

**State of Alaska
FY2007 Governor's Operating Budget**

**Department of Health and Social Services
Epidemiology
Component Budget Summary**

Component: Epidemiology

Contribution to Department's Mission

The Department's mission is to promote and protect the health and well being of Alaskans. Epidemiology contributes to this mission by providing surveillance, epidemic response and investigation through defining causal factors, identifying and directing control measures and providing a basis for policy development, program planning and evaluation.

Core Services

Provide medical and epidemiological expertise for disease control and epidemic response, both for naturally occurring events and for biological terrorism.

Provide around-the-clock epidemiology response capacity (for disease outbreak investigations) for public health emergencies.

Gather, maintain and analyze data to conduct disease surveillance, provide an accurate picture of the health status of Alaskans, and enable improved evaluation of program activities.

Assure adequacy of immunization outreach and access to vaccinations so that all Alaska children are protected against vaccine-preventable diseases and to be in compliance with daycare and school immunization requirements.

Provide trained public health professional services for partner notification and contact identification, education, diagnosis, treatment, and monitoring for tuberculosis, HIV, sexually transmitted disease (STD), and other infectious diseases that can be transmitted from person to person.

Maintain a system of direct disease reporting from health care providers and laboratories to the section of Epidemiology to monitor the population for health threats.

Develop public health guidelines for consumption of subsistence foods and for risks related to environmental contaminants such as lead, arsenic, asbestos, and other toxins and heavy metals.

FY2007 Resources Allocated to Achieve Results

FY2007 Component Budget: \$13,092,700	Personnel:	
	Full time	56
	Part time	2
	Total	58

Key Component Challenges

Maintain medical and epidemiological expertise needed to accomplish disease control mission.

Continue to ensure that all children are immunized on time.

Maintain direct observed therapy (DOT) for all persons who have pulmonary tuberculosis.

Maintain partner notification activities for those exposed to sexually transmitted diseases, including HIV/AIDS.

Implement regulations to support the new public health law (House Bill 95) to effectively and immediately respond to an urgent public health event, including involuntary isolation and quarantine, and acquisition and distribution of critical antimicrobial agents, vaccines and antidotes.

Establish and maintain a system of direct disease reporting to the section of Epidemiology from laboratories.

Ensure that funding and expertise is available for responses to bioterrorism, disease outbreaks, and control of emerging infectious diseases.

Support development of consensus guidelines for consumption of subsistence foods and commercial seafood.

Increase cooperative activities with sections in the Division of Public Health, with other divisions within the Department of Health and Social Services, and with other agencies with health missions in Alaska.

Significant Changes in Results to be Delivered in FY2007

Requested infectious disease and emergency preparedness funds will strengthen capacity for disease surveillance and outbreak response activities, including ability to rapidly respond to public health emergencies, both natural and intentional. The return on investment of these increment dollars will be evaluated by establishing a series of result indicators to measure achievement of 1) short-term process objectives (such as the number of cases of disease investigated and the number of emergency exercises sponsored), 2) interim impact goals (e.g., increased immunization rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of tuberculosis and chlamydia incidence rates.

Requested immunization and disease registry funds will enhance capacity to prevent and control vaccine-preventable and other infectious diseases. The return on investment of these increment dollars will be evaluated by establishing a series of indicators to measure achievement of 1) short-term process objectives (such as the number of immunizations administered and tracked), 2) interim impact goals (e.g., increased immunization rates), and 3) desired long-term outcomes (e.g., reduced illness, disability and death due to infectious diseases). This investment will contribute to meeting or exceeding the end results targets included in the Public Health RDU for reduction of tuberculosis and chlamydia incidence rates.

Major Component Accomplishments in 2005

An updated version of Self ImmAGE, an Alaska-developed software application that allows schools and childcare facilities to assess students' compliance with state immunization requirements and print associated letters and reports, was distributed throughout the state. Users have submitted rave reviews about the ease of using Self ImmAGE and the program's helpfulness in determining compliance with increasingly complex immunization standards.

An Alaska Immunization Registry Needs Assessment and Feasibility Study was completed. The vendor selected for this project conducted multiple interviews with Alaska healthcare providers throughout the state. The resulting document strongly recommended that Alaska consider implementation of a statewide immunization registry.

During 2005 the Immunization Program coordinated/sponsored multiple events related to "2005 – The Year of the Booster" which highlights the importance of obtaining a tetanus/diphtheria (Td) booster at least once every 10 years.

The Immunization Program and the Vaccinate Alaska Coalition sponsored the annual "I Did It by TWO!" childhood immunization campaign, integrating the important message of childhood immunizations with the Iditarod Trail Sled Dog Race. The dog mushers' racing bibs carried the message "Race to Vaccinate". Several mushers were enlisted to speak throughout the year on the importance of immunizations.

The HIV/STD Program sustained efforts to focus disease intervention (partner notification, testing, and treatment) through direct staff activity and working with other public health providers, especially in the Anchorage area. Forty-four percent of the 52 newly diagnosed HIV cases were found through partner notification activities conducted or coordinated by HIV/STD program staff.

An outbreak of infectious syphilis began in Fall 2004 and was the first appearance of this serious disease in many years in Alaska. Thorough disease investigation and intervention activities by HIV/STD program staff had effectively contained this outbreak to 19 cases through mid-2005, but some additional cases are anticipated.

The Surveillance and Outbreak Program completed investigation of a *Vibrio parahaemolyticus* outbreak among cruise ship passengers who ate Alaska-grown oysters. Collaborative work with the Alaska Department of Environmental Conservation (DEC) found that sea water temperatures around the oyster beds were warmer than previously recorded, and may have facilitated the growth of *V. parahaemolyticus*. The results of this study, published in the *New England Journal of Medicine*, may have national regulatory implications for oyster farming.

Expanded electronic reporting of laboratory test results for infectious diseases reportable to the Department of Health and Social Services (7 AAC 27.010) to include additional hospitals in Alaska: Alaska Native Medical Center, Alaska Regional Hospital, Fairbanks Memorial Hospital, and Yukon-Kuskokwim Delta Regional Hospital.

The Tuberculosis (TB) Control Program worked with local public health nurses to screen several villages for tuberculosis. A multivillage outbreak in the Yukon-Kuskokwim region was identified and controlled. In 2005, the program reported major progress: the incidence of TB in Alaska in FY2004 was 6.6 cases per 100,000, the lowest rate ever reported for Alaska.

A successful mass prophylaxis exercise was held in Kodiak during October 2004. Influenza vaccine was provided to persons meeting the revised definitions for high-risk persons. Information gained from this event was used to modify the state's current mass prophylaxis/mass immunization planning annex to the Alaska Emergency Operations Plan. The information also was used in modifications/updates of the state's Pandemic Influenza Plan.

The Alaska Pandemic Influenza Plan was completed as an annex of the division's Emergency Operations Plan. The plan has been shared with partners and was made available on the Section of Epidemiology's web page. It is currently being updated to reflect additional guidance provided in the newly released National Pandemic Influenza Plan.

Section staff published the third edition of the comprehensive Epidemiology Emergency Infectious Disease Manual, for use by the Sections of Epidemiology, Nursing and Laboratories. This manual contains survey tools, fact sheets, important call numbers and other information to allow for an immediate response 24 hours a day, 7 days a week.

The Environmental Public Health Program published a scientific article in the *American Journal of Public Health* to document methylmercury biomonitoring results from Alaska and to advocate for weighing benefits and risks in developing fish consumption advice. The program also submitted a resolution to the Alaska State Medical Association and the American Medical Association to update the AMA Scientific Committee Report on mercury and provided testimony to a National Academy of Sciences committee to reflect the abundant evidence that some fish, especially salmon, have very low levels of mercury and can be eaten in amounts far in excess of EPA national recommendations.

The Environmental Public Health Program continued the evaluation of potential human health risks associated with the Red Dog Mine. The program conducted voluntary blood testing of residents of Noatak and Kivalina to measure exposure to lead and cadmium. Blood testing provided evidence that mining operations did not cause a public health threat to residents of Kivalina and Noatak. Mercury and POPs were also measured in Kivalina and Noatak residents. Results showed that mercury and POPs exposure through traditional food use is not a public health concern.

The Alaska Cancer Registry developed data sharing agreements with several new states and the Alaska Native Tribal Health Consortium.

Cancer Program staff worked with the Cancer Partnership to reach consensus on new approaches to early detection, treatment, survivorship and surveillance. These new strategies have been addressed in the updated Alaska Cancer Control Plan (publication expected in early 2006).

Established and staffed the Chronic Disease Policy Academy in collaboration with the division and the department.

The Diabetes Program updated and disseminated the Diabetes Strategic Plan, and completed a statewide diabetes system assessment.

The Health Survey Lab successfully completed the first Modified BRFSS study, as well as maintained the successful implementation of the ongoing basic BRFSS survey.

The Obesity Prevention Program developed and disseminated a report on the height and weight status of children in the Anchorage School District.

The Tobacco Prevention and Control Program implemented the use of free NRT (patches) through the Quit Line as a demonstration project.

The Arthritis Program published and disseminated "Arthritis in Alaska 2003."

Statutory and Regulatory Authority

AS 09-65.161	Immunity for disclosure of required health care data
AS 40.25.120	Public Records: exceptions; certified copies
AS 14.07.020	Administration of Public Schools
AS 14.30	Pupils and Educational Programs for Pupils
AS 18.05.010-.070	Administration of Public Health and Related Laws
AS 18.15.120 - 320	Disease Control
AS 44.29.020	Department of Health & Social Services
AS 47.35.010	Child Care Facilities, Child Placement Agencies, Child Treatment Facilities, Foster Homes, and Maternity Homes
4 AAC 06.055	Government of Schools - Immunizations Required
4 AAC 60.115	Pre-Elementary Schools - Immunizations Required
7AAC 12.650	Employee Health Program – TB testing; rubella immunity
7AAC 27.005-.900	Preventative Medical Services
7AAC 50. 455	Health in Care Facilities
7AAC 75.220	Health Care Facilities - General Employment
7 AAC 78.010-.320	Grant Programs
13 AAC 08.025	Medical Standards – school bus drivers health screening

Contact Information

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**Epidemiology
Component Financial Summary**

All dollars shown in thousands

	FY2005 Actuals	FY2006 Management Plan	FY2007 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	6,401.1	7,490.7	5,364.6
72000 Travel	364.3	455.2	262.0
73000 Services	2,949.3	4,428.3	3,403.1
74000 Commodities	1,149.5	1,527.3	2,367.0
75000 Capital Outlay	0.0	188.5	188.5
77000 Grants, Benefits	2,022.7	2,172.9	1,507.5
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	12,886.9	16,262.9	13,092.7
Funding Sources:			
1002 Federal Receipts	10,187.1	12,652.1	8,229.7
1003 General Fund Match	494.7	478.2	478.2
1004 General Fund Receipts	1,376.6	1,800.5	3,755.3
1007 Inter-Agency Receipts	544.0	604.0	420.5
1108 Statutory Designated Program Receipts	42.2	215.4	209.0
1156 Receipt Supported Services	0.0	0.0	0.0
1168 Tobacco Use Education and Cessation Fund	242.3	512.7	0.0
Funding Totals	12,886.9	16,262.9	13,092.7

Estimated Revenue Collections

Description	Master Revenue Account	FY2005 Actuals	FY2006 Management Plan	FY2007 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	10,187.1	12,652.1	8,229.7
Interagency Receipts	51015	544.0	604.0	420.5
Statutory Designated Program Receipts	51063	42.2	215.4	209.0
Restricted Total		10,773.3	13,471.5	8,859.2
Total Estimated Revenues		10,773.3	13,471.5	8,859.2

**Summary of Component Budget Changes
From FY2006 Management Plan to FY2007 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2006 Management Plan	2,278.7	12,652.1	1,332.1	16,262.9
Adjustments which will continue current level of service:				
-Transfer positions and funding to create a new Chronic Disease Prev/Hlth Promotion component	-525.0	-5,295.0	-620.7	-6,440.7
-Transfer one position (06-1763) to Division of Behavioral Health from Epidemiology	0.0	0.0	-85.4	-85.4
-Transfer in funding from Information Technology for positions	41.6	176.5	0.0	218.1
-FY 07 Wage Increases for Bargaining Units and Non-Covered Employees	18.7	117.8	1.2	137.7
-FY 07 Health Insurance Cost Increases for Bargaining Units and Non-Covered Employees	2.4	13.5	0.1	16.0
-FY 07 Retirement Systems Cost Increase	35.2	216.9	2.2	254.3
Proposed budget increases:				
-Public Health Protection: Infectious Disease Control and Emergency Preparedness	1,000.0	0.0	0.0	1,000.0
-Public Health Protection: Immunization and Disease Registries	450.0	0.0	0.0	450.0
-Public Health Protection: Pandemic Influenza Preparedness AK Stockpile of Antiviral Drugs	922.5	307.5	0.0	1,230.0
-Risk Management Self-Insurance Funding Increase	9.4	40.4	0.0	49.8
FY2007 Governor	4,233.5	8,229.7	629.5	13,092.7

**Epidemiology
Personal Services Information**

Authorized Positions		Personal Services Costs		
<u>FY2006</u>				
<u>Management</u>		<u>FY2007</u>		
<u>Plan</u>		<u>Governor</u>		
Full-time	90	56	Annual Salaries	3,527,221
Part-time	7	2	COLA	100,605
Nonpermanent	8	0	Premium Pay	160,000
			Annual Benefits	1,975,688
			<i>Less 6.92% Vacancy Factor</i>	(398,914)
			Lump Sum Premium Pay	0
Totals	105	58	Total Personal Services	5,364,600

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Administrative Assistant	1	0	0	0	1
Administrative Clerk II	7	0	0	0	7
Administrative Clerk III	9	0	0	0	9
Analyst/Programmer IV	1	0	0	0	1
Health Program Associate	3	0	0	0	3
Health Program Mgr I	1	0	0	0	1
Health Program Mgr II	4	0	0	0	4
Health Program Mgr III	2	0	0	0	2
Nurse Consultant I	1	0	0	0	1
Nurse Consultant II	9	0	0	0	9
Pharmacist	1	0	0	0	1
Public Health Nurse V	1	0	0	0	1
Public Health Spec I	7	0	0	0	7
Public Health Spec II	5	0	0	0	5
Staff Physician	4	0	0	0	4
Supply Technician II	1	0	0	0	1
Veterinary Epidemiologist	1	0	0	0	1
Totals	58	0	0	0	58