Program Element #101: Communicable Disease and Local Health Officer Services

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to operate a Communicable Disease control program and provide Local Health Officer services in Grantee's service area. The Communicable Disease control program includes the following components: (a) epidemiological investigations that report, monitor and control Communicable Disease, (b) diagnostic and consultative Communicable Disease services, (c) early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases, (d) appropriate immunizations for human and animal target populations to control and reduce the incidence of Communicable Diseases, and (e) collection and analysis of Communicable Disease and other health hazard data for program planning and management.

   Communicable Diseases affect the health of individuals and communities throughout Oregon. Inequities exist for populations that are at greatest risk, while emerging Communicable Diseases pose new threats to everyone. The vision of the foundational Communicable Disease Control program is to ensure that everyone in Oregon is protected from Communicable Disease threats through Communicable Disease and Outbreak reporting, investigation, and application of public health control measures such as isolation, post-exposure prophylaxis, education, or other measures as warranted by investigative findings. The work in this Program Element is also in furtherance of the Oregon Health Authority's strategic goal of eliminating health inequities by 2030.

   Per ORS 431.045, the State Public Health Officer has appointed a Local Health Officer for the designated county. Funding is being provided to Grantee for Local Health Officer services within the designated county.

   This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to State Support for Public Health**

   a. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition as described in OAR 333-018-0015 and 333-018-0900, or whose illness meets defining criteria published in the OHA's Investigative Guidelines.

   b. **Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.

   c. **Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).

d. **Reportable Disease:** Any of the diseases or conditions specified in OAR 333-018-0015 and OAR 333-018-0900.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive: Population Health	Access to clinical preventive: Direct	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Epidemiological investigations that report, monitor and control Communicable Disease (CD).	*						X		X			X
Diagnostic and consultative CD services.	*								X			
Early detection, education, and prevention activities.	*						X	X	X		X	
Appropriate immunizations for human and animal	*			X			X					

Program Components	Foundational Program					Foundational Capabilities						
target populations to reduce the incidence of CD.												
Collection and analysis of CD and other health hazard data for program planning and management.	*						X		X	X		X

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

- Rate of congenital syphilis
- Rate of any stage syphilis among people who can become pregnant
- Rate of primary and secondary syphilis
- Two-year old vaccination rates
- Adult influenza vaccination rates for ages 65+

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:**

- Priority Area: Reduce the spread of syphilis and prevent congenital syphilis
  - Percent of congenital cases of syphilis averted
  - Percent of cases interviewed
  - Percent completion of Centers for Disease Control and Prevention Core variables
  - Percent of cases treated with appropriate regimen within 14 days
- Priority Area: Protect people from preventable diseases by increasing vaccination rates
  - Demonstrated use of data to identify population(s) of focus
  - Demonstrated actions to improve access to influenza vaccination for residents of long-term care facilities
  - Demonstrated actions with health care providers or pharmacists to improve access to vaccination
  - Increase in the percent of health care providers participating in the Immunization Quality Improvement Program (IQIP)

- Demonstrated outreach and educational activities conducted with community partners

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct the following activities in accordance with the indicated procedural and operational requirements:

a. Submit local program budget to OHA for approval. Once approved the local program budget is incorporated herein by this reference.

b. Use funds for this Program Element in accordance with its local program budget. Modification to the local program budget may only be made with OHA approval.

c. Grantee must operate its Communicable Disease program in accordance with the Requirements and Standards for the Control of Communicable Disease set forth in ORS Chapters 432, 433 and OAR Chapter 333, Divisions 12, 17, 18, 19 and 24, as such statutes and rules may be amended from time to time.

d. Monitor and process electronic laboratory reports (ELR) for reportable communicable diseases in the Grantee's service area.

e. Grantee must use all reasonable means to investigate in a timely manner all reports of Reportable Diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the Grantee shall investigate each report following procedures outlined in OHA's Guidelines or other procedures approved by OHA. OHA may provide assistance in these investigations, in accordance with OAR 333-019-0000. Investigative guidelines are available at:

https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx

f. As part of its Communicable Disease control program, Grantee must, within its service area, investigate the Outbreaks of Communicable Diseases, institute appropriate Communicable Disease control measures, and submit required information in a timely manner regarding the Outbreak to OHA in Orpheus as prescribed in OHA CD Investigative Guidelines available at:

https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx

g. Conduct disease investigation and follow up for all vaccine-preventable diseases in accordance with OHA CD Investigative Guidelines, Oregon State Public Health Laboratory Protocols and Oregon Immunization Program Protocols.

h. Contact OHA immediately if enforcement activities related to compliance with statutes or rules regarding communicable disease investigation or control is needed, as Grantee does not have enforcement authority.

i. Enter all case investigation information into Orpheus as appropriate and directed by OHA.

j. Ensure that appropriate Grantee staff receive training and are designated to access and use the Orpheus communicable disease system.

k. All Grantee staff conducting Communicable Disease investigation and control activities must attend Communicable Disease 101 and Communicable Disease 303 training.

l. Grantee must attend monthly Orpheus user group meetings or monthly Orpheus training webinars.

m. Maintain Data Use Agreement with OHA for access to Orpheus and ensure compliance with all agreement provisions.

n. Fulfill online OHA training on privacy and security requirements.

o. **Emergency preparedness coordination.** Grantee must collaborate and coordinate with the designated Hospital Preparedness Program and County Emergency Manager on public health emergency response related activities.

p. **Local Health Officer Activities**

Per ORS 431.045, the State Public Health Officer has appointed a Local Health Officer for the designated county. A health officer must be a physician licensed under ORS chapter 677. ORS 431.003(5)(c). If the appointed Local Health Officer ceases to be a physician licensed under ORS chapter 677, the Local Health Officer appointment will be immediately terminated. The funding to support Local Health Officer activities is contingent upon the Local Health Officer retaining their appointment as a Local Health Officer and retaining their licensure under ORS chapter 677.

Funding is being provided to Grantee for the appointed Local Health Officer to serve in the capacity of Local Health Officer for the designated county. Grantee must ensure that the Local Health Officer:

(1) Determines and imposes appropriate public health measures, in consultation with the State Public Health Officer and the Oregon Department of Justice, in cases where a person or group of persons may require immediate detention to avoid imminent and significant threat to the public health, including voluntary or involuntary isolation or quarantine as outlined in ORS 433.121 (emergency administrative order for isolation and quarantine), ORS 433.123 (petition for court order for isolation and quarantine), and ORS 433.452 (detaining persons exposed to reportable condition or condition that is basis for state of public health emergency).

(2) Upon request, assist a local medical facility in determining whether an emergency response employee was exposed to an infectious disease, as outlined in 42 US Code 300ff–133. Such assistance would involve assessment

of information regarding the nature of the exposure, the putative source case's infection, and the employee's susceptibility to it.

(3) Provide support to the OHA Acute and Communicable Disease Prevention section, the HIV, Sexually Transmitted Disease, and Tuberculosis section and the Immunization section in the following situations:

(a) Sign exclusion orders for children who fail to meet school or child-care immunization requirements of ORS 433.267 and OAR 333-050.

(b) If requested by a school administrator, determine the need for school exclusion for restrictable diseases pursuant to OAR 333-019-0010.

(c) Determine the need for exclusion or restriction of food employees from food establishments and order exclusion or restriction if deemed necessary, per ORS 624.080 and OAR 333-150(5)(e)(B)(iii).

(d) Determine and impose appropriate public health measures, in consultation with the State Public Health Officer and the Oregon Department of Justice, in cases where a person or group of persons may require immediate detention to avoid imminent and significant threat to the public health, and ORS 433.452 (detaining persons exposed to reportable condition or condition that is basis for state of public health emergency).

5. General Expense Reporting.

Grantee must complete an "Oregon Health Authority Public Health Division Expenditure Report" located at: https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Program Reporting Requirements.

Grantee must submit semi-annual narrative reports including accomplishments, challenges, priorities for the next six months, and support needed from OHA. Reports are due to OHA by January 30 and July 30 each year.

7. Performance Measures.

Not applicable