



**Program #40010A - Communicable Disease Prevention and Control** FY 2024 Department Requested

**Department:** Health Department **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing **Program Offer Stage:** Department Requested  
**Related Programs:**  
**Program Characteristics:** In Target

**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 Description**

CDS protects the people of Multnomah County from preventable infectious diseases through core public health functions. These include epidemiologic investigation; identifying causes of illness and new outbreaks; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging or new infectious diseases; analyzing changes in disease patterns, and tuberculosis (TB) case management. CDS also works with government and community partners to build infectious disease capacity within the region. 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 a 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 works closely with schools and congregate settings for vulnerable populations like Long Term Care Facilities to stop outbreaks. 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).

CDS staff identify racial, ethnic, social, and other community groups who are at risk of (or are) being impacted by infectious diseases as well as those at risk of future illness, and prioritizes resources accordingly. CDS develops and uses multiple data sources and epidemiology tools to understand changes in disease and evaluate public health interventions. CDS works with individuals who experience a communicable disease, their families, community partners, and other County programs to build strong and trusting relationships, listen to community experiences, and respond to questions or concerns about the risks and impacts of communicable diseases. CDS continues to strengthen relationships by working directly with community groups or members to share data and by partnering with culturally specific credible community leaders to provide health education.

**Performance Measures**

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of disease report responses	4,133	5,500	4,758	4,250
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	88%	70%	90%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	96%	100%	96%

**Performance Measures Descriptions**

Performance Measure 1: FY22 actual and FY23 estimate are low due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services. FY24 offer is set to follow this trend. Disease trends continue to fluctuate due to COVID-19 and other health system uncertainty.  
 Performance Measure 2: High priority diseases: pertussis, meningococcal meningitis, Hepatitis A and acute Hepatitis B)

## 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	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2023</b>	<b>2023</b>	<b>2024</b>	<b>2024</b>
Personnel	\$1,252,481	\$2,110,922	\$1,600,662	\$1,874,972
Contractual Services	\$58,395	\$381,355	\$54,483	\$124,116
Materials & Supplies	\$89,350	\$74,107	\$86,920	\$43,165
Internal Services	\$516,864	\$614,345	\$135,323	\$988,777
<b>Total GF/non-GF</b>	<b>\$1,917,090</b>	<b>\$3,180,729</b>	<b>\$1,877,388</b>	<b>\$3,031,030</b>
<b>Program Total:</b>	<b>\$5,097,819</b>		<b>\$4,908,418</b>	
<b>Program FTE</b>	7.33	14.39	8.71	11.54

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,925,920	\$0	\$2,785,589
Other / Miscellaneous	\$0	\$214,309	\$0	\$220,441
Service Charges	\$0	\$40,500	\$0	\$25,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,180,729</b>	<b>\$0</b>	<b>\$3,031,030</b>

## Explanation of Revenues

This program generates \$236,215 in indirect revenues.

Federal \$ 13,180 - ST:TB Outreach  
State \$ 984,809 - ST:St Support for PH  
State \$ 101,500 - ST:TB Case Mgmt  
State \$ 25,000 - ST:OHS CDC Hep B  
Federal \$ 211,472 - EIP 93.317  
State \$ 301,015 - Public Health Modernization  
State \$ 1,033,913 - PH Modernization Local  
State \$ 49,700 - HSO County Based Services  
State \$ 90,000 - Oregon Refugee Health Promotion  
\$ 220,441 - Occ Health Fees

## Significant Program Changes

**Last Year this program was:** FY 2023: 40010A Communicable Disease Prevention and Control

The 1.5 reduction in FTE is the elimination of one vacant OA2 position and the shift of 0.5 FTE CHS2 to another cost center.