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Subject: Trust for America's Health "Outbreaks: Protecting Americans from Infectious Diseases 2015"

Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) released a report yesterday that surveyed states on indicators related to preventing, detecting, diagnosing and responding to outbreaks. The report, "Outbreaks: Protecting Americans from Infectious Diseases 2015", looked at the following 10 indicators:

- 1) *Public health funding*- State increased or maintained funding for public health from FY 2013 to 2014 and FY 2014 to 2015.
- 2) *Flu vaccination rates*- State vaccinated at least half of their population (ages 6 months and older) for the seasonal flu from Fall 2014 to Spring 2015.
- 3) *Childhood Immunization School Requirement Policies*- State either excludes philosophical exemptions entirely or requires a parental notification or affidavit to achieve a religious or philosophical exemption for school attendance.
- 4) *HIV/Aids Surveillance*- State requires reporting of all (detectable and undetectable) CD4 (a type of white blood cell) and HIV viral load data to their state HIV surveillance program.
- 5) *Syringe Exchange programs*- State explicitly authorizes syringe exchange programs (SEP).
- 6) *Climate Change and Infectious Disease*- State currently has climate change adaptation plans completed.
- 7) *Center line-associated bloodstream infections*- State reduced the standardized infection ratio (SIR) for central line-associated blood stream infections between 2012 to 2013.
- 8) *Public health laboratories (biosafety professional)*- State laboratories reported having a biosafety professional from July 1, 2014 to June 30, 2015.
- 9) *Public health laboratories (biosafety training)*- State laboratories provided biosafety training and/or information about courses for sentinel clinical labs in their jurisdiction from July 1, 2014 to June 30, 2015.
- 10) *Food safety*- State met the national performance target of testing 90 percent of reported Escherichia coli (E. coli) O157 cases within four days.

SC was ranked as meeting criteria for public health funding, HIV/Aids Surveillance, and Public Health laboratories (highlighted in green above). South Carolina would be in the top 12 of all states without actually improving outcomes with the following policy changes:

- a) Make it harder for parents to opt out of childhood vaccinations for school attendance (i.e. requiring a parental notification or affidavit for an exemption);
- b) Developing a climate change adaptation plan for infectious disease (15 states have done this); and
- c) Explicitly authorizing a syringe exchange program.

The other three indicators South Carolina did not meet are flu vaccination rates, center line-associated bloodstream infections, and food safety.

Flu

At 48.3% of people vaccinated against flu, South Carolina only missed the flu vaccination goal by 1.7%. It would be reasonable to expect that some marginal changes, including things like free flu vaccinations to state employees, would move the needle in the right direction. With a 1.7% improvement and the policy changes above, South Carolina would have tied for the highest score, meeting 8 out of 10 indicators.

Hospital Infections

A center line is a tube that is typically inserted in a patient's large vein, usually in the neck, chest, arm, or groin, to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause deadly infections in the blood. These infections are usually serious, often resulting in the prolongation of hospital stay and increased cost and risk of mortality. The strategies used to decrease

this kind of infection include provider education and prevention initiatives, as well as financial incentives for reduction and reporting goals established by the federal government. South Carolina's infection rate for the measured period was 43% lower (better) than the national baseline, but we failed this indicator because the rate did not improve from 2012 to 2013. Only nine states reduced the standardized infection ratio for central line-associated bloodstream infections.

Food Safety

CDC coordinates PulseNet, a national network of labs that analyzes and connects foodborne illness cases together to facilitate early identification of outbreak sources. South Carolina tested 80% of E. coli cases within four days, missing the CDC goal by 10%. South Carolina only tested 56% in 2011, so assuming this positive trend continues, we should meet or exceed this goal soon.

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