Executive Summary

The 2013 Sexually Transmitted Disease (STD) Real World Event documents the Florida Department of Health in Broward County’s (DOH-Broward) response to an increase in incidence of infectious and congenital syphilis cases in Broward County in calendar year 2012. Infectious Syphilis cases in Broward County are high compared to the State of Florida and National data. Congenital syphilis cases in Broward County rose from 0 in 2010 to 10 in 2011 and 15 in 2012.

DOH-Broward activated an incident command team to:
- conduct targeted epidemiological investigation and study, including retrospective analysis;
- implement continuous quality improvements to STD program activities; manage internal and external strike teams;
- recruit and train a competent STD program workforce;
- develop and implement a social marketing program;
- conduct provider and community outreach and education; and,
- monitor the effectiveness of mitigation strategies and campaign activities.

Daily Incident Command System (ICS) meetings were held from May 30, 2013, through July 31, 2013. Weekly ICS meetings were held from August 5, 2013, through January 2, 2014. Bi-weekly briefing meetings continue to be held throughout 2014. The initial Incident Action Plan (IAP) was prepared on May 30, 2013. A total of 22 IAPs were developed over the course of the event. A total of 46 Situation Reports were developed. An electronic survey was distributed to the eleven incident command team members with a final After Action meeting held on March 13, 2014. This activation also allowed DOH-Broward to test its All-Hazards Response Plan and Communications and Epidemiology Annexes in a real world event scenario.

Incident Command Structure

Incident Objectives

1. Activate DOH-Broward Incident Command Team
   - Interrupt transmission and halt the epidemic of STDS, especially syphilis, in Broward County.

2. Partner Services
   - Maximize sexually transmitted disease partner services through staffing, training, and case management.

3. Epidemiology
   - Determine the demographics and trends to describe and understand the local epidemic in order to target interventions.

4. Provider Outreach
   - Maximize education and outreach to the provider community to promote compliance with all Florida standards and rules and CDC, state and local recommendations regarding the detection, treatment, and timely reporting of communicable diseases, with a focus on the interruption of perinatal transmission.

5. Social Marketing / Public Awareness
   - Increase public awareness regarding STDs and mobilize community support for prevention efforts.

6. Integrated Planning and Partnerships
   - Integrate STD prevention planning into health department planning processes supporting HIV and maternal and child health.

Marketing Campaign

Successful Campaigns
- Restructure of the STD program increased capacity and capability of the program;
- DOH-Broward’s Epidemiology program has experienced, skilled, and competent staff that are able to quickly provide data that is detailed and easily understood;
- The collaborations across programs (Epidemiology, HIV, STD, TB) required by action plan advanced the implementation of the DOH-Broward collaborative leadership structure;
- Outreach and education provided during the campaign has strengthened the visibility of DOH-Broward in the community and continues to increase awareness of the public health mission and vision in the community;
- Ongoing development of syndemic 101 guide and the development, training and implementation of standing orders for labor and delivery for HIV and syphilis begun during the campaign will continue to assist in consistent application of standards in the community; and,
- Ability to rapidly develop and implement a multi-faceted, multi-media campaign that included linguistically and culturally appropriate messaging.

Challenges
- Databases contain incomplete data making it difficult to conduct analysis until additional data resources are secured to supplement missing data; and,
- There are complex issues that are both administrative and technological impacting implementation of electronic hospital records. Consistent follow-up is needed to ensure these long-term goals are met.