COMMUNICABLE DISEASE CONTROL AND MANAGEMENT (CDCM) REPORT

DCI number/Fiscal year:
HC-P146 (2024-2025)

Purpose:
This report is for reporting on the performance of health programs and services. This report is **not** for reporting financial and audit information. Indigenous Services Canada will use the performance information to develop reports at the regional or national level. This allows Indigenous Services Canada and funding recipients to identify strengths and weaknesses in programming and to adjust programming to better serve the needs of First Nations and Inuit communities. For information on financial and audit reporting requirements, please refer to your contribution agreement.

Reporting period:
The reporting period for CDCM is April 1, 2024 to March 31, 2025 unless otherwise indicated for a specific question.

Due date:
the due date specified in your contribution agreement

Note:
- Collection and analysis of program performance information should be on-going to support your program management and reviews, and in order to submit the completed Communicable Disease Control and Management (CDCM) Report by the due date specified in your contribution agreement.
- For a multi-community agreement, the recipient must complete a separate Communicable Disease Control and Management (CDCM) Report for each community under its agreement.
- When completing questions that require numbers as answers, be sure to enter "0" when the answer is none. **Do not leave any answers blank**.
- Submit your completed report to the First Nations and Inuit Health (FNIH) Regional Office, Indigenous Services Canada by the due date stated in your contribution agreement.
- The following important reference documents from your FNIH regional office may help assist you in completing the Communicable Disease Control and Management (CDCM) Report:
  - Program Component Performance Measurement Strategies, which are available from your FNIH regional office.

Field definitions:

Field	Definition
Identification	
Recipient/Organization name	The name of the organization that has received a transfer payment, and can be found in the contribution agreement.

Field	Definition
Recipient number	The number assigned by Indigenous Services Canada to the organization that has received a transfer payment and can be found in the contribution agreement.
Province/Territory of community	Select the province or territory of the community in the drop-down menu from which the recipient is reporting.
Community name	Indicate the name of the community where the services are delivered.
Health facility name	Indicate the name of the health facility where community members access services.
Contact	
- Given name - Family name - Title/Position - Telephone number - Extension - Email address	The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report. A valid telephone number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.ca.
Reporting period	
- From (YYYYMMDD) - To (YYYYMMDD)	Indicate the reporting period 'from' and 'to' dates from the drop-down calendar. Dates are in the format of "Year-Month-Day"
Program information	
COMMUNICABLE DISEASE CONTROL AND MANAGEMENT (CDCM)	Communicable Disease programs are designed to protect First Nations and Inuit communities from preventable diseases. Programs within the Communicable Disease Control and Management component are: - Vaccine Preventable Diseases and Immunization; - Sexually Transmitted and Blood Borne Infections, Emergencies, and Respiratory Infections (tuberculosis).
1. Pandemic/All Hazards Emergency Plans with a health component	The information from this question is needed to identify what has been done in terms of community pandemic planning and what areas require additional work to ensure First Nation communities are well prepared for possible pandemics and other health emergencies. **All Hazards Emergency Plan with a health component** refers to a program, arrangement or other measure for dealing with emergencies, including health emergencies, regardless of cause.

Field	Definition
	The plan documents the people, procedures, resources, communications, and organizational structures required to avoid or lessen the impact of a health emergency. **Last updated** refers to the date that the last set of revisions were made, whether minor or substantial, to ensure your pandemic plan is fully up-to-date. **Emergency management/Health coordinator** is a position designated to develop, implement and maintain a community's or tribal council's all hazards emergency plan, especially those with a health component.
Does your community have an all hazards emergency plan with a health component? (If **No**, go to **Does your community have a pandemic plan?**)	Indicate whether your community has an all hazards emergency plan with a health component by choosing 'yes' or 'no' in the drop-down list.
When was your community all hazards emergency plan last updated? (YYYY)	Indicate when your community all hazards emergency plan was last updated. Only enter the year of the update.
When was your community all hazards emergency plan last tested? (YYYY)	Indicate when your community all hazards emergency plan was last tested. Only enter the year of the test.
Does your community have a pandemic plan? (If **No**, go to **2. Access to services for HIV testing and treatment**)	Indicate whether your community has a pandemic plan by choosing 'yes' or 'no' in the drop-down list.
When was your pandemic plan last updated? (YYYY)	Indicate when your pandemic plan was last updated. Only enter the year of the update.
When was your pandemic plan last tested? (YYYY)	Indicate when your pandemic plan was last tested. Only enter the year of the test.
Is your community served by an emergency management/health coordinator?	Indicate whether your community is served by an emergency management/health coordinator by selecting one of the options: • yes, at the community level • yes, at the tribal council level • yes, other • no
2. Access to services for HIV testing and treatment	Information on access to services for HIV testing and treatment is required to measure the level of access to HIV/AIDS-related care, treatment, and support. Knowing the current level and type of

Field	Definition
	access is the first step in determining where improvements can be made.
Is HIV **testing and treatment** accessible to the community?	Indicate whether HIV testing and treatment is accessible to the community by selecting one of the following options: • yes, both testing and treatment • testing only • treatment only • no Please note that accessible means 'in' or 'near' the community with no barriers to access.
3. **Access to services for other Sexually Transmitted and Blood Born Infection (STBBI) testing and treatment**	Information on access to testing services for sexually transmitted and blood-borne infections other than HIV testing and treatment is required to measure the level of access to sexually transmitted and blood-borne infection-related care, treatment, and support. Knowing the current level and type of access is the first step in determining where improvements can be made.
Is **testing and treatment** for other STBBIs (e.g., beyond HIV) accessible to the community?	Indicate whether testing and treatment for other STBBIs is accessible to the community by selecting one of the following options: • yes, both testing and treatment • testing only • treatment only • no Selecting 'yes' also includes when access is intermittent. Please note that accessible means 'in' or 'near' the community with no barriers to access.
4. **Access to Sexually Transmitted and Blood-Born Infection testing technologies**	There has been increased development and availability of innovative sexually transmitted and blood-borne infection testing technologies, such as self-test kits and dried blood spot testing. This information will measure the level of access to these treatments in/near the community and help identify where opportunities for expansion of these technologies may be beneficial.
Is rapid point-of-care testing for STBBIs accessible to the community (e.g., GeneXpert)?	Indicate whether rapid point-of-care testing is accessible to the community by selecting one of the following options: • yes, in the community • yes, near the community • no

Field	Definition
	Selecting 'yes' also includes when access is intermittent. Please note that accessible means 'in' or 'near' the community with no barriers to access.
Are other sexually transmitted and blood-borne infection testing technologies (e.g., HIV self-test kits, dried blood spot testing) accessible to the community?	Indicate whether new sexually transmitted and blood-borne infection testing technologies are accessible to the community by indicating 'yes' or 'no'. Selecting 'yes' also includes when access is intermittent. Please note that accessible means 'in' or 'near' the community, testing is readily available with no barriers to access.
5. Access to services for Tuberculosis (TB) testing and treatment	Information on access to testing services for TB testing and treatment is required to measure the level of access to TB-related care, treatment, and support. Knowing the current level and type of access is the first step in determining where improvements can be made. If TB is not a concern in your community, please choose N/A.
Is TB **testing and treatment** accessible to the community?	Indicate whether TB testing and treatment is accessible to the community by selecting one of the following options: • yes, both testing and treatment • testing only • treatment only • no • N/A Selecting 'yes' also includes when access is intermittent. Please note that accessible means 'in' or 'near' the community where travel is not a barrier to receiving care.
Is **rapid point-of-care testing for TB** accessible to the community (Gene Xpert)?	Indicate whether rapid point-of-care testing is accessible to the community by selecting one of the following options: • yes, in the community • yes, near the community • no • N/A Selecting 'yes' also includes when access is intermittent. Please note that accessible means 'in' or 'near' the community with no barriers to access.

Supporting documents

Title	Enter the name of the supporting document.

Field	Definition
Submission method	From the drop-down list, select the method by which additional documents will be submitted. The options include: - attachment - email - facsimile - mail - by hand/courier If you select 'Attachment' as the submission method, an 'Attach file' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file, you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach file' button changes to 'Remove file'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.

Declaration

- Given name - Family name - Title - Date (YYYYMMDD)	The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year-Month-Day'.