



Indiana State  
Department of Health

Michigan Department  
of Community Health



STATE OF NEW YORK  
DEPARTMENT OF HEALTH



Ministry of Health and  
Long-Term Care  
Ministère de la Santé et  
des Soins de longue durée



Pennsylvania  
Department of Health



# Great Lakes Border Health Initiative

## Infectious Disease Emergency Communications Guideline

### Partners

Indiana State Department of Health  
Michigan Department of Community Health  
Minnesota Department of Health  
New York State Department of Health  
Ohio Department of Health  
Ontario Ministry of Health and Long-Term Care  
Pennsylvania Department of Health  
Wisconsin Department of Health Services  
Local Health and Tribes/First Nations  
on the US/Canadian Border

Updated on October 2008

# Contents

Purpose Statement.....	3
Decision Tree for Events Which Require Public Health Agency Notification Between Ontario and Neighboring States.....	4
Definitions/Examples for Decision Tree For Events Which Require Public Health Agency Notification.....	5
Epidemiologic Data to Share Across State and International Borders.....	6
<i>Appendix 1: Indiana State Department of Health, Emergency Communication Guideline &amp; Map....</i>	<i>8</i>
<i>Appendix 2: Michigan Department of Community Health, Emergency Communication Guideline &amp; Map.....</i>	<i>10</i>
<i>Appendix 3: Minnesota Department of Health, Emergency Communication Guideline &amp; Map.....</i>	<i>12</i>
<i>Appendix 4: New York State Department of Health, Emergency Communication Guideline &amp; Map</i>	<i>14</i>
<i>Appendix 5: Ohio Department of Health, Emergency Communication Guideline &amp; Map.....</i>	<i>16</i>
<i>Appendix 6: Ontario Ministry of Health and Long-Term Care Emergency Communication Guideline &amp; Map.....</i>	<i>18</i>
<i>Appendix 7: Pennsylvania Department of Health, Emergency Communication Guideline &amp; Map....</i>	<i>20</i>
<i>Appendix 8: Wisconsin Division of Public Health, Emergency Communication Guideline &amp; Map...</i>	<i>22</i>
<i>Appendix 9: Great Lakes Border Health Initiative’s Immediately Notifiable Diseases.....</i>	<i>24</i>
<i>Appendix 10: Health Alert Network Systems (HAN) Overview.....</i>	<i>27</i>

# Purpose Statement

## Partners:

- Indiana State Department of Health
- Michigan Department of Community Health
- Minnesota Department of Health
- New York State Department of Health
- Ohio Department of Health
- Ontario Ministry of Health and Long-Term Care
- Pennsylvania Department of Health
- Wisconsin Division of Public Health
- Local and Tribal Units Bordering Ontario

**Purpose:** This document has been prepared as a component of the Great Lakes Border Health Initiative, a cooperative endeavor between the Ontario Ministry of Health and Long-Term Care and bordering U.S. state health departments, to enhance early warning infectious disease surveillance at our international borders.

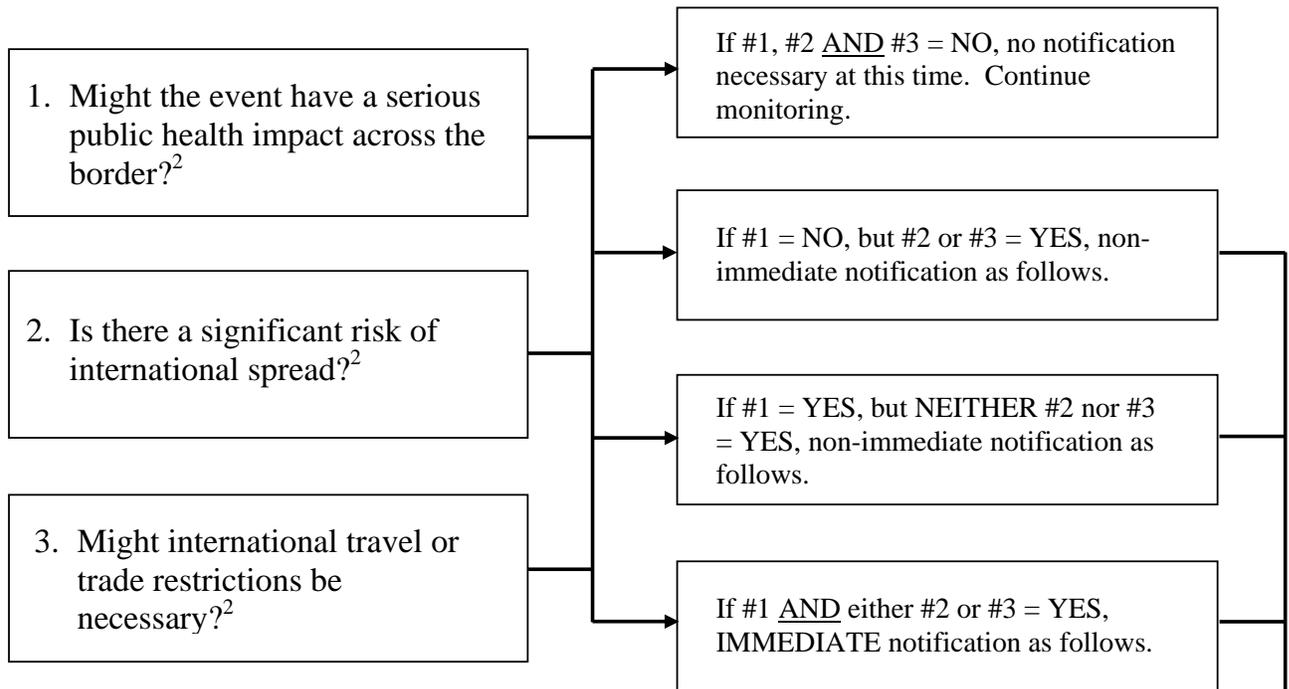
The purpose of this document is to create a tool to categorize emergency vs. non-emergency public health events and to pre-determine preferred routes of communications for such events involving the public health partners listed above.

**Use:** The document is organized so that the user first accesses the *Decision Tree for Events Which Require Public Health Agency Notification between Ontario and Neighboring States*.

This algorithm, and the definition pages that follow, guides the user through questions to determine whether or not notification of the state or provincial health agency is required.

Following the definition pages are individual Communication Guidelines for the province and each state, which outline the proper routes of communication. Lastly, this document provides related resources for infectious disease issues including a chart of immediately notifiable diseases for each of the jurisdictions.

# Decision Tree for Events Which Require Public Health Agency Notification Between Ontario & Neighboring States<sup>1</sup>



## PROCEED WITH PROPER NOTIFICATION:

*Situational alerts may be shared across borders via Health Alert Networks.<sup>3</sup> Communications which require sharing of individually identifiable data should be shared via phone or internet in a secure manner.*

- Event involving single local health unit across the international border: Notify local health unit across the border and/or own provincial/state public health agencies.<sup>4</sup>
- Event involving more than a single local health unit across the international border: Notify own state/provincial health agency and then cross-border state/provincial health agency.<sup>4</sup>
- Please see:
  - Page 5 for Definitions/Examples
  - Page 6 for Epidemiological Data to Share Across State and International Borders
  - Appendices 1-8 for State/Provincial Communication Protocols

<sup>1</sup> See Appendix 9 for listing of Immediately Notifiable Diseases in all GLBHI jurisdictions. See the GLBHI Reportable Disease Directory for a complete listing of all reportable diseases (available for printing at [www.michigan.gov/borderhealth](http://www.michigan.gov/borderhealth)).

<sup>2</sup> See Definitions/Examples, page 5. (Flow sheet adapted from 11/04 draft of the World Health Organization's International Health Regulations. Current version, updated 05/05, found at: [http://www.who.int/csr/ihr/IHRWHA58\\_3-en.pdf](http://www.who.int/csr/ihr/IHRWHA58_3-en.pdf).)

<sup>3</sup> Please see Appendix 10.

<sup>4</sup> State & Provincial health units should consult the World Health Organization's International Health Regulations Annex 2 Decision Tree for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern to determine duty to report to their Federal Health Agency. See <http://www.who.int/csr/ihr/en/>.

# Definitions/Examples For Decision Tree For Events Which Require Public Health Agency Notification

## **1. MIGHT THE EVENT HAVE A SERIOUS PUBLIC HEALTH IMPACT ACROSS THE BORDER?**

- a. Event due to unknown agent with unpredictable public health impact
- b. Event due to known agent with the following factors:
  - i. Unusual disease pattern (e.g. unusual season, route of transmission, severity, i.e. the number of deaths for this type of event large for the given place and time)
  - ii. Previously eradicated agent (e.g. smallpox)
  - iii. Known agent but new for the geographical region (e.g. West Nile Virus for North America before 2000)
  - iv. Potential to cause epidemic even if no or few human cases are being identified.
  - v. Indication of treatment failure (emerging resistance, vaccine failure or antidote resistance or failure)
  - vi. Known potential to cause severe illness
- c. Accidental or intentional release of dangerous, banned or restricted chemical or radioactive agent

## **2. IS THERE A LIKELIHOOD OF CROSS-BORDER SPREAD?**

- a. Evidence of epidemiological link to similar events in other countries
- b. Need to alert in regard to the potential for cross border movement of the agent, vehicle or host (recent travel, international gathering, air or water contamination)
- c. Cross border assistance is needed to detect, investigate, respond and control the current event, or prevent new cases.
- d. Inadequate human, financial, material or technical resources (laboratory, epidemiological, treatments, equipment, surveillance systems)

## **3. MIGHT INTERNATIONAL TRAVEL OR TRADE RESTRICTIONS BE NECESSARY?**

- a. Similar events in the past have resulted in international restriction on trade and/or travel across the border
- b. The source is suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported across the border
- c. The event might have occurred in association with an international gathering
- d. The event has caused requests for more information by cross border officials or media

# Epidemiologic Data to Share Across State and International Borders

**NOTE: PATIENT IDENTIFIABLE EPIDEMIOLOGIC DATA IS NOT  
TO BE SHARED VIA ELECTRONIC ALERTING SYSTEMS.**

1. **Select Surveillance:** Epidemiologic data necessary for identifying trends or distribution of infectious disease. This information may be accessed through public health websites.
  - a) Examples include first West Nile Virus activity of the season.
    - i. Activity levels or summaries which may include aggregate data
    - ii. Sentinel infectious disease reports
  
2. **Case/Contact Reporting\*:** Epidemiologic data necessary for cross-border contact investigation.
  - a) Includes the following items below, and any other data deemed relevant by the communicable disease investigator.
    - i. Laboratory test results with testing agency, location, date and specimen source
    - ii. Name of case/contact
    - iii. Date of Birth of case/contact
    - iv. Address of case/contact
    - v. Phone number of case/contact
    - vi. Name/title of reporting individual
    - vii. Symptoms/severity of illness
    - viii. Date of exposure of contact
    - ix. Mechanism/means of contact
    - x. Type of exposure (*infectious, environmental, unknown, etc.*)
    - xi. Date of onset
    - xii. Place/Address of exposure
    - xiii. Hospitalization/Death
    - xiv. Recent travel history
    - xv. Lead contact professional and contact information for that individual

*\*If reporting contact, do not provide patient-identifiable information for the case patient.*

**3. Outbreak Notification:** Epidemiologic data necessary to prevent or control an infectious disease outbreak. (*Outbreak is defined as a higher incidence of disease than is typically present in the population*).

- a) Includes the above listed elements in non-identifiable format unless required for epidemiologic investigation, as well as the following:
  - i. Organism or illness involved
    - 1. Lab results which confirm the organism, including typing results
  - ii. Definitions for confirmed, suspect and probable cases
  - iii. Cross-border link; likelihood of international spread
  - iv. Source and possible routes of transmission
  - v. Geographic scope of outbreak; number of individuals involved (contacts and cases)
  - vi. Other jurisdictions notified (*agencies and names*)
  - vii. Demographics
  - viii. Attack rates
  - ix. Immunization status and/or percentages
  - x. Prevention and control measures taken
  - xi. Community notification (*i.e. media releases*)
  - xii. Hospitalizations or deaths
  - xiii. Clinical guidance - laboratory requirements, diagnostic differentials (*signs/symptoms*), treatments
  - xiv. Travel implications

**4. Urgent or Unusual Issues Notification:** Epidemiologic data necessary to prevent or control unusual or novel infectious agents.

- a) Includes the elements outlined in #2 and #3 above.
- b) Situations may include known or suspected exposures to an unusual or novel infectious agent or substance, a single case of an unusual illness of public health importance, or potential mass exposure to infectious substances posing a threat to public health. Data on non-infectious events are included for purposes of rule-out diagnosis. Listings of bioterrorism agents can be found at <http://www.bt.cdc.gov/agent/agentlist-category.asp> or [http://www.phac-aspc.gc.ca/ep-mu/faq\\_e.html#1](http://www.phac-aspc.gc.ca/ep-mu/faq_e.html#1)
- c) Receipt of notification must be confirmed.

Epidemiologic data should be shared with Communicable Disease staff at local/state/provincial health departments. Contact information for routine reporting and sharing can be found within the *Great Lakes Border Health Initiative Directory*; emergency reporting contact information can be found within the *Emergency Infectious Disease Communications Guideline*. Epidemiologic data should be communicated per the Decision Tree also found within the *Guideline*.

Appendix 1:  
Indiana State Department of Health  
Emergency Communication Guideline



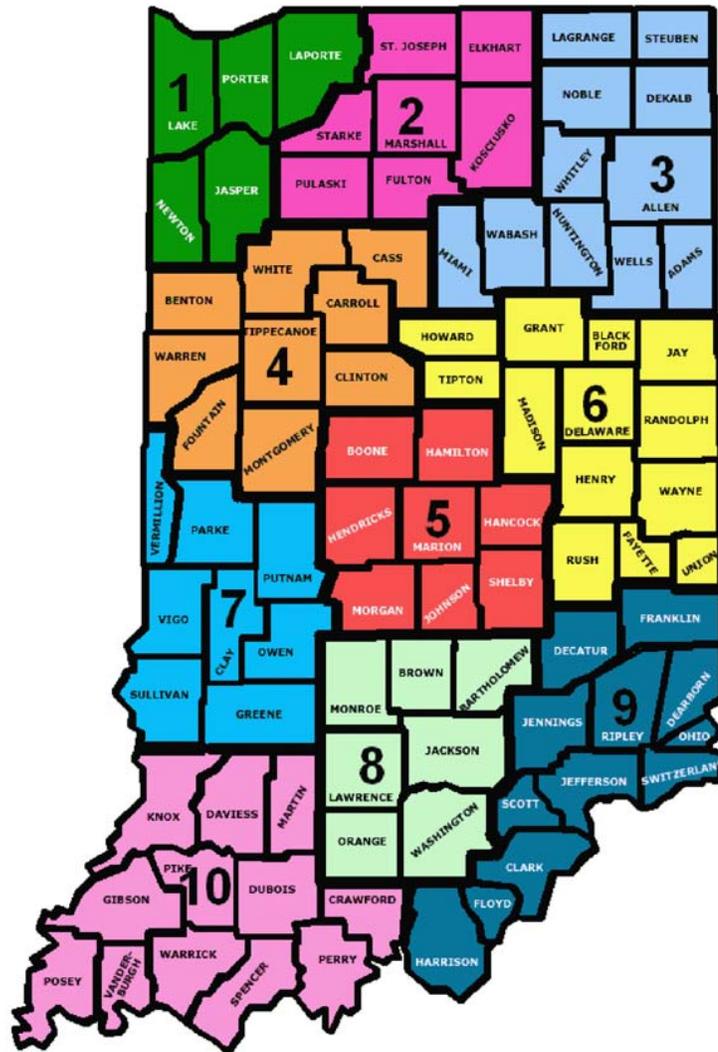
# Indiana State Department of Health

## PUBLIC HEALTH EMERGENCY CONTACT INFORMATION

To report an infectious disease or other or possible outbreak call the communicable disease investigation unit at 317-233-7125  
(Monday – Friday, 8:15am-4:45pm).

To report an infectious disease or other potential health threat, **after** normal business hours-weekends and holidays - call the  
**INDIANA STATE DEPARTMENT OF HEALTH  
DUTY OFFICER AT 317-233-1325.**

# Indiana Regional Public Health Districts



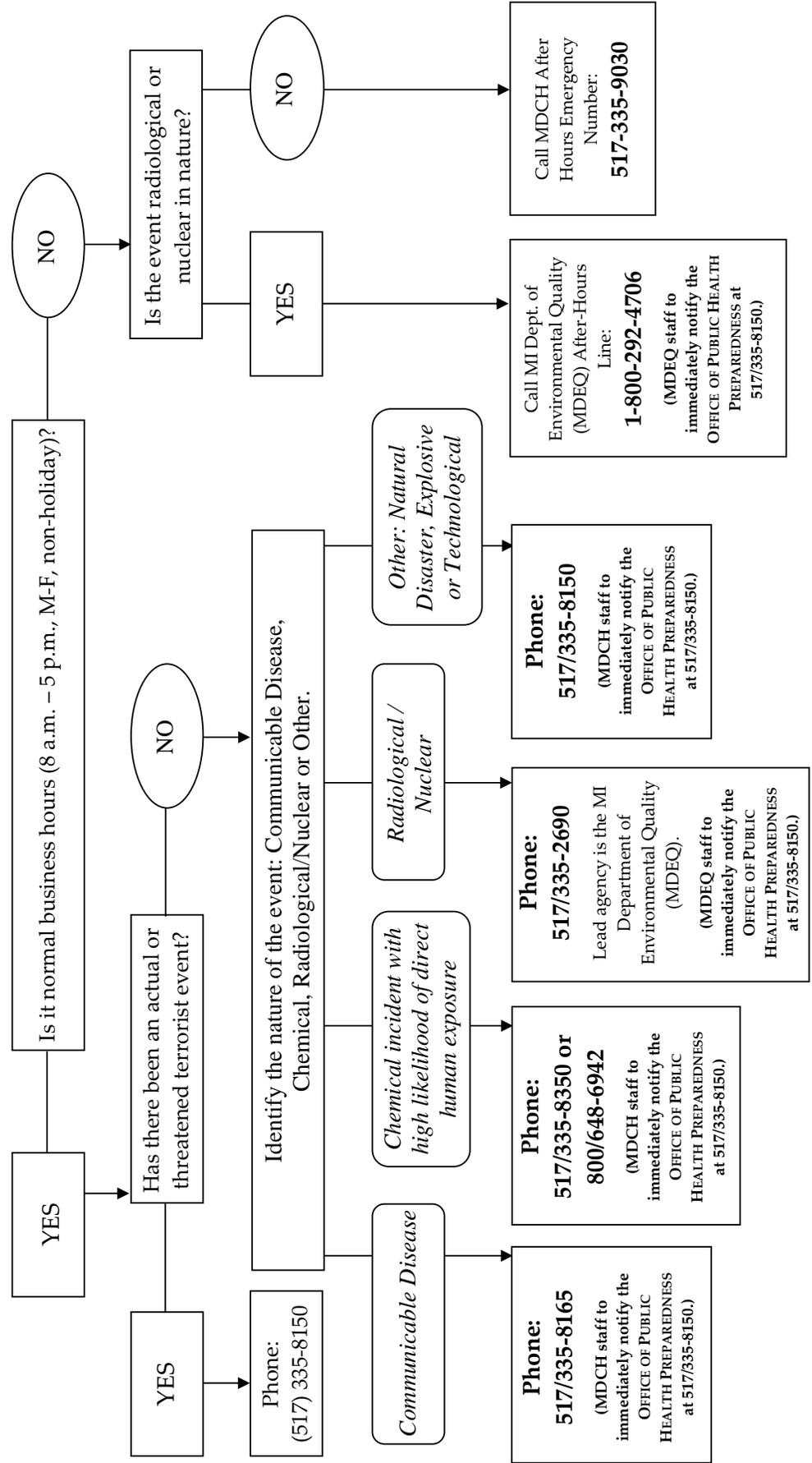
Indiana State  
Department of Health

## Appendix 2:

# Michigan Department Of Community Health Emergency Communication Guideline

Emergencies of a local nature only, should be communicated to the involved local health unit with concurrent notification of the state/province. Follow the communication protocol below for the State of Michigan for emergencies larger than single health unit jurisdictions.

For environmental emergencies in Ontario which will impact Michigan, notify the Ministry of Environment, Spill Action Center (800-268-6060 or 416-325-3000) who will then notify the MI State Police Special Operations Division.





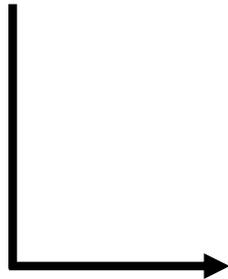
Appendix 3:  
Minnesota Department of Public Health  
Emergency Communication Guideline



## Public Health Emergency Contact Information

To report an infectious disease or  
other potential public health threat,  
24 hours a day, call the

**MINNESOTA DEPARTMENT OF HEALTH'S  
INFECTIOUS DISEASE EPIDEMIOLOGY line at  
1-877-676-5414.**



This phone number will trigger the MDH  
internal notification process for:

- *Infectious disease surveillance*
- *Environmental Health hazards*
  - *Public Health Laboratory*
- *Office of Emergency Preparedness*
- *Health Alert Network messaging*

**OR**

To request state assistance or report a petroleum or  
hazardous materials spill:

Call 24 Hours a Day

**MINNESOTA DUTY OFFICER**

**1-800-422-0798**

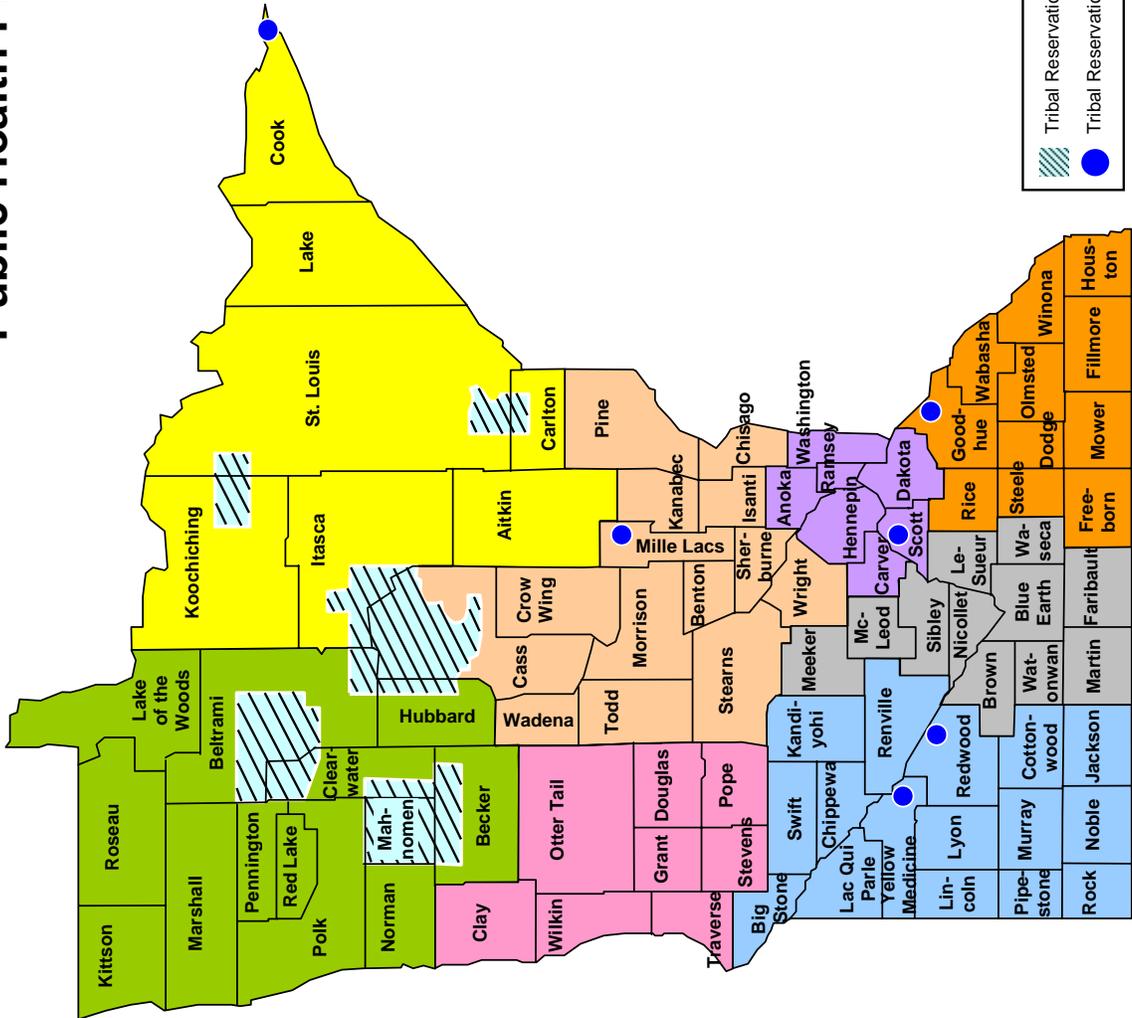
**or (651) 649-5451**

**TDD: (651) 215-6952**



# Community and Family Health Division Public Health Preparedness Consultants

**Ralph Morris, Supervisor**  
Bemidji District Office  
ralph.morris@state.mn.us  
218-755-6319



## Districts

	<b>Betsy Johnson, 218-755-6349</b> Bemidji District Office betsy.johnson@state.mn.us
	<b>Bonnie Holz, 218-723-4645</b> Duluth District Office bonnie.holz@state.mn.us
	<b>Karen Moser, 218-739-7587</b> Fergus Falls District Office karen.moser@state.mn.us
	<b>Jan Jonassen, 320-650-1066</b> St. Cloud District Office jan.jonassen@state.mn.us
	<b>Cathy Hockett, 507-537-7192</b> Marshall District Office cathy.hockett@state.mn.us
	<b>Mary Rippke, 507-389-5192</b> Mankato District Office mary.rippke@state.mn.us
	<b>Denise Dunn, 651-201-3884</b> Metro Office denise.dunn@state.mn.us
	<b>Vacant, 507-280-3566</b> Rochester District Office first.last@state.mn.us

 Tribal Reservations  
 Tribal Reservations

Appendix 4:  
New York State Department Of Health  
Emergency Communication Guideline

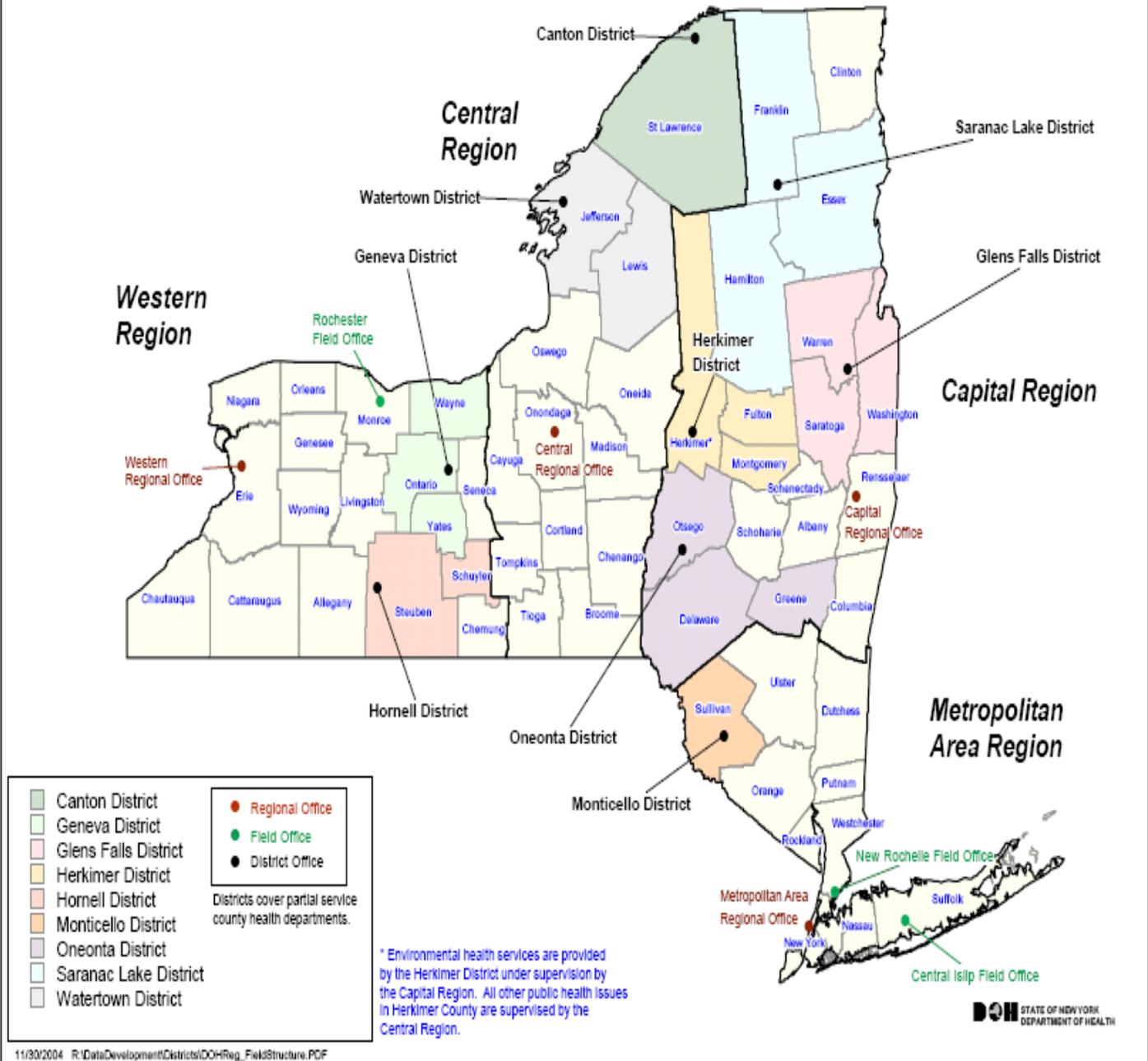


**PUBLIC HEALTH EMERGENCY  
CONTACT INFORMATION**

To report an infectious disease or other or possible outbreak call the NYS DOH Bureau of Communicable Disease **(518) 473-4436**  
*(Monday – Friday, 8 a.m. – 5 p.m.)*

To report an infectious disease or other potential health threat, **after** normal business hours-weekends and holidays -call the **NEW YORK STATE DUTY OFFICER LINE** at **1-866-881-2809**

# NYSDOH Regional and Field Structure



Appendix 5:  
Ohio Department of Health  
Emergency Communication Guideline

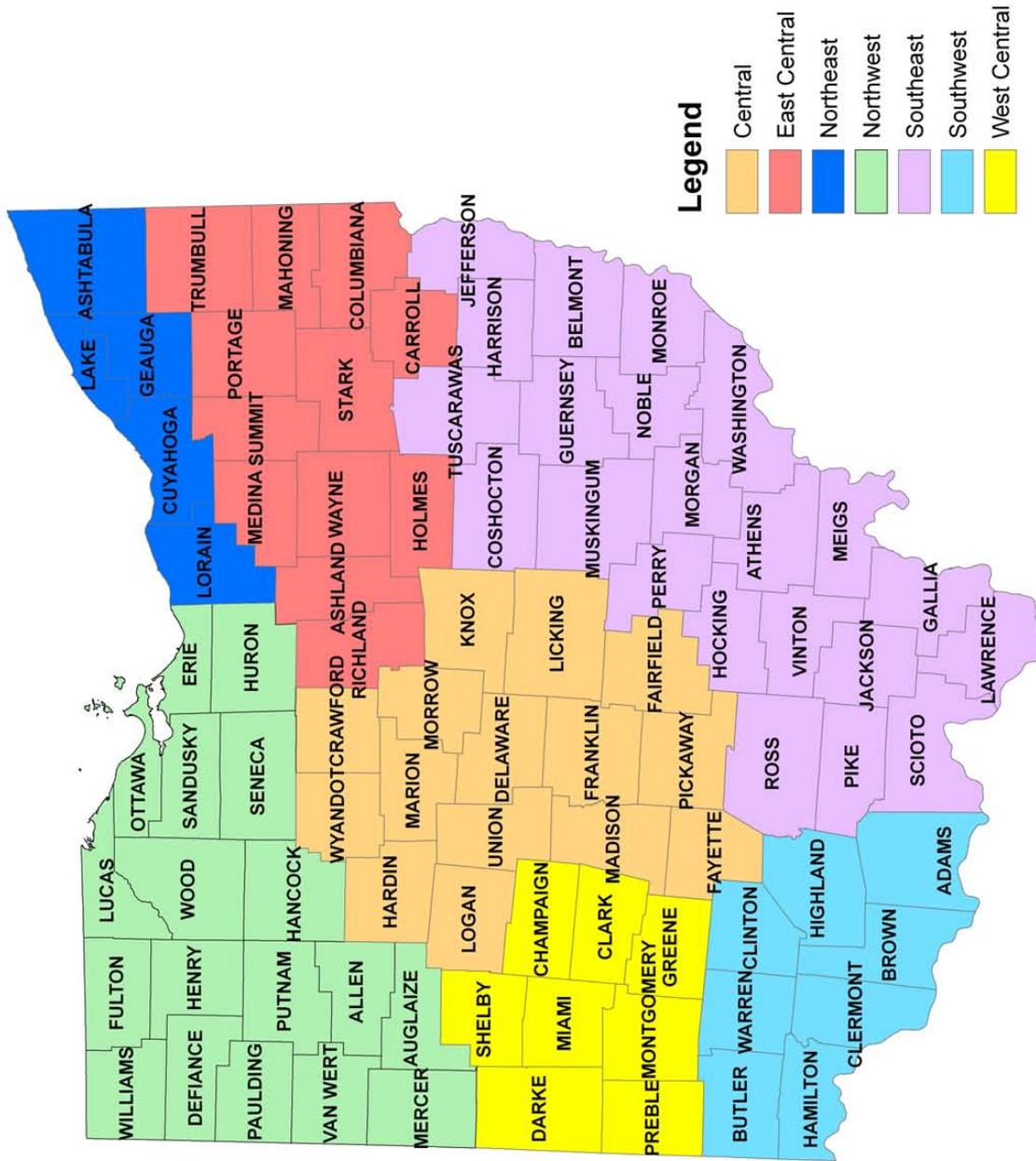


To report an infectious disease or potential public health threat,  
**24 hours a day**, call the  
OHIO DEPARTMENT OF HEALTH  
Division of Prevention:  
**(614) 722-7221**

This line provides a centralized point of contact for:

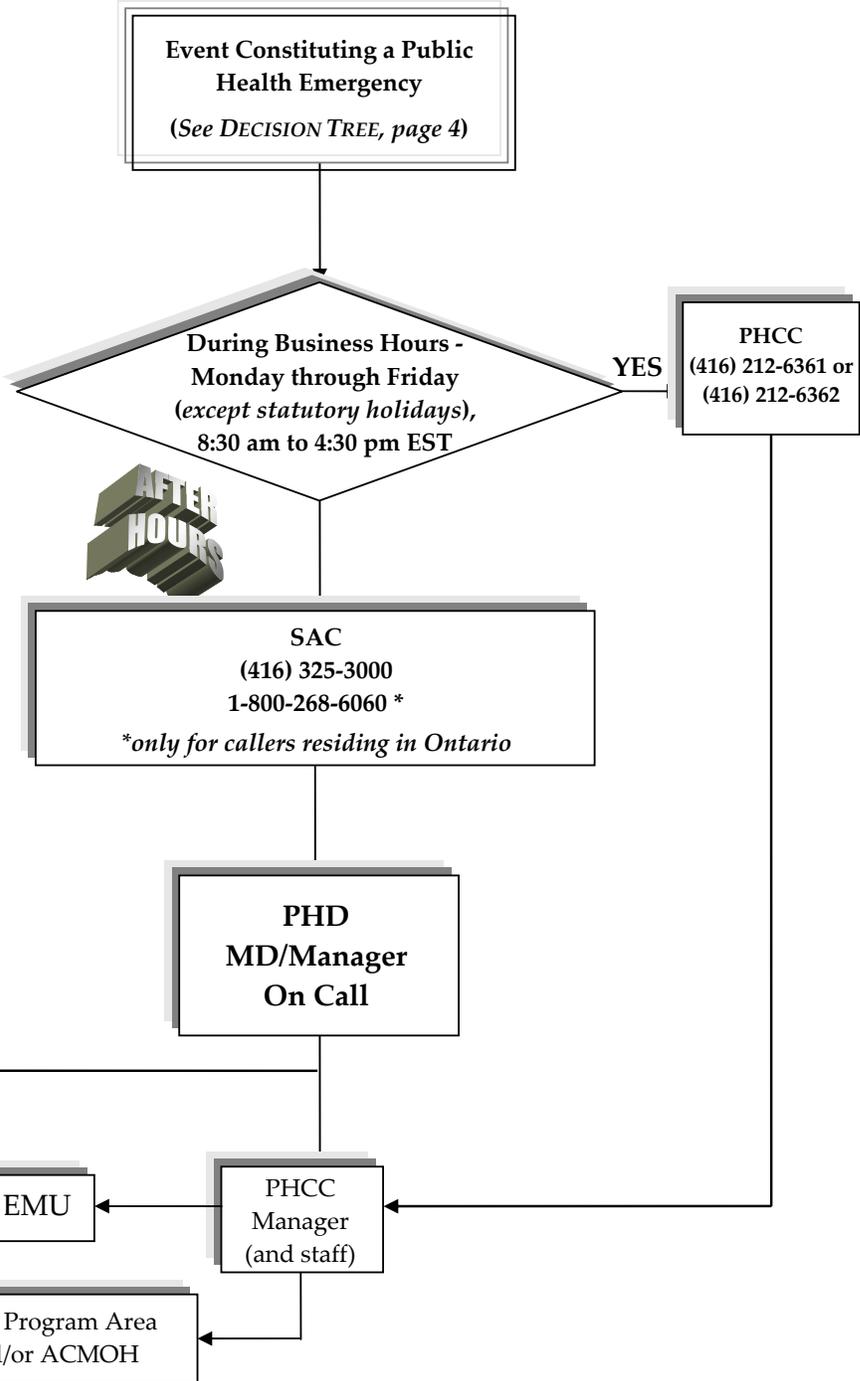
- Infectious Diseases
- Suspect Bioterrorism Acts
- Chemical Incidents
- Radiation Incidents
- Natural Disasters

# Ohio Public Health Regions



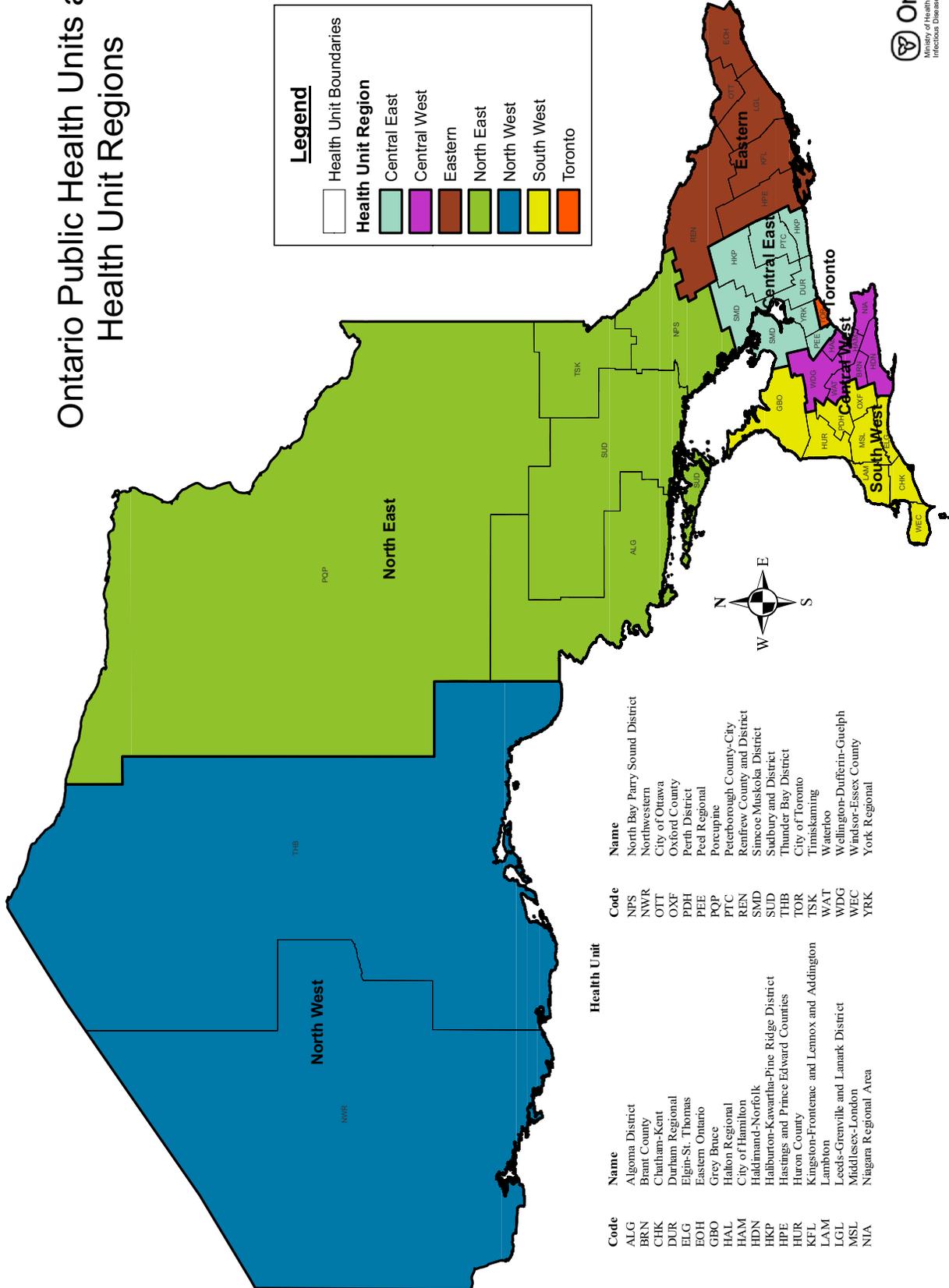
# Appendix 6: Ontario Ministry Of Health And Long-Term Care Emergency Communication Protocol

ACMOH	Associate Chief Medical Officer of Health
CMOH	Chief Medical Officer of Health
EMU	Emergency Management Unit
MOE	Ministry of Environment
PHCC	Public Health Call Centre
PHD MD	Public Health Division Physician
SAC	Spills Action Centre (MOE)
PHUs	Public Health Units
FN	First Nations



**NOTE: Other Ministries, outside MOHLTC and/or Local (eg. PHU's), Provincial, Federal, or (FN), Agencies will be notified as required by EMU, PHD Program Areas, MD/ Manager on Call or Public Health Call Centre.**

# Ontario Public Health Units and Health Unit Regions



**Legend**

Health Unit Boundaries

**Health Unit Region**

- Central East
- Central West
- Eastern
- North East
- North West
- South West
- Toronto

Health Unit		Health Unit	
Name	Code	Name	Code
Algoma District	ALG	North Bay Parry Sound District	NPS
Brant County	BRN	Northwestern	NWR
Chatham-Kent	CHK	City of Ottawa	OXT
Durham Regional	DUR	Oxford County	OXF
Elgin-St. Thomas	ELG	Perth District	PDH
Eastern Ontario	EOH	Peel Regional	PEE
Grey Bruce	GOB	Porcupine	PQP
Haldon Regional	HAL	Peterborough County-City	PTC
City of Hamilton	HAM	Renfrew County and District	REN
Haldimand-Norfolk	HDN	Simcoe Muskoka District	SMD
Haldimand-Kawartha-Pine Ridge District	HKP	Studbury and District	SUD
Hastings and Prince Edward Counties	HPE	Thunder Bay District	TBD
Huron County	HUR	City of Toronto	TOR
Kingston-Frontenac and Lennox and Addington	KFL	Timiskaming	TSK
Lambton	LAM	Waterloo	WAT
Leeds-Grenville and Lanark District	LGL	Wellington-Dufferin-Guelph	WDG
Middlesex-London	MSL	Windsor-Essex County	WEC
Niagara Regional Area	NIA	York Regional	YRK



Appendix 7:  
Pennsylvania Department of Health  
Emergency Communication Guideline



To report an infectious disease or potential public health threat,  
**24 hours a day**, call the  
**PENNSYLVANIA DEPARTMENT OF HEALTH:**  
**(717) 787-3350**



Appendix 8:  
Wisconsin Department of Health Services  
Emergency Communication Guideline

Event Constituting a Public Health Emergency  
*(includes Communicable Disease, Environmental,  
Human Services events)*

*(See Decision Tree, Page 4)*



Monday – Friday, 8 – 4:30  
Call **608-267-9003**

All other times 24/7/365  
Call **608-258-0099**

Answering service will direct the call to the  
correct person

*(Please do not give these numbers to the  
general public or media)*

# Wisconsin Public Health Regions



## Appendix 9: Immediately\* Notifiable Disease List

**Respect jurisdictional requests for immediate notification as outlined below.**  
Each jurisdiction will apply their own (as opposed to CDC / PHAC) jurisdictional case definitions when determining whether to notify.

Disease/Agent	IN	MI	MN	NY	OH	ON	PA	WI
Anthrax	X	X	X	X	X	X	X	X
Arboviral Disease				X			X	
Avian Influenza - human	X	X	X					
Botulism	X	X	X	X	X	X	X	X
Brucellosis		X	X	X		X		
Cholera			X	X	X		X	X
Cryptosporidiosis						X		
Cyclosporiasis						X		
Diphtheria	X	X	X	X	X	X	X	X
Encephalitis - viral				X				
Food Poisoning - all						X		
Foodborne or Waterborne Outbreaks	X		X				X	X
Gastrointestinal Illness - institutional outbreaks			X			X		X
Glanders		X	X	X				
<i>Haemophilus Influenzae</i> Disease - invasive		X					X	X
Hantavirus Pulmonary Syndrome				X		X	X	X
HUS - post-diarrheal			X			X		
Hepatitis A						X		X
Measles	X	X	X	X	X	X	X	X
Melioidosis		X		X				
Meningitis - bacterial (not meningococcal)						X		
Meningococcal Disease	X	X	X	X	X	X	X	X
Monkeypox		X	X	X				
Orthopox		X	X					

<b>Disease/Agent</b>	<b>IN</b>	<b>MI</b>	<b>MN</b>	<b>NY</b>	<b>OH</b>	<b>ON</b>	<b>PA</b>	<b>WI</b>
Paratyphoid Fever						X		
Pertussis								X
Plague	X	X	X	X	X	X	X	X
Polio - paralytic	X	X	X	X		X	X	X
Q fever		X	X	X				
Rabies - animal			X					
Rabies - human	X	X	X	X	X	X	X	X
Respiratory Infection - institutional outbreaks			X			X		
Rubella	X	X	X	X	X			X
Rubella - congenital		X	X					X
SARS	X	X	X	X	X	X	X	X
Shigellosis						X		
Smallpox	X	X	X	X	X	X	X	X
Staphylococcal Enterotoxin B				X				
Group A Strep - invasive (non-throat)						X		
Tuberculosis		X		X				X
Tularemia		X	X	X	X		X	
Typhoid Fever						X	X	
Vaccinia Virus			X	X				
Vancomycin-Resistant <i>Staphylococcus aureus</i>		X	X					X
Viral Hemorrhagic Fever	X	X	X	X	X	X	X	
Yellow Fever		X		X	X			X
West Nile Virus				X				
Unusual Outbreak	X	X	X				X	X
Unexplained Death and Critical Illness			X					
Disease of Suspected Bioterrorism Origin	X	X	X					

**DEFINITION OF “IMMEDIATE” REPORTING:**

Report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists.

## Immediate Notification Contact List

Indiana State Department of Health	(317) 233-7125 Mon-Fri / 8:15a-4:45p EST	(317) 233-1325 After hours
Michigan Department of Community Health	(517) 335-8165 Mon-Fri / 8:00a-5:00p EST	(517) 335-9030 After hours
Minnesota Department of Health	1-877-676-5414 Any time	
New York State Department of Health	(518) 473-4436 Mon-Fri / 8:30a-4:45p EST	1-866-881-2809 After hours
Ohio Department of Health	(614) 722-7221 Any time	
Ontario Ministry of Health & Long-Term Care	(416) 212-6361 <b>or</b> (416) 212-6362 Mon-Fri / 8:30a-4:30p EST	(416) 325-3000 After hours
Pennsylvania Department of Health	(717) 787-3350 Any time	
Wisconsin Department of Health Services	(608) 267-9003 Mon-Fri / 8:00a-4:30p CST	(608) 258-0099 After hours

## Appendix 10: Health Alert Network Systems (HAN)

The United States Centers for Disease Control and Prevention (CDC) provided initial funding to 36 grantees to establish public health notification systems called Health Alert Networks (HAN) in 1999. As of 2002, all states and territories were funded to establish HAN systems from CDC under grants for bioterrorism preparedness, Focus Area E. Each state and territory was provided the latitude to determine how to establish its HAN system. Some states chose to create their own systems, while others chose an off-the-shelf software product to be the platform for their system. The result is that the states often have very different types of HAN systems.

HAN systems provide a simple method of communication with public health officials and other first responders to improve awareness during an event. One of the central requirements of the CDC grants was that the HAN systems should use a directory based on roles or functions rather than persons. The CDC grants also specified that a state's HAN system should be able to contact people via multiple methods (e.g. phone, E-mail or pager) and recipients should be able to acknowledge receipt.

Use of the HAN for cross-border communications should identify specific contacts in a set of Health Alert Network roles containing corresponding key cross-border officials. The ability to send notifications to these roles should be limited to a small number of individuals. Those using HAN systems to send alerts must not include patient information or other confidential data.

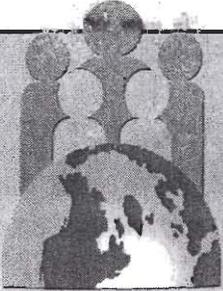
Individuals may be notified via the HAN prior to or during an event. Criteria used in the decision to send an alert would address the seriousness of the event to have an impact across borders and are outlined on page 4, "Decision Tree for Events Which Require Public Health Agency Notification."

Recommended steps to follow when sending cross-border alerts:

1. Create alert following standard alerting protocols. The alert should include concise information summarizing the event, including what action needs to be taken and directions on where the recipient can get additional information.
2. Choose the appropriate bordering health agency role that needs to be notified
3. Send the alert.

For state specific HAN information, please visit the following links:

- **Michigan** – [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_21919\\_25536-72730--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_21919_25536-72730--,00.html)
- **Minnesota** – <http://www.health.state.mn.us/han/index.html>



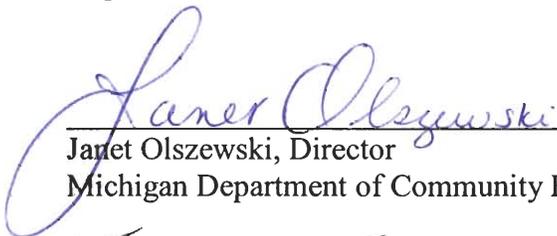
# THE GREAT LAKES BORDER HEALTH INITIATIVE

Michigan • Minnesota • New York • Ohio • Ontario • Pennsylvania • Wisconsin

On behalf of our respective State/Provincial Health Agencies, we approve of the Great Lakes Border Health Initiative's *Infectious Disease Emergency Communication Guideline*.

Signatories:

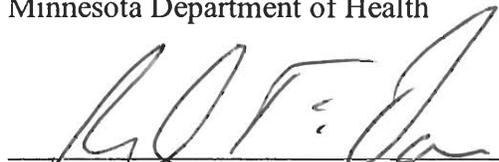
Date of Signature:

  
Janet Olszewski, Director  
Michigan Department of Community Health

10-18-07

  
Dianne Mandernach, Commissioner  
Minnesota Department of Health

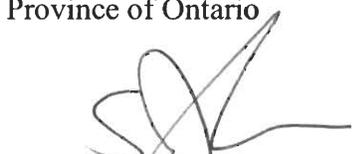
10/20/07

  
Richard F. Daines, M.D., Commissioner  
New York State Department of Health

9/11/07

  
Dr. George Pasut, Acting Chief Medical Officer of Health  
Province of Ontario

2007-06-04

  
Sheri Johnson, Ph.D., Administrator and State Health Officer  
Division of Public Health  
Wisconsin Department and Health and Family Services

6-28-07

\* Nothing in this Agreement precludes additional jurisdictions with public health responsibilities in the Great Lakes region from becoming signatories, subject to approval of the working group. Future signatories to this Agreement will be added as an addendum to this ratified document.

# Record of Updates to the Great Lakes Border Health Initiative's Infectious Disease Emergency Communication Guideline

(Post-2007 Ratification by Michigan, Minnesota, New York, Ontario and Wisconsin)

## October 2008

### Cover

- added Indiana State Department of Health to the list of partners
- included health department logo on the right side

### Table of Contents

- added "Indiana State Department of Health, Emergency Communication Guideline & Map" in place of Michigan as Appendix 1
- Michigan became Appendix 2 and likewise movements in the order occurred for the other states.
- page numbers were also updated to reflect the addition of Indiana
- updated all appendices' titles and headers for communication guidelines so that they are consistent and read: "*State Health Department, Emergency Communication Guideline & Map*"

### Purpose Statement

- added "Indiana State Department of Health" to the "Partners" list
- added a paragraph break between "Neighboring States" and "This algorithm"
- added a paragraph break between "is required" and "Following the definitions pages"

### Decision Tree

- in the section titled "Proceed with Proper Notification" the third bullet under "*Please see:*" was amended from "Appendices 1-7" to read "Appendices 1-8 for State/Provincial Communication Protocols"
- footnote 1 was amended from "Appendix 8" to read "Appendix 9"
- footnote 1 was also amended to include: "See the GLBHI Reportable Disease Directory for a complete listing of all reportable diseases (available for printing at [www.michigan.gov/borderhealth](http://www.michigan.gov/borderhealth))"
- footnote 3 was amended from "Appendix 9" to "Appendix 10"

### Epidemiologic Data to Share

- "Case/Contact Reporting" footnote (marked by \*) moved to bottom of the page.
- paragraph break removed from last paragraph in section, which begins with: "Epidemiologic data should be shared with..."

### Appendix 1-8

- Appendix 1 amended to include Indiana State Department of Health public health emergency contact information and map
- moved Michigan's information to Appendix 2 and likewise for other participating GLBHI states/provinces through Appendix 8

#### Appendix 9

- removed comprehensive reportable disease list and created separate document entitled “GLBHI Reportable Disease Directory.” This freestanding document includes all reportable diseases for the Great Lakes Border Health states/provinces
- inserted the abridged version of the disease listings entitled “Immediately Notifiable Disease List” as Appendix 9

#### Signatory page

- moved from front page to end

#### Record of Updates

- inserted as final page of document

#### **November 2008**

##### Emergency Protocols

- Per the request of Wisconsin State Lead, Lorna Will, their emergency protocol was amended to read “Monday - Friday, 8-4:30 Call 608-267-9003; All other times 24/7/365 Call 608-258-0099.” This replaces information that before only reflected their 24/7 number.

##### Cover

- Per the request of Wisconsin State Lead, Lorna Will, the Wisconsin Department of Health and Family Services logo was amended to reflect their new logo as of November 2008. The department title was amended from “Wisconsin Department of Health and Family Services” to “Department of Health Services.”
- The Wisconsin entry of the “Immediate Notification Contact List” was amended to reflect their new department title.