



Summary

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Contact: 971-673-1111 | cd.summary@state.or.us | www.healthoregon.org/cdsummary

Notice of Proposed Rule-Making Hearing: New definitions and disease reporting requirements

To investigate the effect on humans of abnormally high levels of cadmium identified by the Oregon Department of Environmental Quality in some Portland neighborhoods, on February 18th of this year, we amended the Oregon Administrative Rules (OARs) on a temporary, emergency basis to require that any cadmium demonstrated by laboratory testing of urine be reported to public health officials (http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html). Guidelines for clinicians regarding sample collection and testing have been published and updated.¹ Because this rule would otherwise expire after 180 days, (i.e., on August 18th), the Oregon Health Authority (OHA) proposes a permanent rule along these lines. Other changes, from deleting reporting of clinical pelvic inflammatory disease and the pediculosis exclusion, to clarifying language around what an outbreak makes, are also proposed.

This *CD Summary* serves as official notice of these proposed rule changes and summarizes them (*infra*); full text of the proposed changes may be found here: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/rules.aspx>. You are invited to comment on the proposed rules at a public hearing to be held at 1:00 P.M. on Tuesday, July 19, 2016, in room 1D of the Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232. Alternatively, you may address written comments before 5:00 P.M. on July 22, 2016, to the Public Health Division Rules Coordinator at the following address:

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“Smokey, this is not ‘Nam, this is bowling. There are rules.”

Walter Sobchak, The Big Lebowski

Definitions: Urine cadmium reporting made permanent

An entire *CD Summary* could be (and may well be in the future) devoted to cadmium; an entire website has already emerged (<http://saferair.oregon.gov/Pages/index.aspx>). Safer Air Oregon is a joint effort between the Oregon Department of Environmental Quality (DEQ), OHA, and Multnomah County Health Department (MCHD), whose goal is to share information about toxic metals emissions and what we're doing to protect the public's health. To that end, we are keeping "cadmium demonstrated by laboratory testing of urine" as a reportable condition. (and may well be in the future)

Definitions: Selected biological agents of bioterrorism

As much as we hate to overburden you with a list of diseases that you may never encounter, such as those reflected on the list of select biological agents of bioterrorism, we have been asked to clarify precisely what should prompt an immediate call to public health.² Therefore, in accordance with the Federal Select Agent Program, we've upgraded to "immediately notifiable" *Brucella* (brucellosis) and *Coxiella burnetii* (Q fever), and have specifically added *Burkholderia mallei* (glanders) and *B. pseudomallei* (melioidosis).

Laboratorians, Hear Ye!
While it may be awhile before hard copies of our reporting posters are updated and sent out, please contact the Oregon State Public Health Laboratory (OSPHL) immediately at 503-693-4100 if you isolate any of these select agents.

Zika made explicit

While Zika virus infection has always been reportable, insofar as any arthropod vector-borne infection is reportable (e.g. babesiosis, ehrlichiosis, Eastern equine encephalitis, malaria), we've explicitly called out Zika as an illustrative and relevant reminder.

PID is out

Pelvic inflammatory disease (PID) is often caused by *Neisseria gonorrhoeae* or *Chlamydia trachomatis*, each reportable infections in their own right. In earlier times, tests for these organisms were not particularly sensitive, so requiring healthcare providers to report cases of PID served to increase the completeness of reporting of these sexually transmitted infections, sometimes leading to public health action. In recent times, tests for gonorrhea and chlamydia have become quite sensitive, specific and convenient.³ Furthermore, detections of these pathogens by Oregon clinical laboratories are automatically reported to us electronically, obviating the need for clinicians to report clinically diagnosed PID. Consequently, most cases of PID caused by *Chlamydia* or *N. gonorrhoeae* come to our attention through a positive laboratory test. PID that is not associated with chlamydiosis or gonorrhea is a much more ambiguous syndrome caused by a variety of organisms, some of which are not of particular public health importance.⁴

Our rule currently specifies that acute non-gonococcal PID be reported within one working day; we propose to remove it from the list of Oregon's reportable conditions. The Centers for Disease Control and Prevention (CDC) does not include PID among its list of "nationally

notifiable conditions” and fewer than half of U.S. states require reporting of PID to public health authorities. We agree. In Oregon, healthcare providers rarely report the condition spontaneously; neither do we take action upon individual case reports of non-gonococcal PID. Given limited utility of reporting and the absence of any particular individual response to case reports, we believe responsible public health practice is best represented by ceasing to require healthcare providers to report PID.⁴

Outbreaks of ANY disease made explicit

Although outbreaks of *any* disease, without regard to their cause, have long been reportable, we and Oregon’s local public health departments routinely get questions as to whether an outbreak of a disease that isn’t named specifically in OAR 333-018-0010 needs to be reported. The short answer is yes. Whether it be a flu outbreak in a nursing home, or norovirus associated with a church supper, cadmium intoxication, illnesses associated with leather spray, etc., any outbreak should call forth at least notification to public health officials for consideration of investigation.

A “disease outbreak” is defined as “a significant or notable increase in the number of cases of a disease or other condition of public health importance.” Some judgment will always be needed to determine whether a cluster of cases represents a “significant” or “notable” increase. Data on background rates of disease in every time and setting are imperfect, but when you have, for example, 10 cases of hand-foot-and-mouth disease in a day care center within a week, few would question whether that constituted an outbreak: it’s more than you’d expect. In less obvious scenarios, report anyway to your local public health officials, who can make reasonable decisions and take action (or not), based upon experience, consultation with experts, and a weighing of the relative costs of investigating and “following with interest.”

The bottom line: we are proposing to clarify that “any known or suspected outbreaks, including outbreaks associated with health care, regardless of whether the disease, infection, microorganism, or condition is specified in this rule”, be reported.

Pediculosis: different strategy

The recommendation from our colleagues at the Oregon Department of Education aligns with those of the CDC, American Pediatric Association, and the National Association of School Nurses who recommend that children with head lice NOT be excluded, but, rather, sent home at the end of the day, and to have returned after application of the first treatment for pediculosis.⁵

Although head lice are certainly a vexing problem, they do not constitute a threat to the public’s health. The current rule implies that schools may do as they wish regarding exclusion for pediculosis, but this needn’t involve public-health regulation; we propose to eliminate it as a matter of OAR housekeeping.

*ORS Rules: https://www.oregonlegislature.gov/bills_laws/ors/ors431A.html

Health care acquired infection (HAI) reporting and public disclosure

The Healthcare-Associated Infections (HAI) reporting program is not making any substantive changes to the reporting rules. The purpose of the proposed revisions is to clarify existing language and to standardize with terminology used by the Centers for Medicare and Medicaid Service (CMS). The proposed rule revisions will reflect the exact order and wording found in the recently updated HAI Reporting Poster[†] provided to hospitals, labs, long-term care facilities, ambulatory surgery centers, and dialysis centers.

New rabies vaccination and animal quarantine rules

Rabies and animal quarantine are important issues in public health, and every year in Oregon about 3,000 animal bites are reported; many call for quarantine of a dog, cat or ferret. We are proposing to keep our rules in step with recommendations of the National Association of State Public Health Veterinarians by mandating reducing strict quarantine of dogs and cats to 4 months. The mandatory quarantine for ferrets will remain 6 months.⁶ Furthermore, a rabies vaccine should be administered at the time of entry into quarantine to bring the animal up to date on its rabies vaccination. Finally, livestock that are current on rabies vaccination with a USDA-licensed vaccine approved for that species should be given a booster vaccination immediately and observed for 45 days.⁶

References:

1. OHA. Portland Metal Exposures: Interim Clinical Update May 6, 2016. 2016. See <https://public.health.oregon.gov/newsadvisories/Documents/se-portland-metals-emissions-physician-guidance.pdf>, accessed 14 June 2016.
2. CDC. Select Agents and Toxins List. 2016. <http://www.selectagents.gov/SelectAgentsandToxinsList.html>, accessed 10 June 2016.
3. Stephens SC, Bernstein KT, Kohn RP, Klausner JD, Philip SS. Can case reports be used to identify trends in pelvic inflammatory disease? San Francisco, 2004–2009. *Sexually transmitted diseases* 2011;38:8–11.
4. CDC. Sexually Transmitted Diseases Treatment Guidelines 2015.
5. CDC. Head Lice Information for Schools. 2016.
6. NASHPV Prevention Control Committee, 2016. *Journal of the American Veterinary Medical Association* 2016;248:505–17. See www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf.

[†] OHA. Oregon Public Health Division,

<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/ReportingPosters/poster-hai.pdf>



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