To address this threat, the **Great Lakes Border Health Initiative** was developed in 2004 with funding from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention.

The goal:

To **improve** early warning infectious disease **surveillance** at our international **borders**.

For more information about GLBHI, please visit
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GLBHI

INDIANA, MICHIGAN, MINNESOTA, NEW YORK

Great Lakes Border Health Initiative

OHIO, ONTARIO, PENNSYLVANIA, WISCONSIN

Improving early warning infectious disease surveillance at international borders.

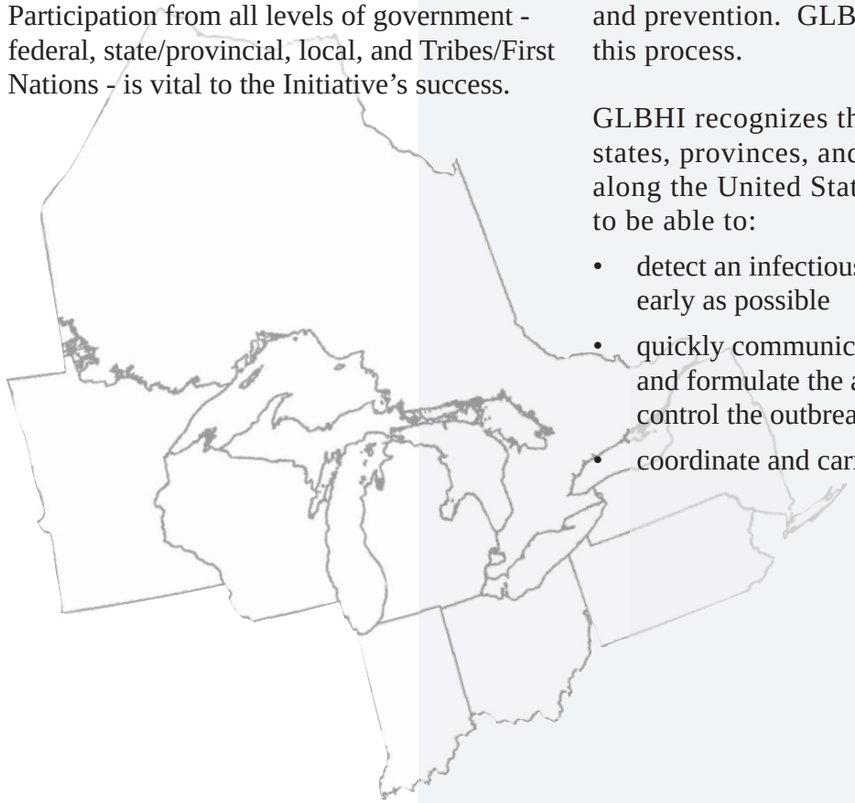
Because **pathogens** do not recognize or respect geopolitical boundaries, **international** travelers can spread a contagious **disease** quickly from **country to country**. Infectious disease outbreaks can be naturally occurring, such as **SARS**, or manmade, such as acts of **bioterrorism**.

By **collaborating** in advance of an outbreak or event, neighboring jurisdictions will be able to **respond** to an infectious disease outbreak in the most **efficient and effective** manner.

Great Lakes Border Health Initiative

Who is involved?

Seven U.S. states - Indiana, Michigan, Minnesota, New York, Ohio, Pennsylvania, and Wisconsin - have banded together with the Canadian province of Ontario to identify means to share public health infectious disease information quickly, securely, and lawfully. Participation from all levels of government - federal, state/provincial, local, and Tribes/First Nations - is vital to the Initiative's success.



Why does the group exist?

Infectious diseases can be transmitted from population to population regardless of geopolitical boundaries. With the efficiency and volume of international travel and trade, it is imperative that public health systems work together in infectious disease control and prevention. GLBHI strives to facilitate this process.

GLBHI recognizes that it is essential for states, provinces, and Tribes/First Nations along the United States/Canada border to be able to:

- detect an infectious disease outbreak as early as possible
- quickly communicate with one another and formulate the appropriate response to control the outbreak
- coordinate and carry out the response.

What is being done?

Partnerships and collaboration between all facets of public health administration are crucial to preventing and controlling infectious disease outbreaks. GLBHI's goal is to provide the framework from which key cross-border relationships can be molded and nurtured in order to further protect the public's health.

The current GLBHI framework consists of:

- the Public Health Data Sharing Agreement and the Infectious Disease Emergency Communication Guideline
- cross-border enrollment on the US and Canada's national health surveillance systems - the US Centers for Disease Control and Prevention's Epi-X and the Public Health Agency of Canada's CIOSC
- an annual regional conference
- several smaller, locally-focused conferences
- cross-border sharing of Health Alert Network (HAN) messages
- monthly to bi-monthly steering and subcommittee meetings.

How is the group governed?

The Steering Committee
GLBHI is directed by a steering committee consisting of state and provincial leads, the chairs of each of the active GLBHI subcommittees, representatives from select local public health agencies, and representatives from Tribes/First Nations positioned near the United States/Canadian border.

The Subcommittees
The subcommittees are comprised of health, legal, food safety and emergency preparedness professionals representing all levels of public health - local to federal.

Subcommittees meet each month to discuss best practices and means to achieve specific goals per the DHHS/CDC agreement.

There are four primary* subcommittees:

- Laboratory
- Legal
- Food Protection and Defense
- Public Health Communications.

*Ad hoc subcommittees are formed when necessary to address specific grant requirements. Current subcommittees with ad hoc status include Direct Care, Emergency Response, and Education/Training.