

## ANALYSIS

### Item 9: Oregon Health Authority Emerging Infections

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**Analyst:** Matt Stayner

**Request:** Approve, retroactively, the submission of a federal grant application by the Oregon Health Authority to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, in the amount of \$43,634,615 over five years to support the Oregon Emerging Infections Program.

**Analysis:** The Oregon Health Authority (OHA) provided notification of its intent to apply for the federal grant on June 7, 2023. The grant application deadline was June 20, 2023. The Emerging Infections Program (EIP) was initiated by the Centers for Disease Control and Prevention (CDC) following a 1992 Institute of Medicine report highlighting microbial threats to the United States and subsequent publishing of a 1994 plan by the CDC for addressing these threats. The plan is affected via a network of population-based centers of excellence established through state public health departments, of which Oregon is one of only 10 states currently receiving program funding. Core program components include: active infections disease surveillance; applied public health epidemiologic and laboratory activities; implementation and evaluation of pilot prevention and/or intervention projects; and rapid and flexible response to public health emergencies and newly emerging issues for infectious diseases.

Federal funding for the state program has increased incrementally beginning at \$350,000 in 1995 and growing to \$6.9 million annually in 2023. The increased funding represented in this grant opportunity will continue the support of the core EIP program and provide for enhanced program infrastructure, data modernization, and reporting capacity. Expanded focus on respiratory pathogens and healthcare associated infections will also be addressed with the additional funding. OHA intends to seek the addition of 18 permanent, full-time positions if awarded funding at the applied-for level. These positions consist primarily of existing, limited-duration positions that were added to the program during the pandemic. No state match is required.

**Recommendation:** The Legislative Fiscal Office recommends that the Joint Interim Committee on Ways and Means approve the request

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Oregon Health Authority  
Heath

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**Request:** Retroactive authorization for the Oregon Health Authority to apply for a five-year, \$43.6 million grant from the Centers for Disease Prevention and Control to improve monitoring of diseases caused by emerging infections in Oregon.

**Recommendation:** Approve the request.

**Discussion:** The Oregon Health Authority (OHA) requests retroactive authorization to apply for a five year, \$43.6 million grant from the Centers for Disease Prevention and Control (CDC) to improve public health monitoring, reporting and response for emerging infections, including diseases such as streptococcal infections, Legionnaire’s disease, pertussis, foodborne disease, viral respiratory diseases including influenza, respiratory syncytial virus, and COVID-19, cancers and pre-cancers associated with human papillomavirus infection, and healthcare-associated infections. Oregon has received this grant since 1995 and is one of 10 states to participate in the program. OHA became aware of the grant on April 21, 2023, and applications were due on June 20, 2023. OHA submitted their 10-day grant notice timely on June 7, 2023. Due to the timing of the legislative session, approval of the grant was deferred to the interim days. There is no maintenance of effort or match required to accept this funding.

The renewal of the Emerging Infections Program (EIP) grant is focused on addressing lessons learned during the COVID-19 pandemic, including the need to improve disease surveillance and data reporting. Should the grant be awarded, OHA plans to request additional expenditure limitation which will include support the creation of 18 new positions (18.00 FTE) to meet the grant requirements and to continue efforts to modernize Oregon’s public health system, as shown in the table below.

Classification	FTE	Position Responsibilities
Administrative Specialist 2	1.00	Order supplies, equipment maintenance, and schedule meetings
Research Analyst 3	1.00	Investigate active bacterial core pathogens, support quality assurance, recruit subjects, conduct interviews, manage data.
Epidemiologist 1	4.00	Respiratory (Covid-19, influenza, RSV) data collection, special studies, data management; active bacterial core chart review, and patient interviews.
Epidemiologist 2	2.00	Healthcare-acquired infection chart review, surge support in long term care; RSV surveillance coordination, and chart review
Epidemiologist 3	1.00	Coordinate surveillance for hospitalized COVID-19 patients
Fiscal Analyst 3	1.00	Prepare grant budgets, forecasts, contracts, and other fiscal activities
Operations and Policy Analyst 2	1.00	Facilitate laboratory data exchange with partner laboratories and the CDC. Work with the CDC to establish electronic data exchange.
Operations and Policy Analyst 3	2.00	Facilitate strategic partnership with laboratories, provide technical assistance for healthcare acquired infections and COVID-19 partners; maintain electronic lab and case reporting needs.
Operations and Policy Analyst 4	2.00	Lead data exchange project management, integrate information system applications, coordinate data linkage for REALD/SOGI; Establish and

		maintain automated tools to perform bioinformatics analysis in support of sequencing healthcare-acquired infection pathogens.
<b>Public Health Manager 2</b>	3.00	Managers to oversee healthcare acquired infection, respiratory pathogen, and informatics staff and projects. Coordinate with agency efforts for data modernization and respiratory pathogen monitoring.

Continuing grant funds would also be used to support existing positions as well as to augment capacity at the Oregon State Public Health Laboratory.



OFFICE OF THE DIRECTOR

Tina Kotek, Governor

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August 21, 2023

Senator Elizabeth Steiner, Co-Chair  
Representative Tawna Sanchez, Co-Chair  
Interim Joint Committee on Ways and Means  
900 Court Street NE  
H-178 State Capitol  
Salem, OR 97301

Dear Co-Chairs:

### **Nature of the Request**

The Oregon Health Authority (OHA) requests retroactive approval to apply to the Centers for Disease Control and Prevention (CDC) for continued funding of the Emerging Infections Program (EIP) cooperative agreement. The EIP has been a primary funding source for OHA communicable disease surveillance, response, and prevention since 1995. Only 10 states are currently awarded EIP funding. This application is for an estimated \$43,634,615 over 5 years (\$8,726,923 annually) from January 1, 2024, to December 31, 2028. No state match is required.

OHA was notified of the grant opportunity on April 21, 2023, and the grant submission deadline was June 20, 2023. The 10-day notice was sent to the Legislature on June 7, 2023. The grant application was submitted on June 16, 2023. The request for retroactive authorization is in alignment with the Legislature's process requirements in effect at the time of the grant application, which resulted in OHA submitting the request letter during the interim legislative days.

Core EIP activities in Oregon include surveillance for foodborne disease, bacterial infections, respiratory viral pathogens, healthcare-associated infections, and cervical cancer related to human papillomavirus (HPV). This grant supports OHA's 2030 goal of ending health inequities through expanding data collection and analysis to identify and address racial and ethnic disparities for emerging infections, along with geocoding and better visualization of data for equity initiatives. This agreement also provides an additional pipeline for federal funding to Oregon should the need arise to address emergent communicable diseases.

The new opportunity includes enhanced long-term funding for grant-required surveillance and testing of respiratory pathogens; expansion of surveillance for healthcare-associated infections and surge capacity for responding to outbreaks of healthcare-associated infections, particularly of antimicrobial-resistant pathogens. Funding to continue our Mpox vaccine-effectiveness study is also included. The new grant period expands funding for core informatics capacity needed to quickly gather and analyze data about emerging infections of public-health importance.

In response to lessons learned from the pandemic, CDC is committed in the current funding opportunity to long-term funding and support for appropriate capacity of emerging communicable disease through bolstered surveillance systems for respiratory pathogens, including COVID-19, respiratory syncytial virus (RSV) and influenza, informatics, and healthcare-associated infections. These systems collect detailed information on all related hospitalizations for these key respiratory pathogens in the Portland tri-county area. The systems provide real-time risk factors, such as age, race, ethnicity, and underlying conditions, along with outcome information, including ICU admissions, need for mechanical ventilation, and deaths. Oregon will use these funds to support hospitalization surveillance and data extraction processes with 14 tri-county hospital partners. Funds are also provided to support monitoring burden and risk factors for healthcare personnel to prevent related infections in healthcare settings. This surveillance system can be used to track the incidence of serious disease caused by COVID-19; and also allow assessment of severe RSV disease and influenza as new vaccines are released.

CDC is also providing bolstered long-term support for informatics capacity for monitoring and responding to communicable disease threats. The modern age requires appropriate capacity to process millions of electronic laboratory reports, ensure efficient data exchange, build related data marts, and visualize data to identify and address communicable disease health inequities. Informatics capacity was very limited before the pandemic. With an initial bolus of funding, we established a public-health informatics team, and CDC is now committed to providing appropriate long-term support for this capacity.

This cooperative agreement also supports additional funding for enhanced fiscal oversight and surge capacity related to healthcare associated infections.

### **Agency Action**

The emerging infections program continues to evolve since inception in 1995 to use surveillance and other public health practice to address current and anticipated future

emerging infections. Over time, funding and supported bodies of work continue to adapt to best meet needs based on the current understanding of emerging infections. Initially much of the EIP work was focused on surveillance for foodborne illness and invasive bacterial pathogens. More recently with increased awareness of transmission in healthcare settings, including multidrug-resistant organisms, EIP added funding and support for healthcare-associated infections. The current grant includes additional support to meet needs that have been clarified during the pandemic to bolster respiratory pathogen surveillance, informatics capacity, and surge support for healthcare-associated infections.

### **Action Requested**


OHA requests retroactive permission to apply for renewal of its cooperative agreement with CDC for continued Emerging Infections Program funding.

The Oregon EIP program will be requesting additional FTE to support Oregon's needs relevant to this funding opportunity. New positions include epidemiologists, research analysts, operations and policy analysts, a fiscal analyst, supervisors, and support staff. To complete new respiratory pathogen work, six additional epidemiologists will collect data conduct chart reviews, and complete case ascertainment. One research analyst will support data quality assurance, recruit subjects, and manage data. One supervisor and one support staff member will support oversight for existing and new staff in this program. Core informatics infrastructure will be supported by one supervisor and five operations and policy analysts who will facilitate data exchange, integrate race ethnicity, language, and disability (REALD) and sexual orientation and gender (SOGI) data into data systems, establish automated tools for bioinformatics analysis, facilitate laboratory data exchange, maintain electronic laboratory and case reporting, and provide technical assistance. Healthcare-associated infections includes one epidemiologist for surge support and a supervisor to oversee existing staff. A fiscal analyst is also requested to maintain budgetary, forecasting, and contractual needs for this grant.

### **Legislation Affected**

None.

Sincerely,



Dave Baden  
Interim Director

Senator Elizabeth Steiner  
Representative Tawna Sanchez  
August 21, 2023  
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