

Public Health Funding Needs for Communicable Disease Control In NC

Public Health is THE frontline protection against communicable diseases in North Carolina.

County Commissioners can safeguard this vital public protection by supporting state/federal/ and local funding for communicable disease prevention and control. Last legislative session there was a request for recurring budget appropriation of \$75,000 in the house budget for each county's communicable disease program (\$7.5 million total). This would support a dedicated communicable disease nurse in each county. Do not take this vital protection for your county for granted. Contact your local communicable disease program to learn more.

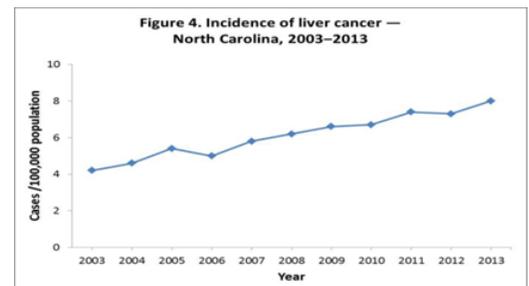
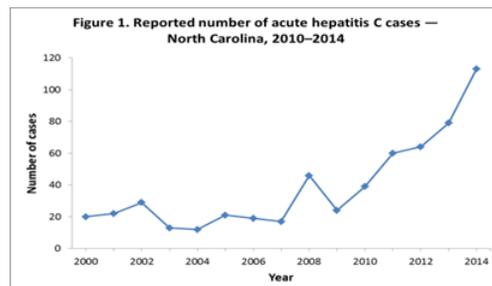
Funding public health communicable disease prevention and control is vital.

There are **74 reportable diseases and conditions**, specified in the N.C. Administrative Code rule 10A NCAC 41A .0101 (<http://epi.publichealth.nc.gov/cd/index.html>), that are required to be reported to local health directors because of their potential negative impact on public health. "Immediate reporting is required for potential bioterrorism-related diseases, such as anthrax and botulism; the severe or highly communicable diseases, such as cholera and cryptosporidiosis, must be reported within 24 hours of diagnosis; other diseases and conditions, such as mumps and chlamydia, have a seven-day reporting timeframe." ¹

Public Health is mandated by the same law to investigate these disease reports to assure treatment of those affected and prevent further spread. Specially trained nurses typically fulfill this role in local public health communicable disease programs.

Examples of why public health communicable disease prevention and control is necessary

- **Disaster Preparedness and Response.** As an integral part of local preparedness and bio hazard plans, your county's public health communicable disease program must assure sufficient staffing with adequate expertise to respond effectively to emergent and ongoing communicable disease issues. The public health programs are the "homeland security" agents for communicable disease control, detection, and early intervention.
- **Emergent Infectious Diseases.** Local public health communicable disease programs are the "first responder" to investigate, control and prevent emerging diseases such as H1N1, Zika, Ebola and multi-drug resistant TB. This requires rapid mobilization of public health and other resources to investigate, mitigate and ultimately prevent spread of such diseases in our communities.
- **Vaccine preventable diseases.** Measles, mumps, pertussis (whooping cough) and other diseases once thought to be almost eradicated have resurfaced and are occurring more frequently across NC and the US. In 2016, for example, Wake County public health communicable disease program spent 10 days investigating a single measles case. This involved a contact investigation of 388 people exposed across 11 locations, required 91 vaccinations, 10 quarantine orders, and took hundreds of man hours.
- **Hepatitis and the drug overdose epidemic.** While the heroin overdose death rate increased over 400% since 2011, hepatitis C, a leading cause of liver cancer, and other diseases linked to this

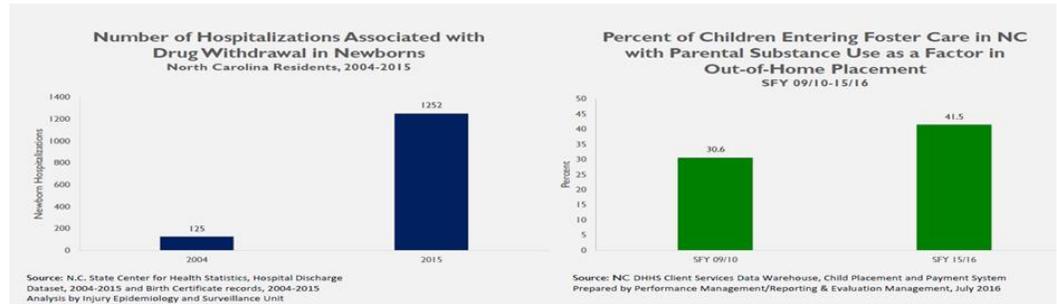


¹ Communicable Disease Surveillance and Reporting. North Carolina Division of Public Health. <http://epi.publichealth.nc.gov/cd/report.html#which> . Accessed 8/4/17.

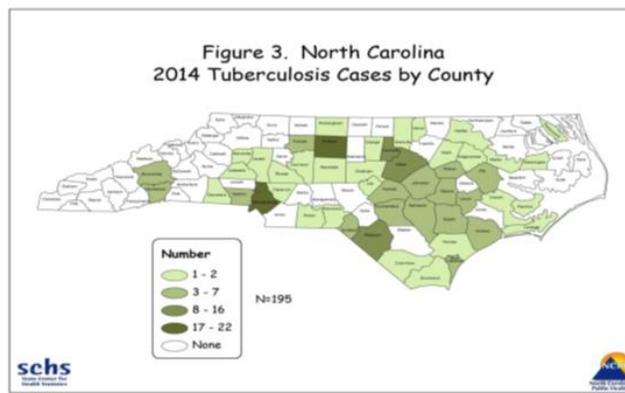
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epidemic are rising.

Another consequence of this epidemic is its effect on children. The financial and human impact of drug use and infectious disease is alarming and crosses all demographics. Extensive public health work across the continuum of preventive services is needed.

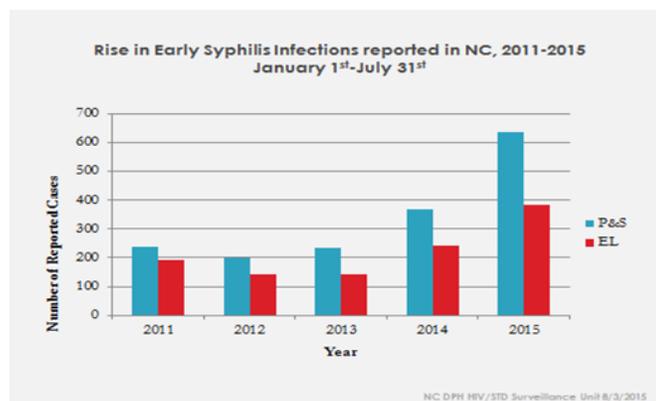


Tuberculosis (TB). TB cases in Wake County alone have more than doubled from 2014 (16) to 2016 (33).² Each case required investigation, along with legally mandated daily/weekly home visits for medication observation for up to 18 months, as well as tracking and testing of dozens of people that were exposed to TB. Home visits increased from 2,140 in 2014 to 3,392 in 2016.² Many other counties are experiencing similar trends.



There has been a rise in drug resistant cases of TB across the state. In 2016 there was 1 case each in Guilford, Halifax, Hoke, Swain and Transylvania counties. There were 2 cases in Mecklenburg County and 3 in Wake County.³

Sexually Transmitted Diseases (STDs): STDs continue to rise across the state and local syphilis infections are at a 20 year high. Increased prevention efforts, enhanced testing, and educational services provided by County Public Health is necessary to address this trend.



²TB Cases Compared to Home Visits and Clinic Visits. Wake County Human Services Public Health Report: Communicable Disease 2017. <http://www.wakegov.com/humanservices/data/Documents/Communicable%20Disease%20Report%202017%20FINAL.pdf>. Accessed 8/4/17.

³Drug Resistant Tuberculosis Cases, North Carolina 2016. North Carolina Division of Public Health <http://epi.publichealth.nc.gov/cd/tb/figures/drugresist2016.pdf>. Accessed 8/4/2017.