

COMMUNICABLE DISEASE BUREAU

**PROGRAM MISSION**

To prevent the spread of communicable disease through prevention, detection, education and outreach in the community.

- The **Disease Surveillance and Investigation Program** (previously known as the Communicable Disease Program) seeks to limit transmission of reportable communicable diseases (such as hepatitis, meningitis and SARS) in the community, as mandated by the Health Laws of Virginia. Strategies include ongoing community surveillance and prompt response to reports of communicable disease. Education and consultation are provided for individuals, community groups, work-sites, schools and daycare providers. The **Shelter Liaison** public health nurse prevents the spread of communicable disease among homeless individuals, families and shelter staff by identifying communicable diseases and instituting control measures in County shelters. Until FY 2007, the **Refugee Program** within the Communicable Disease Program prevented or minimized the spread of communicable disease and long-term chronic illness in people newly arrived in the United States through federal refugee programs.
- The **HIV/AIDS and Sexually Transmitted Diseases Program** prevents infection and transmission of Human Immunodeficiency Virus (HIV) and Sexually Transmitted Disease (STDs) by providing consultation, testing, and referral for STDs and HIV. Treatment for STDs is provided, and for those persons living with AIDS (Acquired Immune Deficiency Syndrome), medication services are provided through the AIDS Drug Assistance Program (ADAP). Risk reduction counseling, community outreach and education are key strategies employed by the program. Local HIV/AIDS Community-based Organizations (CBOs) receive funding and contract oversight from the Virginia Department of Health (VDH) for HIV/AIDS minority outreach activities, which are coordinated with the Department of Human Services' HIV/STD Program.
- The **Chest Clinic/Tuberculosis Control Program** limits transmission of tuberculosis by identification, assessment, monitoring and treatment of individuals with infectious disease and those exposed to tuberculosis in Arlington County. The program provides tuberculosis education and consultation to community members and the medical community.
- **Emergency Preparedness and Response Program** became a priority in the Communicable Disease Bureau following the events of September 11, 2001. A public health emergency preparedness planner, an epidemiologist and public health nurses daily monitor emergency room visits and hospital admission data to detect suspicious patterns of disease. Active monitoring of disease patterns, as well as planning and implementing the Public Health Division response to infectious disease outbreaks, and other public health emergencies, including potential bioterrorism' events, demand dynamic engagement in multiple local, regional and state partnerships.
- The **Communicable Disease Education Program** has coordinated the education and outreach services for each program within the bureau, utilizing a formal written plan since FY 2003. Staff provides consultation at the bureau, divisional and departmental levels through planning, implementing and evaluating educational and outreach initiatives, as well as providing direct education for Arlington County clients in a variety of settings.

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PROGRAM FINANCIAL SUMMARY

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$2,275,269	\$2,145,529	\$2,208,496	3%
Non-Personnel	201,399	139,111	157,270	13%
Nonprofits	103,803	167,259	107,258	-36%
<b>Total Expenditures</b>	<b>2,580,471</b>	<b>2,451,899</b>	<b>2,473,024</b>	<b>1%</b>
Fees	16,159	25,800	21,300	-17%
Medicaid	3,838	1,800	4,300	139%
DSS Refugee Reimbursement	40,864	47,000	-	-100%
State Share	1,007,999	604,610	605,764	-
Miscellaneous Grant	346,038	349,505	358,338	3%
Federal Grants	215,290	220,600	134,960	-39%
<b>Total Revenues</b>	<b>1,630,188</b>	<b>1,249,315</b>	<b>1,124,662</b>	<b>-10%</b>
<b>Net Tax Support</b>	<b>\$950,283</b>	<b>\$1,202,584</b>	<b>\$1,348,362</b>	<b>12%</b>
Authorized FTEs	31.3	30.5	30.0	
Funded FTEs	31.3	30.5	30.0	

Financial Details by Program

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Disease Surveillance & Investigation/Refugee/Education	\$466,301	\$356,771	\$340,341	-5%
HIV/AIDS and STD	1,057,263	1,006,981	1,005,521	-
Chest Clinic/TB Control	667,695	704,339	768,186	9%
Bioterrorism	389,212	383,808	358,976	-6%
<b>Total Expenditures</b>	<b>2,580,471</b>	<b>2,451,899</b>	<b>2,473,024</b>	<b>1%</b>
<b>Total Revenues</b>	<b>1,630,188</b>	<b>1,249,315</b>	<b>1,124,662</b>	<b>-10%</b>
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SIGNIFICANT BUDGET HIGHLIGHTS

- ↓ Personnel expenses reflect a two percent market pay line adjustment, a 10% increase in employer health insurance costs, and an increase in employer retirement contributions to maintain full funding of the retirement fund. These increases are partially offset by the elimination of a 0.5 FTE position and associated funding due to the loss of the Refugee grant.
- ↑ Non-Personnel increases due to the net effect of the ending of the Medical Reserve Corps grant (\$50,000), offset by increases through reallocations within the Division for cell phones for emergency coverage, postage, increased travel costs, professional consultants and operating supplies.
- ↓ Nonprofits reflects decreased funding for Whitman-Walker Clinic for case management services (\$60,000); the additional funding had been approved in FY 2006 as one-time funding.

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- ↓ Fee revenues decrease (\$4,500) based on FY 2005 actual collections and FY 2006 anticipated collections.
- ↑ Medicaid revenues increased (\$2,500) based on FY 2005 actual collections and FY 2006 anticipated collections
- ↓ DSS Revenues are decreased (\$47,000) in the Refugee program to reflect loss of the Refugee grant; the grant funded position also generated DSS reimbursement.
- ↓ Federal Grants are reduced (\$85,640), primarily reflecting loss of the Refugee Grant (\$35,000) and Medical Reserve Corps Grant expiration (\$50,000).

PERFORMANCE MEASURES

Disease Surveillance and Investigation Program

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Hepatitis A case rate per 100,000	6	7	9	0	3	3	3
Number of Hepatitis A cases per year	11	14	17	0	6	6	6
Communicable disease investigations	299	469	580	737	650	650	650
Number confirmed	272	332	342	341	350	350	350
Number of satisfaction surveys completed by private physicians indicating satisfaction with services provided	N/A	N/A	N/A	21	25	35	35
Percent of satisfaction surveys completed by private physicians indicating satisfaction with services provided	N/A	N/A	N/A	77%	90%	90%	90%
Number of homeless individuals assessed for communicable disease	770	710	674	306	300	300	300
Percent of communicable disease cases assessed within 24 hours	100%	100%	100%	100%	100%	100%	100%

- Increase in the number of communicable disease investigations reflects Bureau efforts to increase awareness of reporting mechanism.
- Low response rate on satisfaction surveys completed are due to issues of anonymity. New plan to ensure anonymity of responses, rather than confidentiality.
- The decrease in number of homeless individuals assessed for communicable disease is attributed to the fact that cold weather arrived later in season, and the shelter opened later resulting in fewer clients overall. FY 2005 actuals and FY 2006 estimates reflect change from dedicated shelter nurse to a liaison position.

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Refugee Clinic

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of refugees beginning treatment for latent TB	56	36	42	41	42	42	42
Number of refugees found with active hepatitis B	13	7	8	2	8	8	8
Percent of refugees found with active hepatitis B	11%	9%	8%	5%	8%	8%	8%
Number of patient satisfaction surveys (in the client's native language) completed by the client indicating satisfaction with services	N/A	N/A	N/A	22	45	50	50
Percent of patient satisfaction surveys (in the client's native language) completed by the client indicating satisfaction with services	N/A	N/A	N/A	96%	95%	95%	95%
Total number of new and secondary refugees	146	107	139	122	125	125	125
Refugee clinic visits	357	234	265	211	211	211	211
Number of new refugees medically screened within 30 days	114	31	56	115	119	119	119
Percent of new refugees medically screened within 30 days	97%	94%	98%	99%	95%	95%	95%

- Estimates for number of patient satisfaction surveys (in the client's native language) completed were reduced to be consistent with first survey experience and fewer clients.

HIV/AIDS and Sexually Transmitted Disease Program

	CY 2002 Actual	CY 2003 Actual	CY 2004 Actual	CY 2005 Actual	CY 2006 Estimate	CY 2007 Estimate	CY 2007 Goal
Number of HIV cases	76	50	54	38	50	50	50
HIV rate per 100,000 for Arlington County	40.1	26.4	28.5	19.1	25.1	25	25
Number of Syphilis cases	15	11	13	18	15	15	13
Syphilis rate per 100,000 for Arlington County	7.9	5.8	6.7	9.1	7.5	7.5	6.6
Number of Gonorrhea cases	103	96	96	96	104	104	100
Gonorrhea rate per 100,000 for Arlington County	54.4	50.7	50.7	48.4	55.5	55.5	55
Number of patients completing satisfaction surveys indicating satisfaction with services	N/A	N/A	N/A	149	200	200	200
Percent of patients completing satisfaction surveys indicating satisfaction with services	N/A	N/A	N/A	99%	95%	95%	95%
Number of HIV positive clients receiving AIDS Drug Assistance Program services	186	214	165	148	150	150	150
Total number of HIV tests performed	1,627	1,602	1,637	1,628	1,750	1,750	1,750
Total number of HIV/AIDS community education presentations	140	199	83	22	25	25	25
Total number of sexually transmitted disease clinic visits	3,209	3,217	3,204	2,556	3,000	3,000	3,000
Perinatal Hepatitis B cases (new initiative in 2003)	2	9	23	9	10	10	10

- Actual HIV cases estimated for CY 2005, based on first 6 months of data.
- Percentage estimates for number of patients completing satisfaction surveys were reduced to be consistent with first survey experience.
- Implemented new HIV rapid testing; anticipate increased demand for tests as a result.
- Decrease in total number of HIV/AIDS community education presentations reflects loss of funding for Minority Outreach Educator.

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**Chest Clinic/Tuberculosis Control Program**

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of new tuberculosis cases	39	42	29	33	35	35	35
Percent of clients completing treatment for TB	91%	98%	97%	93%	98%	98%	98%
Percent of clients completing preventive therapy for latent TB infection	76%	78%	78%	61%	75%	80%	80%
Number of patient satisfaction surveys (in their native language) completed by clients indicating satisfaction with services	N/A	N/A	N/A	137	150	150	150
Percent of patient satisfaction surveys (in their native language) completed by clients indicating satisfaction with services	N/A	N/A	N/A	98%	95%	95%	95%
Number of chest clinic visits	7,558	8,037	7,306	5,969	6,000	6,000	6,000
Number of directly observed therapy visits	3,374	4,763	3,810	3,697	3,750	3,750	3,750

- New tuberculosis cases primarily in foreign born population.
- Two cases who did not complete TB treatment in FY 2005 moved back to country of origin.
- In FY 2005 decrease in percent of clients completing preventive therapy for latent TB infection reflects an administrative change that resulted in fewer follow-up phone calls, and reduced compliance. New plan developed and is being implemented during FY 2006.
- Percentage estimates for number of patient satisfaction surveys completed were reduced to be consistent with first survey experience.