

EDN Work Group Meeting Minutes
Thursday 9/13/2012, 10 am (PDT), 1 pm (EST)

1. Roll Call

- Region 1; Adam Palmer (R), Maureen Murphy (TB)
- Region 2: Kate Penrose (R)
- Region 3: Phil Lowenthal (TB) and Marisa Ramos (R)
- Region 4: Blain Mamo (R) and Alicia
- Region 5: Sam Householder (R) and Shameer Poonja (TB)
- CDC: Meghan Weems, Kai Young, Bob Pratt, Daniel Wenger, Kendra Cuffe
- Guests

2. Follow up on action items from last call

Workgroup membership and leadership

Meghan Weems agreed to solicit candidates for the 2014 workgroup. Adam suggested Refugee Health and TB co-chairs rotate on alternating years, to avoid disruption to work already done on projects and the potential for a steep learning curve with new members. It would be more difficult for a new member to be co-chair, so the group needs to develop a plan for leadership and bringing in new members. It was noted that several regions are not well represented on the call and new regional representatives should be sought. Kate Penrose volunteered to represent Region 2 since she has been on the calls for the past year and she is in region 2.

Prioritize EDN requests on Excel spreadsheet

Daniel agreed to provide a comment or status report for each item on the spreadsheet. This item will be discussed on the next call (after the group has an opportunity to review CDC's work plan for each issue).

3. EDN Update (Meghan Weems)

The date for the next release of EDN has not yet been finalized, but is expected in the next few weeks. New fields will be added for data download, new fields will be included from DS-2054, DS-3026, DS-3030, in addition the Quick Help guide has been updated.

4. Follow-up on NTIP evaluation using EDN data (Kai Young)

How do the NTIP numbers affect state TB funding?

There are no plans to include notification and evaluation data in the funding formula beyond the

number of notifications sent the initial project area. (Notifications will not include transfers in the funding formula.)

Kai agreed to provide the group a summary document detailing NTIP calculations. This should be used as a reference when evaluating data for this project.

CDC requests feedback by the end of September so it can be brought forward at the October NTIP workgroup meeting. If states need more details about numbers and funding, they should contact their CDC regional project officer.

5. Interjurisdictional transfer protocol

The protocol was provided prior to the call for the group to review.

1. Several issues were discussed involving the pros/cons to Refugee Health and TB with transfers.
2. Kendra and Phil agreed to develop a document that clearly describes each concern, issue or question, and will send it to the group. Adam will draft a standard e-mail that can then be used when EDN reps send to the states they represent.
3. Regional representatives will disseminate the information to their respective areas and solicit input from stakeholders.
4. Each region will have two votes; one for Refugee Health, one for TB.
5. Representatives will base their vote on stakeholder feedback.
6. Majority will rule on finalizing the transfer protocol.

6. EDN User Issues

A Suggestion to add the name and DOB to the second page of the TB follow-up form.

Alien number will be added to the second page in 2013, so it should serve the same purpose.

Is it possible for EDN to scan the SIV immunization records along with the client's other overseas medical records (like they do with refugees)?

Very few SIVs have immunization documentation, but if it is available, then it is scanned.

7. New Issues

Second dose of MMR given but not documented in EDN (add this to the EDN requests page)

Can EDN flag records when they are updated in the system? Often a second dose of MMR is given to refugees immediately prior to departure and is not initially documented on the scanned or the electronic documents. However, the information is sent to EDN and uploaded to the file after the record has been posted. EDN Users would not know which records to go back and look at or when to look at them. The second dose of MMR impacts TST and IGRA results (false negative) and ultimately providers would need to wait 30 days after the vaccine was given before testing for TB.

Next meeting: Thursday, November 8th, 10 am PDT (1 pm EST)