

New Mexico Emerging Infections Program 2016 Annual Conference

New Mexico Emerging Infections Program Overview

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Emerging Infections Program History

- Established in 1995 as population-based, scientific, public health network
 - Result of CDC's 1994 strategy "Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States"
- Plan updated in 1998 described the important role assumed by the EIPs
- External review conducted in 2006 referred to the network as "a national resource" due to its proven ability to identify and address several key issues confronting public health

Emerging Infections Program Today

- CDC & 10 state health departments
 - ~ 44 million/15% of US population
 - Catchment area varies by project
- Network collaborators
 - State departments of health
 - Academic institutions
 - Clinical laboratories
 - Healthcare facilities (Infection Preventionists)
 - Other federal agencies (FDA, USDA)

NM Emerging Infections Program

- Collaboration between New Mexico Department of Health & University of New Mexico
- Some projects are conducted statewide
- Some projects involve smaller catchment areas
- All activities depend on partnerships
 - Clinical laboratories
 - Healthcare facilities
 - Healthcare personnel

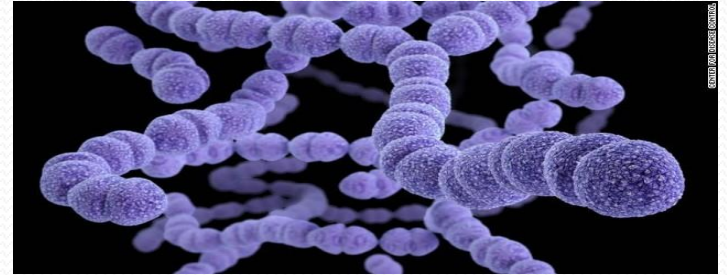


EMERGING INFECTIONS PROGRAMS

CA, CO, CT, GA, MD, MN, NM, NY, OR, TN

Emerging Infections Program

General Activities



- Active surveillance
- Applied epidemiology & laboratory research
- Implementation/evaluation of prevention & intervention projects
- Flexible response to new problems

EIP Core Projects

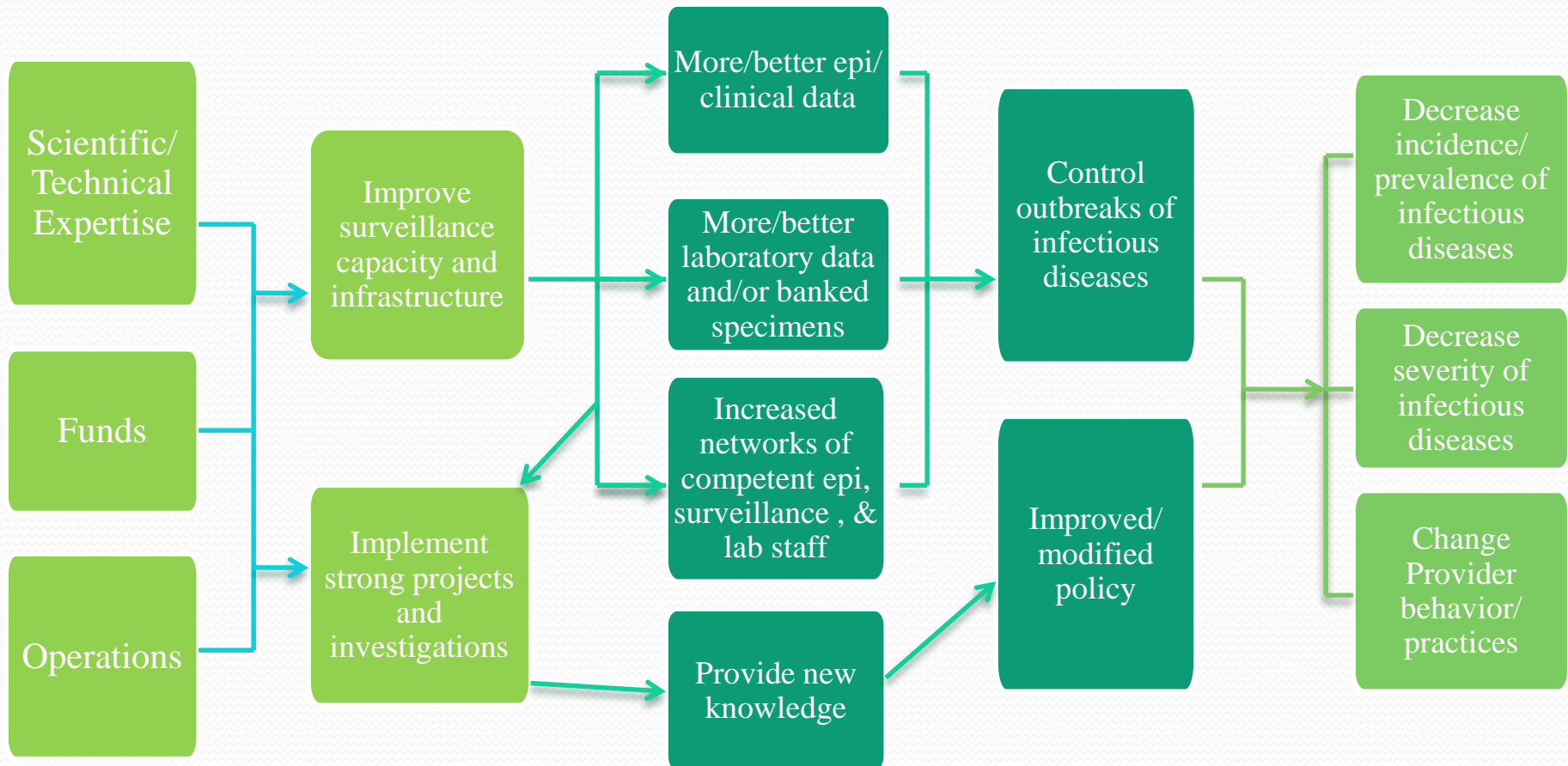
- Active Bacterial Core surveillance (ABCs)
 - Groups A and B *Streptococcus*, *Haemophilus influenzae*, *Neisseria meningitidis*, *Streptococcus pneumoniae*, MRSA, Legionellosis, Pertussis
- Foodborne Disease Active Surveillance Network (FoodNet)
 - *Campylobacter*, *Cryptosporidium*, *Cyclospora*, *Listeria*, *Salmonella*, Shiga toxin-producing *Escherichia coli* (STEC) O157 and non-O157, *Shigella*, *Vibrio*, *Yersinia*, surveillance for cases of hemolytic uremic syndrome (HUS)
- Healthcare-associated Infections-Community Interface (HAIC)
 - *Clostridium difficile*, MRSA, *Candida*, and multi-drug resistant gram-negative bacteria
 - HAI projects
- Influenza Hospitalization Surveillance (FluSurv-NET)
 - Lab-confirmed influenza-related hospitalizations
 - Vaccine effectiveness evaluations
- Other projects and studies
 - Population-based epidemiologic studies
 - Surveillance for conditions of concern
 - Guillain-Barré syndrome following receipt of 2009 monovalent H1N1 vaccine

EIP Framework

CDC and EIP
Collaboration:

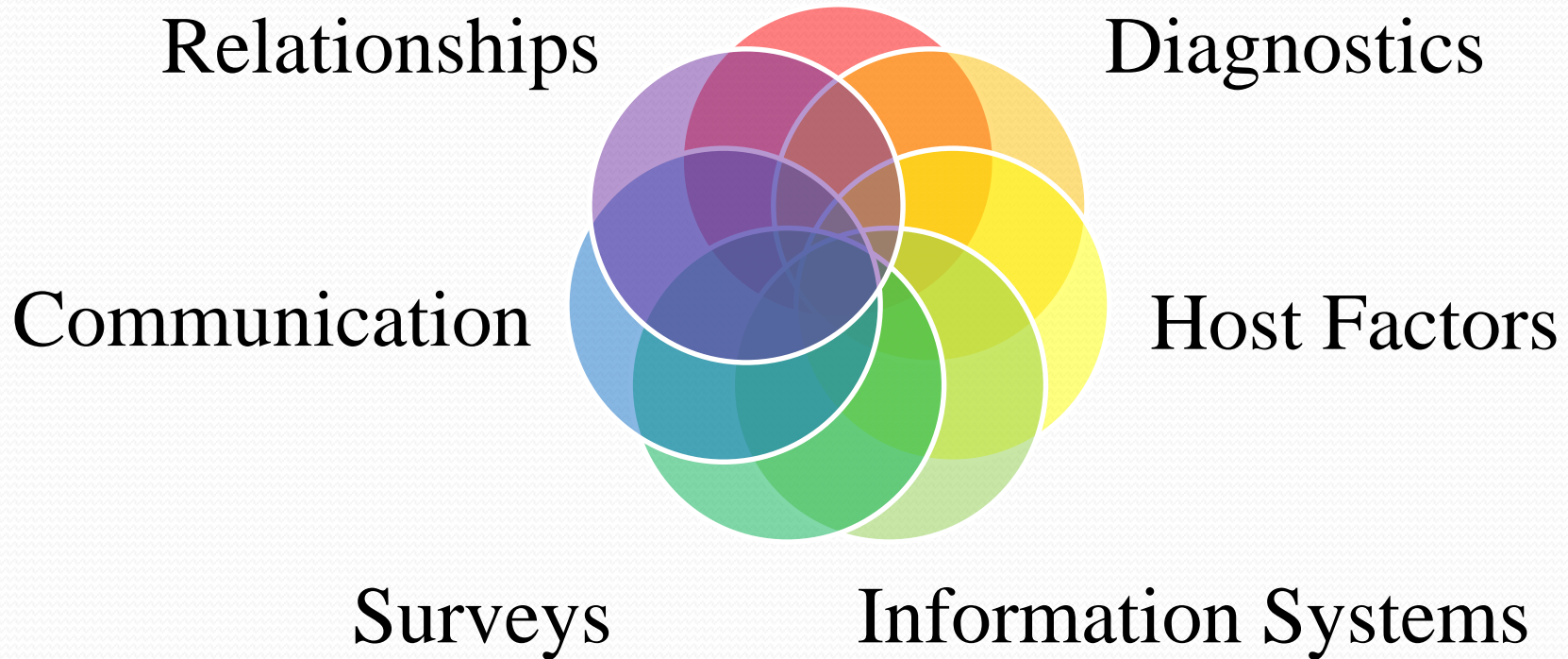
Outcomes

Public Health
Implications



Program Challenges

Methodological Issues



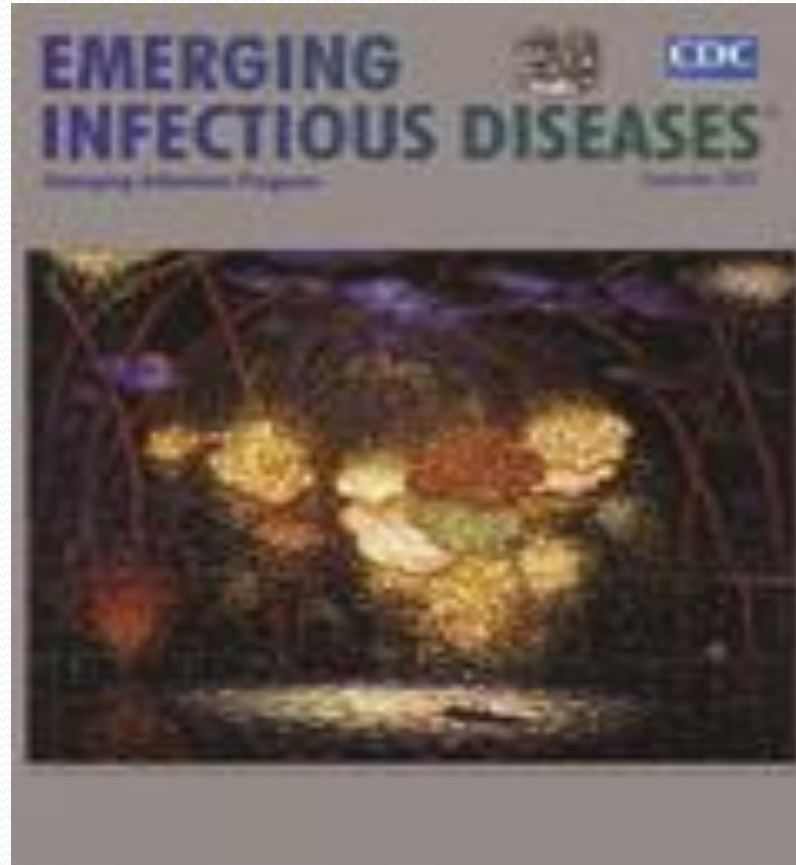
National EIP Network Impact

- Translate surveillance and research into policy & public health practice
- Numerous surveillance, research, & evaluation projects at one or more sites
 - Generally > 60-70 in a given year
- Many (>500) publications since 1995
- Training of new public health professionals

EIP Impact at NM State & Local Levels

- More comprehensive surveillance/better understanding of select pathogens shared with stakeholders
- NM population health needs influence the programs & special projects in which NM EIP participates
- New & expanded partnerships (e.g., Johns Hopkins Center for American Indian Health, NM Office of the Medical Investigator)
- High quality data contributes to state-based health status improvement initiatives
- Capacity building (e.g., antimicrobial stewardship)

EIP Celebrated 20th Anniversary in 2015



The EIP network has strengthened the science base and informed public health policy.
Thank you all who contribute to this work!

And thank you Albuquerque for hosting
us today!

You suggestions welcome:

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