

NOTICE OF PROPOSED RULEMAKING

“One must work; one must work, I have done what I could.”

Louis Pasteur’s last words on 28 September 1895.

This *CD Summary* serves as official notice of proposed rule changes to become effective April 2020. The full text of the proposed changes may be found at healthoregon.org/acdrules. We invite you to comment on the proposed rules at a public hearing to be held at 2:00 P.M. Monday, March 9, 2020, in room 1E of the Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232. Alternatively, you may address written comments before 5:00 P.M. Monday, March 9, 2020, to the Public Health Division Rules Coordinator: Brittany Hall, Administrative Rules Coordinator OHA, Public Health Division 800 NE Oregon Street, Suite 930 Portland, Oregon 97232 publichealth.rules@state.or.us Fax: 971-673-1299

RABIES PEP REPORTABLE

At 8 P.M. on July 6, 1885, nine-year-old Joseph Meister, who had been attacked and bitten by a rabid dog, became the first human to receive a rabies vaccine, newly developed by Louis Pasteur and Émile Roux. Fast forward 134 years, and we’re still dogged by animal bites and the risk of rabies. About half of us will get bitten by a person or some kind of animal at some point in our lives.¹ Because of the potential for rabies transmission with its attendant demand for a \$3,800 course of post-exposure prophylaxis (RPEP), and a public-health interest in keeping tabs on mammals that might transmit rabies in Oregon, bites of humans by any mammal have long been reportable here.

About one of every six calls that come into our Acute and Communicable Disease Prevention section is about an animal bite. During 2015–2019, Oregon local public health authorities (LPHAs) logged 13,480 animal bites associated with Oregon residents (Table). Unfortunately, we have very few data on RPEP associated with these reports; we know of <150 RPEP courses given during that time period.

Reporting of RPEP will yield more complete reporting of the bites of most public-health consequence, and will lend insight into the appropriate and inappropriate use of expensive RPEP in Oregon. Following reports, public health officials assess the risk of rabies to determine whether biting animals should be tested at

public expense and, based on the data afforded by reporting and testing, to advise clinicians about risk and the need for RPEP. We are defining RPEP as the “initial administration of rabies vaccine or rabies immune globulin...” RPEP reporting data will demonstrate how often there was a bite that a doctor thought posed a significant risk for rabies; and the frequency with which expensive RPEP was perhaps given inappropriately. Our goals are better health, better care, and lower costs.

Most RPEP is initiated in hospital emergency departments, and since we’ve successfully piloted electronic reporting of animal bites with an Oregon hospital, we hope to automate RPEP reporting from electronic health records.

Table. Reported animal bites of Oregon residents, 2015–2019

Animal	No.	Animal	No.	Animal	No.
Dog	9,225	Pig	5	Fisher	1
Cat	3,206	Skunk	5	Fox	1
Bat	265	Ferret	4	Gopher	1
Raccoon	53	Bobcat	3	Greater Bush Baby	1
Squirrel	51	Guinea Pig	3	Leopard	1
Rodent, unspecified	45	Mink	3	Mole	1
Rabbit	13	Mouse	3	Otter	1
Monkey	11	Goat	2	Pine Marten	1
Horse	9	Kinkajou	2	Prairie Dog	1
Opossum	9	Chicken	1	Tiger	1
Rat	9	Coati	1	Wolf	1
Bird, unspecified	8	Cougar	1	Unknown/Missing	513
Coyote	8	Donkey	1		
Hamster	5	Fisher	1	Total	13,480

CANDIDA AURIS REPORTABLE

Candida auris was discovered only in 2009, and the fact that it has shown resistance to all three available classes of anti-*Candida* drugs—polyenes (e.g., amphotericin), azoles (e.g., fluconazole), and echinocandins (e.g., micafungin)—has earned it a place in CDC’s Tier 1 pantheon of Urgent Antibiotic Resistance Threats. It has spread rapidly among patients in hospitals and nursing homes in New York, New Jersey, Illinois, and Southern California. *C. auris* became nationally notifiable in 2019. To date, we are aware of no cases of *C. auris* infection or colonization in Oregon. Rapid identification, reporting, and containment will be key to preventing the emergence of this pathogen in our state.

NO LONGER REPORTABLE

In response to the emergence of serious vaping-associated lung injury (VALI) and Governor Kate Brown’s Executive Order 19-09, we issued an [emergency rule](#) on October 9th last, requiring reporting of “any patient who has been hospitalized or who died from radiographically or histologically demonstrated lung injury following a history of e-cigarette use or vaping in the preceding 90 days.” Emergency rules in Oregon have a shelf-life of 180 days absent promulgation of a permanent rule.

Currently, Oregon is the 17th lowest state in terms of annualized incidence of VALI, with 23 cases and a cumulative incidence of 5.4 per million population. The highest incidences have been recorded in Utah (40.1 per million), North Dakota (26.3), and Minnesota (25.1). Closer to home, incidences have been 2.8 in Washington State, 5.7 in Idaho, 2.3 in Nevada, and 4.7 in California. Case investigations in each state have contributed to the national effort to identify the cause(s) of VALI, which remains reportable until the emergency rule expires in April 2020; we do not plan to make this rule permanent. As always, we are interested in hearing about any illness that you think might be of public-health concern.

Among the selected healthcare-acquired infections (HAIs) about which we have collected data from Oregon healthcare facilities are post-laminectomy (LAM) surgical-site

infections (SSIs). Comparisons of data from Oregon hospitals to those nationally and to national prevention targets have demonstrated progress made by Oregon hospitals toward preventing LAM SSIs. In 2011, 33 of 9,378 laminectomy surgeries in Oregon were reportedly complicated by SSI. In 2017, SSIs were reported after 10 of 6,858 LAM surgeries. After controlling for various risk factors, the 2017 figure was 60% lower than the national baseline and 43% below the national target for 2020.

Additionally, Oregon infection preventionists and stakeholders have advised us that removing this reporting requirement would not impair their HAI prevention efforts and would free existing resources for higher-priority SSIs.

CLARIFYING ARTHROPOD-BORNE DISEASES

Any arthropod-borne disease is reportable in Oregon. It would be impractical to list all of them, so the current OARs cite a representative list of them. We now propose to divide that into the broad mosquito-borne and tick-borne groups, in hopes that it will be easier for readers to navigate. When in doubt, give us a shout. We’re always happy to hear from you.

EXCLUDING EXPOSED, SUSCEPTIBLE SCHOOL AND CHILD CARE EMPLOYEES

To control disease in schools, Oregon Revised Statute (ORS) 433.260 requires administrators of schools and children’s facilities to exclude, pursuant to Oregon Health Authority rules, children and employees following exposure to restrictable diseases.* Absent an exemption, students in schools and children’s facilities must be immunized, and current OARs require exclusion of exposed students who have declined immunization; but teachers and other employees are not required to be immunized and have not been similarly excluded. During 2015–2019, Oregon LPHAs have investigated 74 pertussis and two measles outbreaks in schools or children’s facilities. We propose to exclude susceptible employees in these settings following exposure to seven vaccine-preventable diseases: measles, mumps, rubella, diphtheria, pertussis, hepatitis A and hepatitis B.

*www.oregonlegislature.gov/bills_laws/ors/ors433.html

Centers for Disease Control and Prevention (CDC) criteria determine who is considered “susceptible.” We plan to develop guidelines for schools to incorporate into their own policies and procedures regarding implementation of these exclusion requirements.

INFECTIOUS WASTE: REDUNDANT LANGUAGE

Last and not least, we will delete redundant language in our infectious waste rules that repeat verbatim the associated statutory language.

HOW TO REPORT

Consider using our on-line reporting page to report any reportable disease, including RPEP: healthoregon.org/onlinemorbidityform.

FOR MORE INFORMATION

General Disease Reporting:

- healthoregon.org/diseasereporting
- Rabies Post-exposure Prophylaxis
- www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm

Candida auris:

- www.cdc.gov/drugresistance/pdf/threats-report/candida-auris-508.pdf
- www.cdc.gov/hai/pdfs/containment/Health-Response-Contain-MDRO-H.pdf
- www.cdc.gov/fungal/candida-auris/tracking-c-auris.html
- www.cste.org/resource/resmgr/ps/2018ps/18-ID-05_Dec2018_Update.pdf

VALI:

- healthoregon.org/vapingillness
- www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

HAIs:

- healthoregon.org/hai
- Disease Control in Schools: ORS 433.235 to 433.284: www.oregon-legislature.gov/bills_laws/ors/ors433.html

Infectious Waste:

- www.oregon.gov/oha/ph/DiseasesConditions/CommunicableDisease/Pages/Infectious-WasteFAQ.aspx

REFERENCE

1. Goldstein EJ. Bite wounds and infection. *Clin Infect Dis.* 1992;14:633–8.



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