

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. The **Refugee Program** within the Communicable Disease Program prevents or minimizes the spread of communicable disease and long-term chronic illness in people newly arrived in the United States.
- 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.

COMMUNICABLE DISEASE BUREAU

PROGRAM FINANCIAL SUMMARY

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Personnel	\$2,030,366	\$2,078,810	\$2,082,584	-
Non-Personnel	298,567	176,750	175,050	-1%
Nonprofits	48,577	79,688	83,301	5%
Total Expenditures	2,377,510	2,335,248	2,340,935	-
Fees	9,431	21,300	21,300	-
Medicaid	1,549	4,300	4,300	-
DSS Refugee Reimbursement	31,867	20,870	35,000	68%
State Share	776,595	610,464	605,764	-1%
Miscellaneous Grant	51,904	36,000	18,000	-50%
Federal Grants	129,620	134,960	134,960	-
Total Revenues	1,000,966	827,894	819,324	-1%
Net Tax Support	\$1,376,544	\$1,507,354	\$1,521,611	1%
Authorized FTEs	30.5	29.5	29.50	
Funded FTEs	30.5	29.5	29.50	

Financial Details by Program

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Disease Surveillance & Investigation/Refugee/Education	\$574,786	\$557,338	\$532,855	-4%
HIV/AIDS and STD	1,008,970	1,009,724	1,002,080	-1%
Chest Clinic/TB Control	793,754	768,186	806,000	5%
Total Expenditures	2,377,510	2,335,248	2,340,935	-
Total Revenues	1,000,966	827,894	819,324	-1%
Net Tax Support	\$1,376,544	\$1,507,354	\$1,521,611	1%

SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ Personnel expenditures include normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a 15 percent increase in employer health insurance rates.
- ↑ Nonprofits increase due to an increase in operating costs for the Whitman Walker Clinic (\$3,613).
- ↑ DSS revenues increase in the Refugee program to reflect anticipated revenues (\$14,130).
- ↓ Miscellaneous grants decrease to reflect the loss of the Refugee Grant (\$18,000).

PERFORMANCE MEASURES

Disease Surveillance and Investigation Program

Critical Measure	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of communicable disease investigations	469	580	737	650	650	700	700

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of communicable disease investigations confirmed	332	342	341	300	350	350	350
Number of Hepatitis A cases per year	14	17	0	6	6	6	6
Hepatitis A case rate per 100,000	7	9	0	3	3	3	3
Number of satisfaction surveys completed by private physicians indicating satisfaction with services provided	N/A	N/A	21	26	35	35	35
Percent of satisfaction surveys completed by private physicians indicating satisfaction with services provided	N/A	N/A	77%	47%	80%	85%	95%
Percent of communicable disease cases assessed within 24 hours	100%	100%	100%	100%	100%	100%	100%
Number of homeless individuals assessed for communicable disease	710	674	306	50	50	150	150

- 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 plans will 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 actual reflect change from dedicated shelter nurse to a liaison position.

COMMUNICABLE DISEASE BUREAU

Refugee Clinic

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of refugees found with active hepatitis B	7	8	2	3	5	2	2
Percent of refugees found with active hepatitis B	9%	8%	8%	5%	5%	2%	2%
Number of patient satisfaction surveys (in the client's native language) completed by the client indicating satisfaction with services	N/A	N/A	22	8	10	10	10
Percent of patient satisfaction surveys (in the client's native language) completed by the client indicating satisfaction with services	N/A	N/A	96%	97%	95%	95%	95%
Total number of new and secondary refugees	107	139	122	64	100	100	100
Refugee clinic visits	234	265	211	147	150	150	150

- 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

Critical Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of syphilis cases	11	13	18	24	15	13	13
Syphilis rate per 100,000 for Arlington County	5.8	6.7	9.0	12.0	8.0	7.0	7.0

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of HIV cases	50	54	38	47	50	50	50
HIV rate per 100,000 for Arlington County	26.4	28.5	19.0	24.0	25.0	25.0	25.0
Number of Gonorrhea cases	96	96	96	95	100	100	100
Gonorrhea rate per 100,000 for Arlington County	50.7	50.7	48.0	48.0	50.0	50.0	50.0
Number of patients completing satisfaction surveys indicating satisfaction with services	N/A	N/A	149	206	200	200	200
Percent of patients completing satisfaction surveys indicating satisfaction with services	N/A	N/A	99%	96%	95%	95%	95%
Number of HIV positive clients receiving AIDS Drug Assistance Program services	214	165	148	148	150	150	150
Total number of HIV tests performed	1,602	1,637	1,628	1,749	1,850	1,850	1,850
Total number of HIV/AIDS community education presentations	199	83	22	26	25	30	30
Total number of sexually transmitted disease clinic visits	3,217	3,204	2,556	2,772	3,000	3,200	3,200
Perinatal Hepatitis B cases (new initiative in 2003)	9	23	9	10	8	8	8

- Actual HIV cases estimated for CY 2005, based on first six 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.

COMMUNICABLE DISEASE BUREAU

- Decrease in total number of HIV/AIDS community education presentations reflects loss of funding for Minority Outreach Educator.

Chest Clinic/Tuberculosis Control Program

Critical Measure	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of refugees beginning treatment for latent TB	36	42	41	28	40	35	35

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of clients completing treatment for TB	98%	97%	93%	96%	96%	98%	98%
Percent of clients completing preventive therapy for latent TB infection	78%	78%	61%	66%	75%	80%	80%
Number of patient satisfaction surveys (in their native language) completed by clients indicating satisfaction with services	N/A	N/A	137	150	150	150	150
Percent of patient satisfaction surveys (in their native language) completed by clients indicating satisfaction with services	N/A	N/A	98%	93%	93%	93%	95%
Number of contacts to active TB cases who are screened	N/A	N/A	270	405	375	375	375
Number of children age 5 and younger who start on preventive therapy	N/A	N/A	32	25	30	30	30
Number of clients starting preventive therapy	N/A	N/A	402	373	400	400	400
Number of chest clinic visits	8,037	7,306	5,969	6,104	6,500	6,500	6,500
Number of directly observed therapy visits	4,763	3,810	3,697	2,496	3,000	3,000	3,000

- 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.