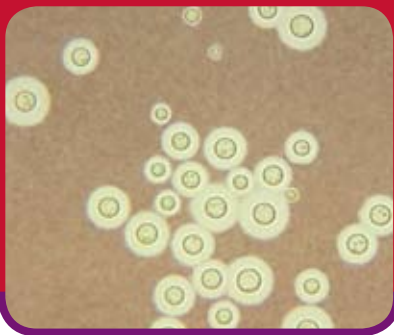


Cryptococcus



Ehrlichia/Anaplasma



Hepatitis E



Local health department information

For a list of local health department phone numbers go to: www.healthoregon.org/lhd

OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS

By law,¹ Oregon clinicians must report diagnoses of the specified infections, diseases, and conditions listed on this poster. Both lab-confirmed and clinically suspect cases are reportable. The parallel system of lab reporting does not obviate the clinician's obligation to report. Some conditions (e.g., uncommon illness of public health significance, animal bites, HUS, PID, pesticide poisoning, disease outbreaks) are rarely, if ever, identified by labs. We depend on clinicians to report.

Reports should be made to the patient's local health department² and include at least the patient's name, home address, phone number, date of birth, sex, diagnosis, and date of symptom onset. Most reports should be made within one working day of the diagnosis, but there are several important exceptions — please refer to the list on this poster.

Disease reporting enables appropriate public health follow up for your patients, helps identify outbreaks, provides a better understanding of morbidity patterns, and may even save lives. Remember that HIPAA does not prohibit you from reporting protected health information to public health authorities for the purpose of preventing or controlling diseases, including public health surveillance and investigations; see 45 CFR 164.512(b)(1)(i).³

CIVIL PENALTIES FOR VIOLATIONS OF OREGON REPORTING LAW

A civil penalty may be imposed against a person or entity for a violation of any provision in OAR chapter 333, division 18 or 19.⁴ These regulations include the requirements to report the diseases listed on this poster, along with related data; and to cooperate with local and state public health authorities in their investigation and control of reportable diseases. Civil penalties shall be imposed as follows:

- 1st violation \$100; 2nd violation \$200; 3rd or subsequent violation \$500;
- Each day out of compliance will be considered a new violation.

Smallpox



IMMEDIATELY

Anthrax (*Bacillus anthracis*)
 Botulism (*Clostridium botulinum*)
 Cholera (*Vibrio cholerae* 01, 0139, or toxigenic)
 Diphtheria (*Corynebacterium diphtheriae*)
 Hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families
 Influenza (novel)⁵
 Marine intoxication (intoxication caused by marine microorganisms or their by products (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)
 Measles (rubeola)
 Plague (*Yersinia pestis*)
 Poliomyelitis
 Rabies (human)
 Rubella
 SARS (Severe Acute Respiratory Syndrome or SARS-coronavirus)
 Smallpox (variola)
 Tularemia (*Francisella tularensis*)
 Yellow fever

Outbreaks and uncommon illnesses (any known or suspected common-source outbreak; any uncommon illness of potential public health significance)

New reportables are highlighted.

WITHIN 24 HOURS

(including weekends and holidays)
Haemophilus influenzae (any isolation or identification from a normally sterile site)
Neisseria meningitidis
 Pesticide poisoning

WITHIN ONE WORKING DAY

Animal bites (of humans)
 Arthropod vector-borne disease (babesiosis, California encephalitis, Colorado tick fever, dengue, Eastern equine encephalitis, ehrlichiosis, Kyasanur Forest disease, St. Louis encephalitis, West Nile fever, Western equine encephalitis, etc.)
 Brucellosis (*Brucella*)
 Campylobacteriosis (*Campylobacter*)
 Chancroid (*Haemophilus ducreyi*)
 Chlamydiosis (*Chlamydia trachomatis*; lymphogranuloma venereum)
 Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies

Cryptococcosis (*Cryptococcus*)

Cryptosporidiosis (*Cryptosporidium*)
 Cyclosporiasis (*Cyclospora cayetanensis*)

Enterobacteriaceae family isolates found to be non-susceptible to any carbapenem antibiotic

Escherichia coli (Shiga-toxigenic, including *E. coli* O157 and other serogroups)
 Giardiasis (*Giardia*)
 Gonococcal infections (*Neisseria gonorrhoeae*)
 Hantavirus
 Hemolytic uremic syndrome
 Hepatitis A

Hepatitis B (acute or chronic infection)
 Hepatitis C (acute or chronic infection)
 Hepatitis D (delta)

Hepatitis E

HIV infection (does not apply to anonymous testing) and AIDS

Influenza (laboratory-confirmed) death of a person <18 years of age

Lead poisoning⁶

Legionellosis (*Legionella*)
 Leptospirosis (*Leptospira*)
 Listeriosis (*Listeria monocytogenes*)
 Lyme disease (*Borrelia burgdorferi*)
 Malaria (*Plasmodium*)
 Mumps
 Pelvic inflammatory disease (PID, acute, non-gonococcal)
 Pertussis (*Bordetella pertussis*)
 Psittacosis (*Chlamydophila psittaci*)
 Q fever (*Coxiella burnetii*)
 Relapsing fever (*Borrelia*)
Rickettsia (all species: Rocky Mountain spotted fever, typhus, others)
 Salmonellosis (*Salmonella*, including typhoid)
 Shigellosis (*Shigella*)
 Syphilis (*Treponema pallidum*)
Taenia infection (including cysticercosis and tapeworm infections)
 Tetanus (*Clostridium tetani*)
 Trichinosis (*Trichinella*)
 Tuberculosis (*Mycobacterium tuberculosis* and *M. bovis*)
 Vibriosis (other than cholera)
 Yersiniosis (other than plague)

FOOTNOTES

1. ORS 409.050, 433.004; OAR 333-018-0000 to OAR 333-018-0015 (http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html)
2. <http://www.healthoregon.org/lhd>
3. http://edocket.access.gpo.gov/cfr_2004/octqtr/pdf/45cfr164.512.pdf
4. http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_026.html
5. Influenza A virus that cannot be subtyped by commercially distributed assays
6. "Lead poisoning" means a blood lead level of ≥ 10 $\mu\text{g}/\text{dl}$.

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Oregon
Health
 Authority

PUBLIC HEALTH DIVISION
 Office of Disease Prevention and Epidemiology
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