

Lead Agency: Health Department

Program Contact: Arlene Warren

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

This program limits the spread of up to 100 different communicable diseases (CD) through prompt scientific-based investigation and treatment of reported/suspected cases, including tuberculosis (TB), meningitis, whooping cough and food/waterborne illnesses such as national outbreaks of diseases caused by contaminated commercial food products, e.g. salmonella in pot pies and Veggie Booty snacks. This program is poised to respond instantly anytime day or night, to any CD event or threat of public health importance.

Program Description

This program directly addresses the basic needs of the community by preventing/controlling the spread of CD with a timely and thorough investigation of suspected cases, providing education to the client and all potential contacts, distributing medications, providing antibody testing and vaccines, requiring isolation/quarantine as necessary and providing treatment for those who have contracted or been exposed to a communicable disease. Delay in treatment can allow the disease to spread to others. Untreated diseases are more expensive to treat and may become debilitating. This program minimizes public health costs and promotes residents' health.

This program is staffed to respond 24/7 by highly-trained public health nurses (PHN) and support staff. Staff is culturally and linguistically competent, speaking 11 languages. This program addresses health inequities and operates four functions: 1) Comprehensive TB prevention/control activities provided through a clinic, home visits, a homeless shelter clinic and outreach. RN case management is provided for anyone with active TB disease. High risk screening and prevention services are also provided. Most active TB cases are in foreign born refugees/immigrants. The homeless account for most of the remaining cases and are offered screening using the locally developed and nationally recognized "TB Card" model. 2) Aggressive epidemiologic investigation is provided in response to outbreaks through structured interviews, and education is provided. PHNs work with state, national and international officials when outbreaks affect County residents and will work with the FBI when an intentional cause is suspected. 3) Occupational Health Office – OSHA requirements are met by providing employees vaccinations, antibody testing and education for blood borne pathogens and TB. Post-exposure assessment and immediate response is provided as necessary. Employees are monitored to ensure compliance with OSHA standards. 4) Traveler's Clinic – Persons traveling out of the US receive vaccines for diseases, e.g., malaria and yellow fever. Medications are recommended or offered after careful review of a traveler's itinerary and history.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Client visits for all services	15,952	14,883	17,709	14,883
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	CD case investigation started within timeframes set by Oregon & CDC: goal 90%	96.6%	90.0%	97.6%	90.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	94.1%	90.0%	93.3%	90.0%

Performance Measure - Description

1) Output-All home/shelter/clinic client visits. 2) Outcome–Reflects effectiveness of case contact investigation/response in life threatening disease. 3) Quality-Measures reflect standards and are reported to the state for CD case investigations and TB patients completing treatment within 12 months as set by Oregon and CDC: standard 90%.

Legal/Contractual Obligation

1) OAR 333-018 and 019: Disease Reporting and investigation and Control of Diseases, Oregon Health Services and CLHO. BT/CD & TB Assurances; OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. 2) CDC: Immunization of Health-Care Workers, Vol. 46/RR-18. 3) CDC: Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	\$1,994,330	\$893,930	\$1,892,753	\$937,046
Contracts	\$18,969	\$13,429	\$121,102	\$25,270
Materials & Supplies	\$63,203	\$259,632	\$12,587	\$256,219
Internal Services	\$141,764	\$694,160	\$140,745	\$489,334
Total GF/non-GF:	\$2,218,266	\$1,861,151	\$2,167,187	\$1,707,869
Program Total:	\$4,079,417		\$3,875,056	
Program FTE	20.45	9.67	17.18	9.64
Program Revenues				
Indirect for dep't Admin	\$113,465	\$0	\$101,537	\$0
Fees, Permits & Charges	\$6,388	\$94,350	\$0	\$10,476
Intergovernmental	\$0	\$1,765,194	\$0	\$1,611,570
Other / Miscellaneous	\$0	\$12,008	\$0	\$85,823
Total Revenue:	\$119,853	\$1,871,552	\$101,537	\$1,707,869

Explanation of Revenues

The program offers is funded by federal and state grants in addition to patients fees.

Significant Program Changes

Last year this program was: #40010, Communicable Disease Prevention & Control

Reduced demand of Travel Clinic clients due to economic reasons; OHO reductions due to decreased demand; reduced surge capacity due to TB & HCV grant reductions.