

Public Health Units

- 1 Eastern Ontario Health Unit, Cornwall
- 2 Leeds, Grenville & Lanark District Health Unit, Brockville
- 3 Kingston, Frontenac, Lennox & Addington Public Health Unit
- 4 Niagara Region Public Health Unit, Thorold
- 5 Hamilton Region Public Health Unit, Hamilton
- 6 Toronto Public Health, Toronto
- 7 County of Lambton Community Health Services Dept
- 8 Chatham-Kent Public Health Services, Chatham
- 9 Windsor-Essex County Health Unit, Windsor
- 10 Algoma Public Health Unit, Sault Ste. Marie
- 11 Thunder Bay District Health Unit, Thunder Bay
- 12 Northwestern Health Unit, Kenora, ON

GLBHI Capabilities and Projects

- Cross-border enrollment on the CDC's Epi-X system and Canada's CIOSC alerting system
- Development of Memorandum of Agreements (MOA) (on an as needed basis) between Ontario and partner US States
- Ongoing maintenance of the GLBHI Infectious Disease Emergency Communications Guideline as tool for multi-jurisdictional alerts and notification
- Continued development of protocols for moving laboratory samples across the US / Canadian border
- Consideration of surge capacity near the US / Canadian border - identification and action on related issues
- Integrating the CDC's newly developed Cascade Alerting System to use with GLBHI partner Health Alert Networks, to enhance alerting and notification systems
- Continued quality improvement through comprehensive exercises, communication drills, and ongoing relationship building
- Ongoing collaboration with other northern border alliances to share best practices, build beneficial relationships, and improve northern border surveillance strategies



Great Lakes Border Health Initiative (GLBHI)

Improving early warning infectious disease surveillance at the US - Canada border



Introduction / Rationale

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. However, differences in healthcare systems, government structures, cultural nuances and public health priorities all impact the coordination of streamlined international crisis response. While many informal communication pathways exist at the local level, official mechanisms are needed for effective state to province partnership in both routine and emergency situations. 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 outbreak as early as possible;
- Quickly communicate with one another to formulate the appropriate response to control the outbreak; and
- Coordinate and carry out the response.

Funded by the US Department of Health and Human Services, and managed through the Centers for Disease Control and Prevention's Early Warning Infectious Disease Surveillance (EWIDS) project, GLBHI aims to formalize and strengthen relationships between local, state, provincial-level public health, and emergency preparedness agencies in both the United States and Canada responsible for communicable disease tracking, control, and response.

Goal: "To improve cross-border infectious disease surveillance and public health communication in the Great Lakes region by developing and maintaining mechanisms for sharing public health infectious disease information and resources quickly, securely, and lawfully."



For more information about GLBHI, please visit www.michigan.gov/borderhealth

GLBHI Successes

- Development of Public Health Data Sharing Agreement
- Enhanced cross-jurisdiction communication pathways
- Cross-border alerting & notification systems
- Informative GLBHI website
- Multi-jurisdictional reportable disease directory
- Routine surveillance data sharing

GLBHI 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



- Land Border POEs**
- 1 Lewiston Bridge
 - 2 Rainbow Bridge
 - 3 Peace Bridge
 - 4 Alexandria Bay
 - 5 Ogdensburg
 - 6 Massena
 - 7 Ambassador Bridge
 - 8 Detroit-Windsor Tunnel
 - 9 Blue Water Bridge
 - 10 Sault Sainte Marie
 - 11 Grand Portage
 - 12 International Falls

State / Provincial Leads

Indiana State Department of Health
Pam Pontones, MA
Director, Surveillance and Investigation
Public Health Preparedness and Emergency Response
Phone: 317-233-7861
Email: ppontones@isdh.in.gov

Michigan Department of Community Health
Diane M. Krueger, Ph.D.
EWIDS Project Coordinator
517-335-6533
kruegerd@michigan.gov

Minnesota Dept. of Health, Northeast District
Amy Westbrook, MPH
District Epidemiologist
Phone: 218-723-4907
Email: amy.westbrook@state.mn.us

New York State Department of Health
Richard Buck
Border Health Manager/Tribal Liaison
Office of Health Emergency Preparedness
Phone: 518-474-2893
Email: RJB06@health.state.ny.us

Ohio Department of Health
Kimberly D. Machesky, MPH
Epidemiology Investigator
Phone: 614-446-0385
Email: kimberly.machesky@odh.ohio.gov

Ontario Ministry of Health and Long-Term Care
Phil Graham
Manager, Public Health Emergency Preparedness
Emergency Management Unit
Phone: 416-212-5223
Email: Phil.Graham@ontario.ca

Pennsylvania Department of Health
Veronica Urdaneta, MD, MPH
State Epidemiologist and Director
Division of Infectious Disease Epidemiology
Phone: 717-787-3350
Email: vurdaneta@state.pa.us

Wisconsin Division of Public Health
Amy Karon, DVM, MPH
Epidemiologist
608-267-7321
amy.karon@wi.gov





Great Lakes Border Health Initiative (GLBHI)

Improving early warning infectious disease surveillance at international borders

Members include:

- State/Provincial representatives
- Local public health representatives
- Tribal/First Nations representatives located near the United States-Canada border
- Federal representatives
- Committee chairs from each of the active GLBHI subcommittees

GLBHI's Government/Organizations

GLBHI is directed by a steering committee that directs the actions of GLBHI's subcommittees. Tasks are determined by grant agreement, and all participating organizations are represented. This committee meets monthly to receive reports from subcommittees, share information, and participate in decision making regarding GLBHI activities.



Subcommittees meet each month to discuss best practices and ways to achieve specific goals per the DHHS/CDC agreement. The subcommittees are comprised of health, legal, food safety, and emergency preparedness professionals representing all levels of public health, from local to federal.

Ad-hoc subcommittees are formed when necessary to address specific grant requirements or identified needs/goals of GLBHI.

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

The Decision Tree is based on the World Health Organization's International Health Regulations. This algorithm guides the user through questions to determine whether or not notification of the state or provincial health agency is required. For further guidance on how to use this document, refer to GLBHI's Infectious Disease Emergency Communication Guideline, which can be found on the GLBHI Website.

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

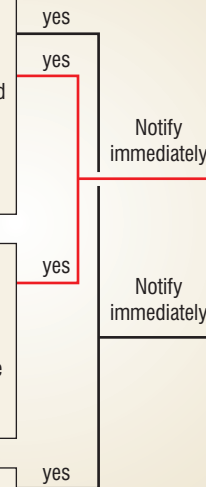
- Event due to unknown agent with unpredictable public health impact
- Event due to known agent with the following factors:
 - Unusual disease pattern
 - Previously eradicated agent
 - Known agent, but new for the geographical region
 - Potential to cause epidemic, even if no or few human cases are being identified
 - Indication of treatment failure
 - Known potential to cause severe illness
- Accidental or intentional release of dangerous, banned or restricted chemical or radioactive agent

2. Is there significant risk of international spread?

- Evidence of epidemiological link to similar events in other countries
- Need to alert in regard to the potential for cross-border movement of the agent, vehicle or host
- Cross-border assistance is needed to detect, investigate, respond and control the current event, or prevent new cases.
- Inadequate human, financial, material or technical resources

3. Might international travel or trade restriction be necessary?

- Similar events in the past have resulted in international restriction on trade and/or travel across the border
- 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
- The event might have occurred in association with an international gathering
- Event has caused requests for more information by cross-border officials or media



Proceed with Proper Notification

Situational alerts may be shared across borders via Health Alert Networks. 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.
- Event involving **multiple** local health units across the international border: Notify own state/provincial health agency and then cross-border state/provincial health agency.

Please note: 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/>.

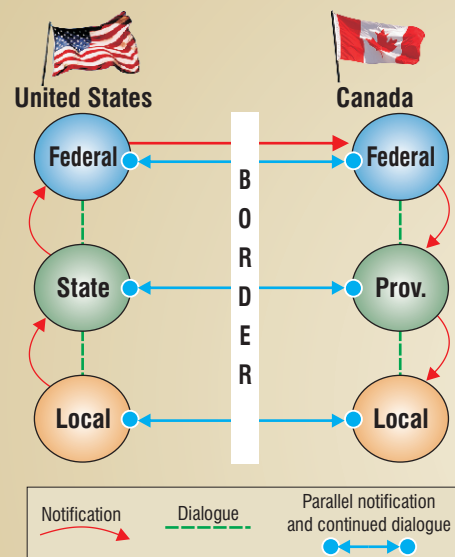
- If 1 "No", but 2 or 3 "Yes", non-immediate notification as above
- If 1 "Yes", but 2 and 3 "No", non-immediate notification as above

Immediately Notifiable Disease List

The Immediately Notifiable Disease List provides a quick reference of diseases that would trigger a rapid notification response within a jurisdiction. Each state / province applies its own jurisdictional case definitions when determining notification policy. For a listing of all reportable diseases in GLBHI jurisdictions please refer to the GLBHI Reportable Disease Directory, which can be found on the GLBHI Website.

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
Cryptosporidiosis						X		
Cyclosporiasis						X		
Diphtheria	X	X	X	X	X	X	X	X
Encephalitis - viral				X				
E. coli								
Food Poisoning - all						X		
Foodborne or Waterborne Outbreaks	X		X				X	X
Gastrointestinal Illness - institutional outbreaks			X			X		X
Glanders		X	X	X				
Haemophilus Influenza 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					

GLBHI Communications Pathway



The GLBHI has cultivated both formal and informal communication pathways that allow for effective information sharing across jurisdictions.

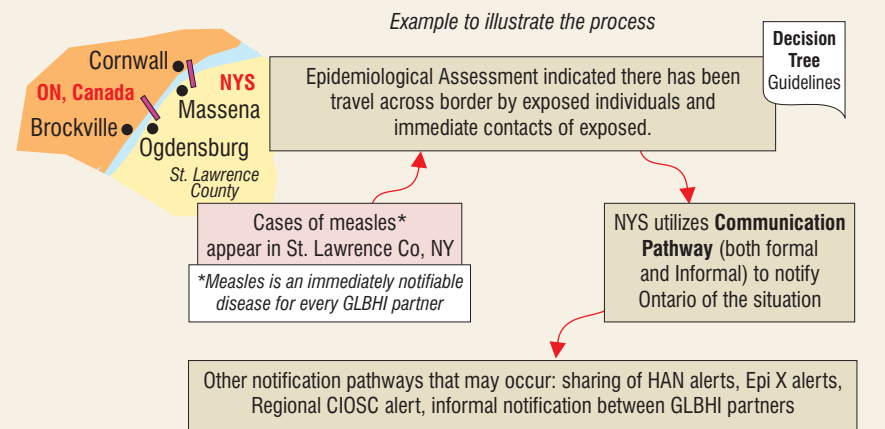
- **Formal** : Formal communication tends to be a more circular process: US local health department notifies state, state health department then notifies federal agency (CDC, USDA, FDA) – US federal agency notifies Canadian federal (PHAC, CFIA), which in turn notifies provincial agency (Ontario), and provincial notifies local public health unit.
- **Informal** : Informal communication processes tend to be more direct: Previously established US and Canadian local and state contacts communicate across borders to make a parallel notification. For Example: a local US entity might contact a neighboring Canadian public health unit (or vice versa) to inform them of a new situation and investigation, while the formal communication flow is occurring.
- **Parallel notification** allows GLBHI jurisdictions to quickly share vital information for the purpose of cross-border outbreak prevention or management.

Emergency Contact Numbers

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

How Do The Immediately Notifiable Disease List, Decision Tree, and Communication Pathway Interact?

If a case of measles was identified in a county in NY State, the county would immediately notify the State Health Department of the occurrence, and follow the formal communication chain up to the federal level, if warranted. If this county also bordered either Ontario, Canada or a neighboring GLBHI partner state, or the incident had the potential to cross borders, impacting GLBHI partners (based on guidance from the Decision Tree), notification to those partners would occur following the formal and informal pathways established by GLBHI.



The purpose of the Public Health Data Sharing Agreement is to facilitate the sharing of health related data between signatories within the Great Lakes Border Health Initiative. This agreement plays a critical role in allowing GLBHI jurisdictions to communicate health data in a lawful and secure manner for the purpose of cross-border surveillance and/or outbreak prevention or management.