



April 2, 2015

To: Joint Ways and Means Committee, Sub-committee on Human Services  
From: Karen Gaffney, Assistant Director and Local Public Health Administrator  
Subject: HB 5526 and Funding for Communicable Disease Services

Co-Chairs Nathanson and Bates, and Members of the Sub-committee:

Your hearing today on the proposed budget for Public Health is critical for people in Lane County—statewide media has been reporting on our meningococcal outbreak at the UO so my guess is you know we have been working hard for months to contain the spread of that very serious disease. You may not be as familiar with all the other communicable disease (CD) work happening at the same time across Lane County, all with our team of only 4 CD nurses.

Irrespective of expected changes to Oregon Revised Statutes as a result of the interim work of the future of public health task force, one of the core services of any public health agency is the prevention of communicable diseases. The Public Health Division's proposed budget has shifted state FTE's affiliated with this work pushing more work to the County level, and that has a large bearing on any local public health authority's ability to provide this work in a responsive and consistent manner. Preventing and containing the spread of communicable disease requires a certain infrastructure be present, and in Lane County that infrastructure comes from a combination of state and local resources. The state support in terms of both staffing and direct financial resources is critical in order to protect the public.

In Lane County local general funds are invested to augment the state support for communicable disease work. In the current fiscal year the County contributes \$916,232 toward our Public Health CD program and the OHA contributes an additional \$460,278. Under current funding levels we are challenged by several costly outbreaks—costly in both fiscal and societal measures. Below are examples of just a few of the critical communicable disease situations currently active in Lane County. The proposed reductions will impact this already difficult work.

- ***Sexually Transmitted Diseases:*** Gonorrhea rose by 393% in Lane County from January 2011 to December 2014 (from 81 cases to 318), during a time when the County population only rose 1.2%. Earlier reductions in OHA and CDC budget cuts resulted in a large drop in STD testing and lost opportunities to find and treat gonorrhea and chlamydia in high risk age groups. Additionally, reductions to the OHA budget are resulting in a shift of STD investigations from State Disease Investigations Specialists to an already burdened Local Public Health CD program.
- ***Meningococcal Outbreak:*** Lane County continues to work closely with the UO and OHA to contain the spread of this serious disease—all three jurisdictions are investing significant time and resources. However, the OHA lacks the personnel resources and contingency funds to be able to quickly address specific response needs (e.g., to buy 22,000 doses of vaccine and go on campus to run a self-contained vaccine campaign), and they have limited resources to address a long term event or initiative such as vaccinating 22,000 students. Despite long and hard work of all parties, this outbreak is not contained and could yet spread to the larger Eugene-Springfield community.
- ***Tuberculosis:*** Due to OHA budget cuts, there has been a progressive decrease in fiscal support for TB at the local level. The net effect in Lane County is that we went from

covering 12 different classes of LTBI patients to only 5 classes. We now have a growing burden of LTBI in our county, 10% of whom will go on to develop active TB disease.

In addition to these more high profile situations, Lane County Public Health is working every day on strategies to prevent the spread of communicable diseases. Like much of the state we wrestle with immunization rates that are much lower than what we need, and work with providers, schools and other community partners to drive up those rates—some of the best return on investment out there. We also work in a variety of settings to investigate cases of norovirus, respiratory illness, and many other reportable diseases. We have attached a brief example of one particular case from our CD team—there are hundreds of other cases we could discuss.

These diseases do not honor particular County boundaries, and that is why having a strong statewide infrastructure of prevention and response is so critically important. Lane County depends on that support in order to do our work to protect the public.

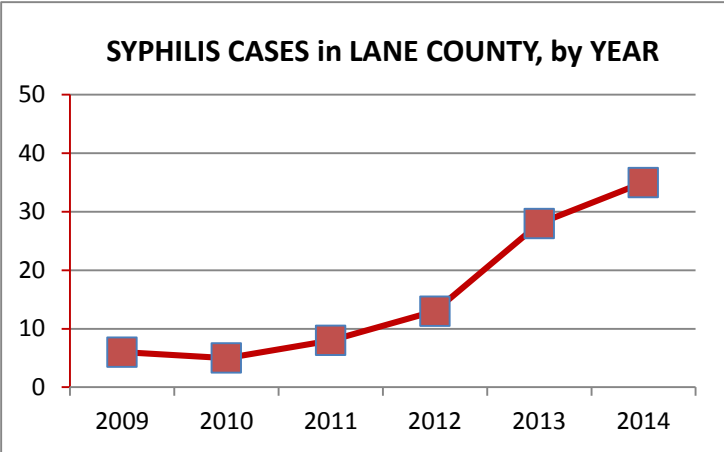
SUBMITTED ELECTRONICALLY

# From the Field: Sexually Transmitted Diseases

Communicable Disease Funding in Lane County  
March 31, 2015

In 2014, there were 35 cases of syphilis reported in Lane County, continuing a surge that began locally in 2011. All syphilis cases are referred to Lane County Public Health (LCPH) for treatment and follow up. To illustrate what a significant increase in cases means for a local health department, we describe one recent case.

A 44 year old male requested STD testing after being notified by a local blood bank that his blood was rejected during a screening blood test. While he awaited results from the STD testing, his female partner noticed some hearing loss and saw her private provider. She was given antibiotics for an ear infection. The patient was asked to return to our office to receive his test results and treatment. The patient had tested positive for syphilis. During this hour long visit he was interviewed by the disease investigation specialist to identify others he may have exposed to syphilis. His female partner came to the clinic and also had an hour long visit during which she was examined and tested. Her syphilis test was positive and she was treated and interviewed regarding others she may have exposed to the disease. Four additional contacts of the patient were notified by the disease investigation specialist of their potential exposure to syphilis and they also came to the clinic for testing for syphilis and other sexually transmitted infections. Both the patient and his partner were seen again 6 months later to repeat syphilis testing to ensure the treatment had been effective. STD treatment and partner notification are often time intensive.



For each case, there are often many additional people who are contacted and tested, with the goal of preventing further spread of the disease in our community. In the first two months of 2015 we have investigated cases of meningococcal disease, E. coli, giardiasis, measles, pertussis, salmonella, tuberculosis, syphilis, hepatitis, HIV, legionellosis, malaria, chlamydia, and gonorrhea and others. Public Health works to create a ring around a person with the disease and all of their contacts, representing hours of investigation and follow-up to keep the community safe.