Epidemiology Section
Information Management Matrix

Communication activities originating within the Epidemiology Section and the Public Health Command Center are essential to the success of all phases of public health preparedness and response. Information such as case definitions, control methods, and status of containment efforts may change unpredictably as an investigation or response evolves. It is also highly likely that the same event or new circumstance may require multiple communication messages tailored to the particular audience or situation. For example, the fact that a case of a particular disease has occurred may be widely distributed while the identifying information about that case may be very narrowly restricted. The content of various messages will be dictated by the particular circumstances and will be developed by the subject matter experts. This policy addresses how to determine the most effective means of transmission once a specific message has been determined. The key factors for selecting the means of transmission are the message, Urgency, Sensitivity, and Audience

Delivering information to the proper individuals or groups of people must take place efficiently; allowing subject-matter experts to remain focused on the situation and message content rather than developing contact lists or other communication logistics. To accomplish this goal, contact lists, contact methodology, channels of communication and designation of authority must be clearly defined before communications efforts are initiated.

To that end this matrix establishes procedures and guidelines relating to:

- Creation and maintenance of contact lists.
- Authority to issue communiqués.
- Selection of specific communication channels.

Contact Lists

The creation and maintenance of contact lists is the responsibility of the PHP&R Radio Engineer. Such lists will include, but not be limited to, public heath agencies, hospitals, county health departments, physicians, and other partners. Information included within the lists will include radio frequencies, e-mail and traditional mail addresses, and all pertinent telephone numbers (facsimile, pager, home, office, and mobile). Information is to be updated continuously and each area is to be reviewed for accuracy on a regular basis.

The Radio Engineer will maintain e-mail group listings. Each group will be profiled by name, purpose, originator, date of creation, and use level (open, limited, restricted).

OPEN – Intended for use by almost anyone in public health.

LIMITED – Intended for use only by those people within the group.
RESTRICTED – Intended for use only by the originator or designee.

Authorizing Agent

During normal operations, branch heads and the section chief may direct content within their mission areas to the various routine channels of communication. All are urged to make use of EpiNotes, the PHRST Line Report, meetings and other recurring events to communicate actively with public health partners and other audiences throughout the state. Upon activation of the Public Health Command Center, all decisions related to the dissemination of information reside with the senior most person receiving the Command Center briefings. This will usually be one of the following officials: the State Health Director, the Epidemiology Section chief, the State Epidemiologist, the head of the Public Health Preparedness and Response Office (BT Coordinator) or the lead official in the Public Health Command Center. Such decisions are expected to be made in consultation with the BT Communication Coordinator, Command Center staff and departmental advisors based upon up to the minute situation reports and the criteria listed in "Use of Communication Channels." No information shall be issued to the public (or to outside entities that might discuss information with the public or the media) without first consulting with the DHHS Public Affairs Office and/or the Governor's Press Office.

Use of Communication Channels

There are three major aspects that must be considered when deciding how information will be disseminated – Audience, Urgency, and Sensitivity.   Once it is determined that information should be disseminated, these three elements should be taken into consideration in toto to select the best means of transmission. Though no set action can be pre-scripted for every possible situation, limitations and practicalities of the channels listed below should guide the final decision. Once the Urgency, Sensitivity, and Audience, issues have been addressed, the information should be communicated through a channel(s) appropriate to the situation.

Note: Although the amount of detail given may vary depending upon the status of the issue and the targeted audience(s), the essence of any given message should be constant. Under no circumstances should contradictory messages be given to different audiences.

The process for determining message distribution should adhere to the following check-off list.

Urgency

Routine	Priority	Emergency
Correspondence	Breaking issues	Disease outbreaks &
Newsletters (EpiNotes)	Unusual disease reports	Related information
Standard updates	Time-sensitive information	BT Event
No documentation required		Natural Disaster

1. Determine Message Urgency
   Message urgency should fall <u>only</u> into one of three categories.
   - **Routine** messages are those take place as part of day to day work activities or occur on a regular basis.
   - **Priority** messages are those that fall outside of routine communications but do not require immediate action. The information to be communicated is considered very important and time sensitive.
   - **Emergency** messages contain information that is considered critical and must be conveyed to the appropriate audiences with no delay so that an action can take place immediately. The message itself can be an order to take a specific action.

	Routine		Priority		Emergency

Sensitivity*

Unrestricted	Controlled/Targeted	Confidential
News Releases	Correspondence	HAN
Media Briefings	e-mail	NEDSS
PSAs	Teleconference	Epi-X
Interviews	Conference call	
Talk shows	Fax	
Public Forums	Radio	

2. Determine Message Sensitivity
   A message's degree of sensitivity will determine <u>how</u> the information will be disseminated. In most circumstances, only one of the sensitivity categories will be selected, but there may special circumstances when messages need to be transmitted through both Confidential and Controlled/Targeted channels.

- **Unrestricted** messages are those that do not contain sensitive information and do not compromise the mission if seen by individuals or entities outside of the audiences for which they are intended.
- **Controlled/Targeted** messages are those that are somewhat sensitive in nature, containing information meant for specific individuals or groups of people. Such information is not meant for public scrutiny but will not compromise the mission if it does become public.
- **Confidential** messages are those that are essential to the mission and contain highly sensitive information. Public release of such information could compromise response efforts.

	Unrestricted		Controlled/Targeted		Confidential

<u>Audience</u>

Professional	Media/Public	Governmental
Local Health Directors Physicians/Nurses Specialty Societies Infection Control Hospitals	Print Broadcast Internet	Local Health Departments DHHS Other State Agencies Universities

3. Determine Audience
    Message distribution may include one, two, or all three of the audience categories depending on message content. Careful consideration must be given to concerns such as patient confidentiality, the public's right to know, and the need for cross-departmental communications. Messages targeted to the media will automatically be considered "Unrestricted" in terms of sensitivity (see section 2).

	Professional		Media/Public		Governmental

These classifications reflect the relative privacy of each medium in actual use; they do NOT correlate with the state's public record laws. Some specific information distributed through HAN, for instance, may be considered public record, while information disseminated through other means may not be. As a general guide as to what is considered public record, refer to the chart below.

Public Record	Not Public/HIPAA
Most e-mail Reports Most records Most correspondence Draft documents Transcripts Tape recordings Everything not exempted by NC law or HIPAA	HIPAA: all individually identifiable health information in any form or medium. NC Statute: Confidential legal communications; criminal investigations; and intelligence information. Other regulatory restrictions, e.g., Law Enforcement Sensitive, Classified information, etc.

Once all three aspects of the message matrix have been considered the Authorizing Agent will make the final determination of the message's disposition and order distribution accordingly.

Examples

SARS – change in case definition

	Routine	X	Priority		Emergency
	Unrestricted	X	Controlled/Targeted		Confidential
X	Professional		Media/Public		Governmental

Priority = time sensitive information essential to disease surveillance and containment.
Controlled/Targeted = use of unsecured communication channels so as to be
     disseminated widely and quickly.
Professional = information best targeted to public and private health professionals.
     Information does not compromise mission if it becomes public.

SARS – confirmed case

	Routine		Priority	X	Emergency
X	Unrestricted		Controlled/Targeted		Confidential
X	Professional	X	Media/Public	X	Governmental

Emergency = disease outbreak information critical to surveillance and containment.
Unrestricted = different aspects of the issue targeted and quickly communicated to
     multiple audiences.
Professional, Media/Public, Governmental = all groups in need of specific/select
     information.

Smallpox – suspected case

	Routine	X	Priority		Emergency
	Unrestricted		Controlled/Targeted	X	Confidential
X	Professional		Media/Public	X	Governmental

Priority = time sensitive information essential to disease surveillance and containment.
Confidential = use of secured communication channels, sent on "need to know" basis.
Professional/Governmental = but information limited to HAN users.

Smallpox – confirmed case

	Routine		Priority	X	Emergency
X	Unrestricted		Controlled/Targeted		Confidential
X	Professional	X	Media/Public	X	Governmental

Emergency = disease outbreak information critical to surveillance and containment.
Unrestricted = different aspects of the issue targeted and quickly communicated to
     multiple audiences.
Professional, Media/Public, Governmental = all groups in need of specific/select
information.

Meningitis – suspected case (with identifying information)

	Routine	X	Priority		Emergency
	Unrestricted		Controlled/Targeted	X	Confidential
X	Professional		Media/Public	X	Governmental

Priority = time sensitive information essential to disease surveillance and containment.
Confidential = use of secured communication channels, sent on "need to know" basis.
Professional/Governmental = but information limited to HAN users.