

Local health department information

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

TB: Still infectious



ETEC: Not just for travelers



Infection Control: The basics



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, hemolytic uremic syndrome (HUS), 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 of residence 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.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:

- First violation \$100, second violation \$200, third or subsequent violation \$500;
- Each day out of compliance will be considered a new violation.

Safe Injection Practices[†]



Oregon Health Authority

PUBLIC HEALTH DIVISION
Center for Public Health Practice
971-673-1111 (phone)
971-673-1100 (fax)
www.healthoregon.org/acd



OHA 8577 (Rev. 01/2018)

New reportables are highlighted.

IMMEDIATELY

Anthrax (*Bacillus anthracis*)

Bacillus cereus biovar anthracis

Botulism (*Clostridium botulinum*)

Brucellosis (*Brucella*)

Cholera (*Vibrio cholerae* O1, O139, or toxigenic)

Diphtheria (*Corynebacterium diphtheriae*)

Eastern equine encephalitis

Glanders (*Burkholderia mallei*)

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 byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)

Measles (rubeola)

Melioidosis (*Burkholderia pseudomallei*)

Plague (*Yersinia pestis*)

Poliomyelitis

Q fever (*Coxiella burnetii*)

Rabies (human)

Rubella

SARS (Severe Acute Respiratory Syndrome or SARS-coronavirus)

Smallpox (variola)

Tularemia (*Francisella tularensis*)

Typhus, louse-borne (*Rickettsia prowazekii*)

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*
- *Neisseria meningitidis*

(any isolation or identification from a normally sterile specimen type)

- Pesticide poisoning

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY

Amebic infections⁶ (central nervous system only)

Anaplasmosis (*Anaplasma*)

Animal bites (of humans)

Arthropod vector-borne disease (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)

Babesiosis (*Babesia*)

Campylobacteriosis (*Campylobacter*)

Chancroid (*Haemophilus ducreyi*)

Chlamydiosis (*Chlamydia trachomatis*; lymphogranuloma venereum)

Coccidioidomycosis (*Coccidioides*)

Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies

Cryptococcosis (*Cryptococcus*)

Cryptosporidiosis (*Cryptosporidium*)

Cyclosporiasis (*Cyclospora cayetanensis*)

Ehrlichiosis (*Ehrlichia*)

Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current CLSI breakpoints⁷

Escherichia coli (enterotoxigenic, Shiga-toxigenic, including *E. coli* O157 and other serogroups)

Giardiasis (*Giardia*)

Gonococcal infections (*Neisseria gonorrhoeae*)

Grimontia spp. infection

Hantavirus

Hemolytic uremic syndrome (HUS)

Hepatitis A

Hepatitis B

Hepatitis C

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 poisoning⁸

Legionellosis (*Legionella*)

Leptospirosis (*Leptospira*)

Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)

Malaria (*Plasmodium*)

Mumps

Non-tuberculous mycobacterial infection (non-respiratory)⁹

Pertussis (*Bordetella pertussis*)

Psittacosis

(*Chlamydia psittaci*)

Relapsing fever (*Borrelia*)

Rocky Mountain spotted fever and other *Rickettsia* (except louse-borne typhus, which is immediately reportable)

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*)⁹

Vibriosis (other than cholera)

West Nile

Yersiniosis (other than plague, which is immediately reportable)

Zika

FOOTNOTES

† In addition to reporting updates, please be aware of new OAR 333-019-0061, requiring health care professionals to observe standard precautions as described in Centers for Disease Control and Prevention's [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](https://www.cdc.gov/infectioncontrol/guidelines/isolation/). <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

1. http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html
2. www.healthoregon.org/diseasereporting
3. http://edocket.access.gpo.gov/cfr_2004/octqtr/pdf/45cfr164.512.pdf; see 45 CFR 164.512(b)(1)(i).
4. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=55544>
5. Influenza A virus that cannot be subtyped by commercially distributed assays.
6. For example, infection by *Acanthamoeba*, *Balamuthia*, or *Naegleria* spp.
7. CLSI. Performance Standards for Antimicrobial Susceptibility Testing; Twenty-Fifth Informational Supplement. CLSI document M100-S25. Wayne, PA: Clinical and Laboratory Standards Institute; January 2015.
8. "Lead poisoning" means a confirmed blood lead level of at least 5 µg/dL.
9. Infection at any site with *M. tuberculosis* or *M. bovis* is reportable. Only non-respiratory infections with other mycobacteria are reportable.