

**Department:** Health Department      **Program Contact:** Amy Sullivan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Requested  
**Related Programs:** 40014  
**Program Characteristics:** In Target

**Executive Summary**

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through appropriate disease control interventions. CDS upholds the State of Oregon communicable disease statutes, responding to over 5,000 disease reports each year, ranging from tuberculosis (TB) and pertussis to E. coli 0157 and Zika. CDS responds 24/7 to events of public health importance.

**Program Summary**

The vision of Communicable Disease Services (CDS) is to be 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, CDS works with communities to provide education and screening. For people who already have diseases like TB, the program assures access to medicine. 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. CDS also serves as the frontline of an international system to track communicable disease threats by collecting and analyzing essential information that is shared with the State of Oregon and the Centers for Disease Control and Prevention.

CDS' culturally diverse staff includes 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 educational opportunities for future public health professionals; and support newly arriving refugees, who are disproportionately affected by communicable diseases common in their countries of origin.

CDS services include comprehensive TB prevention through clinic and home visits, nursing case management, and screening; epidemiologic investigation and assurance of preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases like Zika; public health disease surveillance and analysis to track communicable disease threats; and provision of OSHA-mandated blood-borne pathogens training and health screenings for County employees. CDS is also expanding partnerships with government and community partners to build preemptive capacity to address emerging issues, including the need for increased provider support and case investigation related to Zika. Ongoing challenges include multi-drug resistant TB, healthcare-acquired infections, and increased homelessness making identification of cases and contacts more difficult.

**Performance Measures**

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of disease report responses	5,892	5,850	5,974	5,850
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	na/-	na/-	71%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	95%	90%	95%	90%
Outcome	Number of identified meningococcal disease case contacts receiving recommendation or prescription	100%	100%	100%	na/-

**Performance Measures Descriptions**

1) Output: Disease & laboratory reports received/reviewed/responded to. 2) Outcome: Timeliness of response. Potentially exposed persons. State report, Jan 2017: 71% Mult. (50% statewide) 3) Quality: National goal for completing TB treatment (90% per OHA & CDC). 4) Outcome: Two homeless cases had contacts not found despite evening/weekend shelter visits (FY2016, 29 of 55 shelter contacts found; FY2017, 3 of 12). All identified contacts offered Cipro. Replaced in FY 2018 to reflect newer state triennial review measure.

## 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	2017	2017	2018	2018
Personnel	\$2,325,094	\$965,643	\$2,296,839	\$1,160,709
Contractual Services	\$46,780	\$17,946	\$59,065	\$32,952
Materials & Supplies	\$66,319	\$33,283	\$114,179	\$15,201
Internal Services	\$519,289	\$118,858	\$580,950	\$141,323
<b>Total GF/non-GF</b>	<b>\$2,957,482</b>	<b>\$1,135,730</b>	<b>\$3,051,033</b>	<b>\$1,350,185</b>
<b>Program Total:</b>	<b>\$4,093,212</b>		<b>\$4,401,218</b>	
<b>Program FTE</b>	19.76	8.14	18.37	10.43

Program Revenues				
Indirect for Dept. Admin	\$79,804	\$0	\$96,682	\$0
Intergovernmental	\$0	\$979,340	\$0	\$1,135,826
Other / Miscellaneous	\$0	\$150,348	\$0	\$176,882
Service Charges	\$0	\$6,042	\$0	\$37,477
<b>Total Revenue</b>	<b>\$79,804</b>	<b>\$1,135,730</b>	<b>\$96,682</b>	<b>\$1,350,185</b>

## Explanation of Revenues

CDS 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): \$1,056,453  
Refugee Health Promotion (Direct Federal): \$110,000  
Medical Fees: \$183,732

## Significant Program Changes

**Last Year this program was:** FY 2017: 40010 Communicable Disease Prevention and Control