

**The Oregon Administrative Rules contain OARs filed through  
November 15, 2006**

**DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH**

**DIVISION 18**

**DISEASE REPORTING**

**333-018-0000**

**Who is Responsible for Reporting**

(1) Each Health Care Provider knowing of or attending a case or suspected case of any of the diseases, infections, or conditions listed in OAR 333-018-0015 shall report such cases as specified. Where no Health Care Provider is in attendance, any individual knowing of such a case shall report in a similar manner.

(2) Each Health Care Facility, where more than one Health Care Provider may know or attend a case or suspected case, may establish administrative procedures to ensure that every case is reported without duplication.

(3) Each Licensed Laboratory shall report test results as specified in OAR 333-018-0015(5). When more than one Licensed Laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the Licensed Physician caring for the patient shall be responsible for reporting.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

**333-018-0005**

**To Whom Reports Shall Be Made**

(1) In general, if the patient is an Oregon resident, reports shall be made to the Local Public Health Authority for the patient's place of residence.

(2) With the consent of the Local Public Health Authority and DHS, reports may be made directly to DHS (e.g., via electronic reporting).

(3) In urgent situations when Local Public Health Authority staff are unavailable, case reports shall be made directly to DHS.

(4) Where the case is not an Oregon resident, reports shall be made either to the patient's Local Public Health Authority (if in another of the United States) or directly to DHS.

(5) Licensed Laboratories may report abnormal CD4 cell counts directly to the DHS's STD/HIV Program.

Stat. Auth.: ORS 431, 432, 433.001, 433.004, 433.006, 433.235 - 433.280, 437, 616 & 624

Stats. Implemented: ORS 431, 432, 433.001, 433.004, 433.006, 433.012, 433.106, 433.110, 433.130, 433.235 - 433.280, 437, 616 & 624

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-

1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05  
**333-018-0010**

### **Form of the Report**

(1) Each report from a Health Care Provider shall include at least the identity, address, and telephone number of the person reporting and of the attending Licensed Physician, if any; the name of the person affected or ill, that person's current address, telephone number, and date of birth; the diagnosed or suspected disease, infection, or condition, and the date of illness onset.

(2) Each report from a Licensed Laboratory shall include at least the name and telephone number of the reporting laboratory; the name, age or date of birth, and county of residence of the person from whom the laboratory specimen was obtained; the date the specimen was obtained, the name, address and telephone number of that person's Health Care Provider; the name or description of the test, and the test result.

(3) All reports shall be made by telephone or by other means approved by the Local Public Health Authority, consistent with the needs for timely reporting as provided in OAR 333-018-0015.

(4) Upon request, Health Care Providers and Licensed Laboratories shall provide to any Local Public Health Authority or DHS public health official additional information of relevance to the investigation or control of reportable diseases or conditions (e.g., reported signs and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).

Stat. Auth.: ORS 431, 432, 433.001, 433.004, 433.006, 433.235 - 433.280, 437, 616 & 624

Stats. Implemented: ORS 431, 432, 433.001, 433.004, 433.006, 433.012, 433.106, 433.110, 433.130, 433.235 - 433.280, 437, 616 & 624

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

### **333-018-0015**

#### **What Is to Be Reported and When**

(1) Health Care Providers shall report all cases or suspected 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 Authorities cannot be reached within the specified time limits, reports shall be made directly to DHS, 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. 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) 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); Severe Acute Respiratory Syndrome (SARS) and infection by SARS-coronavirus; *Yersinia pestis* (plague); 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); measles (rubeola); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); Pesticide Poisoning; poliomyelitis; *rabies* (human or animal); rubella; *Vibrio* (all species).

(c) Within one Local Public Health Authority working day: *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); *Chlamydia* (*Chlamydia*) *psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydiosis; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coxiella burnetii* (Q fever); *Creutzfeldt-Jakob disease* and other transmissible spongiform encephalopathies; *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayetanensis* (cyclosporiasis); *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); *Francisella tularensis* (tularemia); *Giardia* (giardiasis); *Haemophilus ducreyi* (chancroid); *hantavirus*; hepatitis A; hepatitis B (acute or chronic infection); hepatitis C; hepatitis D (delta); HIV infection (does not apply to anonymous testing) and AIDS; *Legionella* (legionellosis); *Leptospira* (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); *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); *Yersinia* (other than *pestis*); any infection that is typically arthropod vector-borne (for example: Western equine encephalitis, Eastern equine encephalitis, St. Louis encephalitis, dengue, West Nile fever, yellow fever, California encephalitis, ehrlichiosis, babesiosis, Kyasanur Forest disease, Colorado tick fever, etc.); human bites by any other mammal; CD4 cell count < 200/mm<sup>3</sup> or CD4 proportion of total lymphocytes < 14%; hemolytic uremic syndrome.

(d) Within 7 days: Suspected Lead Poisoning (for laboratories; this includes all blood lead tests performed on persons with suspected lead poisoning).

Stat. Auth.: ORS 433.004

Stats. Implemented: ORS 433.001, 433.004, 433.006, 433.012, 433.106, 433.110, 433.130, 433.235 - 433.284, 437, 616 & 624

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 9-1992, f. & cert. ef. 8-14-92; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH

11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 7-2006, f. & cert. ef. 4-17-06; PH 13-2006(Temp), f. 6-27-06, cert. ef. 7-1-06 thru 12-27-06; PH 19-2006, f. & cert. ef. 9-13-06  
**333-018-0018**

### **Submission of Specimens 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., *Listeria* spp., *Yersinia* spp., and *Mycobacterium tuberculosis*.

(3) Serum that tests positive for IgM antibody to hepatitis A virus.

Stat. Auth.: ORS 438

Stats. Implemented: ORS 438.310

Hist.: HB 248, f. 6-30-70, ef. 7-25-70; HD 28-1988, f. & cert. ef. 12-7-88; HD 20-1994, f. & cert. ef. 7-20-94; HD 6-1995, f. & cert. ef. 9-13-95; OHD 11-2001, f. & cert. ef. 5-16-01, Renumbered from 333-024-0050(5); OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

### **333-018-0020**

#### **Handling of Reports by Local Public Health Authorities**

(1) The Local Public Health Authority shall notify the DHS immediately of any reported cases of the following diseases and conditions: anthrax, botulism (foodborne), cholera, diphtheria, marine intoxications, measles, Pesticide Poisoning, plague, poliomyelitis, rabies; any Uncommon Illness of Potential Public Health Significance; any Outbreak of disease.

(2) For other diseases, the Local Public Health Authority shall notify the DHS no later than the end of each business week of all cases reported during that week except animal bites that have been investigated by the Local Public Health Authority need not be reported to DHS. Reports shall be sent by fax or other means approved by DHS, in a format approved by DHS.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

### **333-018-0030**

#### **Reporting of HIV Test Results**

(1) Routine reporting of individuals who have been HIV tested. With the exception of specimens submitted for HIV testing of women during pregnancy or at delivery, pursuant to ORS 433.017, or for the purposes of donation or sale of blood, plasma or other blood products, sperm, or anatomical gifts, HIV test results on specimens obtained in Oregon shall be reported routinely in accordance with the following procedures:

(a) A Licensed Laboratory shall process a specimen obtained in Oregon for HIV testing only when it is accompanied by a DHS-prescribed form that is signed and dated by the Health Care Provider ordering the test or their designee (DHS 340344-03). This requirement does not apply to specimens taken for the purpose of monitoring the progression of disease in a patient previously found to be infected with HIV. For such

follow-up monitoring, a Health Care Provider may arrange to forego the use of the DHS-prescribed form with the licensed laboratory in question by providing written confirmation to the laboratory that the patient has already tested positive and has given consent for this follow-up testing. This letter must include the patient's name or patient identification number (when one exists), provider name and provider address. Once such a letter is received by the laboratory, it may possess specimens from that patient without the DHS-prescribed form;

(b) The identity of the individual being tested shall not be recorded on the copy of the DHS-prescribed form which is to be submitted to the DHS;

(c) The Licensed Laboratory that is responsible for reporting the test results directly to the Health Care Provider, shall record the test results on the DHS-prescribed form, and forward all completed forms to the DHS within one week of completion of HIV testing. The forms must be submitted for specimens with both HIV-positive test results and negative results;

(d) If the specimen is tested other than by a Licensed Laboratory or is submitted to a clinical laboratory outside the state of Oregon, the Health Care Provider must, upon receipt of test results, complete the DHS-prescribed form and submit it to the Department within one week;

(e) The Health Care Provider and the Licensed Laboratory may use any other forms necessary for routine communication of test results and billing information, subject to the confidentiality requirements of OAR 333-012-0270.

(2) Reporting of HIV results of pregnant women.

(a) Licensed laboratories that receive specimens of blood from pregnant women accompanied by an order for a prenatal panel and/or for a HIV test will conduct HIV testing on that specimen unless the requesting health care provider indicates that the patient has declined HIV testing.

(b) The Licensed Laboratory that is responsible for reporting the test results directly to the Health Care Provider and the Health Care Provider may use any forms necessary for routine communication of test results and billing information, subject to the confidentiality requirements of OAR 333-012-0270.

(3) Reporting of HIV test results of donors in blood banks, plasma centers, sperm banks, and anatomical gift services. Special requirements apply to reporting results of HIV tests performed in these settings:

(a) Blood banks, plasma centers, sperm banks, and anatomical gift services, and insurance companies and their agents are not required to complete the DHS-prescribed form (DHS 340344-03) for each person tested;

(b) These facilities shall instead report to the DHS, on a quarterly basis beginning July 1, 1988, a summary of the number of individuals HIV tested during the three previous months, the number with HIV-positive test results, and the number with negative results. For insurance companies, this requirement applies to all tests performed at the request of the company for insurance eligibility purposes. This report shall also identify the test system used to identify positives and negatives. Such reporting shall be on a statistical basis only and shall not identify individuals.

**NOTE:** Specific rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-012-0265 and 333-012-2700.

Stat. Auth.: ORS 431, 432 & 433

Stats. Implemented: ORS 431, 432 & 433

Hist.: HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 6-1990(Temp), f. 2-22-90, cert. ef. 3-1-90; HD 16-1991, f. & cert. ef. 10-10-91; HD 10-1994(Temp), f. & cert. ef. 4-8-94; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 19-2005(Temp), f. 12-30-05, cert. ef. 1-1-06 thru 6-29-06

### **333-018-0035**

#### **Procedures Involving Emergency Response Employees**

(1) Each person or local government employing persons to render emergency care shall designate a contact person or "designated officer" to receive reports from the Local Public Health Authority made under ORS 433.006. The employer shall assure that the designated officer has sufficient training to carry out the duties as described below, which shall include appropriate procedures for follow-up after occupational exposures to specific diseases as specified below in section (2) and section (6).

(2) Sections (3)–(5) apply only to the following subset of reportable diseases: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (*Yersinia pestis*), rabies, hemorrhagic fevers (e.g., Lassa, Marburg, and Ebola).

(3) Health Care Providers and Health Care Facilities shall, when reporting this subset of diseases, determine and include as part of their report whether or not an emergency care provider was involved in pre-hospital care for this disease.

(4) Health Care Providers and Facilities shall report to the Local Public Health Authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified below in section (5), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.

(5) Upon receiving a report of a reportable disease as defined in section (2) above, the designated officer shall notify all out-of-hospital caregivers, including but not limited to: first responders, emergency medical technicians, paramedics, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease. The designated officer shall inform the personnel only of the reportable disease and the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the individual having the reportable disease or otherwise refer specifically to the individual having the reportable disease.

(6) In the event of an occupational exposure to a bloodborne pathogen as defined by ORS 433.060(8), the designated officer shall also assist the exposed worker as defined in ORS 433.060(11) in implementing the provisions of ORS 433.065 through ORS 433.080 and associated DHS rules (333-012-0260 through 333-012-0270). These rules include provisions for determining HIV, hepatitis B and C status of the source patient and soliciting HIV testing after an occupational exposure.

Stat. Auth.: ORS 433.045 - ORS 433.080 & ORS 431.110(1)(e)

Stats. Implemented: ORS 433.006 & ORS 433.065

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; HD 8-1997, f. & cert. ef. 6-26-97; OHD 15-2001, f. & cert. ef. 7-12-01, Renumbered from 333-018-0023; OHD 3-2002, f. & cert. ef. 3-4-02

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