Public health reporting for clinicians

By law, Oregon clinicians must report diagnoses (confirmed or suspected) of the specified infections, diseases and conditions. Both lab-confirmed cases 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 Illnesses of Public Health Significance, animal bites, HUS, PID, pesticide poisoning, disease outbreaks) are rarely if ever identified by labs. In short, we depend upon clinicians to report. Reports should be made to the patient’s local health department and should include at least the patient’s name, home address, phone number, date of birth, sex, the diagnosis, and the date of symptom onset. Most reports should be made within one working day of the diagnosis, but there are several important exceptions.

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 the public health authorities for the purpose of preventing or controlling disease, including public health surveillance and investigations; see 45 CFR 164.512(b)(1)(i).

**IMMEDIATELY**
- Anthrax
- Botulism
- Diphtheria
- Marine intoxication
- Plague
- SARS-coronavirus
- Any outbreak of disease
- Any uncommon illness of potential public health significance

**WITHIN 24 HOURS**
- *Haemophilus influenzae*
- Measles (rubeola)
- Meningococcal disease
- Pesticide poisoning
- Polio
- Rabies
- Rubella
- *Vibrio* infection

**WITHIN 1 WORKING DAY**
- Animal bites
- Any arthropod-borne infection
- Brucellosis
- Campylobacteriosis
- Chancroid
- *Chlamydia* infection
- Cruetzfeld-Jakob disease (CJD) and other prion diseases
Cryptosporidiosis
Cyclospora infection
Escherichia coli (Shiga-toxigenic)\textsuperscript{8}
Giardiasis
Gonorrhea
Hantavirus infection
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D (delta)
HIV infection and AIDS
Hemolytic-uremic syndrome (HUS)
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum (LGV)
Malaria
Mumps
Pelvic inflammatory disease
(acute, non-gonococcal)
Pertussis
Psittacosis
Q fever
Rocky Mountain spotted fever
Salmonellosis (including typhoid)
Shigellosis
Syphilis
Taenia solium infection/Cysticercosis
Tetanus
Trichinosis
Tuberculosis
Tularemia
West Nile virus
Yersiniosis

WITHIN 1 WEEK
Lead poisoning
Diabetes in person ≤ 18 years old\textsuperscript{9}

FOOTNOTES
1. ORS 433.004; OAR 333-018-0000 to 333-018-0015.
2. Refer to www.oregon.gov/DHS/ph/acd/reporting/disrpt.shtm for a list of local health departments and more details about what to report.
3. Paralytic shellfish poisoning, scombroid, domoic acid intoxication, ciguatera, etc.
4. Outbreaks are ≥ 2 cases from separate households associated with a suspected common source.
5. We can’t list every exotic disease in the world. Ask yourself “Might there be public health implications from a case of possible Ebola, smallpox, melioidosis, or whatever?” If the answer is “yes” – or even “maybe” – then pick up the phone. There are no penalties for overreporting.
6. Including any viral, bacterial, and parasitic infections typically spread by ticks, mosquitoes, fleas and their ilk (e.g., relapsing fever, typhus, babesiosis, dengue, filariasis, Colorado tick fever, ehrlichiosis, yellow fever, Chagas disease, leishmaniasis, SLE, WEE, EEE, CCHF, etc.)
7. STDs, trachoma, TWAR, psittacosis – all of ’em – even if they’re named Chlamydophila.
8. \textit{E. coli} O157:H7 is the exemplar of this group.
9. Fax all childhood diabetes cases to 971-673-0994. (Forms available at www.healthoregon.org/diabetes.)