



Program #40010A - Communicable Disease Prevention and Control 7/6/2021

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B, 40007, 40008
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 serving 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 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 in order 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. 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 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of disease report responses	7,033	5,500	4,000	5,500
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	83%	70%	70%	70%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	99%	90%	90%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	97%	96%	96%	96%

Performance Measures Descriptions

Performance Measure 1: FY20 actual includes COVID-19 case counts (2589 cases FY20). FY21 and FY22 do not include COVID-19 case counts as this is a performance measure for the COVID-19 Contact Tracing Program Offer for FY21 and FY22. beginning in FY21. Significant declines in FY21 estimate is due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,133,619	\$2,060,665	\$1,423,867	\$1,940,891
Contractual Services	\$43,200	\$118,347	\$80,777	\$115,423
Materials & Supplies	\$107,802	\$31,679	\$115,221	\$26,392
Internal Services	\$730,852	\$313,013	\$710,359	\$304,213
Capital Outlay	\$0	\$0	\$52,328	\$0
Total GF/non-GF	\$2,015,473	\$2,523,704	\$2,382,552	\$2,386,919
Program Total:	\$4,539,177		\$4,769,471	
Program FTE	6.78	14.30	8.85	12.10

Program Revenues				
Intergovernmental	\$0	\$2,160,607	\$0	\$2,126,413
Other / Miscellaneous	\$0	\$197,221	\$0	\$205,006
Service Charges	\$0	\$165,876	\$0	\$55,500
Total Revenue	\$0	\$2,523,704	\$0	\$2,386,919

Explanation of Revenues

This program generates \$236,197 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.

\$ 1,289,311 - State of Oregon LPHA (Direct State and Federal through State);

\$ 90,000 - Refugee Health Promotion; \$ 235,506 - Medical Fees

\$ 437,979 - Emerging Infections Program; \$ 334,123 - Public Health Modernization Regional and Local

Significant Program Changes

Last Year this program was: FY 2021: 40010A Communicable Disease Prevention and Control

Significant Changes: In FY22, an Epidemiology Manager and purchase of fleet vehicles are being added to the CDS budget.

COVID-19-Related Impacts: CDS staffing and focus of work have been greatly impacted by COVID-19. CDS staff conducted all COVID-19 investigations in addition to all usual state reportable communicable disease investigations and tuberculosis case management. As additional staff have joined the COVID-19 response team, some CDS staff have returned to their routine duties. Some staff continue to work in the COVID-19 response full time, the majority of them in leadership roles. The high priority of COVID-19 case investigation and contact tracing required CDS to prioritize case follow-up for other reportable diseases by ensuring those diseases with most risk for person-to-person spread or opportunities for prevention were prioritized over surveillance data for vector-borne or other diseases. CDS is now able to investigate all reportable diseases that require investigation.