Indiana State Department of Health

Michigan Department of Community Health

MDCH

MINNESOTA MDH DEPARTMENT OF HEALTH

DOH STATE OF NEW YORK DEPARTMENT OF HEALTH

Ohio Department of HEALTH

Ontario

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

DEPARTMENT OF HEALTH ...in pursuit of good health

Pennsylvania Department of Health

Department of Health Services State of Wisconsin

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 February 2009

The *Great Lakes Border Health Initiative's Infectious Disease Emergency Communication Guideline* was developed for use during cross-border infectious disease emergencies using the guidelines set forth by the World Health Organization's International Health Regulations as detailed on page 5 of this document. For events that do not qualify by these standards as "infectious disease emergencies" – please utilize the *Great Lakes Border Health Contact Directory* to find non-emergency phone numbers for all participating jurisdictions.

Emergency Contact Numbers for Infectious Disease Events in Great Lakes Border Health Initiative Jurisdictions

Indiana State Department of Health
Business Hours: (317) 233-7125 [Mon-Fri / 8:15a - 4:45p ET]
After hours, weekends & holidays: (317) 233-1325

Michigan Department of Community Health
Business Hours: (517) 335-8165 [Mon-Fri / 8:00a – 5:00p ET]
After hours, weekends & holidays: (517) 335-9030

Minnesota Department of Health
Any time: 1-877-676-5414

New York State Department of Health
Business Hours: (518) 473-4436 [Mon-Fri / 8:00a – 5:00p ET]
After hours, weekends & holidays: 1-866-881-2809

Ohio Department of Health
Any time: (614) 722-7221

Ontario Ministry of Health and Long-Term Care
Business Hours: (416) 212-6361 or (416) 212-6362 [Mon-Fri / 8:30a – 4:30p ET]
After hours, weekends & holidays: (416) 325-3000

Pennsylvania Department of Health
Any time: (717) 787-3350

Wisconsin Department of Health Services
Business Hours: (608) 267-9003 [Mon-Fri / 8:00a – 4:30p CT]
After hours, weekends & holidays: (608) 258-0099

Table of Contents

Purpose Statement 4

Decision Tree for Events Which Require Public Health Agency Notification Between Ontario and Neighboring States 5

Public Health Emergency Phone Numbers..... 6

Epidemiologic Data to Share Across the State and International Borders 7

Appendix 1: Definitions/Examples for Decision Tree for Events Which Require Public Health Agency Notification 9

Appendix 2: Immediately Notifiable Diseases 10

Appendix 3: Maps of Public Health Regions and Counties by State/Province..... 12

- Indiana 13
- Michigan..... 14
- Minnesota 15
- New York..... 16
- Ohio 17
- Ontario..... 18
- Pennsylvania..... 19
- Wisconsin 20

Appendix 4: Health Alert Network (HAN) Systems Overview 21

Signatory Page & Record of Updates..... 22

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 Department of Health Services

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 algorithm are the infectious disease emergency contact phone numbers for each of the participating jurisdictions, as well as definitions and examples of data that is permissible to share across borders. This document also provides related resources for infectious disease issues including a chart of immediately notifiable diseases for each of the jurisdictions. Following this, maps of the jurisdictions can be found, highlighting public health regions and districts in each of the states and Ontario.

Decision Tree for Events Which Require Public Health Agency Notification Between Ontario & Neighboring States[1]

1. Might the event have a serious public health impact across the border?[2]

2. Is there a significant risk of international spread?[2]

3. Might international travel or trade restrictions be necessary?[2]

If #1, #2 AND #3 = NO, no notification necessary at this time. Continue monitoring.

If #1 = NO, but #2 or #3 = YES, non-immediate notification as follows.

If #1 = YES, but NEITHER #2 nor #3 = YES, non-immediate notification as follows.

If #1 AND either #2 or #3 = YES, IMMEDIATE notification as follows.

PROCEED WITH PROPER NOTIFICATION:

Situational alerts may be shared across borders via Health Alert Networks.[3] *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.[4]
- 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.[4]
- Please see:
  - Page 9 for Definitions/Examples
  - Page 7 for Epidemiological Data to Share Across State and International Borders
  - Page 6 for Emergency Public Health Phone Numbers

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[1] See Appendix 2 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).

[2] See Definitions/Examples, Appendix 1. (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.)

[3] Please see Appendix 4.

[4] 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/.

Infectious Disease Emergency Communication Contact Numbers

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

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
    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:
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

Appendix 2:
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. See the GLBHI Reportable Disease Directory for a listing of all reportable diseases in GLBHI jurisdictions.

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		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				
Haemophilus Influenzae 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					

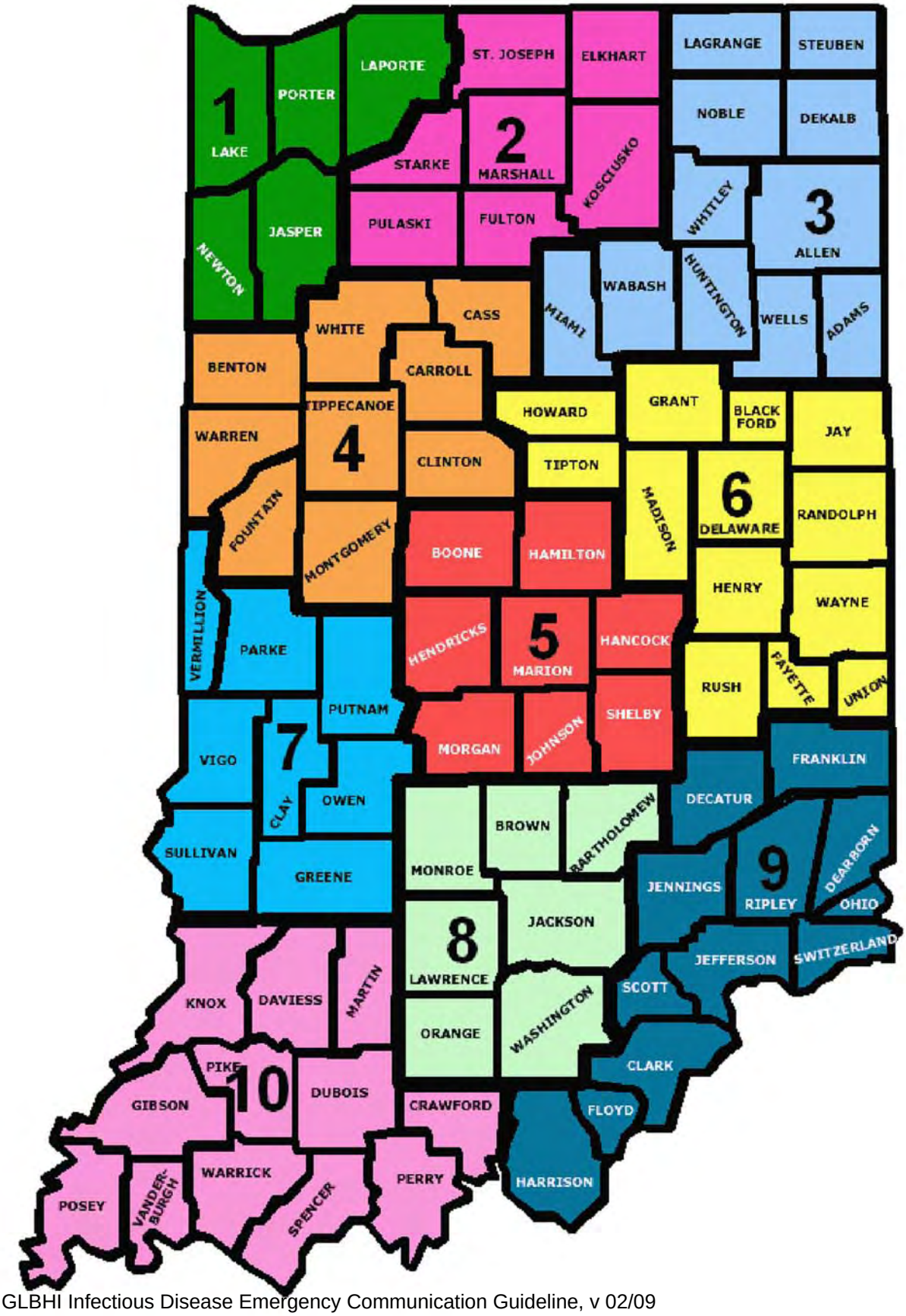
Disease/Agent	IN	MI	MN	NY	OH	ON	PA	WI
Paratyphoid Fever						X		
Pertussis								X
Plague	X	X	X	X	X	X	X	X
Polio - paralytic	X	X	X	X		X	X	X
Q fever		X	X	X				
Rabies - animal			X					
Rabies - human	X	X	X	X	X	X	X	X
Respiratory Infection - institutional outbreaks			X			X		
Rubella	X	X	X	X	X			X
Rubella - 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 *Staphylococcus aureus*		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	X
Unexplained Death and Critical Illness			X		X			
Disease of Suspected Bioterrorism Origin	X	X	X		X			

DEFINITION OF "IMMEDIATE" REPORTING:
Report by telephone immediately using emergency contact phone numbers (p. 6) upon recognition that a case, a suspected case, or a positive laboratory result exists.

Appendix 3:
County & Regional Maps of GLBHI Jurisdictions

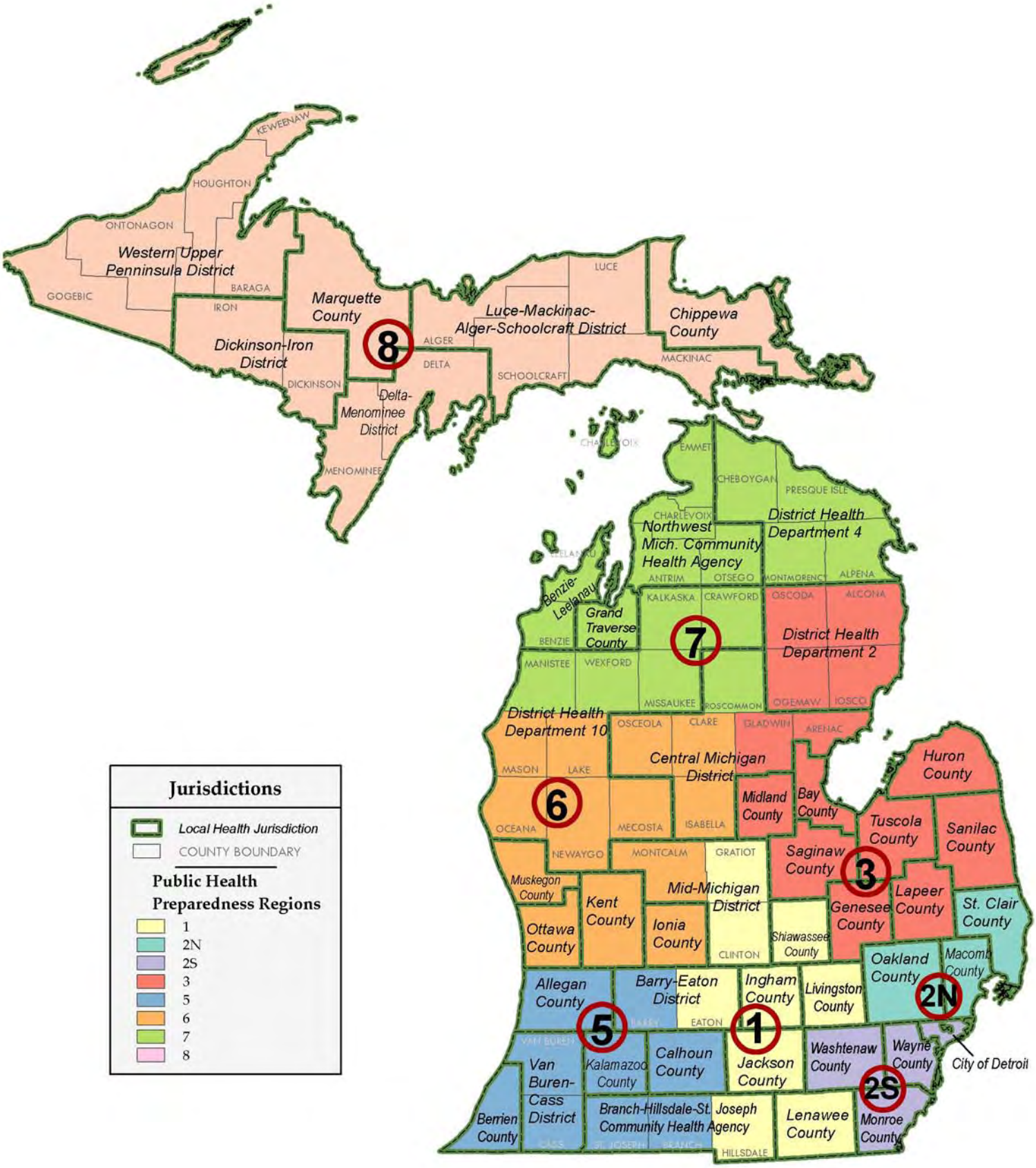
Indiana

Public Health Preparedness Districts



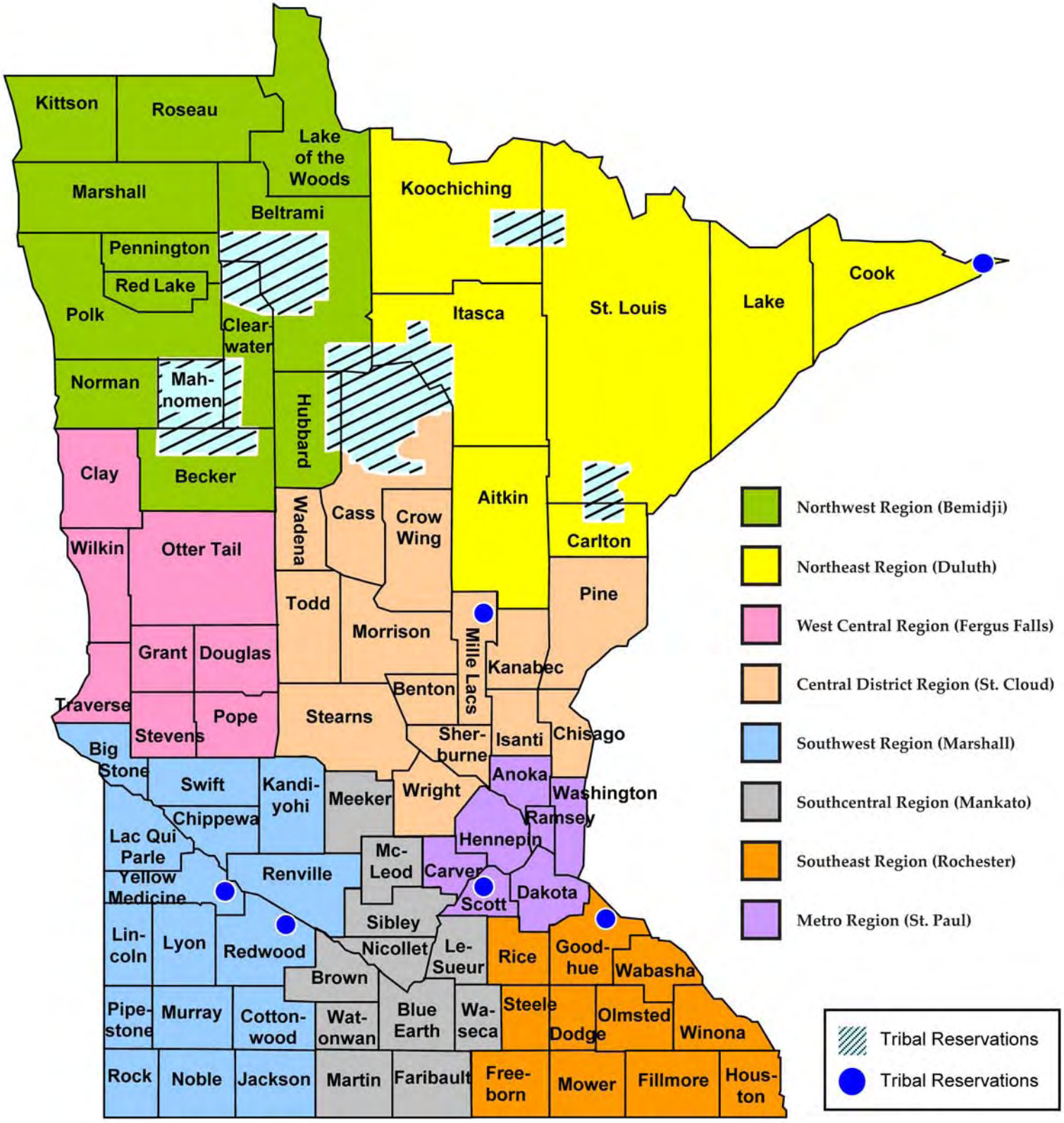
Michigan

Local Health Jurisdictions & Public Health Preparedness Regions



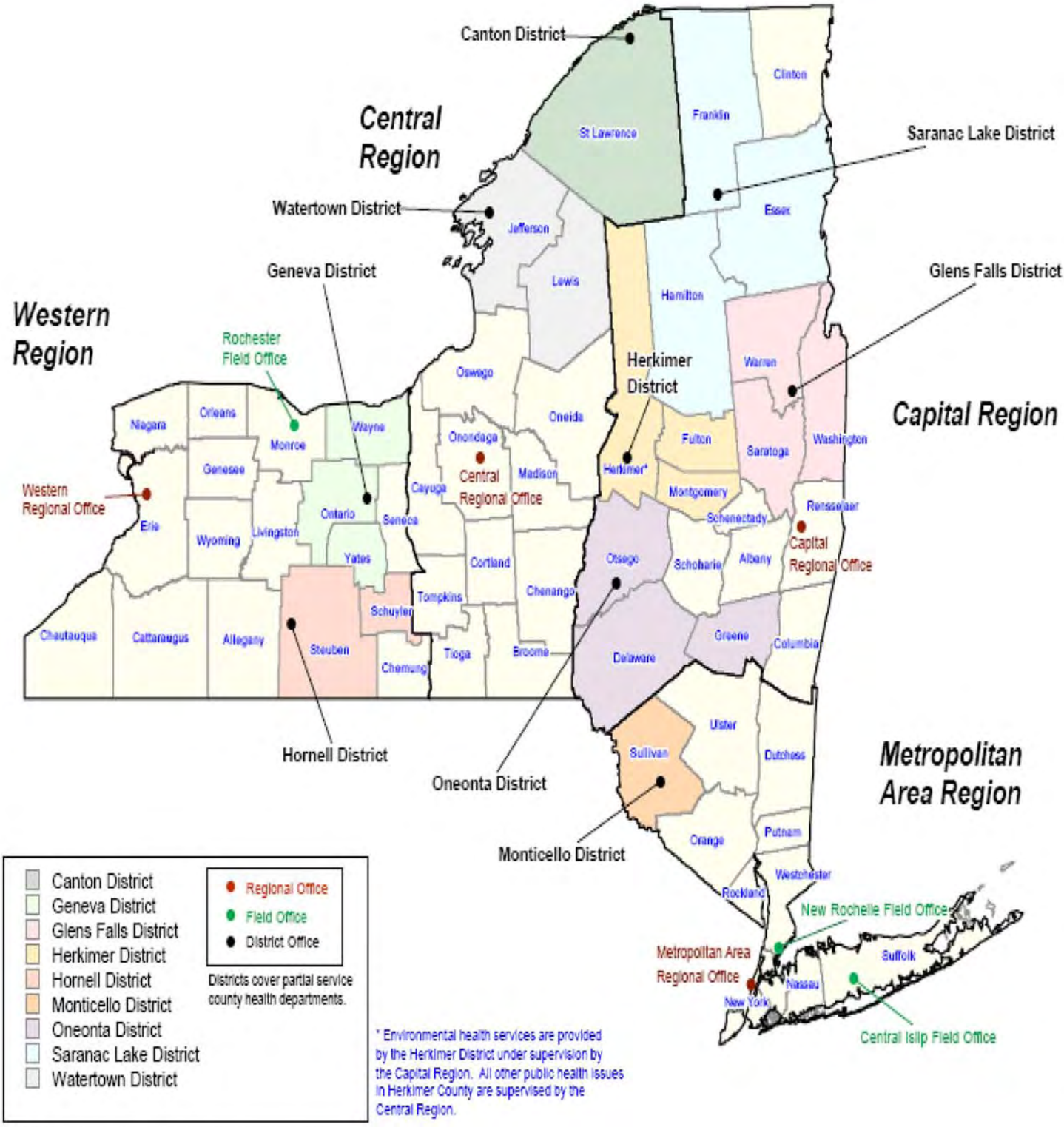
Minnesota

Local Health Jurisdictions and Public Health Regions



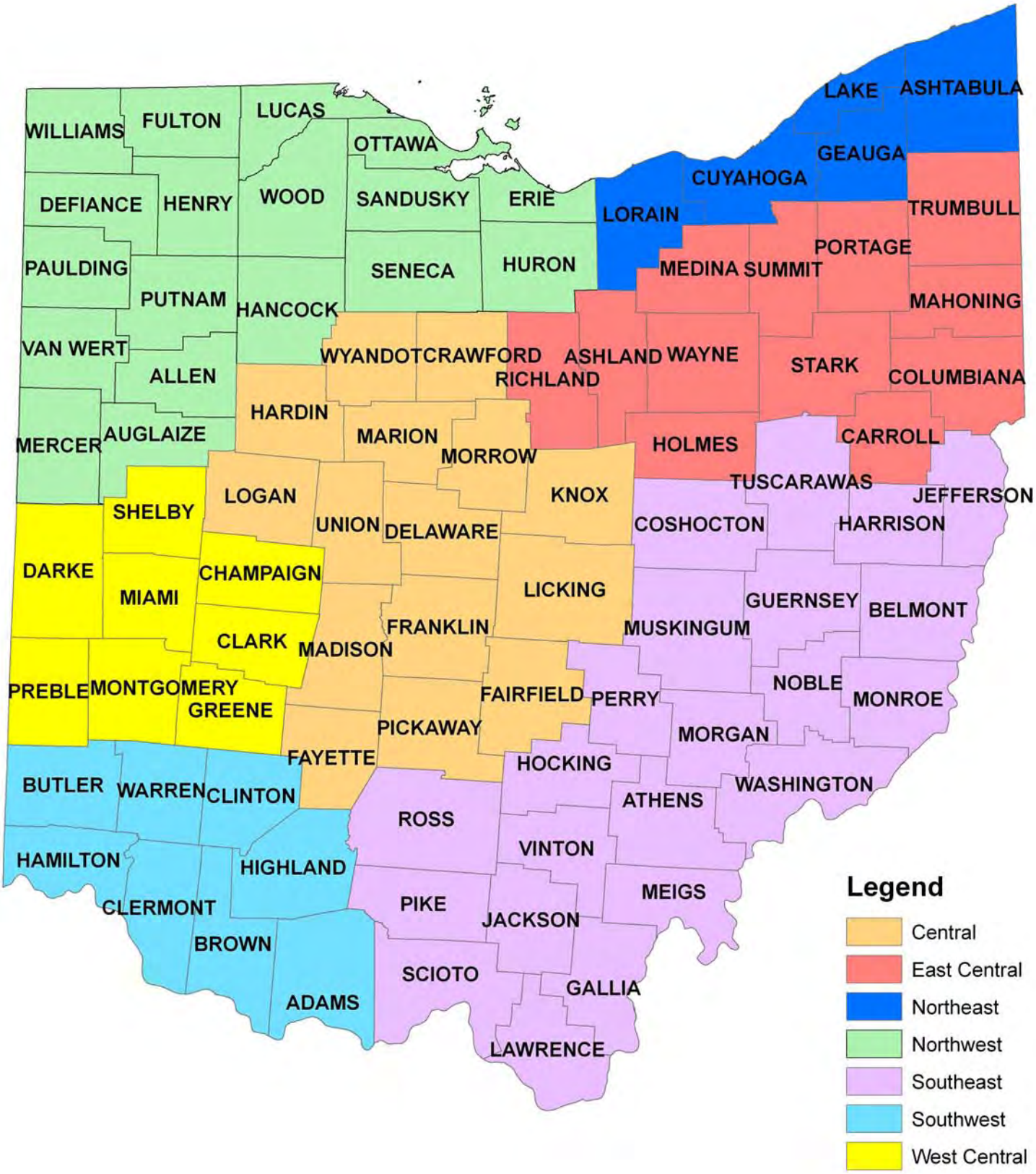
New York

Regional and Field Structure



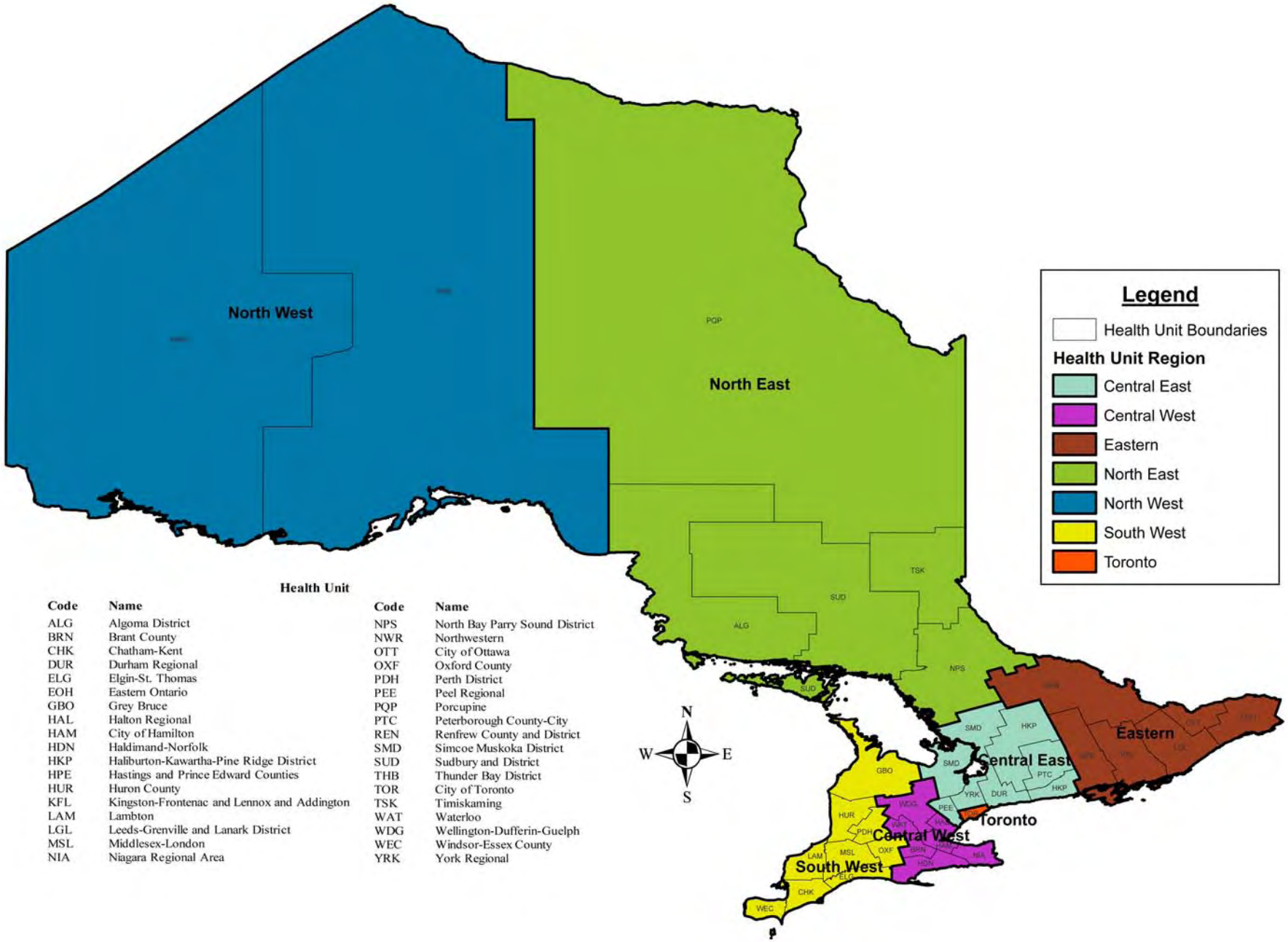
Ohio

Public Health Regions



Ontario

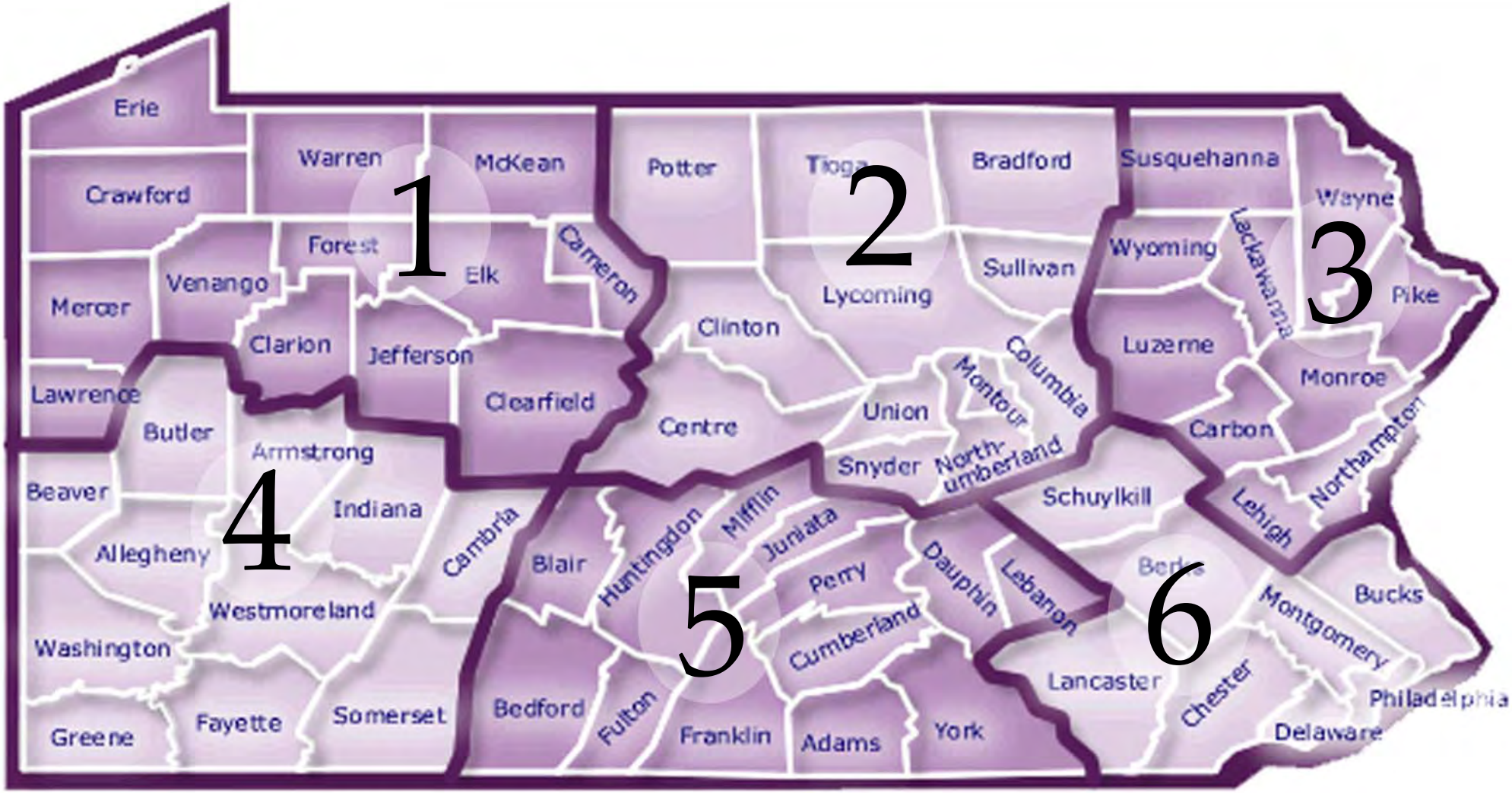
Health Units & Health Unit Regions



Health Unit

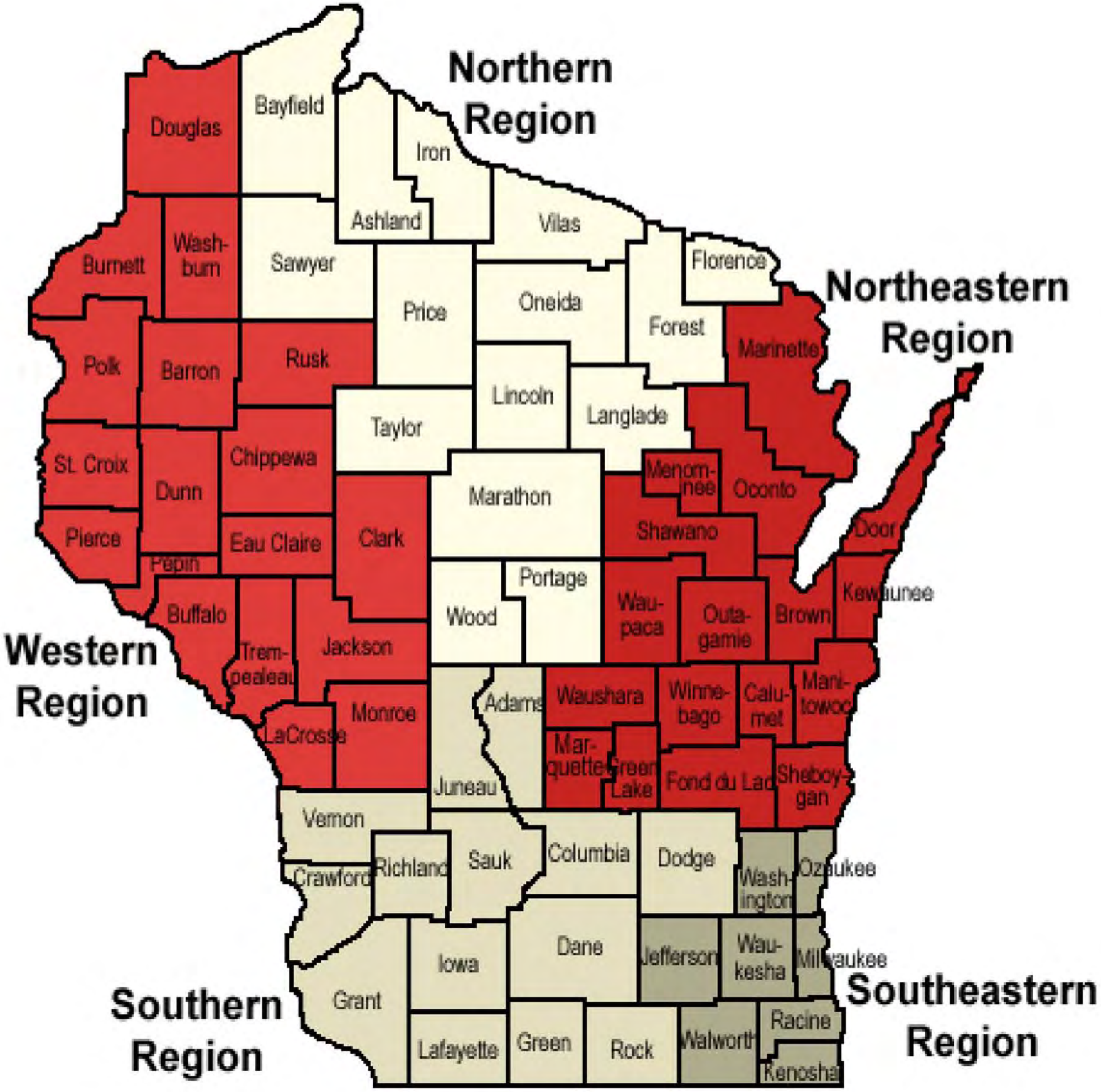
Code	Name	Code	Name
ALG	Algoma District	NPS	North Bay Parry Sound District
BRN	Brant County	NWR	Northwestern
CHK	Chatham-Kent	OTT	City of Ottawa
DUR	Durham Regional	OXF	Oxford County
ELG	Elgin-St. Thomas	PDH	Perth District
EOH	Eastern Ontario	PEE	Peel Regional
GBO	Grey Bruce	PQP	Porcupine
HAL	Halton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

Pennsylvania
Public Health Districts



1. Northwest District
2. North Central District
3. Northeast District
4. Southwest District
5. South Central District
6. Southeast District

Wisconsin
Public Health Regions



Appendix 4:
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 5, "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:

- Michigan – http://www.michigan.gov/mdch/0,1607,7-132-2945_21919_25536-72730--,00.html
- Minnesota – workspace@state.mn.us or call 651-201-5735

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	6/20/2007
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.**

Addendum

(to original Signatory Page signed June-October, 2007)

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:
Judith A. Monroe, MD, State Health Commissioner Indiana State Department of Health	2/4/09
Alvin D. Jackson, M.D., Director Ohio Department of Health	2-12-2009
Michael Huff, Deputy Secretary, Health Planning and Assessment Pennsylvania Department of Health	2/24/09

* 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)"
- 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" throughout the document.

December 2008

- a page with the infectious disease emergency contact phone numbers and a brief explanation of the IDECG was created and inserted directly behind the cover sheet
- the final two paragraphs of the Purpose Statement were amended as follows:
    - **Original:**
      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.
    - **Revised:**
      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 algorithm are the infectious disease emergency contact phone numbers for each of the participating jurisdictions, as well as definitions and examples of data that is permissible to share across borders. This document also provides related resources for infectious disease issues including a chart of immediately notifiable

diseases for each of the jurisdictions. Following this, maps of the jurisdictions can be found, highlighting public health regions and districts in each of the states and Ontario.

- the Infectious Disease Emergency Contact pages for each jurisdiction were removed and consolidated onto one page which is now placed immediately behind the Decision Tree, rather than interspersed with the jurisdictional maps. This sheet includes business hours phone numbers and after hours, weekends and holiday phone numbers for infectious disease emergencies.
- The appendices reference notes in the footnotes section of the Decision Tree have been updated to reflect the additional changes throughout the document as noted here.
- the Definitions and Examples page, which was previously located directly after the Decision Tree, has been moved to Appendix 1
- the Immediately Notifiable Disease List has become Appendix 2
- an overview map of the GLBHI region has been added for the first page of Appendix 3. Includes reference page numbers for the individual state/provincial maps. All state/provincial maps now are included in a single appendix. Original appendices 1-8 have been erased.
- The HAN System Overview has been moved to Appendix 4.
- Minnesota updated their HAN Systems additional information location from "http://www.health.state.mn.us/han/index.html" to "workspace@state.mn.us or call 651-201-5735."

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- Indiana, Ohio and Pennsylvania signed the Guideline and the signatory addendum page was added to the document.