

Holiday Inn Resort 1706 N. Lumina Avenue Wrightsville Beach, NC 28480

Target Audience

Communicable Disease Staff in NC Local Health Departments and their Community Partners

Conference Description

This conference provides an opportunity to share best practices for communicable disease investigations of public health significance. The availability of state subject matter experts to dialogue with local partners fosters professional development and improved surveillance and investigation. The content of this training is intended to partially satisfy requirements for both Local Health Department Accreditation and selected Agreement Addenda.

Learning Objectives

At the end of this program, participants will be able to:

- Practice skills acquired through training to improve case and outbreak investigations.
- Apply current guidelines in the evaluation of clients seeking care for STD/STI.
- Recognize the context for Practice Management in Local Health Departments.
- Develop professional relationships with peers across the state performing similar duties.
- Utilize tools of epidemiology to publish and share findings from outbreak investigations.

Credit

Entire Conference (Credit will be awarded for each day attended.)

Wake AHEC CEU: Wake AHEC will provide 1.4 CEUs to participants upon completion of this activity. A participant must attend 100% of each day to receive credit. No partial CEU will be given.

Contact Hours: Wake AHEC will provide up to 13.5 contact hours to participants.

Credit by day

May 19, 2014 – .4 CEU/4.0 Contact hours May 20, 2014 – .7 CEU/6.5 Contact hours May 21, 2014 – .3 CEU/3.0 Contact hours

Registration

Early Bird Registration fee: \$75 After May 1, 2014: \$125

Registration fee includes conference attendance, access to **online handouts**, online evaluation and credit certificate, breaks, and lunch on Tuesday.

No walk-ins accepted. Substitutes are encouraged. Wake AHEC vouchers will not be accepted. Refunds not available.

Hotel Accomodations

Holiday Inn Resort at 1706 N. Lumina Avenue, Wrightsville Beach, NC (conference location): There is a special conference rate of \$139 + tax and hotel charges. Call 910-256-2231. When making your reservations reference the group code "CD Conference room block."

2nd Hotel option: Shell Island Resort (ocean view rooms with kitchenette) at 2700 N. Lumina Avenue, Wrightsville Beach, NC: There is a special conference rate of \$139 per night plus tax and hotel charges. Call 910-256-8696 and reference the "CD Conference".

Both room blocks have a limited number of rooms. Note: Once rooms in the blocks are booked, the full room rate will apply. Conference rates only apply to rooms from Sunday, May 18, 2014 through Tuesday, May 20, 2014.









What You Need To Know

Directions will be emailed with your confirmation.

Business casual attire during meetings

NC DHHS is fully committed to the principle of equal educational opportunities for all individuals and does not discriminate on the basis of any characteristic protected by federal or state law. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this program, please call Holly Watkins at 919-715-0136 no later than ten business days before the program. Call 919-350-8547 for the **inclement weather** schedule.

Conference at a Glance

Monday Keynote Address; Models of Data Analysis;

2014 STD Treatment Guidelines; Trichomoniasis

Tuesday LHD Best Practices, Poster Session, Interviewing

Skills, Round Table Exercises, Human Risk Assessment in Rabies and Ask the Doctors/

Ask the Lab

Wednesday Outbreaks: Case Investigations and Practice

Management Tabletop Exercises

EPI ON CALL/ Exhibit Area: Ask the Epi and NC EDSS Information

NC EDSS Desk (New 5.0 and HIV/Syphilis additions)

AGENDA

MONDAY, MAY 19, 2014

Guidelines	
ologist ranch	
n and Treatment Local Health	
Department Clinics Laura Bachmann, MD, MPH Associate Professor of Internal Medicine	
cal Center	
l Analysis	
cable Disease	
Application for ments ase Epidemiologist	

REGISTER ONLINE TODAY! WWW.WAKEAHEC.ORG

AGENDA

TUESDAY, MAY 20, 2014

7:30 – 3:30	Check In				
7:00 – 8:00	Breakfast (on your own)				
8:00 – 8:30	Opening Remarks & Special Recognitions Best Practice Awards				
8:30 – 8:45	Guidance for Poster Presentation Review and Voting				
8:45-9:00	Move to Breakout Sessions				
9:00 – 10:30	Breakout Sessions Group I (choose one) A. Chikungunya, Tickborne Disease and MERS CoV B. Shigellosis in Cabarrus and Listeriosis Cluster in Gaston Counites C. Hepatitis B Transmission in Dialysis Center				
10:30 - 10:45	Break				
10:45 – 12:15	Breakout Sessions Group II (choose one) D. Cryptosporidiosis on the Swim Team and Cryptosporidiosis in a Traveling Church Group E. Transylvania and Catawba Neisseria Meningitis Investigations F. Chikungunya, Tickborne Disease and MERS CoV (repeated) G. Enhancing Communication through Your				
	True Colors				
12:15 – 1:30	Irue Colors Lunch				
12:15 – 1:30 1:30 – 3:00					
	Lunch Breakout Sessions Group III (choose one) H. Ask the Doctor/Ask the State Lab I. Rabies: Human Risk Assessment-Table Top Exercises J. Interviewing Techniques: Working with the Media; Exam Room Communications; Effectiveness of Control Measures by Telephone K. Enhancing Communication through Your				
1:30 – 3:00	Lunch Breakout Sessions Group III (choose one) H. Ask the Doctor/Ask the State Lab I. Rabies: Human Risk Assessment-Table Top Exercises J. Interviewing Techniques: Working with the Media; Exam Room Communications; Effectiveness of Control Measures by Telephone K. Enhancing Communication through Your True Colors (repeated)				



WEDNESDAY, MAY 21, 2014

Check In

8:00 - 10:00

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7:00 - 8:00	Breakfast (on your own)
8:00 – 9:00	Plenary Sessions Introduction to Table Top Exercises "I" is for Investigation and "P" is for Practice Series UNC Institute of Public Health Case Investigation and Outbreak Response
9:00 – 10:15	Breakout Sessions Group V (choose one) O. Exposure Event Tabletop Exercise PART 1 (Interactive) P. Practice Management Presentation PART 1
10:15 - 10:30	Break
10:30 – 11:30	Breakout Sessions Group VI (choose one) O. Exposure Event Tabletop Exercise PART 2 (Interactive) R. Practice Management Presentation PART 2
11:30 – 12:00	Conference Summary/Closing Remarks Evelyn Foust, MPH, CPM

OPTIONAL OPPORTUNITIES

(Please select when registering.)

- S. Enhancing Communication through Your True Colors Tuesday Evening, May 20, 2014 7:00 pm – 8:30 pm (Room to be determined)
- T. Yoga on the Beach Tuesday morning, May 20, 2014 6:00 am – 6:30 am
- U. Evening Oceanside Chat Monday Evening, May 19, 2014 9:00 pm until

REGISTRATION

2014 Blueprint for the Future of Communicable Disease Programs, May 19-21, 2014

Event 8590-43001LH

☐ Early Bird Registration fee: \$75 Check breakout sessions on Tuesday	-	r each Group.			
Tuesday: Group I ☐ A. Chikungunya/Tickborne/ MERS CoV ☐ B. Shigellosis/Listeriosis ☐ C. Hepatitis B	Tuesday: Group II D. Cryptosporidiosis E. Neisseria Meningitis F. Chikungunya/Tickborne/ MERS CoV (repeated) G. Communication True Color	Tuesday: Group III H. Ask the Doctor I. Rabies-Table Top Exercise J. Interviewing Techniques K. Communication True Color		Tuesday: Group IV □ L. Salmonellosis □ M. Rabies-Table Top Discussions □ N. Interviewing Techniques (repeated)	
Wednesday: Group V ☐ 0. Exposure Event-Part I ☐ P. Practice Management-Part I	Q. Exposure Ever	Q. Exposure Event-Part IIR. Practice Management-Part II		oportunities: nunication True Colors on the Beach ing Oceanside Chat	
PID#:	am in the last 6 months, we only need	me + last 4 digits of Social I your Personal ID (PID) numb	er and a phone	e number. If there are changes to your	
Clinical Specialty			Degree(s)	(e.g., MD, PharmD, MS, BS)	
Home Address			City	1	
State Z	ip Home County	,	Home Pho	one	
Employer			Job Title		
Work Address			City ()	
State Z	ip Work Fax		Work Pho	ne	
Department By providing your fax number, email addro PAYMENT OPTIONS Payment of cl Check enclosed. (Make check pa	heck, credit card or supervisor si		•		
 □ Corporate Card □ Personal Car 		□ AMEX □ Discover		Place a check ($$) if needed.	
Card #	Exp. Date			□ Vegetarian Meal□ Gluten Free Meal□ Lactation room	
Authorized Signature Employer will make payment. Sup	·	ppears on card registration to 919-350-047	7 0.	Questions?	
Supervisor's Name Printed	Title	-		Contact Lorie Houston at Ihouston@wakemed.org or	
Supervisor's Signature	Phone			919-350-0471.	

By signing, I am certifying that agency payment will follow.

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WWW.WAKEAHEC.ORG