

# Division of Public Health

## Agreement Addendum

### FY 25-26

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Local Health Department Legal Name

510 General Communicable Disease Control

Activity Number and Description

06/01/2025 – 05/31/2026

Service Period

07/01/2025 – 06/30/2026

Payment Period

- ☒ Original Agreement Addendum  
☐ Agreement Addendum Revision # \_\_\_\_\_

Epidemiology / Communicable Disease Branch

DPH Section / Branch Name

Vanessa Gailor 919-546-1658

vanessa.gailor@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

Date

(only required for a negotiable Agreement Addendum)

#### I. **Background:**

The mission of the North Carolina Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public, through detection, tracking, investigation, control, education, and care activities to improve the health of people in North Carolina.

Under the overarching goal of providing the best level of care possible to North Carolinians, the Communicable Disease Branch works with local health departments to control the spread of communicable diseases in the community, detect cases of communicable disease and monitor for the occurrence of new cases.

North Carolina General Statute includes specific laws related to specific communicable diseases such as HIV infection, sexually transmitted infections, tuberculosis disease and rabies. Per NCGS 130A-41(b)(10), the Local Health Director is responsible for examination, investigation, and control of rabies. While these functions may be delegated to local animal control or law enforcement agencies, it is essential that human rabies risk assessments be handled by formally trained health care providers.

#### II. **Purpose:**

To maximize North Carolina's ability to control communicable diseases, it is essential that reports of communicable diseases of public health significance be investigated in a timely manner so that needed control measures can be rapidly identified and applied. This Activity provides training and technical assistance to the Local Health Department to meet this need for its community.

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete:

[For DPH to contact in case  
follow-up information is needed.]

LHD program contact name: \_\_\_\_\_

Phone and email address: \_\_\_\_\_

**Signature on this page signifies you have read and accepted all pages of this document.**

Template rev. August 2021

### III. **Scope of Work and Deliverables:**

The Local Health Department (LHD) will provide essential public health services to control communicable disease in their community. Services provided will include surveillance, investigation, reporting, prevention and control measures. To ensure the effective delivery of these services, the LHD shall:

#### **1. Provide timely investigation of case reports**

Upon receiving notification of a reportable communicable disease or condition, the LHD will assure prompt investigation and timely reporting to the North Carolina Division of Public Health (DPH) via the North Carolina Electronic Disease Surveillance System (NC EDSS). Documentation of case investigation must be completed in NC EDSS within 30 days from initial notification of the reportable disease or condition.

#### **2. Deliver communicable disease control services, including surveillance, investigation, reporting, prevention, and control measures with designated staff and appropriate policies and procedures.**

- a. The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who are appropriately trained as described in Paragraph 3 below. If the LHD does not meet these staffing requirements, they must contact their Regional Communicable Disease (CD) Nurse Consultant to discuss what other options are available for the LHD to maintain appropriate staffing.
- b. Public health nurses assigned to the communicable disease program hold primary responsibility for the surveillance, investigation, response, and reporting for all events (both individual and outbreak) that are required by law to be reported. This responsibility includes maintaining policies and procedures for all surveillance, investigation, response, and reporting activities.
- c. Public health nurses assigned to the communicable disease program shall conduct outreach to community providers and other community stakeholders regarding communicable disease prevention, reporting, and response.

#### **3. Ensure designated staff is appropriately trained in communicable disease control**

- a. Within one year of employment in the role of primary or backup communicable disease nurse, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course offered by the Technical Assistance and Training Program (TATP) of the CDB and pass the course exam with 80% or better.
- b. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by the Regional TATP Nurse Consultants utilizing the current virtual Communicable Disease Nurse Orientation sessions. LHDs will request the orientation invitation from their Regional TATP Nurse Consultant within three months of assignment of a new primary or backup Communicable Disease Nurse.
- c. Public health nurses assigned to the primary role of communicable disease must attend at least one additional training relevant to communicable disease during this Agreement Addendum's (AA's) Service Period. This training may include attending the annual Communicable Disease conference, joining CDB/LHD conference calls, or attending other CDB and CDC webinars.

#### **4. Use the North Carolina Electronic Disease Surveillance System (NC EDSS)**

Surveillance reports received under the authority of GS 130A-41 and 10A NCAC 41A .0101 must be investigated and reported using NC EDSS. To become authorized users of NC EDSS and NC COVID, LHD staff must receive training provided by DPH to assure the preservation of reported

data and protect the confidentiality of records. Additional training is required to use NC EDSS for COVID outbreak reporting (NC COVID), tuberculosis (TB) reporting, and HIV/Syphilis. LHD agrees to the following related to NC EDSS:

- a. To submit access requests about NC EDSS, LHD will contact the NC EDSS Help Desk by email at NCEDSSHelpDesk@dhhs.nc.gov. Administered by DPH, the NC EDSS Help Desk provides access (edit and read-only) to new users, disables user accounts, and deletes user accounts.
- b. LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS training.
- c. LHD must have a minimum of two staff members who are currently “active users” (i.e., the ability to log into the NC EDSS system has not been deactivated) who can access all disease areas within NC EDSS (i.e., STD, CD, VPD, COVID and TB areas). Access may be split among multiple users provided that two users have access to each disease area. At least one active user should have read-only access to the Hepatitis B and the Syphilis disease areas.
- d. LHD must designate at least one registered nurse to be responsible for monitoring all STD and Communicable Disease events, and COVID-19 outbreaks via regular review of NC EDSS events and workflows. This nurse must be trained in NC EDSS and be knowledgeable of the currently published North Carolina Communicable Disease Manual and the North Carolina Sexually Transmitted Disease Manual.
- e. LHD agrees to monitor and manage workflows in a timely manner. During normal workdays the workflows should be monitored at least twice daily. For weekends and holidays the LHD must have procedures in place to address high-profile diseases. The LHD must have updated after-hours contact information available to the state for emergent or high-profile disease issues. This after-hours contact information must be a method other than calling 911.
- f. LHD agrees to enter all paper laboratory reports and physician reports in NC EDSS promptly, to ensure the ability to investigate and report events within the required 30 day period. **Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS then transferred electronically to the appropriate jurisdiction.** (Reports shall not be mailed, faxed or emailed.)
- g. LHD will ensure that all NC EDSS users have their own accounts as sharing of NC EDSS user account information (such as username and password) is strictly prohibited. Additionally, all users must have functioning LHD email accounts so they can receive system updates distributed via email.
- h. LHD agrees to notify DPH immediately when a user no longer needs access to NC EDSS by emailing the NC EDSS Help Desk. Reasons for no longer needing NC EDSS access are through attrition or a transfer to a position unrelated to Communicable Disease or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS software.
- i. LHD shall ensure that its NC EDSS users will access these systems only from work computers in work offices, during normal business hours, as NC EDSS contains protected health information. If an exception to these expectations is needed, the LHD employee must have prior written approval from his or her manager, must use a work-supplied encrypted device, and must follow the data security and confidentiality requirements of the LHD. Using NC EDSS on a public wireless network is always prohibited.

**5. Examine, investigate, and control rabies, per NCGS 130A-41(b)(10)**

LHD clinical staff will provide guidance to persons, utilizing the North Carolina Rabies Public Health Program Manual<sup>1</sup> pertaining to:

- a. Rabies pre-exposure immunization
- b. Human rabies risk assessment
- c. Rabies post-exposure prophylaxis in persons

**6. Maintain a collaboration agreement with Animal Control (AC) and any other agencies that are partners in rabies control and prevention. These agreements will require the partner agencies to:**

- a. Promptly notify the LHD about all animals submitted to the State Laboratory of Public Health (SLPH) for rabies testing.
- b. Promptly notify the LHD about the SLPH's rabies testing results to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.
- c. Have its representatives attend a meeting with the LHD, at least annually, about rabies control and prevention matters.
- d. Have a rabies plan which includes details outlining the roles and responsibilities of animal control agencies in preventing and controlling rabies and the communication plan for information sharing among animal control staff and the LHD.

**7. Maintain a rabies prevention and control policy incorporating procedures for rabies pre-exposure immunization; human rabies risk assessment; rabies post-exposure prophylaxis in people; and for collaboration among the LHD, AC, and other agencies that partner in rabies control and prevention. This policy must include the details outlined in Paragraphs 5 and 6. An electronic copy of this policy shall be provided to the Regional Communicable Disease Nurse Consultant upon request.****8. Maintain an infection control program** which shall include a written infection control policy per 10A NCAC 41A .0206 (b) and the designation of staff member who has completed approved infection control training to direct infection control activities. If the LHD has more than one site of operations, each site must have a designated staff member to direct infection control activities. (Information about the Infection Control Curriculum for Outpatient Settings is available at UNC SPICE's website.<sup>2</sup>) The LHD will make proof of training and its infection control policy electronically available to the Regional TATP Nurse Consultant upon request. If the designated trained staff member leaves the employment of the LHD, the LHD shall ensure another staff member is designated and trained as required above.**IV. Performance Measures / Reporting Requirements:****1. Performance Measure #1:** Days taken to complete each investigation and submit to DPH.

**Reporting Requirements:** Document disease investigations in NC EDSS and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS documentation. To maintain compliance with reporting, at least 80% of all communicable disease investigations must be completed and reported to the State Disease Registrar within 30 days of the LHD having been notified.

<sup>1</sup> <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/rabies/toc.html>

<sup>2</sup> <https://spice.unc.edu/0206spice/>

2. **Performance Measure #2:** Completing the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course within one year of employment as an LHD Communicable Disease nurse.

**Reporting Requirements:** Use the electronic survey provided by TATP to provide a roster of newly hired CD Nurses, with the nurse's name, date of hire into the communicable disease position, along with the date of the successful passing of the exam for the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course to the Regional TATP Nurse Consultant by January 16, 2026

3. **Performance Measure #3:** Completion of NC EDSS Training.

**Reporting Requirements:** Use the electronic survey provided by TATP to provide a roster of the CD nurses that have completed the NC EDSS training, along with the dates of the training to the Regional TATP Nurse Consultant by January 16, 2026 and upon request.

4. **Performance Measure #4:** Completion of at least one additional Communicable Disease training or educational activity.

**Reporting Requirements:** Use the electronic survey provided by TATP to provide a roster of the CD nurses that have completed an additional CD training or educational activity (webinar, office hours, self-stud module, etc.), along with the name and completion date of the training to the Regional TATP Nurse Consultant by January 16, 2026 and upon request.

5. **Performance Measure #5:** Maintain appropriate Policies on Disease Surveillance, Investigation, and NC EDSS.

**Reporting Requirements:** Complete an electronic survey attesting to the existence of and use of Disease Surveillance, Disease Investigation, and NC EDSS Reporting Policies by January 16, 2026. All policies must be available for inspection by the Regional TATP Nurse Consultant at the onsite monitoring visits and upon request.

6. **Performance Measure #6:** Maintain documentation of outreach activities to community providers and community stakeholders. Documentation can include, but is not limited to, records of blast fax/email to providers regarding communicable disease reporting requirements; records of communicable disease staff presentations for agency boards of health, county commissioners, or other community stakeholders; records of agency attendance at community events where communicable disease information is shared with the public.

**Reporting Requirements:** All documentation must be available for inspection by the Regional TATP Nurse Consultant at the onsite monitoring visits and upon request.

7. **Performance Measure #7:** Policies and relevant Inter-Agency Agreements (animal control, law enforcement, shelters, etc.) on rabies.

**Reporting Requirements:** Complete an electronic survey attesting to the existence of and use of the Rabies Pre-Exposure Immunization policy, the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy, as well as any Inter-Agency Agreements by January 16, 2026. All policies and inter-agency agreements must be available for inspection by the Regional TATP Nurse Consultant at the onsite monitoring visits and upon request.

8. **Reporting Required Subcontract Information**

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

This information is not to be returned with the signed Agreement Addendum (AA) but is to be provided to DPH when the entities are known by the LHD.

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor (“Subcontractor”) or a pass-through entity (“Subrecipient”).
  1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA’s reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.
  2. Subrecipients of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be provided to the DPH Program Contact listed on Page 1 of this AA for review prior to the entity being awarded a contract or agreement from the LHD:

- Organization or Individual’s Name (if an individual, include the person’s title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

## V. **Performance Monitoring and Quality Assurance:**

1. The Technical Assistance and Training Program within the Medical Consultation Unit of the Communicable Disease Branch will assign a Regional TATP Nurse Consultant to advise the LHD on all aspects of a Communicable Disease Program. The map of Communicable Disease Regional Nurse Consultants assignments can be found under the “Technical Assistance & Training Program” link in the online *North Carolina Division of Public Health Communicable Disease Manual*.<sup>3</sup>
2. The Regional TATP Nurse Consultant will conduct an on-site assessment of the LHD Communicable Disease Program at least once every three years. In years where no site visit is made, the most recent site visit report and the following tools will be used to assess compliance:
  - a. Review of NC EDSS data, including reports, workflows, and disease events
  - b. Annual review of the training status for the primary Communicable Disease nurses to ensure the completion of the Introduction to Communicable Disease Surveillance and Investigation Course and completion of at least one additional CD training or educational activity.
  - c. Annual review of LHD-submitted survey regarding policies on Communicable Disease Surveillance, Investigation, and reporting in NC EDSS.

<sup>3</sup> <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/toc.html>

- d. Annual review of the LHD-submitted survey regarding Rabies Pre-Exposure Immunization policy, the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy, and any Inter-Agency Agreements.
3. If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the LHD back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS. Noncompliance with this AA will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

## VI. **Funding Guidelines or Restrictions:**

1. **Federal Funding Requirements:** where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).
  - a. **Requirements for Pass-through Entities:** In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
    1. **Definition:** A FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
    2. **Frequency:** An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
  - b. **Required Reporting Certifications:** Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:
 

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”