

JOINT BUDGET COMMITTEE



INTERIM SUPPLEMENTAL BUDGET REQUESTS FY 2019-20

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

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INTERIM SUPPLEMENTAL REQUESTS

HEPATITIS A OUTBREAK RESPONSE

	REQUEST	RECOMMENDATION
TOTAL	\$587,509	\$538,999
FTE	1.9	1.9
General Fund	587,509	538,999
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.? **YES**
 [The Controller may authorize an overexpenditure of the existing appropriation if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.]

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? **YES**
 [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of an unforeseen circumstance. While the circumstances leading to this request began to occur while the General Assembly was in session, the significant escalation of cases occurred in the last weeks of session, when the annual budget process had already concluded, and while the Department was still assessing the severity of the outbreak and its capacity to respond within existing resources.

DEPARTMENT REQUEST: The Department requests a one-time appropriation of \$587,509 General Fund in FY 2019-20 to mitigate a Hepatitis A outbreak.

STAFF RECOMMENDATION: Staff recommends a one-time appropriation of \$538,999 General Fund and 1.9 FTE in FY 2019-20.

STAFF ANALYSIS:

BACKGROUND

Hepatitis A and Hepatitis A Vaccinations

Hepatitis A is a liver disease that spreads through the ingestion of the virus through contact with contaminated objects, food, or drink. Contamination is most likely in crowded areas and where there is less access to hygiene. Hepatitis A does not result in chronic infection and illness typically does not last longer than two months. In severe cases, symptoms can last up to 6 months, require a liver transplant, or, in less than one percent of cases, result in death. Older populations and those with other pre-existing health conditions are most likely to experience severe complications. According to the Centers for Disease Control and Prevention (CDC), an average of 40.0 percent of cases in the United States result in hospitalization.

Hepatitis A is a vaccine-preventable disease. While two doses, administered 6-12 months apart are recommended, a single dose has been demonstrated to be 95 percent effective for at least 10 years. For Colorado adults active in the Colorado Immunization Information System (CIIS), 17.1 percent have

received at least one dose of the vaccine and 11.6 percent have received two doses. Among patients under 19, 70.2 percent have received at least one dose and 59.7 percent have received two doses.

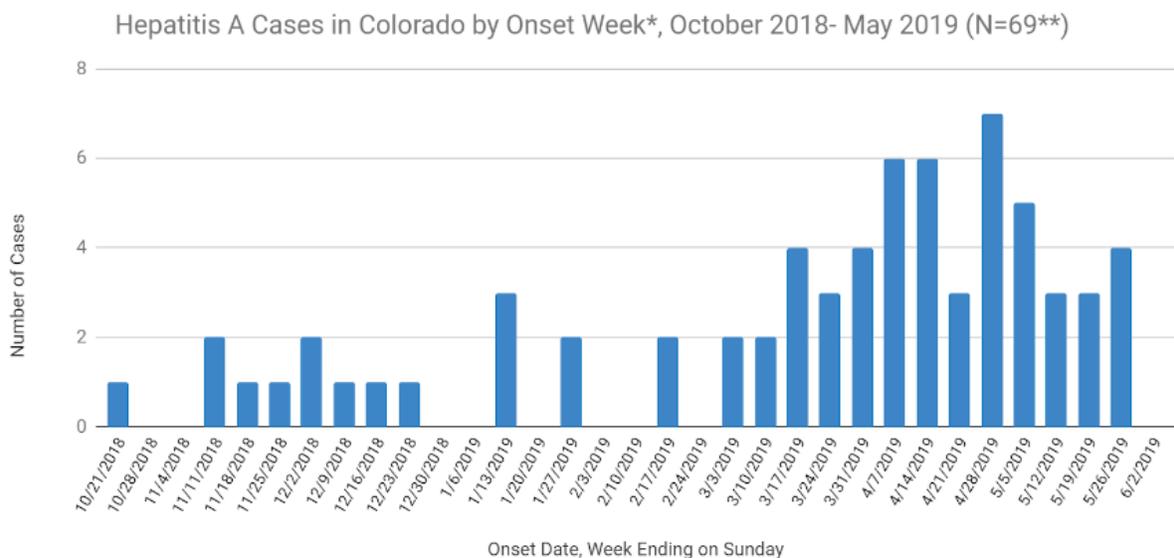
Outbreak and Response

The Colorado Department of Public Health and Environment’s (CDHPE) Communicable Disease and Immunization Branches are responsible for monitoring, investigating, and controlling epidemic and communicable diseases in Colorado, and working to reduce vaccine-preventable disease.

The CDC and CDPHE define an outbreak as the occurrence of more cases of a disease than is expected in a given area, or among a specific group of people, over a particular period of time. Historical disease surveillance data is used to identify these factors, and cases are examined to determine if there are common exposures or risk factors. Identifying an outbreak can vary between diseases based on severity of illness, transmission type, and where the disease is occurring. While the Communicable Disease Branch responds to over 200 disease outbreaks a year, the Department reports that there are few examples of outbreaks that last one year or longer and require a continuous public health response.

In Colorado, one to three cases of Hepatitis A are typically reported each month. From 2014 to 2018, the state has averaged 33 cases per year, and one-third to one-half of these cases were there result of exposure while traveling internationally.

In October 2018, an outbreak of Hepatitis A occurred in El Paso County among people experiencing homelessness, substance use issues, and/or incarceration in local jails. Similar outbreaks have occurred in other areas of the country, including San Diego and Utah. As of June 12, 2019, 71 outbreak-associated cases have been reported in Colorado, with 82 percent occurring in El Paso County (Fremont County accounts for 14 percent of cases). Of these cases, 62 percent have required hospitalization. Beginning in spring 2019, transmission of the disease appeared to accelerate, as shown in the table below.



(Source: CDPHE Hepatitis A Outbreak Report)

In response, CDPHE, in coordination with local public health agencies (LPHA) began targeted vaccination efforts among at-risk groups. At this time, the Department has identified the targeted, at-risk population to be at least 21,000 people. Vaccine clinics have been set-up in locations such as

homeless shelters, day resource centers, soup kitchens, libraries, jails, harm reductions centers, and health clinics that serve at-risk populations. As of May 1, 2019, more than 6,500 doses of Hepatitis A vaccine have been distributed. While the Department doesn't specifically track refusals, staff informally recalls that 30 to 80 percent of the targeted population has refused vaccinations to date. In many cases, people believe they received the vaccination while in the military (CDPHE does not have these records). In other cases, people refuse the vaccination at first, but after repeated presence of public health staff, agree to receive the vaccine.

The Department estimates that response to the Hepatitis A outbreak will be required for at least an additional six months, if vaccination efforts are successful. The Department typically declares an outbreak to be over when no cases are reported within the incubation period for the pathogen causing this outbreak. In this case, the incubation period for Hepatitis A is 100 days.

To date, the Department has been able to use existing state and federal funding to respond to the outbreak. Some state General Fund and some specific federal grants are dedicated to general outbreak response (not just Hepatitis A). Additionally, the Department received an additional \$103,772 federal funds from the CDC for the purchase of approximately 3,600 Hepatitis A vaccines.

REQUEST

The Department requests \$587,509 General Fund and 1.9 term-limited FTE in FY 2019-20. Included in the request is:

- \$408,731 for the purchase of vaccinations (14,453 doses at \$28.28 per dose);
- \$101,246 for 1.5 FTE experienced nurses to assist LPHAs in setting up and staffing vaccination clinics;
- \$22,122 for an 0.5 FTE epidemiologist to assist in vaccination clinics and data tracking, including ensuring proper entry in CIIS;
- \$48,510 for indirect and centrally appropriated costs; and
- \$6,900 for operating and travel expenses.

The Department request includes FTE to assist LPHAs in distributing and tracking vaccinations. While many counties, including El Paso County, have trained nurses on staff to administer vaccines, an extended outbreak such as this strains LPHA resources and requires the staff to forego their daily work in response to the outbreak. While some counties and CDPHE have loaned/provided nursing support to the impacted counties, these resources are reaching capacity. Additionally, the new FTE would gain and share expertise in this particular outbreak and in reaching the at-risk population. The Department believes this will ensure better implementation of best practices and greater efficiency.

RECOMMENDATION

The Department is statutorily required to respond to disease outbreaks in the state. Given that the outbreak escalated as the General Assembly was wrapping up session, staff believes this request meets interim supplemental criteria. Additionally, responding to the outbreak now can help prevent additional healthcare and public health costs down the road if the outbreak is not contained. Staff recommends a one-time appropriation of \$538,999 General Fund and 1.9 FTE in FY 2019-20. This includes the total appropriations, minus the centrally appropriated and indirect cost. Per Committee policy, centrally appropriated costs are not included for fewer than 20.0 FTE. Additionally, staff believes that the Department can manage the indirect costs for one year within existing resources.