

PCSI Success Stories

Strengthening Program Collaboration and Service Integration
in New York City

A Culture of Collaboration: PCSI's Impact on the NYC Meningococcal Outbreak Response

In September 2012, the New York City Department of Health and Mental Hygiene (DOHMH) identified an outbreak of invasive meningococcal disease among men who have sex with men (MSM). DOHMH assembled an intra-agency, multi-disciplinary team to investigate cases, work with the community, and implement control measures, including vaccination of men at risk for future infection.

Controlling this outbreak required DOHMH to adapt its traditional vertical structure for infectious disease control into one that fostered collaboration between programs and integrated service delivery. The collaborative and multi-program response to the outbreak was greatly facilitated by recent changes in health department activities through the 2010 implementation of CDC's [Program Collaboration and Service Integration](#) (PCSI) initiative. An outbreak response team was formed that included expertise from all parts of the agency: surveillance and case investigation from the Bureau of Communicable Diseases; vaccination services from the Bureau of Immunization; outreach to MSM and MSM-friendly healthcare providers using social media, partnerships with community-based organizations, medical education lectures, electronic notifications, and advocacy from the Bureau of HIV/AIDS Prevention and Control and Bureau of STD Prevention and Control; and clinical services through the STD, TB, and Immunization Bureaus. The Deputy Commissioner of the Division of Disease Control, Jay K. Varma, MD, oversaw the response working with senior leadership and staff from Disease Control programs as well as other health department programs.

PCSI Successes

While there had been cross-program outbreak responses before PCSI, the positive impact of ongoing cross-program activities and building a culture of collaboration over the past few years was evident in this response. DOHMH's ability to construct such a team and have it work effectively was a much simpler process than prior to the implementation of PCSI.

Data sharing laws for infectious disease programs in New York had already been reviewed ensuring that, when needed, STD and HIV programs could share data with the epidemiologists investigating the outbreak, in this case, meningitis. This proved absolutely essential to understanding the prevalence of HIV, the extent of immune-suppression, and the identification of contacts of meningitis cases so antibiotic prophylaxis could be offered.

Several intra-agency PCSI committees had been formed, leading to relationship building and better collaboration among

“I have witnessed many initiatives come and go over the past twenty-five years at the NYC DOHMH. The difference with PCSI is the approach -- creating a culture of collaboration - collaboration as the norm rather than the exception - which may make PCSI sustainable.” - Kevin Mahoney, MSW
Assistant Commissioner,
Disease Control

For more information, please contact:
Jennifer Fuld
Director, PCSI
Division of Disease Control
New York City
Department of Health and Mental Hygiene
347-396-2412
jfuld@health.nyc.gov

epidemiologists and other staff working in different disease areas. When the outbreak occurred, the PCSI Steering Committee comprising senior Disease Control leadership and Data Advisory Committee comprising senior epidemiologists who normally investigated gonorrhea, syphilis, or HIV worked seamlessly with the primary investigators for the meningitis cases to help identify close contacts and generate important background medical information.

Most importantly, a massive investment of time and energy was required from multiple DOHMH programs to reach MSM and their providers and motivate them to take action against meningococcal disease, and it happened in a coordinated way. Programs that do not normally focus on MSM and providers who serve MSM were able to reach these audiences by working with their STD and HIV colleagues who are experienced in this type of communication. This outbreak response included several coordinated steps:

- Educating HIV and MSM-friendly providers about the meningitis outbreak and the importance of vaccination;
- Developing and distributing materials about the outbreak at MSM-friendly venues using the HIV program's condom distribution network;
- Working with community-based organizations to motivate them to educate their clients and encourage vaccination; and
- Collaborating with MSM-friendly medical organizations to provide vaccinations in unconventional locations, such as bars and clubs, in which they have better access and trust.

The number of meningitis cases peaked in early February 2013, but the combined efforts of multiple programs resulted in vaccination of over 16,000 men and no new reported cases as of July 2013. The success of the collaboration led to recognition of the importance of having a cross-cutting team devoted to MSM health.

Next Steps/Future Directions

Through the PCSI initiative, DOHMH plans to form an intra-agency workgroup on MSM health. Two initial activities will be to develop a summary of best medical practices for MSM to distribute to all NYC physicians and assist with contributing to a new DOHMH social media site dedicated to men's sexual health. The joint response to the meningitis outbreak is one example of increased collaboration at the health department.