Multnomah County				
Program #40010A - Cor	nmunicable Disease Prevention ar	nd Control		4/25/2019
Department:	Health Department	Program Contact:	Kim Toevs	
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Proposed	
Related Programs:	40010B, 40007, 40008			

Program Characteristics:

Executive Summary

Communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. CD is a foundational public health program that upholds the State of Oregon communicable disease statues through surveillance, disease investigations, disease intervention and control, and response evaluation. CDS responds 24/7 to events of public health importance.

Program Summary

As part of foundational public health CD programming, CD Prevention and Control (CDPC) is a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDPC works with communities to provide health education. For people who already have diseases, the program assures access to medicine and care. For healthcare providers, the program assures availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens. CDPC is also the frontline of an international system that tracks communicable disease threats, collecting and sharing essential information with the State of Oregon and the Centers for Disease Control and Prevention.

CDPC employs a culturally diverse staff who include highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and State reporting rules. Staff work with other Health Department programs, including Environmental Health, Health Officers, and Emergency Preparedness; provide technical assistance to public health professionals; and support newly arriving refugees, who are disproportionately affected by communicable diseases common in their countries of origin.

CDPC services include limited specialty care services for communicable diseases of public health significance; epidemiologic investigation and assured preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases; and public health disease surveillance and analysis to track communicable disease threats. CDPC is also expanding partnerships with government and community partners to build capacity to address emerging issues, including the need for increased provider support and case investigation.

	nce Measures				
Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of disease report responses	5,787	5,560	5,434	5,500
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	74%	70%	83%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	94%	90%	90%	90%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	91%	90%	90%	90%

1) Disease & laboratory reports received/reviewed/responded to. 2) Timeliness of response. Potentially exposed persons. Excludes chronic Hepatitis B cases. 3) National goal for completing TB treatment (90% per OHA & CDC).

Legal / Contractual Obligation

ORS Chapters 433, multiple sections. OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19. OHA ACDP Investigative Guidelines, per OAR 333, Div. 19. Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. OHA and CLHO BT/CD & TB Assurances

OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18; 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	2019	2019	2020	2020	
Personnel	\$2,447,214	\$1,603,312	\$1,600,667	\$1,721,393	
Contractual Services	\$63,449	\$50,337	\$66,829	\$33,128	
Materials & Supplies	\$184,679	\$17,106	\$119,368	\$31,894	
Internal Services	\$744,364	\$201,612	\$713,136	\$244,710	
Total GF/non-GF	\$3,439,706	\$1,872,367	\$2,500,000	\$2,031,125	
Program Total:	\$5,31	\$5,312,073		\$4,531,125	
Program FTE	17.79	12.61	10.91	13.72	

Program Revenues				
Intergovernmental	\$0	\$1,557,711	\$0	\$1,725,035
Other / Miscellaneous	\$0	\$180,288	\$0	\$188,025
Service Charges	\$0	\$134,368	\$0	\$118,065
Total Revenue	\$0	\$1,872,367	\$0	\$2,031,125

Explanation of Revenues

CDPC is funded by federal and state grants and client fees. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance and Emerging Infectious Disease program) that build upon statutory responsibilities. Internal service reimbursements are for occupational health services provided to county employees and volunteers.

State of Oregon LPHA (Direct State and Federal through State): \$1,124,453 Refugee Health Promotion (Direct Federal): \$98,400 Emerging Infections Program: \$523,240 Medical Fees: \$285,025

Significant Program Changes

Last Year this program was: FY 2019: 40010A-19 Communicable Disease Prevention and Control

In FY20, Program Offer 40014-19 Immunization, which includes capacity for school exclusion immunization work, was consolidated into this offer as part of divisional and program offer reorganizations. In FY20, this offer has decreases in FTE, scope/level of services, and revenue for tuberculosis and immunization services. CD programming will continue to assure this scope of services is supported by local health system capacity. In FY20, this offer was scaled with 40011-19 STD/HIV/Hep C Community Prevention Program, which is now 40010B-20, as part of divisional and program offer reorganizations that merge surveillance, disease investigations, disease intervention and control, including speciality clinical operations, and response evaluation. 40010B-20 provides immunization capacity. CD programming will continue to redesign during FY20 to improve efficiency and move forward foundational public health CD services.