Surveillance and Communications Subcommittee Terms of Reference: December 2010-November 2011

Overview

The Great Lakes Border Health Initiative Surveillance and Communications Subcommittee has representation from state and provincial public health agencies for the U.S. states of Michigan, Minnesota, New York, Ohio, Pennsylvania, Wisconsin, Indiana and the Canadian province of Ontario as well as the local health agencies near the international borders. Our goal is to improve collaborative early warning infectious disease surveillance and response between the GLBHI jurisdictions.

Mission

To improve collaborative early warning infectious disease surveillance and response between the GLBHI jurisdictions.

1. Committee Mandate and Key Tasks

(1) To identify opportunities to broaden and enhance mechanisms for infectious disease surveillance between jurisdictions, including sharing of case definitions and most current reportable disease directories, sharing of regional syndromic and disease surveillance system capabilities, and the implementation of bi-directional epidemiological alerts.

(2) To identify opportunities to broaden collaboration and communication between jurisdictions, including development of a 24/7 response protocol between jurisdictions; drawing on the Data Sharing Agreement to share information between jurisdictions; and using formal or informal communication pathways to provide notification or real-time regional situational awareness.

(3) Design and participate in drills/exercises that test communication pathways, alerting capabilities, and response to emergency simulations. Exercises may be organized at the local/state/provincial and/or federal level, and will strive to include cross-border or Tribe/First Nation involvement.

(4) Continue to recruit local/state/provincial and federal epidemiologists and public health administrators into the GLBHI.

2. Membership

At the minimum will aim to include:

- Committee Chair(s) – a U.S. and Canadian co-leads
- Representative(s) from each GLBHI jurisdiction
- Mixed representation from Epidemiologists, Public Health Administrators, and Field Experts
- Representative(s) from both U.S. and Canadian local health and Federal agencies
- Other key stakeholders as identified by the committee

3. Structure

- The Surveillance and Communications Subcommittee will appoint its own binational Co-Chairs. The Co-Chairs will represent the subcommittee for a period of two (2) years at which time a new Co-Chair will be elected.
- Subcommittee Chairs will report on actions, activities and needs each month at the Steering Committee teleconference.

4. Administration

- Meetings will be monthly by teleconference or in person with frequency to be determined jointly by the involved membership.
- This subcommittee will agree to an annual review of the Terms of Reference, and have the ability to renegotiate the scope of work of the subcommittee at that time, with the agreement of the GLBHI Steering Committee.
- This committee will reach agreement based upon a consensus of the members.
- Agendas, minutes and relevant documents for each meeting will be distributed electronically prior to the meeting date.
- Draft minutes will be distributed 14 days after the meeting for review, comments and follow-up on action items. Minutes of the meeting will be taken outlining Committee discussion, decisions and recommendations.