

Disease Reporting



Oregon
Health
Authority

1

Objectives

- Know who is legally required to report
- List the categories of reportable diseases or conditions
- Describe LHD role once a disease is reported
- Understand why diseases are reportable

Oregon
Health
Authority

2

2

THE LEGAL BASIS FOR REPORTING



3

3

It's the (State) Law!

U.S. Constitution:

10th Amendment reserves "police power" to **States**

Oregon Revised Statute 433.004

(1) The Oregon Health Authority shall by rule:
(a) specify reportable diseases...

Oregon Administrative Rules

- **Division 17:** Disease Control (definitions and references)
- **Division 18:** Disease Reporting (responsibilities and requirements)
- **Division 19:** Investigation and Control of Diseases



4

4

Legal Basis: Who Has to Report

OAR 333-18-0000

- Each Healthcare Provider...
- Each Healthcare Facility...
- Each Licensed Laboratory...

Obligations

- ✓ Report cases and suspect cases
- ✓ Report required data elements
- ✓ Report within specified time periods
- ✓ Instruct patient in control measures
- ✓ Cooperate with public health investigation and control measures

(OAR 333-019-0002)

Oregon
Health
Authority

5

5

Legal Basis: How and Where

In general, if the patient is an Oregon resident, reports shall be made to the local public health administrator for the patient's place of residence.

In lieu of reporting to the local public health administrator, with the consent of the local public health administrator and the Authority, reports may be made directly to the Authority.

(OAR 333-018-0005)



Oregon
Health
Authority

6

6

Legal Basis: HIPAA

HIPAA permits disclosure of protected health information without authorization for specified public health purposes:

45 CFR 46 §1178(b)

Nothing in this part shall...limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention



Oregon
Health
Authority

7

7

Legal Basis: Failure to Report

Civil Penalties for Failure to Report: OAR 333-026-0030

A civil penalty may be imposed...for a violation of any provision in OAR chapter 333, division 18 or 19, including but not limited to...

Failing to report a reportable disease in accordance with OAR chapter 333, division 18:



- 1st violation: \$100
- 2nd violation: \$200
- 3rd/subsequent violation: \$500
- Each day out of compliance considered a new violation

Oregon
Health
Authority

8

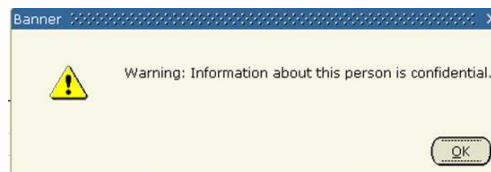
8

POLL QUESTION

9

A note about confidentiality

- You have access to confidential information
- You must first sign a confidentiality oath
- You agree to lots of things when you sign (if you don't know what you signed, then you should read it again)
- **Orpheus knows all:**
 - Will log every single record that you **enter**
 - Will report all records that you looked at when you shouldn't have



10

Reportable Diseases: Who Decides?

- Each **state** determines what is reportable in its jurisdiction
- Council of State & Territorial Epidemiologists
 - recommends reportable diseases
 - determines what's "nationally notifiable"



11

11

REPORTABLE DISEASES



12

12

Diseases: Reportable in Oregon

Local health department information
For a full list of local health departments, visit:
www.oregon.gov/health/healthdepartments

OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS

What you should report
Reportable diseases are those that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

IMMEDIATE
Diseases that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY
Diseases that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

Local health department information
For a full list of local health departments, visit:
www.oregon.gov/health/healthdepartments

Both lab-confirmed and clinically suspected cases are reportable

Local health department information
For a full list of local health departments, visit:
www.oregon.gov/health/healthdepartments

OREGON PUBLIC HEALTH DIVISION REPORTING FOR LABORATORIES

What you should report
Reportable diseases are those that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

IMMEDIATE
Diseases that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY
Diseases that are caused by a specific agent and are of public health importance. They are listed in the Oregon Public Health Division's list of reportable diseases. The list is divided into two categories: **Immediate** and **Within One Local Health Authority Working Day**.

Local health department information
For a full list of local health departments, visit:
www.oregon.gov/health/healthdepartments

Diseases: When and What?

When

New reportables are highlighted.

IMMEDIATELY

- Anthrax (*Bacillus anthracis*)
- Bacillus cereus biovar anthracis**
- Bubonic (*Yersinia pestis*)
- Brucellosis (*Brucella*)
- Cholera (*Vibrio cholerae* O1, O139, or toxigenic)
- Diphtheria (*Corynebacterium diphtheriae*)
- Eastern equine encephalitis
- Glanders (*Burkholderia mallei*)
- Hemorrhagic fever caused by viruses of the *Flavivirus* (e.g., Ebola, Marburg) or *arenavirus* (e.g., Lassa, Machupo) families
- Influenza (novel)⁹
- Marine intoxication (intoxication caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombrotoxin))
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Plague (*Yersinia pestis*)
- Poliomyelitis

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY

- Amebic infections⁸ (central nervous system only)
- Anaplasmosis (*Anaplasma*)
- Animal bites (of humans)
- Arthropod vector-borne disease (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)
- Babesiosis (*Babesia*)
- Campylobacteriosis (*Campylobacter*)
- Chancroid (*Haemophilus ducreyi*)
- Chlamydia
- Chlamydia trachomatis
- Lymphogranuloma venereum
- Coccidioidomycosis (*Coccidioides*)
- Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies
- Cryptococcosis (*Cryptococcus*)
- Cryptosporidiosis (*Cryptosporidium*)
- Cyclosporiasis (*Cyclospora cayentensis*)
- Ehrlichiosis (*Ehrlichia*)
- Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current
- Hepatitis D (delta)
- Hepatitis E
- HIV infection (does not apply to anonymous testing) and AIDS
- Influenza (laboratory-confirmed) death of a person <18 years of age
- Lead poisoning⁷
- Legionellosis (*Legionella*)
- Leptospirosis (*Leptospira*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium*)
- Mumps
- Non-tuberculous mycobacterial infection (non-respiratory)⁸
- Pertussis (*Bordetella pertussis*)
- Pittacusis (*Chlamydia psittaci*)
- Relapsing fever (*Borrelia*)
- Rocky Mountain spotted fever and other Rickettsia (except louse-borne typhus, which is immediately reportable)
- Salmoneellosis (*Salmonella*, including typhoid)
- Shigellosis (*Shigella*)
- Syphilis (*Treponema pallidum*)

Categories of Reportable Diseases

- Vaccine-preventable
- Food- and waterborne
- Vector-borne
- Other zoonoses
- Sexually transmitted infections
- Bioterrorism threats
- Some non-infectious
- Outbreaks
- Diseases of "possible public health significance"

EXERCISE

Exercise: breakout groups

Resource: [Disease Reporting Poster for Clinicians](#)

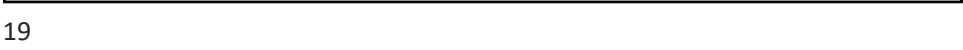
1. Is Hepatitis A reportable?
If so, when should it be reported?
2. Is a bat-to-dog bite reportable?
If so, when should it be reported?
3. Would you report an influenza death in a 65-year-old man from Curry County?
If so, when would you report this?
4. Would influenza H7N9 be reportable?
If so, when should it be reported?



LHD ROLE IN DISEASE REPORTING

18

Oregon Health Authority



[illegible]

Home
 List
 Prev
 Next
 Print

All-view enabled
HepB (chronic) Case Entry

Summary	515629	SUMMARY
Labs	Sal E. Mander	
eCR	Disease: HepB (chronic)	NOTES: Thu, Sept 13, 2018, 2:05 pm • (193 days ago) <u>June Banaroff</u> [OPHD] Added new fetus (i.e., is pregnant).
Clinical	Status: Confirmed Onset: ~8/14/2018	
Comorb	Deceased: [Not Answered]	
Treatment	Reason for testing:	
Risks	DOB: 1/1/1980 Age: 38 Sex: F Pregnancy: Yes	
Followup	Race: Asian, Hispanic: Yes	
Epilinks	Language: Born: Worksite: Occupation: Housing:	
Contacts		
Vaccines	888 SW Morrison Portland OR 97209 MULTNOMAH	
Docs	[Add Phone Info...]	
Letters	Provider: McKenzie-Willamette Medical Center	
Log	Keep Active <input checked="" type="checkbox"/>	
Notes	Local Epic Matt Navarre	
	Received by LHD: 8/21/18	
	LHD Completion Date:	
	State Completion Date:	

PREGNANCY HISTORY:
#1) Due: 2018-09-13.....Bay Area Hospital.....Current

10

Reporting: LHD & State Roles

LHD

- Verify diagnosis
- Determine sources of infection
- Implement control measures
- Enter data into Orpheus throughout

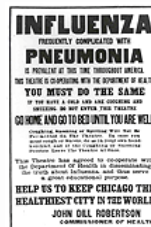
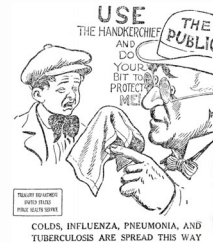
State

- Advise local health departments
- Detect, investigate, control outbreaks
- Analyze disease trends
- Conduct special studies
- Report to CDC

IMPORTANCE OF DISEASE REPORTING

Why Report?

- Protect contacts
- Identify risk factors
- Monitor epidemiologic trends
- Detect outbreaks
- Guide public health programs
- Facilitate public health research



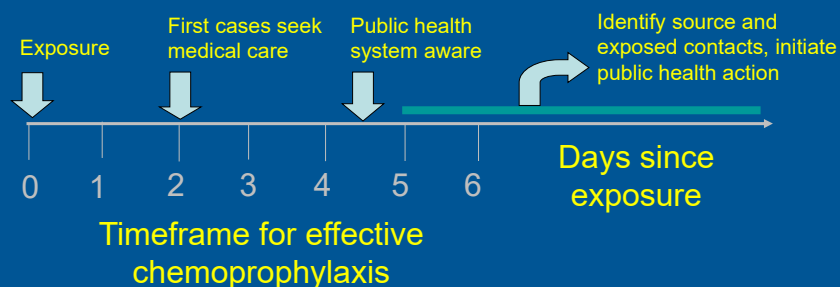
Oregon Health Authority

24

24

Protecting Contacts

Allows faster implementation of interventions that reduce morbidity and mortality

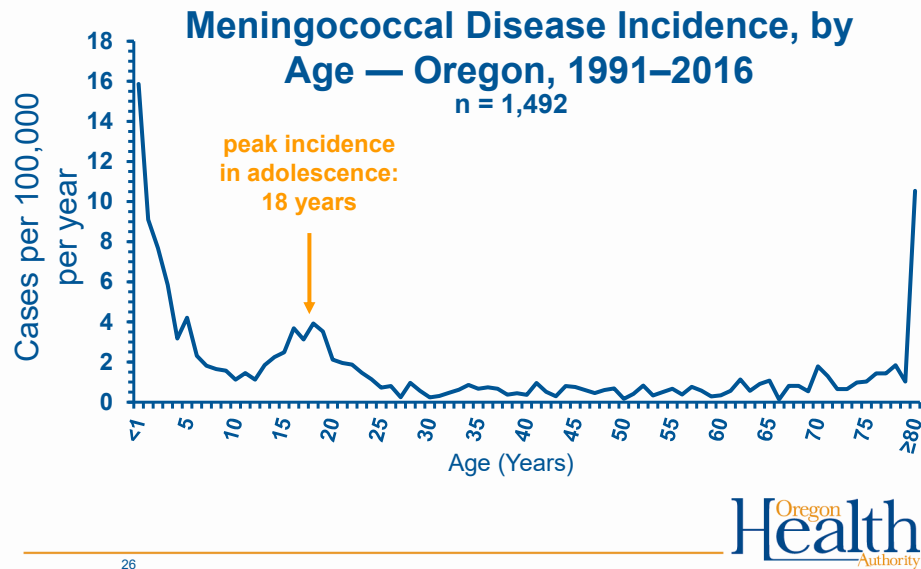


Oregon Health Authority

25

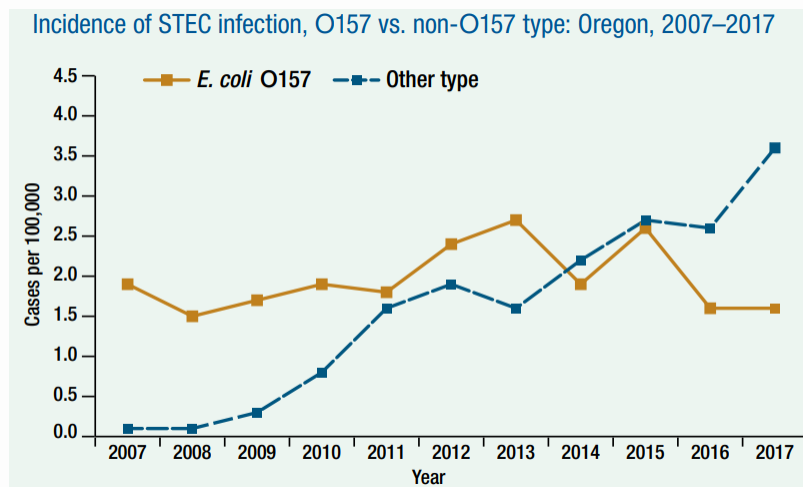
25

Identifying Risk Factors



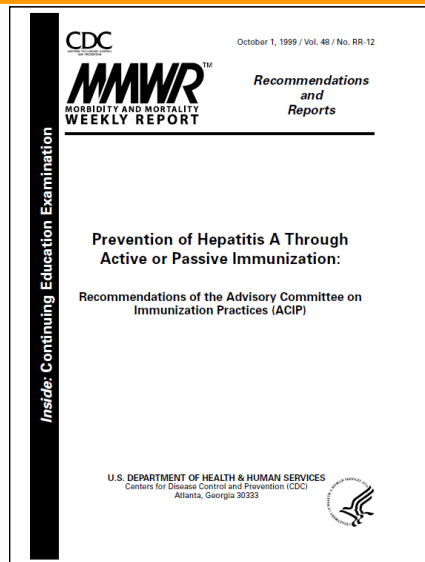
26

Monitoring Epidemiologic Trends: STEC



27

Public Health Programs

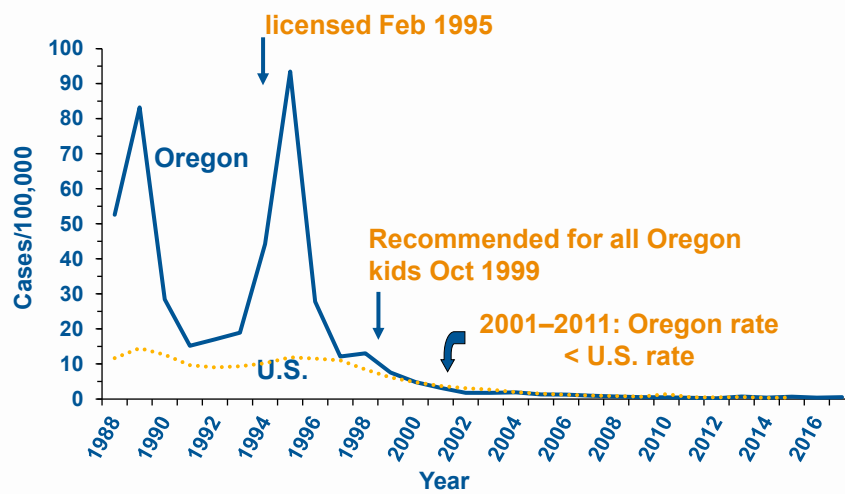


28

Oregon Health Authority

28

Effect of Public Health Program: Hep A



Oregon Health Authority

29

SUPPLEMENT ARTICLE

Abhik G. Kishore,* Kusanthia Reddy,* Nathanael Marcus,* Patrick D. Kasasontse,* Suzanne H. Segler,* Felicia P. Gordon,
for the Emerging Infections Program FoodNet Working Group

*Social and Behavioral Management Branch and FoodNet and Data
Network Center, Hill Infectious Disease, Center for Disease Control and Prevention
Unaffected Emerging Infections Program, New Haven, New Haven, Connecticut, and
Connecticut State Department of Health, Department of Health, Department of Health,
Department of Health, Department of Health

To determine risk factors for sporadic SE infections, we conducted a case-control study using the Foodborne Disease Active Surveillance Network surveillance associated with international travel. Among the 182 case patients and 182 matched controls, eating undercooked eggs (MOR, 2.2; 95% CI, 1.1-3.4), eating chicken (MOR, 2.2; 95% CI, 1.1-3.4), and eating chicken identified risk factors for illness (MOR, 2.2; 95% CI, 1.1-3.4). In the United States, a risk factor for SE infection, eating raw oysters and food handlers about food handlers and poultry.

Salmonella organisms infect an estimated 1.4 million people annually in the United States, resulting in ~16,000 hospitalizations and ~500 deaths [1]. The economic impact of salmonellosis in the United States is considerable, costing \$0.5 to \$2.3 billion per year [2].

Over the past 10 years, caused by 1 serotype (SE), has accounted for 50% of the cases.

* Working group members are listed at the end of the text.

© 2004 by American Psychological Association
0893-3200/04/\$12.00
DOI: 10.1037/0893-3200.18.4.585
This article is in the public domain, and no copyright is claimed.

CID 269.836 (Suppl 3) - K...

30

Tobacco smoking and meningococcal disease

Background. Since 1990 the US Pacific Northwest has experienced a substantial increase in the incidence of serogroup B meningococcal disease. The current meningococcal polysaccharide vaccine is poorly immunogenic against *N. meningitidis* serogroup B and does not provide alternative approaches to serogroup B. Defining alternative approaches to the prevention and control of meningococcal disease is of considerable public health importance.

Methods. We performed a case-control study comparing 129 cases in Oregon and southern Washington in 1994 age- and area-matched to 129 controls. We used conditional logistic regression analysis to determine which risk factors remained associated with disease after adjusting for other risk factors and confounders and calculated the risk factors of disease attributable to modifiable resources.

Results. After adjustment for all other potential exposures identified, having a mother who smokes was the strongest independent risk factor for invasive meningococcal disease in children <18 years of age [odds ratio (OR), 3.69, 95% confidence interval (CI) 1.6 to 8.0], with 31% (CI 15 to 65) of all cases in this age group potentially attributable to maternal smoking. Adult patients were more likely than controls to have a chronic underlying illness (OR 10.8, CI 2.7 to 43.3), pass-

Dose-response effects were seen for passive smoke exposure and risk of disease in all age groups.

Conclusion. The use of a condom consistently increases the risk of developing gonococcal disease.

PRODUCTION

Neisseria meningitidis causes the most common bacterial sepsis and meningitis annually in the United States, with a case-fatality rate of 10 to 15%. One-third of these cases occur in children <2 years of age, and one-half are caused by serogroup B meningococci.¹ Public health actions against meningococcal disease include antimicrobial prophylaxis to prevent secondary cases and targeted immunization to control vaccine-preventable outbreaks. However, fewer than 5% of cases occur in secondary contacts, and the current licensed vaccine is poorly immunogenic in young children and does not protect against *N. meningitidis* serogroup B.² Therefore, identifying modifiable risk factors is important for the further development and targeting of strategies to prevent meningococcal disease.

Terminal complement deficiencies³ and asplenia⁴ are risk factors for invasive meningococcal disease.

a8- are known to account for a relatively small portion of the total infection but account for a relatively small portion of the total infection.

Vol. 16, No. 1
Printed in U.S.A.

**Michael Samuel¹, Ruthanne Mancini², Jeffrey Bender³,
Diana Desai Abadi⁴, Debra C. Hollick⁵, Felicia Hudson⁶, Michael Carter,
the Emerging Infections Program FoodNet Working Group**

veteritis in the United States. We conducted a population-based study for sporadic *Campylobacter* infection. During a 12 month study period we identified 10 sporadic *Campylobacter* infections from 7 states, collecting detailed information on exposures to food, water, and animals using a standardized questionnaire. We interviewed 1 matched control for each case. All cases had traveled abroad. In multivariate analysis of risk factors, the PAF for consumption of nonpoultry meat that was undercooked was 100%. This was associated with other food consumption of poultry with *Campylobacter* should benefit public health practice, ensure adequate cooking of meat and poultry, and to reduce *Campylobacter* contamination.

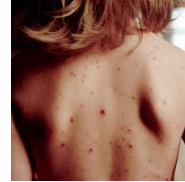
The majority of *Campylobacter* infections are sporadic. Epidemiological investigations to determine risk factors for sporadic *Campylobacter* infections have been conducted in the United States and in several other developed countries. Although these studies differed in location, design, and sample size, they consistently identified several common sources of infection, including contact with and consumption of poultry, transmission from pets and other animals, consumption of raw milk, and contaminated drinking water [1-12]. Despite the identification of these risk factors, the infection, the prevalence of *Campylobacter* infection continues to increase among industrialized nations [14] to the extent that, in many countries, the incidence is now measured through the use of the National Active Surveillance Network (FoodNet), which reports 27% between 1996 and 2001 but remains well below the national objective for 2010 of 22.3 cases per 100,000 [15].

Campylobacter Case-Control Study • CID 2004;38 (Suppl 3) • S285

Exercise: breakout groups

Resource: [Disease Reporting Poster for Clinicians](#) & slides

The provider at a local clinic called to report a 5-year-old child clinically diagnosed with measles.



1. Should this provider report the disease?
2. What are the LHD responsibilities for investigating the case?
3. Why is investigating this case important?



Communicable Disease Reporting

Home > Public Health Division > Diseases and Conditions > Communicable Disease > Communicable Disease Reporting

Communicable Disease Reporting

Communicable Disease Reporting

Case Report Forms

Investigative Guidelines

What and When to Report

How and Where to Report

Reporting Rules

On this page:

- Health Care Providers and Laboratorians
- Local Health Departments
- Disease Reporting Posters
- Outbreak Summary Forms
- Surveillance Data



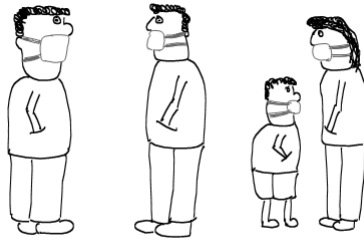
Health Care Providers and Laboratorians

All Oregon physicians, other health care providers and laboratorians are required by law to report certain diseases and conditions to local health departments (pdf). Some cases are subject to restrictions (OAR

OK, BUT WHERE DO I FIND THE RULES?

[HTTP://WWW.HEALTHOREGON.ORG/DISEASEREPORTING](http://www.healthoregon.org/diseasereporting)

34



Public display of Infection.

QUESTIONS?

Oregon
Health
Authority

35