

## Public health reporting for clinicians

By law<sup>1</sup>, 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<sup>2</sup> and should include at least the patient's name, home address, phone number, date of birth, sex, 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).

### REPORT IMMEDIATELY

Anthrax  
 Botulism  
 Diphtheria  
 Marine intoxication<sup>3</sup>  
 Plague  
 SARS-coronavirus  
 Any outbreak of disease<sup>4</sup>  
 Any uncommon illness of potential public health significance<sup>5</sup>

### REPORT WITHIN 24 HOURS

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

**REPORT WITHIN ONE WORKING DAY**

Animal bites	Listeriosis
Any arthropod-borne infection <sup>6</sup>	Lyme disease
Brucellosis	Lymphogranuloma venereum (LGV)
Campylobacteriosis	Malaria
Chancroid	Mumps
<i>Chlamydia</i> infection <sup>7</sup>	Pelvic inflammatory disease (acute, non-gonococcal)
Cruetzfeld-Jakob disease (CJD) and other prion diseases	Pertussis
Cryptosporidiosis	Psittacosis
<i>Cyclospora</i> infection	Q fever
<i>Escherichia coli</i> (Shiga-toxigenic) <sup>8</sup>	Rocky Mountain spotted fever
Giardiasis	Salmonellosis (including typhoid)
Gonorrhea	Shigellosis
Hantavirus infection	Syphilis
Hepatitis A	<i>Taenia solium</i> infection/Cysticercosis
Hepatitis B	Tetanus
Hepatitis C	Trichinosis
Hepatitis D (delta)	Tuberculosis
HIV infection and AIDS	Tularemia
Hemolytic-uremic syndrome (HUS)	West Nile virus
Legionellosis	Yersiniosis
Leptospirosis	

**REPORT WITHIN ONE WEEK**

Lead poisoning  
Diabetes in person  $\leq$  18 years old<sup>9</sup>

**NOTES**

1. ORS 433.004; OAR 333-018-0000 to 333-018-0015.
2. Refer to [www.oregon.gov/DHS/ph/acd/reporting/disrpt.shtml](http://www.oregon.gov/DHS/ph/acd/reporting/disrpt.shtml) 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  $\geq$  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, mosquitos, 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 *Chlamydoiphila*.
8. *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](http://www.healthoregon.org/diabetes).)