that there is a high priority NBS investigation that needs attention from the LHD then IDOH will reach out to the identified POC for the LHD either during business hours or after-hours and discuss the necessary next steps that must be completed for the investigation. These investigations will usually include action items listed above from the Immediately Reportable Conditions and Outbreak section,



but generally contact tracing and post-exposure prophylaxis will be the main action items associated with these investigations.

High priority case investigations may include but are not limited to:

- a. High-risk animal bites
- b. Invasive meningococcal disease
- c. Immediately reportable conditions
- d. Cases associated with an outbreak
- e. Cases associated with high-risk populations

Tuberculosis Case Management

Follow up on tuberculosis cases as needed and pertinent to your local jurisdiction.

1. LHD is expected:
 - i. to identify and maintain a point of contact to handle TB related reports and serve as the liaison with the TB IDOH Program.
 - ii. to have a staff person who has access to TB in NBS and can collaborate with the TB RNC on investigation into patients with TB disease.
 - iii. to have at least one staff person to be able to collect TB samples (ie sputum), interview infectious patients (ie FIT tested) and provide treatment via Directly Observed Therapy (DOT)
 1. In urgent situations, IDOH may be able to provide assistance with these activities, but all efforts to maintain staff or partner with other entities to provide these services should be taken.
 - iv. establish and maintain working relationships/partnerships with local providers to help with the continued care of the TB case and exposed contacts.
2. Process:
 - i. Patients with suspected or confirmed TB disease
 1. Contact the Regional Nurse (RNC) for your county
 - a. The RNC will advise/assist the LHD liaison staff with the case investigation.
 - b. LHD liaison staff will create a TB case investigation in NBS.
 - c. LHD liaison staff will assist IDOH staff to gather all relevant information/provider-updates to assist with documentation in NBS
 - d. RNC will guide the LHD liaison on how to conduct a contact investigation.
 - i. LHD liaison will interview patient to identify all contacts (household, work, social gatherings attended, etc.)
 - ii. LHD liaison will need to conduct field visits to collect sputum samples and ship those to IDOH-Labs; Collection kits and shipping supplies will be provided by IDOH Labs.
 - e. For patients with a positive TB test (QFT or Tuberculin Skin Test (TST)), patients will need to be referred to a medical provider to



obtain chest imaging (X-ray or CT) and consultation for a physical to rule out active TB disease.

- f. If patient is determined to be an LTBI case, the TB investigation will be closed and an LTBI case investigation needs to be created in NBS.
 - g. All treatment for active cases TB is Directly Observed Therapy (DOT)
 - h. LHD liaison will provide DOT until completion of treatment. Completion of treatment needs to be documented in NBS.
 - i. **IDOH will not offer treatment for LTBI cases in times of staffing shortage, but LHDs should maintain the ability to direct patients with LTBI or those with positive TST/IGRAs to other local resources for evaluation and treatment.**
- ii. Class B - Patients
 - 1. An NBS Class B investigation will be started by IDOH staff and an email notification will be sent to the LHD Liaison staff.
 - 2. LHD Liaison staff will complete required information/variables in the NBS Class B investigation.
 - a. IDOH RNC will provide guidance on completion of the Class B investigation in NBS. LHD Liaison must complete the Class B investigation within 90 days of receipt. A reminder to complete the Class B investigation will be sent out every 30 days.

4. Contact Us

Phone: (317) 233-7125 (8:15 a.m.-4:45 p.m.)

Fax: (317) 234-2812

After Hours Emergency Calls: (317) 233-1325

More detailed contact information for the Infectious Disease Epidemiology and Prevention Division can be found at: <https://www.in.gov/health/idepd/contact-us/>.

