

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) is a foundational public health program that protects community health by upholding the State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CDS is a trusted community resource and responds 24/7 to events of public health importance, such as the COVID-19 pandemic.

Program Summary

CDS protects the people of Multnomah County from preventable infectious diseases through core public health functions. These include epidemiologic investigation; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging infectious diseases; public health disease tracking and analysis to monitor communicable disease threats; tuberculosis (TB) case management; and support for immunization law requirements. CDS also works with government and community partners to build capacity, including the need for increased provider support and case investigation, and provide technical assistance.

Staff conduct investigations to seek out people who have been exposed to serious diseases to get them the information and care they need to stay healthy. CDS works to prevent disease by providing health education in communities. For people who already have communicable disease, the program assures access to medicine, care, and education intended to prevent the spread of illness. For healthcare providers, the program assures availability of appropriate diagnostic testing by linking providers to state and national laboratories. CDS is also at 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 (CDC). The program plays a central and integral role in the County's response to COVID-19.

CDS staff identify racial, ethnic, and other community groups who are at risk of (or are) being impacted by infectious diseases utilizing multiple data sources. These sources include case and contact interviews, syndromic surveillance, and immunization data. Relationships with trusted County programs and community partners help connect CDS to community groups so that the program can respond to questions or concerns about their own risks or the impact of a communicable disease on their community. CDS continues to build on relationships working directly with community groups or members to present data and learn how best to engage the community in communicable disease prevention and control.

Performance Measures

| Measure Type | Primary Measure | FY21 Actual | FY22 Budgeted | FY22 Estimate | FY23 Offer |
|--------------|--|-------------|---------------|---------------|------------|
| Output | Number of disease report responses | 3,661 | 5,500 | 3,882 | 3,900 |
| Outcome | Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day | 100% | 70% | 90% | 70% |
| Outcome | Percent of assisted facilities successful in meeting immunization law requirements | 100% | 90% | 100% | 90% |
| Quality | Percent of tuberculosis (TB) patients completing treatment within 12 months | 100% | 96% | 96% | 96% |

Performance Measures Descriptions

Performance Measure 1: FY21 actual and FY22 estimate are low due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services. FY23 offer is set to follow this trend.

Legal / Contractual Obligation

ORS Chapters 433. OAR 333-012-0065: Epi/Accident Investigation and Reporting. OAR 333, Division 17, 18 and 19: Disease Control, Reporting, and Investigation/Control. 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. LPHA PEs 01, 03, 25, 43. OHA and CLHO BT/CD & TB Assurances. OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC: 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

| | Adopted General Fund | Adopted Other Funds | Proposed General Fund | Proposed Other Funds |
|------------------------|-------------------------|------------------------|--------------------------|-------------------------|
| Program Expenses | 2022 | 2022 | 2023 | 2023 |
| Personnel | \$1,423,867 | \$1,940,891 | \$1,250,355 | \$2,110,922 |
| Contractual Services | \$80,777 | \$115,423 | \$58,395 | \$381,355 |
| Materials & Supplies | \$115,221 | \$26,392 | \$89,350 | \$74,107 |
| Internal Services | \$710,359 | \$304,213 | \$516,864 | \$614,345 |
| Capital Outlay | \$52,328 | \$0 | \$0 | \$0 |
| Total GF/non-GF | \$2,382,552 | \$2,386,919 | \$1,914,964 | \$3,180,729 |
| Program Total: | \$4,769,471 | | \$5,095,693 | |
| Program FTE | 8.85 | 12.10 | 7.33 | 14.39 |

| Program Revenues | | | | |
|-----------------------|------------|--------------------|------------|--------------------|
| Intergovernmental | \$0 | \$2,126,413 | \$0 | \$2,925,920 |
| Other / Miscellaneous | \$0 | \$205,006 | \$0 | \$214,309 |
| Service Charges | \$0 | \$55,500 | \$0 | \$40,500 |
| Total Revenue | \$0 | \$2,386,919 | \$0 | \$3,180,729 |

Explanation of Revenues

This program generates \$260,716 in indirect 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.

\$ 1,100,930 - State of Oregon LPHA (Direct State and Federal through State)

\$ 90,000 - Refugee Health Promotion

\$ 229,809 - Medical Fees

\$ 211,472 - Emerging Infections Program

\$ 1,548,518 - Public Health Modernization Regional and Local

Significant Program Changes

Last Year this program was: FY 2022: 40010A Communicable Disease Prevention and Control

In FY23, immunization-related work was moved to 40010C. This move, along with the reallocation of County General Fund (CGF) to 40010B, results in a \$467,588 reduction in CGF in 40010A. Revenue increases include Oregon Health Authority Local Public Health Authority Agreement grant funds, including Public Health Modernization. 40010A has a net increase of 0.77 FTE for FY23. COVID-19-Related Impacts: CDS staff conducted all COVID-19 investigations in addition to usual state reportable CD investigations and TB case management. Some CDS staff have returned to their routine duties but some continue to work in the COVID-19 response, the majority of them in leadership roles. After limited capacity since the start of the pandemic, CDS is now able to investigate all reportable diseases that require investigation.