



What is CalCONNECT?

CalCONNECT is a statewide information technology that was developed during the COVID-19 pandemic and has now been expanded to include tuberculosis, STIs/HIV, mpox, Ebola/Marburg, measles, and avian influenza. Through this system, the state and local health departments (LHDs) conduct disease investigations and perform contact tracing.

According to the California Department of Public Health (CDPH), CalCONNECT provides LHDs with “modern capabilities to triage and process records, implement streamlined workflows, and communicate with individuals in a more culturally competent way, CalCONNECT enables timely and efficient disease investigation, contact tracing, outbreak investigation, symptom monitoring, and other public health outreach.... These capabilities of CalCONNECT provide the person-centric framework needed to address public health syndemics and provide sustained support for perinatal infections (including congenital syphilis), outbreaks with ongoing exposures, and disease conditions with prolonged treatment regimens.”

CalCONNECT includes an integrated softphone and translation support, so that LHD staff can more easily reach out to members of the public when they have been exposed to a disease. The system includes bulk upload and auto-processing, making LHD processes more efficient and saving staff time, which is a limited resource.

Life Without CalCONNECT

Local Health Departments...

Without CalCONNECT, local health departments would revert to administratively burdensome and less efficient systems and processes. Some may have software; others will **rely on pencil, paper, and Excel spreadsheets**. This is not only wasteful and inefficient, taking up staff time, but may also result in missed opportunities for treatment and early intervention to prevent the spread of disease. For example, during a disease outbreak, CalCONNECT can automatically prioritize individuals who are pregnant, immunocompromised, or otherwise at risk.

Without CalCONNECT, during an H5N1 outbreak, local health staff would have to **manually call hundreds of dairies or monitor over 1,500 workers one-by-one every day**, quickly overwhelming small teams and delaying response.

Without CalCONNECT, local health departments would struggle to manage large-scale exposure events efficiently. For example, one county used CalCONNECT during avian influenza outbreaks to monitor over **200 exposed workers** across multiple investigations, using automated daily symptom tracking, real-time reporting, and coordinated workflows. Without this system, these activities would have required significant manual effort, delaying response and increasing staff burden.

Without CalCONNECT, public health staff would have to manually pull and match records across multiple systems to **confirm vaccination status** during a measles or mpox outbreak, delaying response and limiting the ability to quickly adjust prevention strategies.

Without CalCONNECT, local health departments **could miss early warning signs**—like more severe mpox strains—because gaps in testing and data would be harder to identify and act on in real time.

Without CalCONNECT, when cases jump from a few a day to dozens, local health departments would have to manually enter and track each case in outdated systems—taking **up to three times more staff time** and delaying response when speed matters most.

Without CalCONNECT, local health departments would lose the ability to track how cases are connected and how outbreaks spread. As one public health staff member noted, while investigations could still occur, “case linkages and tracking... will not happen. We revert to **counting cases, not documenting relationships between cases** or the settings that the outbreak occurred in.”

The public...

Without CalCONNECT, during a disease outbreak, members of the public may receive **cold calls** from the local health department without verification or urgency. When there is a delay in communication, we risk more disease spread.

Without CalCONNECT, if members of the public must monitor their symptoms – for example, if they return from an Ebola area or if they work at a dairy farm during a bird flu outbreak – they will receive **daily phone calls** from their local health department rather than an easy text-based check-in.

The state...

Without CalCONNECT, the state may **lose visibility** into communicable disease spread, rates, and trends. This may contribute to less timely public health intervention, guidance, and awareness among the public.

Please support \$26 million in continued funding for CalCONNECT.

We believe the systems California has built should not be undone during difficult budget times, only to have to be rebuilt at great expense in future years. Please continue to sustain these programs, which help to protect all Californians.