

Public health reporting for clinicians

By law¹, 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 department² 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 intoxication³
 Plague
 SARS-coronavirus
 Any outbreak of disease⁴
 Any uncommon illness of potential public health significance⁵

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 ⁶	Lyme disease
Brucellosis	Lymphogranuloma venereum (LGV)
Campylobacteriosis	Malaria
Chancroid	Mumps
<i>Chlamydia</i> infection ⁷	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) ⁸	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 old⁹

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 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.)