

OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 18

DISEASE REPORTING

333-018-0010

Form of the Report

(1) A health care provider required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:

- (a) The identity, address, and telephone number of the person reporting;
- (b) The identity, address, and telephone number of the attending health care provider, or other treating health care provider if any;
- (c) The name of the person affected or ill, that person's current address, telephone number, and date of birth;
- (d) The diagnosed or suspected disease, infection, or condition; and
- (e) The date of illness onset.

(2) A licensed laboratory required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:

- (a) The name and telephone number of the reporting laboratory;
- (b) The name, gender, age or date of birth, the address and county of residence of the person from whom the laboratory specimen was obtained, if known;
- (c) The date the specimen was obtained;
- (d) The specimen source site and the specimen type; for example, the specimen source site | specimen type pairings could be (knee | fluid, synovial) (cervix | tissue), (venous | blood).
- (e) The name, address and telephone number of the health care provider of the person from whom the laboratory specimen was obtained;
- (f) The name or description of the test;
- (g) The test result; and
- (h) Information required by the Authority's Manual for Mandatory Electronic Laboratory Reporting, if electronic reporting is required under OAR 333-018-0013.

(3) Reportable disease reports shall be made in the following manner:

- (a) Reports for diseases or suspected diseases that are immediately reportable under OAR 333-018-0015 shall be submitted orally, by telephone, with a follow-up written report via facsimile.
- (b) Reports for diseases or suspected diseases that are required to be reported within one to seven days under OAR 333-018-0013 shall be submitted in writing via facsimile or by other means approved by the local public health administrator, consistent with the need for timely reporting as provided in OAR 333-018-0015.
- (c) Electronically, if required by OAR 333-018-0013.

(4) If requested by a local public health administrator or the Oregon Public Health Division, health care providers and licensed laboratories shall provide additional information of relevance to the investigation or control of reportable diseases or conditions (for example, reported signs

and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).

Stat. Auth.: ORS 413.042 & 433.004

Stats. Implemented: ORS 433.004

333-018-0015

What Is to Be Reported and When

(1) Health care providers shall report all human cases or suspected human cases of the diseases, infections, microorganisms, and conditions specified below. The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies.

(2) When local public health administrators cannot be reached within the specified time limits, reports shall be made directly to the Authority, which shall maintain an around-the-clock public health consultation service.

(3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified below for humans. Such tests include but are not limited to: microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences.

(4) Human reportable diseases, infections, microorganisms, and conditions, and the time frames within which they must be reported are as follows:

(a) Immediately, day or night: *Bacillus anthracis* (anthrax); *Clostridium botulinum* (botulism); *Corynebacterium diphtheriae* (diphtheria); novel influenza; *Yersinia pestis* (plague); poliomyelitis; rabies (human); measles (rubeola); Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; rubella; variola major (smallpox); *Francisella tularensis* (tularemia); *Vibrio cholerae* O1, O139, or toxigenic; hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families; yellow fever; intoxication caused by marine microorganisms or their byproducts (for example, paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid); any known or suspected common-source outbreaks; any uncommon illness of potential public health significance.

(b) Within 24 hours (including weekends and holidays): *Haemophilus influenzae* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); pesticide poisoning.

(c) Within one local public health authority working day: amebic infection of the central nervous system (for example, by *Naegleria* or *Balamuthia* spp.), *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); *Chlamydophila* (*Chlamydia*) *psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydiosis); lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coccidioides* (coccidioidomycosis), *Coxiella burnetii* (Q fever); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; *Cryptococcus* (cryptococcosis), *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayetanensis* (cyclosporiasis); bacteria of the Enterobacteriaceae family found to be resistant to carbapenem antibiotics; *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); *Giardia* (giardiasis); *Grimontia* spp.; *Haemophilus ducreyi* (chancroid); hantavirus; hepatitis A; hepatitis B (acute or chronic infection); hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to anonymous testing) and AIDS; death of a person <18 years of age with laboratory-confirmed influenza; lead poisoning; *Legionella* (legionellosis);

Leptospira (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; *Neisseria gonorrhoeae* (gonococcal infections); pelvic inflammatory disease (acute, non-gonococcal); *Plasmodium* (malaria); *Rickettsia* (all species: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated *Taenia* infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Vibrio* spp.; *Yersinia* (other than pestis); any infection that is typically arthropod vector-borne (for example: babesiosis, California encephalitis, Colorado tick fever, dengue, Eastern equine encephalitis, ehrlichiosis, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, West Nile fever, Western equine encephalitis, etc.); a human bitten by any other mammal; and hemolytic uremic syndrome.

(d) Within seven days: Any blood lead level tests including the result.

(5) Licensed laboratories shall report, within seven days, the results of all tests of CD4+ T-lymphocyte absolute counts and the percent of total lymphocytes that are CD4 positive, and HIV nucleic acid (viral load) tests.

Stat. Auth.: ORS 413.042, 433.004 & 433.006

Stats. Implemented: ORS 433.004 & 437.010

333-018-0018

Submission of Isolates to the Public Health Laboratory

Licensed laboratories are required to forward aliquots or subcultures of the following to the Oregon State Public Health Laboratory:

- (1) Suspected *Neisseria meningitidis* and *Haemophilus influenzae* from normally sterile sites.
- (2) Suspected Shiga-toxigenic *Escherichia coli* (STEC), including *E. coli* O157; *Salmonella* spp., *Shigella* spp., *Vibrio* spp., *Grimontia* spp., *Listeria* spp., *Yersinia* spp.; *Mycobacterium tuberculosis* and *M. bovis* from any source.
- (3) All *Coccidioides* spp. isolates.
- (4) All cryptococcal isolates.
- (5) All isolates of the Enterobacteriaceae family resistant to any carbapenem antibiotic.
- (6) For persons under the age of 18 who died with laboratory-confirmed influenza: respiratory specimens or viral isolates, any *Staphylococcus aureus* isolates, and, after consulting with the Oregon Public Health Division, autopsy specimens.
- (7) All novel influenza isolates.

Stat. Auth.: ORS 413.042, 433.004 & 438.450

Stats. Implemented: ORS 433.004 & 438.310