

# CDI EXAM CONTENT OUTLINE

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Planning and  
Case Analysis

2

Interviewing and  
Case Management

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Field Services  
and Outreach

4

Surveillance and  
Data Collection

5

Collaboration

6

Outbreak Response  
and Emergency  
Preparedness

## DOMAIN 1

## PLANNING AND CASE ANALYSIS

This domain addresses the steps that should be taken prior to initiating the interview process. Planning and case analysis involve verifying reported information and using available data sources to obtain additional information about a person diagnosed with an infection to ensure a timely interview and referral to necessary medical and supportive services. Disease intervention professionals use local protocols to prioritize cases to maximize the opportunity for disease intervention.

- 20%**
1. Collect and verify relevant information to inform planning and case analysis for people diagnosed with or possibly exposed to infectious disease.
  2. Assess and prioritize case load to maximize impact of intervention.
  3. Use digital technologies to identify and locate people diagnosed with or potentially exposed to infectious disease.
  4. Identify community resources to connect people to care and services (i.e., medical providers, Medicare/Medicaid services, mental health, behavioral health, financial assistance, utility assistance, food banks, homeless shelters).
  5. Calculate disease intervention timeframes (e.g., interview period, incubation period, window period) to determine disease investigation needs.
  6. Perform ongoing case analysis to recognize gaps and discrepancies to inform additional steps for intervention.
  7. Adhere to public health principles during planning and case analysis.

Interviewing people diagnosed with an infectious disease is a critical disease intervention activity. This domain covers the key aspects of the interview process, and critical communication skills necessary to successfully identify people exposed to an infectious disease for notification and referral to medical and supportive services. Disease intervention professionals ensure that people affected by infectious diseases have the information necessary to seek the prevention and treatment services they need to prevent further transmission and complications. Maintaining confidentiality and honoring principles of cultural humility and health equity are vital for building trust with people diagnosed with or exposed to infectious diseases.

- 20%**
1. Collect and verify relevant information to determine investigation needs for people diagnosed with or possibly exposed to infectious disease.
  2. Define confidentiality and perform the investigation in a confidential manner.
  3. Discuss the purposes of the disease investigation (e.g., interview, test results, disease exposure, and environmental risk).
  4. Motivate people diagnosed with or possibly exposed to infectious disease to participate in disease intervention services (e.g., testing, treatment, isolation or quarantine, partner elicitation).
  5. Comprehensively interview cases by using effective communication skills.
  6. Obtain a detailed assessment of people diagnosed with or possibly exposed to infectious disease (e.g., risk history, sexual history, drug use, incarceration, demographics).
  7. Elicit demographic and locating information about persons exposed to or at risk for disease (e.g., contacts, sexual partners, social network partners) for prevention and intervention.
  8. Elicit information on venues or social settings where persons may have been exposed to disease to support prevention and mitigation.
  9. Determine needs and barriers related to disease intervention for people diagnosed with or possibly exposed to infectious disease.
  10. Refer people diagnosed with or possibly exposed to infectious disease to appropriate support services (e.g., hospitals, clinics, shelters, mental health facilities).

11. Collaborate with people diagnosed with or possibly exposed to infectious disease to develop and implement an action plan (e.g., testing, treatment, support services, negotiating methods of partner/contact notification for timely intervention).
12. Verify whether people diagnosed with or possibly exposed to infectious disease followed an action plan (e.g., testing, treatment, support services, and partner/contact notification).
13. Perform a record search of information on persons exposed to or at risk for disease (e.g., contacts, sexual partners, social network partners, other people who may benefit from testing) to obtain and document any relevant locating, testing, and treatment information.
14. Locate and communicate with people exposed to or at risk for disease (e.g., contacts, sexual partners, social network partners) via phone, text, referral letters, emails, digital technologies (e.g., apps, websites).
15. Follow up with people exposed to or at risk for disease (e.g., contacts, sexual partners, social network partners, other people who may benefit from testing) to ensure testing, treatment, and/ or other referrals.
16. Adhere to public health principles during interviewing and case management.

## FIELD SERVICES AND OUTREACH

Conducting field investigations in the community requires careful planning. This domain outlines the steps that disease intervention professionals should take to prepare to ensure efficient and timely field investigation activities. Preparing testing and treatment supplies, conducting record searches, and planning field visits in advance will enhance the impact of field investigation activities. While in the field, the disease intervention professional should use effective communication skills and keen observation to ensure their safety while locating people infected with or at risk for an infectious disease.

- 20%**
1. Plan field services (e.g., at home visit, outreach events, screening) to maintain confidentiality, security, and safety.
  2. Maintain supplies to be prepared for field services.
  3. Perform field investigations to residences or other community locations to inform people of possible disease exposure or positive test results.
  4. Communicate with people diagnosed with or possibly exposed to infectious disease in-person.
  5. Maintain security and confidentiality of sensitive information and protected health information of people diagnosed with or possibly exposed to infectious disease.
  6. When an individual cannot be reached, communicate with a third- party contact (e.g., mutual contacts, community support organizations, local businesses) to obtain additional information.
  7. Practice universal precautions and infection control procedures.
  8. Support field testing, treatment, and outreach activities for people experiencing a disproportionate impact of communicable disease.
  9. Deliver and observe treatment (e.g., directly observed therapy (DOT), expedited partner therapy (EPT), field delivered therapy) in non-clinical settings to ensure adherence to treatment regimen as well as patient education.
  10. Identify and respond appropriately to unsafe situations (e.g., body language, threat of bodily harm, environmental cues, tone).
  11. Adhere to public health principles during field services and outreach.

Disease intervention professionals play a critical role in verifying information obtained through confidential case reports and gathering supplemental information during the investigation process. This domain outlines the sources disease intervention professionals use to obtain key data elements and the importance of working with health care providers and facilities to ensure timely and complete data collection for reportable conditions.

**20%**

1. Verify and collect data by navigating formal and informal sources (e.g., providers, information systems, internet searches).
2. During comprehensive interviews of people diagnosed with or possibly exposed to infectious disease, verify and collect surveillance information (e.g., risk information, socio-demographic information).
3. Update documentation as appropriate to ensure accurate and complete surveillance data.
4. Identify investigation trends and make notifications of emerging trends or concerns.
5. Adhere to public health principles during surveillance and data collection.

This domain addresses the role of collaboration between disease intervention professionals, healthcare providers, and community-based organizations. Collaboration is vital to the success of disease intervention for infectious diseases. Disease intervention professionals serve as a resource for understanding and implementing public health recommendations and reporting requirements.

- 15%**
1. Collaborate with healthcare and other service providers (e.g., correctional facilities, schools, health departments) to ensure adequate care.
  2. Educate healthcare providers (e.g., clinicians, laboratorians) on jurisdiction requirements or reporting compliance.
  3. Serve as a local resource to relay public health information and CDC recommendations to the community and providers (e.g., correctional facilities, schools, health departments, medical personnel).
  4. Participate in collaborative case review to identify and discuss opportunities for enhancing case management strategies and intervention.
  5. Adhere to public health principles during collaboration.

## OUTBREAK RESPONSE AND EMERGENCY PREPAREDNESS

This domain outlines the role of disease intervention professionals during an outbreak or public health emergency. Understanding emergency preparedness concepts will ensure that disease intervention professionals are prepared to serve during an outbreak or emergency response. Participating in public health emergency preparedness initiatives allows the disease intervention professional to understand the critical functions and their role so they are ready to engage during an active public health emergency.

- 5%**
1. Participate in preparedness training (e.g., tabletop exercises, learning subject matter pertinent to emergency outbreak, just in time training, emergency planning, awareness of an outbreak response plan, incident command structure [ICS] training).
  2. Apply disease intervention techniques (e.g., Program Operations Guidelines (POG), cross-train on knowledge of other morbidities) to participate in public health emergencies and outbreak response initiatives.
  3. Assist various government and public health officials to perform required tasks (e.g., data collection, contact elicitation, quarantine and isolation recommendations, rapid needs assessment, epidemiologists' consultation, community outreach, awareness promotion including Health Alert Network [HAN]).
  4. Participate in after-action report (AAR) to provide lessons learned and recommendations to improve future response activities.
  5. Adhere to public health principles during an outbreak response and emergency preparedness.

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