

Program Element #65: Communicable Disease Response (Tribes)

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 prevention and control program in Tribe's service area that includes any of 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.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in 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 Communicable Disease Response

- 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 333-018-0016 or whose illness meets defining criteria published in the OHA's Investigative Guidelines.
- b. Case Management:** Communication, information sharing, and collaboration with staff serving a client within and between agencies in the community.
- c. Case Investigation:** The process of identifying and interviewing confirmed or presumptive Cases to identify Close Contacts who may have also been exposed to disease.
- d. Close Contact:** Please see [Investigative Guidelines](#) for definition for a particular disease.
- e. Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.
- f. Contact:** A person identified as having Close Contact with a confirmed or presumptive Case.
- g. Contact Tracing:** The process of connecting daily with people who have been in Close Contact to Cases to determine if these Contacts develop symptoms consistent with a Communicable Disease.
- h. Isolation:** Separation of an ill person from other people in order to prevent further spread of illness.
- i. Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).

- j. **Quarantine:** Separation of people without apparent illness because they were exposed to an infectious person.
- k. **Reportable Disease:** Any of the diseases or conditions specified in OAR 333-018-0015 and OAR 333-018-0016.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the Tribe 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 [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://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	Population Health Direct services	Access to clinical preventive services	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	
Appropriate immunizations for human and animal target populations to reduce the incidence of CD.	*				X		X					
Collection and analysis of CD and other health hazard data for program	*						X		X	X		X

Program Components	Foundational Program					Foundational Capabilities									
planning and management.															

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measure:

Not applicable

4. Procedural and Operational Requirements.

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

a. For Tribes conducting disease investigation, the Tribe 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 Tribal Health Administrator or his/her designee must investigate each report following procedures outlined in OHA’s [Investigative Guidelines](#) or other tribal procedures. OHA may provide assistance in these investigations. Investigative guidelines are available at:

<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>.

For Tribes not conducting disease investigation, to the extent possible, the Tribe must work with the Local Public Health Authority or Local Public Health Authorities in their service area to coordinate disease investigation activities.

b. As part of its Communicable Disease control program, Tribe must use all reasonable means to investigate the Outbreaks of Communicable Diseases within its service area, institute appropriate Communicable Disease control measures, and submit required information regarding the Outbreak to OHA in Orpheus (or Opera for COVID-19 Cases) as prescribed in OHA CD Investigative Guidelines available at:

<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>

Tribe must also use OHA-issued surge guidance to support its Communicable Disease investigation work as applicable.

c. **COVID-19 Communicable Disease Response:** Tribe must conduct activities related to public health COVID-19 response in accordance with procedural and operational requirements in this Program Element.

Tribe must conduct COVID-19 response activities in a manner that fulfills the needs and priorities of Tribal members and the Tribal community.

- (1) Provide outreach and education for Tribal members, patients served at a Tribal Health Clinic, and others associated with the Tribe.
- (2) Maintain ongoing coordination with the local public health authority and other organizations as needed to ensure the needs of Tribal members and others associated with the Tribe are met.

- d. COVID-19 Response Activities.** In partnership with OHA, the Northwest Portland Indian Health Board (NPAIHB), and the local public health authority, Tribe must ensure that Tribal members have access to COVID-19 testing, outreach and education, and isolation supports as applicable and as Grantee has sufficient resources available.
- (1) Testing**
- Provide access to testing through a Tribal Health Clinic or maintain ongoing coordination with the local public health authority, health care partners and other community partners to ensure access for Tribal members, patients of Tribal Health Clinics, and others associated with the Tribe.
- (2) Case Investigation**
- (a)** Ensure access to high-risk Case investigation and Outbreak monitoring in accordance with Investigative Guidelines and any OHA-issued surge guidance. The Tribe may provide the Case investigation and Outbreak monitoring directly for Tribal members, patients served at a Tribal Health Clinic, and others associated with the Tribe or defer Case investigation and/or Outbreak monitoring to the NPAIHB or LPHA.
- (b)** If Tribe provides Case Investigation and Outbreak monitoring, all high-risk COVID-19 case investigation and outbreaks must be entered into OPERA and OPERA Outbreaks as directed by OHA. Include in the data submitted to OPERA whether new high-risk positive Cases are tied to a known existing positive Case or to community spread.
- (c)** If Tribe provides Case Investigation and Outbreak Monitoring, all Race, Ethnicity, Language, and Disability (REALD) data for high-risk cases being interviewed must be entered into OPERA if data are not already entered into OPERA.
- (d)** If Tribe defers Case Investigation and/or Contact Tracing to NPAIHB or the LPHA, regularly communicate to ensure ongoing coordination and that requirements for high-risk Case investigation and Outbreak monitoring are met.
- (e)** Ensure all Tribal staff designated to utilize OPERA are trained in this system.
- (3) Isolation, Social Services and Wraparound Supports**
- (a)** Tribe must facilitate efforts, as able and appropriate, to link individuals needing isolation supports such as housing and food. Tribe will use existing resources when possible, such as covered Case management benefits, WIC benefits, etc.
- (b)** Tribe must ensure social services referral and tracking processes are developed and maintained for all individuals for whom the Tribe is providing COVID-19 related social services and wraparound supports. To the extent the Tribe has sufficient resources, Tribe must make available direct services as needed.
- (c)** Tribes may work with OHA-funded community-based organizations and the local public health authority to assure social services and wraparound supports for Tribal members, patients served by the Tribal health clinic and others associated with the Tribe.
- (4) COVID-19 Vaccine Planning and Distribution**
- (a)** Facilitate efforts to assure appropriate access to COVID-19 vaccine for Tribal members, patients served at the Tribal health clinic and others associated with the Tribe.

- (b) Tribe will identify, assess and address gaps in the vaccine delivery system to Tribal members, patients served by its Tribal health clinic and others associated with the Tribe.
- (c) If applicable, Tribe must submit vaccine orders, vaccine administration data and VAERS (Vaccine Adverse Event Reporting System) information in accordance with federal and OHA guidance.
- (d) Tribe must work collaboratively with federal, state, regional, local and other tribal partners to support COVID-19 vaccine planning, distribution and administration work.

5. General Revenue and Expense Reporting.

Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. 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

All funds received under a PE or PE-sub-element must be included in the quarterly Revenue and Expense reports.

6. Reporting Requirements.

Not applicable.

7. Performance Measures.

Not applicable.