



Legislative Fiscal Bureau

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February 28, 2002

Joint Committee on Finance

Paper #1169

Surveillance of Diseases and Potential Threats (DHFS)

[LFB Summary of the Governor's Budget Reform Bill: Page 54, #11]

CURRENT LAW

The communicable disease epidemiology (CDE) section in the DHFS Bureau of Communicable Diseases is currently authorized 8.0 full-time equivalent (FTE) positions, including 1.0 supervisor, 6.0 epidemiologists and 1.0 support position.

GOVERNOR

Provide \$162,900 GPR and 2.5 GPR positions (2.0 epidemiologists and 0.5 program assistant) in 2002-03 to perform surveillance of communicable and infectious diseases and biological and chemical threats to state residents. This item includes \$19,500 GPR in one-time funding for workstations and computers.

DISCUSSION POINTS

1. The CDE section monitors and manages outbreaks of infectious diseases of public health significance. There are currently 72 reportable diseases in Wisconsin, of which the CDE section is responsible for 48. Other DHFS staff are responsible for monitoring and managing outbreaks of sexually transmitted diseases, tuberculosis and AIDS/HIV and related diseases.

2. The CDE section is responsible for:

- Investigating and analyzing communicable disease reports from laboratories, clinicians, local public health agencies and others, and following-up as necessary;
- Controlling disease outbreaks and exposures through oversight and direction of local

investigations and control efforts and direct on-sight assistance and situation management, as needed, including maintaining on-call capability and readiness to respond to unanticipated outbreaks and incidents on a 24-hour, 7-day week basis;

- Responding to questions from private clinicians, local public health officials, the media, state and local elected officials and the general public in the event of a disease outbreak or other communicable disease issues;
- Providing technical assistance and training to local public health and clinical staff, including maintenance of state communicable disease information on the internet and statewide seminars;
- Providing ongoing communication with other state agencies, such as the State Laboratory of Hygiene for microbiological testing and the Department of Agriculture, Trade and Consumer Protection for food borne illnesses and rabies;
- Preparing and issuing reports on the prevalence of communicable disease to the federal government, state and local public health agencies and private physicians;
- Developing response capacity for potential bioterrorism incidents, including response to acts by rogue organizations and individuals and early warning for response to disease outbreaks and epidemics from the incursion of newly emerging and/or drug resistant infectious pathogens into the state;
- Managing and performing other projects, such as increasing surveillance of food borne disease outbreaks through genetic testing, preparing the state influenza pandemic preparedness plan and increasing Hepatitis C surveillance and response.

3. Four of the six epidemiologists in the CDE section are supported with federal funds. Two positions are project positions that are funded from grants to support state activities relating to specific threats, one for bioterrorism preparedness activities and one for West Nile Virus surveillance (this position was recently converted from an LTE to a project position upon renewal of the federal grant).

4. The current bioterrorism position is funded from a grant from the federal Centers for Disease Control and Prevention (CDC) to address bioterrorism preparedness. DHFS is currently in the third year of the five-year federal project. This funding has been used to support three epidemiologists, one at DHFS, one in the State Laboratory of Hygiene and one at the Milwaukee Health Department. The grant is being used to increase surveillance and epidemiology, expand laboratory capacity to deal with biological agents and implement the health alert network statewide to connect local health departments, laboratories, hospitals, physicians, emergency management and other health care workers.

5. DHFS has recently been authorized an additional federal position under the CDC

grant to provide assistance to the current DHFS bioterrorism coordinator, epidemiologist position. This position will provide administrative support in managing the project budget, developing and monitoring contracts, preparing reports, arranging training, meetings and teleconferences, distributing materials to local health officials, coordinating with other state organizations and sharing information with other state health departments.

6. In addition, DHFS has recently received approval of a federal grant to support an additional epidemiologist to enhance surveillance of food and waterborne illnesses.

7. The additional federal project positions will increase the total number of positions in the section to 10.0 FTE positions, including 1.0 supervisor, 7.0 epidemiologists and 2.0 support positions.

8. The positions in the bill are part of the Governor's security initiative to increase surveillance of infectious diseases and chemical and biological threats. While these positions would support bioterrorism preparedness activities, they would also increase the Department's capacity to perform surveillance of, and respond to, other types of outbreaks, and increase prevention and outreach activities.

9. Until the recent addition of the federal positions, the number of epidemiologists in the CDE section had not increased for more than ten years. At the same time, workload increased with newly emerging infectious pathogens, growing drug resistance, increased ease of international travel, increased threats of bioterrorism, advances in technology which allow outbreaks, including multi-state outbreaks, to be identified more quickly, and increases in reporting requirements to the federal government and local public health agencies.

10. DHFS indicates that it does not have the staff to respond to multiple, simultaneous incidents or incidents of large scale. For example, during a 1999 outbreak of salmonella in alfalfa sprouts, staff were not able to respond to 15 other communicable disease problems that were occurred over the same time period.

11. More recently, the reaction to September 11, 2001, has heightened awareness of threats from bioterrorism. DHFS received approximately 2,000 anthrax-related calls between October, 2001, and December, 2001. To respond to these calls, DHFS reallocated 48 people within the Division of Health from other activities. DHFS currently receives about three anthrax-related calls each week. Each of these calls must be investigated and followed-up by the section, including talking to local health officials, coordinating laboratory tests and working with police.

12. DHFS indicates that because of the ongoing communicable disease workload levels, the CDE section is less able to engage in prevention activities, such as updating manuals on recognition and treatment of diseases, and providing training to local public and private health workers.

13. DHFS requested 1.0 epidemiologist position and 0.5 program assistant as part of its 2001-03 biennial budget submission to address workload increases and expand the capacity of the

CDE section to respond to communicable disease outbreaks and other public health threats. However, the Governor did not include this request in his budget recommendations.

14. In light of the current state hiring freeze for nonessential positions, the Committee could determine that it is not necessary to fund 0.5 program assistant position for the CDE section at this time. For this reason, the Committee could modify the Governor's recommendation by deleting \$25,600 GPR and 0.5 program assistant position in 2002-03 from the bill.

15. However, DHFS argues that providing additional program support would reduce the amount of time epidemiologists spend on administrative and clerical functions, which would enable the epidemiologists to perform more surveillance and response activities and to better prepare the state for potential outbreaks and threats.

16. Information provided by DHFS when it submitted its 2001-03 budget request indicates that Wisconsin had 0.07 nonsupervisory, nonsupport, communicable disease control staff per 100,000 residents. This compared to ratios for surrounding states ranging from 0.11 for Michigan to 0.53 for Minnesota. The Wisconsin ratio does not include the federal project positions assigned to specific types of threats or outbreaks. If the federal project positions are included Wisconsin's ratio would be 0.13.

17. If the Committee approves the Governor's recommendations to provide two additional epidemiologists, Wisconsin's ratio would increase to 0.11 nonsupervisory, nonsupport communicable disease staff per 100,000 residents (or 0.17, including the federal positions). One additional epidemiologist position would increase the ratio to 0.09 (or 0.15 including the federal positions).

18. Based on the recent increases in federal project positions for the CDE section, which brings the state epidemiologist per resident ratio to within those of neighboring states, the Committee could delete the 2.0 GPR epidemiologist positions recommended by the Governor and reduce funding in the bill by \$137,300 GPR in 2002-03. However, the federal grants are awarded for limited periods to address specific threats to the state, not to enhance general, ongoing surveillance and response activities. Further, due to the increased awareness of the potential for bioterrorist threats in the aftermath of the September 11, 2001, as well as increases in threats from newly emerging diseases and in the ease with which communicable diseases can spread, the Committee may wish to approve the epidemiologist positions recommended by the Governor.

19. Alternatively, the Committee could delete \$68,700 GPR and 1.0 GPR position, and approve 1.5 positions for 1.0 epidemiologist and 0.5 program assistant, as requested by DHFS in its 2001-03 biennial budget request.

20. The U.S. Department of Health and Human Services (DHHS) has notified Wisconsin that the state will receive approximately \$19.3 million under the Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States Act, 2002, Public Law 107-117. The funding includes: (a) \$16,940,986 to

defend against bioterrorism-related events and other public health outbreaks, threats and emergencies; and (b) \$2,327,920 for regional hospital planning and preparedness. DHHS has indicated that 20% of the federal funding will be made available to states immediately and the remainder will be released subject to federal approval of a plan submitted by DHFS, due no later than April 15, 2002. The budget period for the supplemental funding ends August 30, 2003, so that the funding will have to be spent or encumbered by that date.

21. DHHS recently provided guidance as to how the federal funds may be spent. The funds may not be used to replace or supplant current state or local expenditures. According to the federal guidelines, the \$16.9 million may be used to support the following areas:

a. *Preparedness Planning and Readiness Assessment.* Establishing strategic leadership, direction, assessment and coordination of activities for bioterrorism and other outbreaks of infectious disease and other public health outbreaks;

b. *Surveillance and Epidemiology Capacity.* Enabling state and local health departments to enhance, design and/or develop systems for rapid detection of unusual outbreaks of illness that may be the result of bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies; and assisting state and local health departments in establishing expanded epidemiologic capacity to investigate and mitigate such outbreaks of illness;

c. *Laboratory Capacity -- Biologic Agents.* Ensuring that core diagnostic capabilities for bioterrorist agents are available at all state and major city/county public health laboratories; and enabling state and major city/county laboratories to develop the capacity to conduct rapid and accurate diagnostic and reference testing for selected biologic agents likely to be used in a terrorist attack;

d. *Communicating Health Risks and Health Information Dissemination.* Ensuring that state and local public health organizations develop effective risk communication capacity that provides for timely information dissemination to citizens during a bioterrorist attack, outbreak of infectious disease or other public health emergency or threat including training, printed materials, timely reporting of critical information and effective interaction with the media; and

e. *Education and Training.* Ensuring that state and local health agencies have the capacity to (a) assess the training needs of key public health professionals, infectious disease specialists, emergency department personnel and other healthcare providers related to preparedness for and response to bioterrorism and other outbreaks of infectious disease and other public health threats and emergencies; and (b) ensuring effectiveness of the provision of needed education and training to key target audiences through multiple channels including academic institutions, healthcare professionals, CDC, HRSA and other resources.

22. While it appears that the federal funds could be used to support positions to expand

the capacity of the CDE section to respond to bioterrorist threats and other public health emergencies, funding for the 2.5 positions proposed by the Governor would be subject to inclusion in the DHFS plan and approval by DHHS. In addition, future federal funding is unknown, so any positions funded under the federal grant would be project positions ending August 30, 2003.

23. In light of the constraints on general purpose revenues, the Committee could delete the \$162,900 GPR and 2.5 GPR positions in 2002-03, and direct DHFS to use federal funds to support the positions, to the extent permissible under federal law and guidelines. However, any use of the funds to support the positions would be limited to the activities allowable and the period set under the federal guidelines.

ALTERNATIVES TO BILL

1. Approve the Governor’s recommendation to provide \$162,900 GPR and 2.5 GPR positions in 2002-03 to perform surveillance of communicable and infectious diseases and biological and chemical threats to state residents.

2. Modify the Governor’s recommendation to reduce funding by \$25,600 GPR and delete 0.5 GPR program assistant position so that \$137,300 GPR would be provided to support 2.0 GPR epidemiologist positions.

Alternative 2	GPR
2001-03 FUNDING	- \$25,600
2002-03 POSITIONS	- 0.50

3. Modify the Governor’s recommendation to reduce funding by \$68,700 GPR and delete 1.0 epidemiologist position. Consequently, \$94,200 GPR would be provided to support 1.0 epidemiologist and 0.5 program assistant, as requested by DHFS in its 2001-03 biennial budget submission.

Alternative 3	GPR
2001-03 FUNDING	- \$68,700
2002-03 POSITIONS	- 1.00

4. Modify the Governor’s recommendation to reduce funding by \$94,200 GPR and delete 1.5 GPR positions (1.0 epidemiologist and 0.5 program assistant) so that \$68,700 GPR would be provided to support 1.0 GPR epidemiologist.

Alternative 4	GPR
2001-03 FUNDING	- \$94,200
2002-03 POSITIONS	- 1.50

5. Delete the Governor's recommendation. Instead, direct DHFS to use the federal bioterrorism funds, to the extent permissible under federal law, to support positions to increase the capacity of the state to perform surveillance of and respond to communicable and infectious diseases and biological and chemical potential threats to the state.

Alternative 5	GPR
2001-03 FUNDING	- \$162,900
2002-03 POSITIONS	- 2.50

6. Maintain current law.

Alternative 6	GPR
2001-03 FUNDING	- \$162,900
2002-03 POSITIONS	- 2.50

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