

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

OUT WITH THE OLD, IN WITH THE NEW DISEASE REPORTING RULES

With the new year come a few proposed changes in Oregon Administrative Rules (OARs) regarding reporting and investigation of communicable diseases in Oregon. This issue of the *CD Summary* encapsulates the proposed changes; for a complete text please see www.oregon.gov/DHS/ph/acd. You are invited to comment on the proposed rules at a public hearing to be held February 22 at 1:00 P.M. at 800 NE Oregon Street, Room 1E, Portland, OR 97232. If you cannot make it in person, you may send written comments to ACDP at the address above, fax them to 971-673-1299 or email them to ohd.acdp@state.or.us before 5:00 P.M. on February 22. Please put "Rules" in the subject line.

INFLUENZA REPORTING

In response to the 2009 pandemic of influenza A (H1N1), we made hospitalization or death from laboratory-confirmed influenza reportable on an emergency basis as of September 1, 2009. The virus is still circulating, but this emergency rule will expire February 27— well before the end of a typical influenza season. Therefore, we propose to extend this reporting though August 31, 2010, i.e., we will have one full year of reporting. This influenza reporting rule will sunset after that date, and we will revert to older methods of tracking influenza— viz., voluntary reporting from virology laboratories and weekly reporting from ~25 sentinel providers around the state.

URGENCY OF REPORTING

In Oregon, reports must be made to local public health authorities immediately, within one working day, or within seven days, depending upon the disease. The World Health Organization's revised International Health Regulations call for several diseases to be reported immediately— any time, day or night— to public health

officials. The Council of State and Territorial Epidemiologists (CSTE) has endorsed this list, along with a responsibility on the part of state health departments to forward such reports urgently to the Centers for Disease Control and Prevention.¹ Accordingly, we propose to add to the "immediate notification" category the following diseases: cholera, novel influenza,* measles, plague, poliomyelitis, human rabies, rubella, smallpox, tularemia, yellow fever and hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola) or arenavirus (e.g., Lassa) families. The yoke should be easy and the burthen light: all of these diseases range in occurrence from uncommon to eradicated.[†]

OPHTHALMIA NEONATORUM

This proposed change would retain reference to risk for gonococcal ophthalmia but eliminate reference to *Chlamydia*. It clarifies that health care providers are responsible for assessing risk and ensuring treatment, as appropriate, with topical erythromycin, tetracycline, or silver nitrate.

ELECTRONIC LABORATORY REPORTING (ELR)

Since 2000, many labs have discharged their public health reporting duties electronically; about 80% of cases are currently reported via ELR. Electronic reporting is more timely and complete than traditional reporting.²⁻⁴ Moreover, it reduces paper and personnel costs associated with faxing, and minimizes errors that accompany the re-typing of information. This rule change will require laboratories that report an average of ≥30 cases per month to report electronically, using the standard Health Level Seven format (www.hl7.org).

* "novel" being defined as "influenza A virus that cannot be subtyped by commercially distributed assays."

† If you've seen any of these but have been holding back, *vide* Penalties for Non-compliance, *infra*.

ANIMALS, TOO

Of organisms that can infect human beings, approximately 60% can be transmitted by animals.⁵ The proposed rule change requires clinical laboratories (not laboratories in veterinary clinics) that test specimens from animals to report the following pathogens and diseases:

- (a) Immediately, day or night: anthrax, rabies, and plague;
- (b) Within one day: psittacosis, leptospirosis, Q fever, and tularemia; and
- (c) Within one week: *Baylisascaris*, *Borrelia burgdorferi*, campylobacteriosis, *Cryptococcus*, *Cryptosporidium*, *Escherichia coli* O157:H7, giardiasis, lymphocytic choriomeningitis, methicillin-resistant *Staphylococcus aureus*, Rocky Mountain spotted fever, salmonellosis, toxoplasmosis, *Toxocara*, West Nile virus, and yersiniosis.

We are always interested in learning about animals sick with infectious diseases of potential human health significance (e.g., TB in elk and H1N1 influenza in cats and ferrets[‡]).

RABIES STUFF

Several species of animals are routinely vaccinated against rabies. A certificate should always be provided immediately after the rabies vaccine is given. Under the new rules, only licensed veterinarians may complete and sign the Rabies Vaccination Certificate; electronic signatures are acceptable.

When most animals (mammals) are exposed to rabies, they must be quarantined for six months or destroyed. However, domestic dogs, cats and ferrets should be vaccinated; vaccinated animals exposed to rabies, may be re-vaccinated prior to quarantine. The proposed rule would reduce period of required quarantine from 90 days to 45 days. For reasons unknown, we've had 90 days in the rules for quite some time. We're simply aligning our

‡ See H1N1 in pets at www.oregon.gov/DHS/ph/acd/vethomepage.shtml.



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recommendations with the nationally accepted Rabies Compendium.⁶

PENALTIES FOR NON-COMPLIANCE

In 2007 the Oregon Legislative Assembly passed House Bill 2185, a major reform of Oregon public health law. Among many other things, it authorized the Department of Human Services (DHS) and local public health administrators to “issue a notice of violation of a public health law and impose a civil penalty as established by rule not to exceed \$500 a day per violation” (Oregon Revised Statute 431.262[d]). Accordingly, the proposed OAR 333-026 would authorize the imposition of civil penalties for the following:

- (a) failing to report a reportable disease in accordance with OAR 333-018;
- (b) reporting to work in a communicable stage of any restrictable disease in violation of OAR 333-019-0010 or 333-019-0046 (schools, child care, health care or food service facilities),[§]
- (c) permitting a child to attend school in violation of OAR 333-019-0010;
- (d) failing to immunize an animal against rabies in accordance with OAR 333-019-0017;
- (e) failing to license a dog in accordance with OAR 333-019-0019;
- (f) failing to euthanize a mammal in accordance with OAR 333-019-0024 or 333-019-0027;
- (g) euthanizing an animal (mammal) or destroying the head of a mammal that has bitten a person, within 10

[§] Restrictable diseases vary by type of facility; refer to OAR 333-019-0010 and -0046, available at http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_019.html.

days of the bite, without authorization from the Local Public Health Authority; or

- (h) failing to confine an animal in accordance with OAR 333-019-0027.

Before issuing a civil penalty, DHS or the local public health authority will send a written warning letter advising the person or entity that they are not in compliance with one or more of these rules. Civil penalties will be imposed as follows: first violation, \$100; second violation \$200; third or subsequent violation: \$500. Each day out of compliance can be considered a new violation; a civil penalty may not exceed \$500 a day per violation.

A notice of imposition of civil penalty shall comply with ORS 183.745: “A civil penalty imposed under this section shall become due and payable 10 days after the order imposing the civil penalty becomes final by operation of law or on appeal.”

ACKNOWLEDGEMENTS

We thank the following individuals for their participation on the Rules Advisory Committee for communicable disease reporting and control: Claudia Atherton (Legacy Hospital Systems); Bryan Boerhinger (Oregon Medical Association); Nancy Church (Northwest Chapter of the Association for Professionals in Infection Control and Epidemiology, Inc.); Jerry Heidel (Oregon State University); Tom Holt (Oregon Association of Hospitals and Health Systems); Bob Lobinger (VCA Antech, Inc.); Julie Lupke (Mayo Laboratories, Inc.); Shannon O’Fallon (Oregon Department of Justice); Michael Oswald (Multnomah County Animal Services);

Gary Oxman (Conference of Local Health Officials).

Special thanks to Shannon O’Fallon, Esq., for reviewing Oregon Revised Statutes associated with these rules.

PUBLIC HEALTH WEB SITE MAKEOVER

Over the next several months, we will be conducting a major web site “makeover,” and we are interested in your input, especially if you are a frequent visitor to our site – www.oregon.gov/DHS/ph/odpel/index.shtml. Please email us at ohd.acdp@state.or.us and put “website” in the subject line if you have advice about how to make the site work better for you.

REFERENCES

1. Council of State and Territorial Epidemiologists. CSTE list of nationally notifiable conditions. 2009. Available at www.cste.org/dnm/LinkClick.aspx?fileticket=7CCxM20JUGg%3d&tabid=36&mid=1496.
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3. Panackal AA, M’Ikanatha N M, Tsui FC, et al. Automatic electronic laboratory-based reporting of notifiable infectious diseases at a large health system. *Emerg Infect Dis* 2002;8:685–91.
4. Overhage JM, Grannis S, McDonald CJ. A comparison of the completeness and timeliness of automated electronic laboratory reporting and spontaneous reporting of notifiable conditions. *Am J Public Health* 2008;98:344–50.
5. Taylor LH, Latham SM, Woolhouse ME. Risk factors for human disease emergence. *Philos Trans R Soc Lond B Biol Sci* 2001;356:983–9.