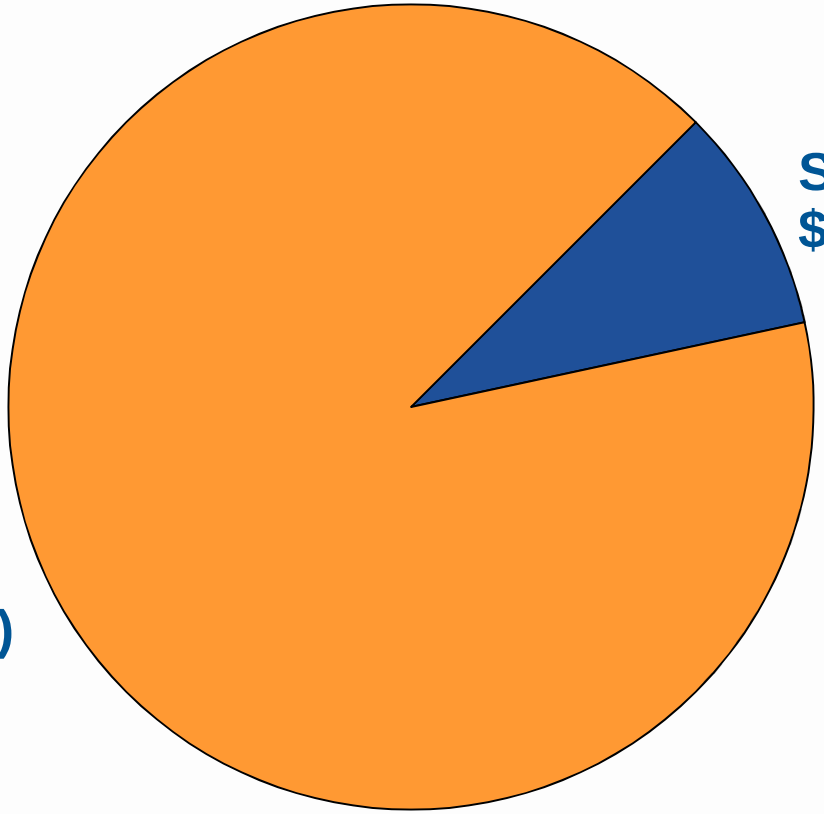
Acute & Communicable Disease Prevention

Center for Public Health Practice
Oregon Public Health Division

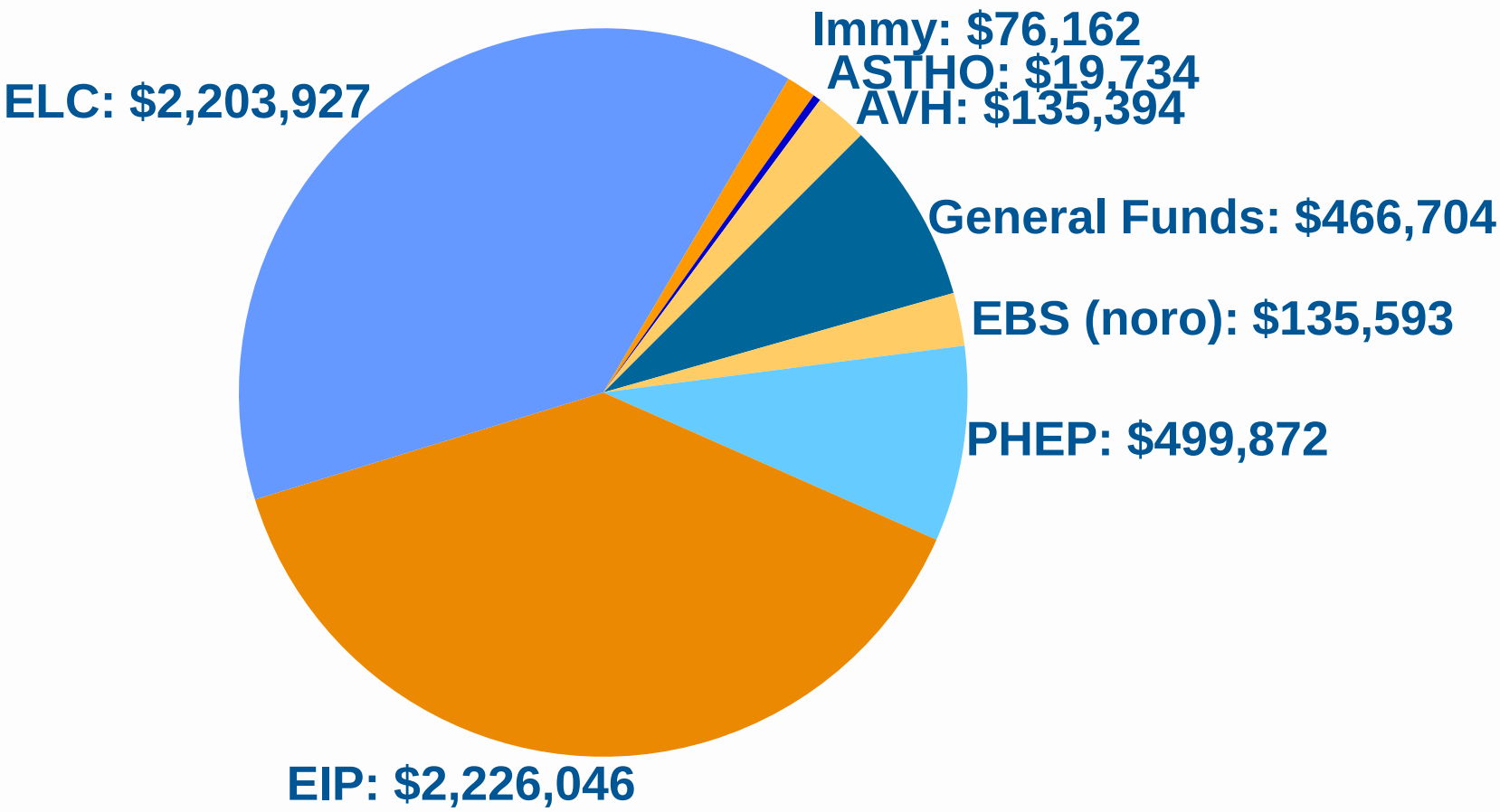
Oregon Health Authority

ACDP Funding, 2014



Oregon Health Authority

ACDP Funding, 2014*



*$648,266 to lab for various testing

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ACDP: General Functions

- Specify reportable diseases (ORS 433.004; OAR 333-018)
- Advise local public health departments
- Aggregate statewide data

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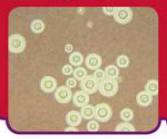
Local health department information
For a list of local health department phone numbers go to: www.healthoregon.org/lhd

Cryptococcus



Ehrlichia/Anaplasma

Hepatitis E

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 department[2] 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

New reportables are highlighted.

IMMEDIATELY

Anthrax *(Bacillus anthracis)*

Botulism *(Clostridium botulinum)*

Cholera (*Vibrio cholerae* O1, O139, 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)

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)*

Cyclosporosis *(Cyclospora cayetanensis)*

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

Escherichia coli (Shiga-toxigenic, including *E. coli* 0157 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 poisoning[6]

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)

Oregon Health Authority
PUBLIC HEALTH DIVISION
Office of Disease Prevention and Epidemiology
971-673-1111 (phone)
971-673-1100 (fax)
www.healthoregon.org/acd

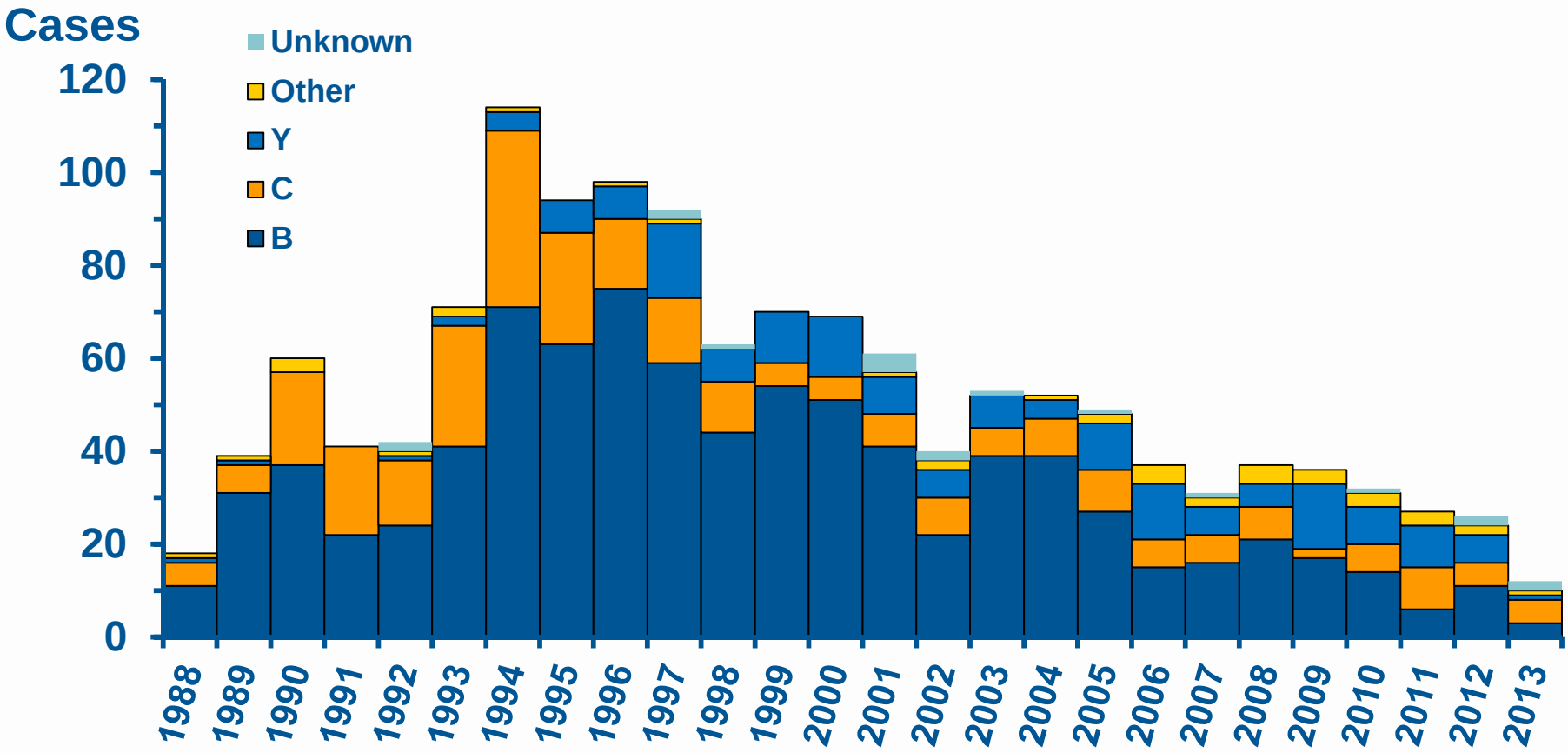
FOOTNOTES

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 µg/dl.

OHA 8577 (Rev. 11/2011)

http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/reportable.aspx

Meningococcal Disease, Oregon 1988–2013



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ACDP: Grant-Sponsored Activities

- Disease data systems
  - Electronic reporting by labs
  - “Orpheus”
  - ED reporting (“Essence”)
- Laboratory testing & subtyping
- Outbreak detection & investigation
- Judicious antimicrobial use
- Hepatitis education & planning

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ACDP: Grant-Sponsored Activities (cont)

- Health-care-acquired infections
- Influenza
- Foodborne disease
- Norovirus infection
- Invasive streptococcal disease & MRSA infections
- HPV-related disease

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ACDP: Grant-Sponsored Activities (cont)

- Pertussis
- *Cryptococcus gattii* infection
- West Nile virus
- Preparedness surveillance & epidemiology
- Training of local public health officials
- Ad-hoc studies of public health issues
  - CJD
  - pH1N1: risk groups & vaccine
  - Group B strep

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Disease Data Systems

Case Entry

HOME LIST PRINT

Jimminy Cricket 47 M Multnomah P Hepatitis A Onset~ 12/31/08 SP ID 36594

Basics | Labs | Clinical | Risks | Followup | Epilinks | Contacts | Notes | Vaccine | More

Identifiers (first, middle, last) Person

Jimminy MI Cricket

98 San Jacinto Blvd

Portland OR 97216

MULTNOMAH Special Housing

Phone Numbers Pipl

Type Phone Number

Email Email

Alt Contact Alternate contact info

Disease Status

Hepatitis A Presumptive

Onset Date Date

Refresh

Providers, Facilities & Labs Provider

Reporter ACDP-OHD, Portland Type

OK to contact Patient

Local Epi Harriet Homan Keep Active

Date Report Received by LHD 1/5/2009

LHD Completion Date 1/9/2009

State Completion Date

Add a Quick Note

Note History

Demographics

DOB 6/8/1961

Age 47 years

Sex F M

Lang Language

Born Country of Birth

Work Worksite / School

Occ.

Race

White

Black

Asian

Pacific Is.

AI/AN

Unknown

Refused

Other

Hispanic

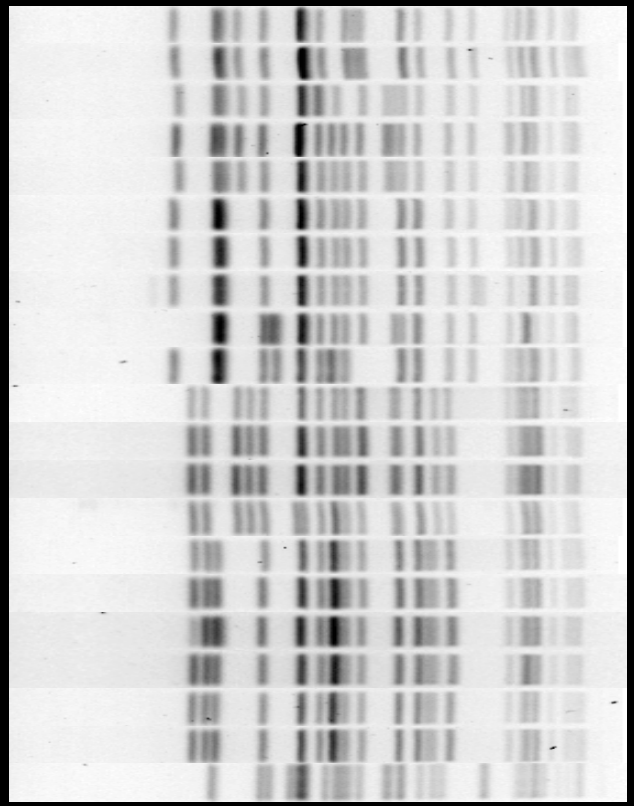
Y N ?

Subrace

100 Browse

Oregon Public Health Epi User System -- Orpheus

PFGE Patterns, *E. coli* O157
Oregon, 31 Jul – 6 Sep 2006



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Outbreak Investigations

PFGE-Matching Cases
OSPHL, Aug–Sep 2006

Onset	County	Age	Sex
8/25/06	Marion	20s	F
8/26/06	Multnomah	40s	F
8/26/06	Cowlitz	40s	M
8/30/06	Benton	teen	F
8/31/06	Benton	<10	F
8/31/06	Linn	60s	F

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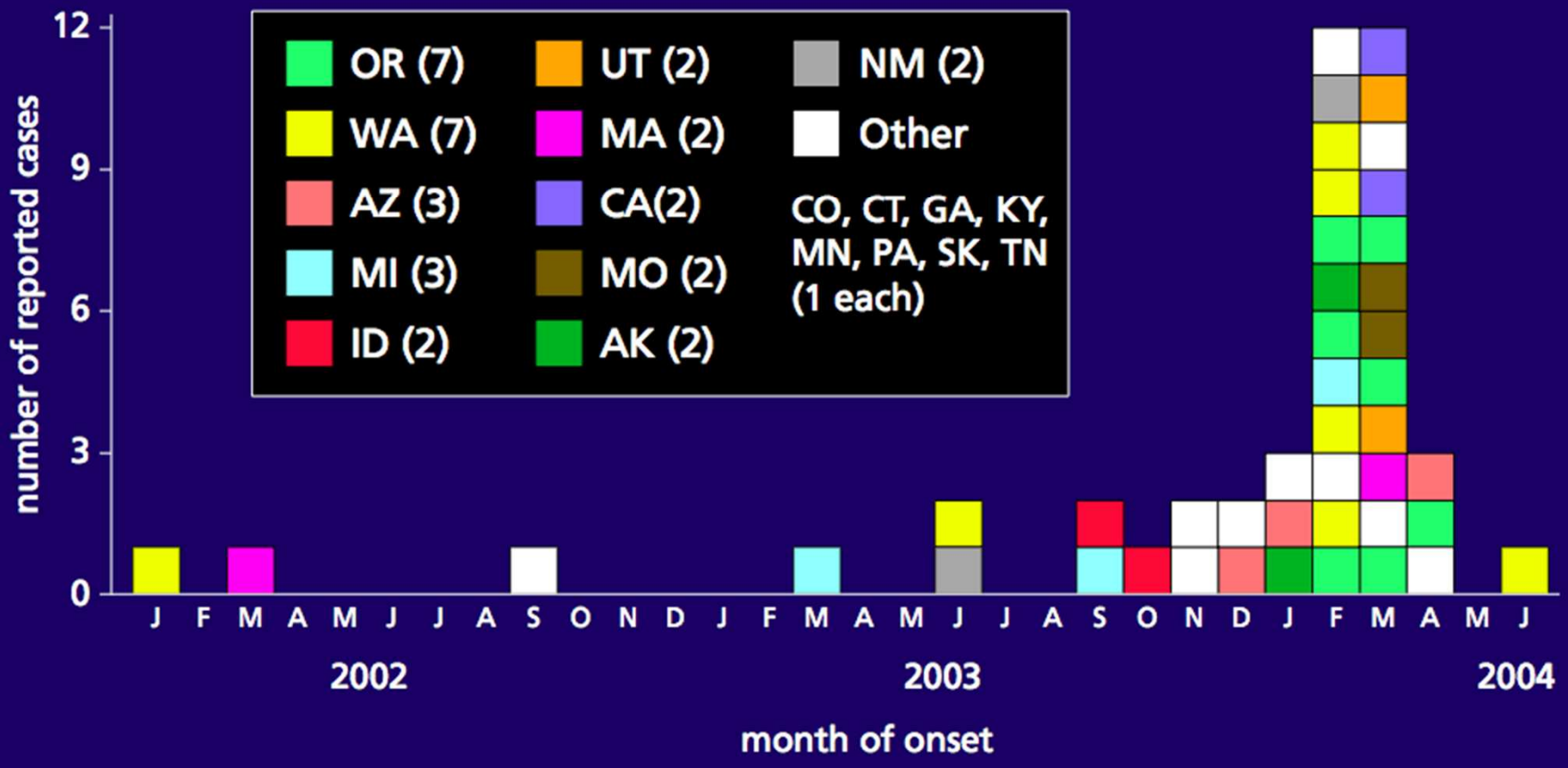
Epidemic Curve by State of Residence

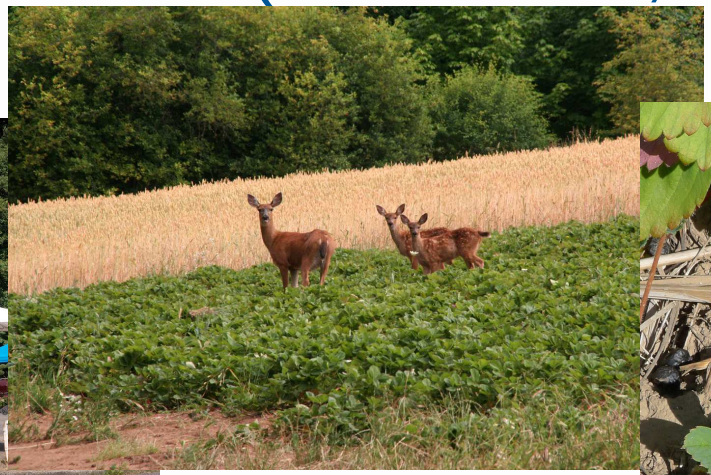


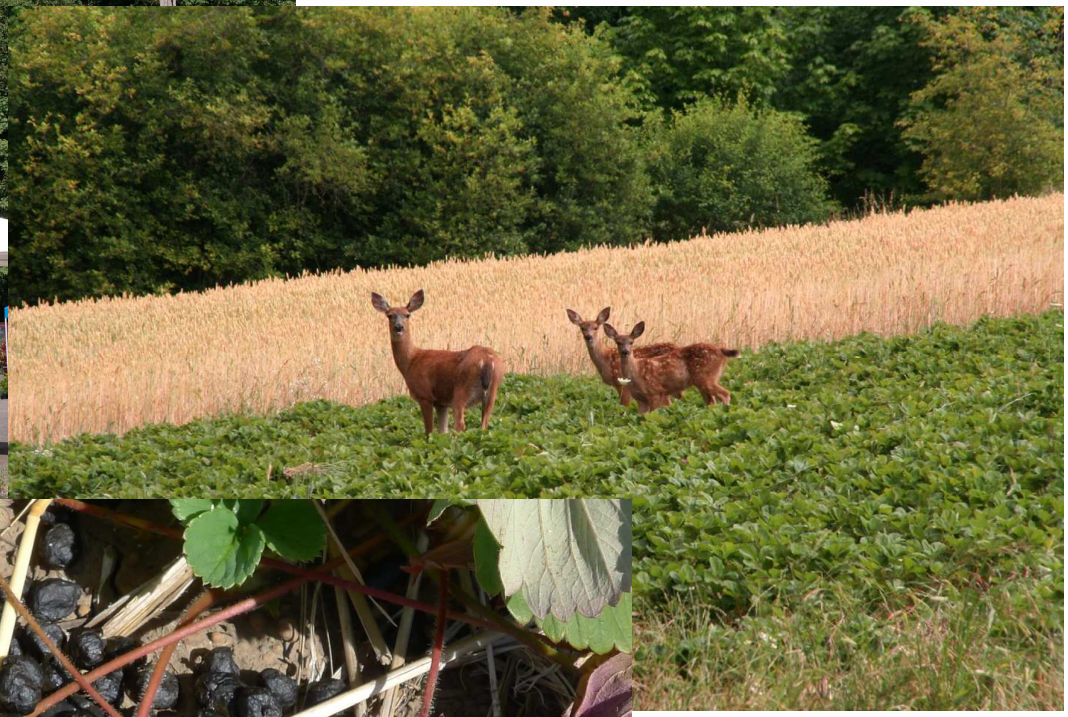
Babyspinach
Baby Spinach and Leaf

E. coli O157 Outbreak

Oregon & SW Washington, 2011

- 12 cases, 36 matched controls
- Illness associated with eating strawberries purchased from roadside produce stands, farmer's markets, or on-farm stands
- Matched OR 19.6 (95% CI 2.9, ∞); *P*=0.0008





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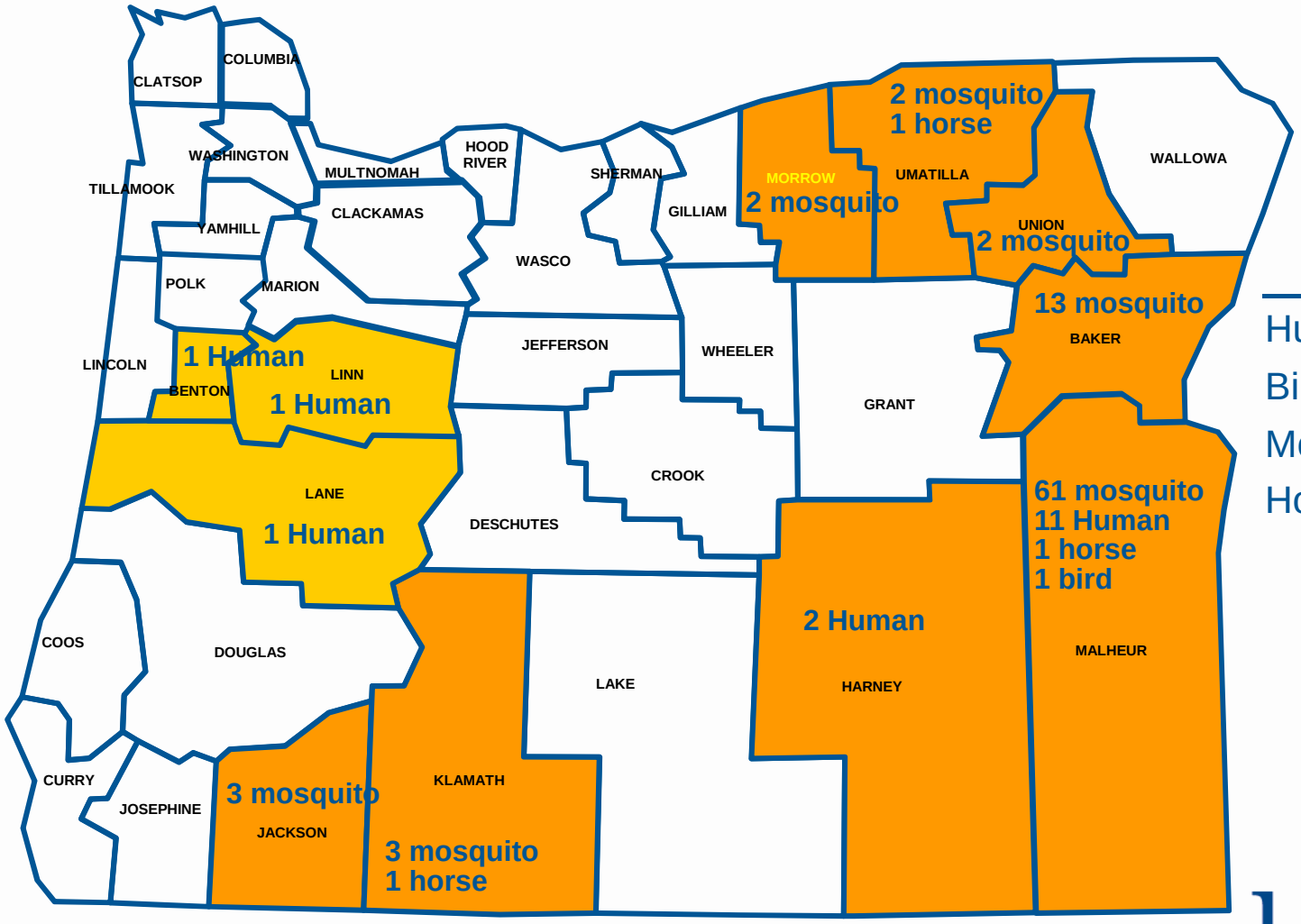
West Nile Virus – Oregon, 2013



Totals

Human	16
Birds	1
Mosquito pools	87
Horses	5

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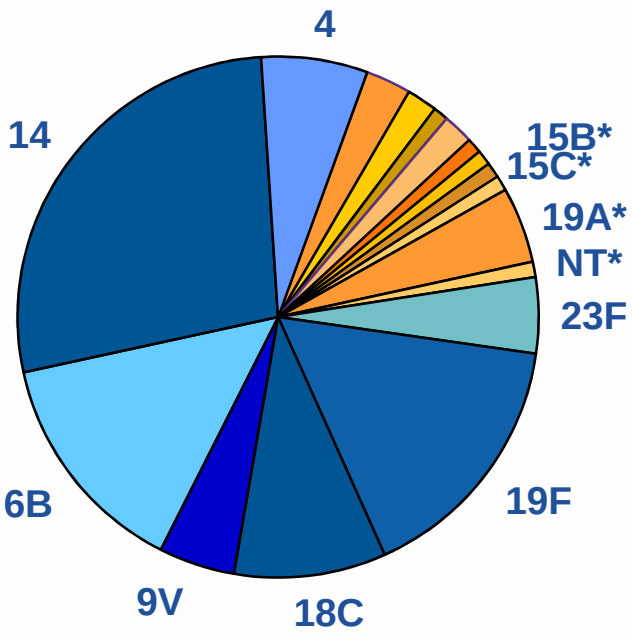
Pneumococcal Serotypes Children ≤5 Years of Age Portland Tri-County, 1997–2000

PCV-7 serotypes: 83%



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ACDP Challenges

- Local public health capacity
- Lack of core around which to build
- Managerial capacity
- Database capacity
- IT infrastructure
- Cost allocation

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