

**Lead Agency:** Health Department

**Program Contact:** Amy Sullivan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation and by limiting the spread of these diseases in the population through assuring treatment as needed. We uphold and enforce Oregon state statutes requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli 0157 and anthrax. We respond 24/7 to events of public health importance.

**Program Description**

CDS directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. The program conducts investigations that find people who have been exposed to serious diseases, to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who already have diseases like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens.

Staff includes highly-trained public health nurses and epidemiologists supported by health assistants, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules.

Staff come from several cultural and linguistic groups. The program works closely with other Health Department programs, including Environmental Health and the Office of the Health Officer; and provide educational opportunities for public health and nursing students to develop tomorrow's public health professionals. Examples of the types of work we do are as follows:

\*Comprehensive TB prevention and control activities provided through clinic and home visits, nursing case management, and TB screening. Includes state and federally mandated follow-up with newly arrived refugees or immigrants who may have TB infection, and working with homeless shelters to identify TB in large congregate living settings.

\*Epidemiologic investigation, health education, and provision of preventive health measures in response to reportable disease exposures and outbreaks, including collaboration with state, national, and international officials as needed, and with law enforcement when an intentional cause is suspected.

\*Occupational health measures related to blood-borne pathogens, TB exposure, and post-exposure prophylaxis for employees to meet county OSHA requirements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Disease report responses	6,480	5,100	6,411	6,400
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	100.0%	90.0%	94.7%	90.0%

**Performance Measure - Description**

1) Output-All disease reports and suspect case referrals received, processed and responded to. 2) Outcome-Reflects effectiveness of case contact investigation and response to life-threatening diseases. 3) Quality-Measure reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

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.

## Legal/Contractual Obligation

1) OAR 333-018 and 019: Disease Reporting and investigation and Control of Diseases, Oregon Health Services and Coalition of Local Health Officials. 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	2013	2013	2014	2014
Personnel	\$2,104,156	\$793,310	\$2,205,170	\$644,911
Contracts	\$0	\$40,254	\$0	\$35,508
Materials & Supplies	\$10,580	\$85,215	\$7,654	\$103,840
Internal Services	\$169,514	\$334,969	\$48,896	\$476,019
Total GF/non-GF:	<b>\$2,284,250</b>	<b>\$1,253,748</b>	<b>\$2,261,720</b>	<b>\$1,260,278</b>
Program Total:	<b>\$3,537,998</b>		<b>\$3,521,998</b>	
Program FTE	20.43	7.75	20.77	4.88
Program Revenues				
Indirect for dep't Admin	\$77,762	\$0	\$74,066	\$0
Fees, Permits & Charges	\$0	\$47,399	\$0	\$32,913
Intergovernmental	\$0	\$1,137,063	\$0	\$1,154,979
Other / Miscellaneous	\$0	\$69,286	\$0	\$72,386
<b>Total Revenue:</b>	<b>\$77,762</b>	<b>\$1,253,748</b>	<b>\$74,066</b>	<b>\$1,260,278</b>

## Explanation of Revenues

CD is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority. Hepatitis C Registry funding that was eliminated in FY 2013 will not be renewed. No replacement funding has been identified.

Refugee grant, Hepatitis B grant: \$125,000;  
 State of Oregon LPHA: \$984,749  
 Patient Fees: \$150,529;  
 County general fund: \$2,261,720

## Significant Program Changes

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

FTE were reduced due to flat or decreasing revenue, to COLA/merit/step increases for staff and to the need to continue to meet statutory requirements.

Chronic Hepatitis B & C Surveillance and Investigation experienced the end of CDC funding for Hepatitis C surveillance and the end of a tri-county Perinatal Hepatitis B Case Management agreement. A one-year CDC funded Hepatitis B Linkage to Care grant (to September 2013) was added. Capabilities lost include interviews of young adults with reported Hepatitis C and routine Hepatitis C risk factor data collection from provider offices.

General Communicable Disease Surveillance and Investigation is experiencing increased volume and complexity of our infectious disease caseload since 2009 -- from pandemic influenza to a resurgence of pertussis and widespread norovirus and influenza outbreaks in more recent months. This rapidly changing environment requires an addition of a 0.50 FTE Research Evaluation Analyst, Sr. to strengthen case and outbreak investigation capabilities and improve local disease response capacity.