

# Disease Reporting



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## Objectives

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

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# THE LEGAL BASIS FOR REPORTING



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## It's the (State) Law!

### U.S. Constitution:

10<sup>th</sup> 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



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# 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)



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# 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)



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## 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



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## 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:



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

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## POLL QUESTION:

Which of the following best describes your experience with Orpheus?

- What's Orpheus?
- I will be using Orpheus but have not started using it yet
- Beginner: I have used it for a month or less
- Intermediate: I have been using it for more than a month but still figuring things out
- Advanced: I am an experienced Orpheus user

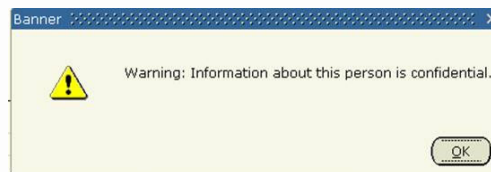
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## A note about confidentiality:

- 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



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## 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"



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## REPORTABLE DISEASES



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# Reportable Diseases in Oregon

**OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS**

**WHEN TO REPORT**

**IMMEDIATELY** (including weekends and holidays)

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum)
- Brucellosis (Brucella)
- Cholera (Vibrio cholerae O1 or O137, or toxigenic)
- Diphtheria (Corynebacterium diphtheriae)
- Eastern equine encephalitis
- Dengue (Dengue mosquito)
- Hemorrhagic fever caused by viruses of the Filoviridae (e.g., Ebola, Marburg or zoonotic)
- Influenza (novel)
- Malignant infection (infection caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scorpion)
- Measles (measles)
- Melioidosis (Burkholderia pseudomallei)
- Plague (Yersinia pestis)
- Poliomyelitis
- Q fever (Coxiella burnetii)
- Rabies (human)
- Rabies (animal)
- SARS Severe Acute Respiratory Syndrome or SARS-coronavirus
- Smallpox (variola)
- Tularemia (Francisella tularensis)
- Typhus, louse-borne (Rickettsia prowazekii)
- Yellow fever

**OUTBREAKS AND UNCOMMON DISEASES** (any known or suspected common source outbreak; any uncommon illness of potential public health significance)

Both lab-confirmed and clinically suspected cases are reportable!

**OREGON PUBLIC HEALTH DIVISION REPORTING FOR LABORATORIES | Oct. 2024**

**WHEN TO REPORT**

**IMMEDIATELY** (including weekends and holidays)

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum)
- Brucellosis (Brucella)
- Cholera (Vibrio cholerae O1 or O137, or toxigenic)
- Diphtheria (Corynebacterium diphtheriae)
- Eastern equine encephalitis
- Dengue (Dengue mosquito)
- Hemorrhagic fever caused by viruses of the Filoviridae (e.g., Ebola, Marburg or zoonotic)
- Influenza (novel)
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- Plague (Yersinia pestis)
- Poliomyelitis
- Q fever (Coxiella burnetii)
- Rabies (human)
- Rabies (animal)
- SARS Severe Acute Respiratory Syndrome or SARS-coronavirus
- Smallpox (variola)
- Tularemia (Francisella tularensis)
- Typhus, louse-borne (Rickettsia prowazekii)
- Yellow fever

# Diseases: When and What?

## When

IMMEDIATELY	WITHIN 24 HOURS	WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY
<p><b>Anthrax (Bacillus anthracis)</b></p> <p><b>Botulism (Clostridium botulinum)</b></p> <p><b>Brucellosis (Brucella)</b></p> <p><b>Cholera (Vibrio cholerae O1 or O137, or toxigenic)</b></p> <p><b>Diphtheria (Corynebacterium diphtheriae)</b></p> <p><b>Eastern equine encephalitis</b></p> <p><b>Dengue (Dengue mosquito)</b></p> <p><b>Hemorrhagic fever caused by viruses of the Filoviridae (e.g., Ebola, Marburg or zoonotic)</b></p> <p><b>Influenza (novel)</b></p> <p><b>Malignant infection (infection caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scorpion)</b></p> <p><b>Measles (measles)</b></p> <p><b>Melioidosis (Burkholderia pseudomallei)</b></p> <p><b>Plague (Yersinia pestis)</b></p> <p><b>Poliomyelitis</b></p> <p><b>Q fever (Coxiella burnetii)</b></p> <p><b>Rabies (human)</b></p> <p><b>Rabies (animal)</b></p> <p><b>SARS Severe Acute Respiratory Syndrome or SARS-coronavirus</b></p> <p><b>Smallpox (variola)</b></p> <p><b>Tularemia (Francisella tularensis)</b></p> <p><b>Typhus, louse-borne (Rickettsia prowazekii)</b></p> <p><b>Yellow fever</b></p> <p><b>Outbreaks and uncommon illnesses (any known or suspected common source outbreak; any uncommon illness of potential public health significance)</b></p>	<p><b>Amebic infections *</b></p> <p><b>Arthropod vector-borne diseases (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)</b></p> <p><b>Babesiosis (Babesia)</b></p> <p><b>Campylobacteriosis (Campylobacter)</b></p> <p><b>Chancroid (Haemophilus ducreyi)</b></p> <p><b>Chlamydia</b></p> <p><b>Chlamydia trachomatis</b></p> <p><b>Coccidioidomycosis (Coccidioides)</b></p> <p><b>Crescentic jaundice disease (CJD) and other transmissible spongiform encephalopathies</b></p> <p><b>Cryptosporidiosis (Cryptosporidium)</b></p> <p><b>Cyrtosporidiosis (Cyrtosporidium)</b></p> <p><b>Cytomegalovirus (Cytomegalovirus)</b></p> <p><b>Ehrlichiosis (Ehrlichia)</b></p> <p><b>Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current CLSI breakpoints</b></p> <p><b>Escherichia coli (E. coli) Shiga-toxinigenic, including E. coli O157 and other serogroups</b></p> <p><b>Genitourinary infections (Chlamydia trachomatis)</b></p> <p><b>Giardiasis (Giardia)</b></p> <p><b>Herpesvirus (Herpesvirus)</b></p> <p><b>Hemolytic uremic syndrome (HUS)</b></p> <p><b>Hepatitis A</b></p> <p><b>Hepatitis B</b></p> <p><b>Hepatitis C</b></p>	<p><b>Hepatitis D (delta)</b></p> <p><b>Hepatitis E</b></p> <p><b>HIV infection (does not apply to anonymous testing and AIDS)</b></p> <p><b>Influenza (laboratory-confirmed) death of a person &lt;18 years of age</b></p> <p><b>Lead poisoning *</b></p> <p><b>Legionellosis (Legionella)</b></p> <p><b>Lepidoptera (Lepidoptera)</b></p> <p><b>Listeriosis (Listeria)</b></p> <p><b>Lyme disease (Borrelia burgdorferi)</b></p> <p><b>Mumps (Mumps)</b></p> <p><b>Non-tuberculous mycobacterial infection (non-respiratory)</b></p> <p><b>Parvovirus (Borna disease virus)</b></p> <p><b>Parvovirus (Parvovirus)</b></p> <p><b>Relapsing fever (Borrelia)</b></p> <p><b>Rocky Mountain spotted fever and other Rickettsia (except louse-borne typhus, which is immediately reportable)</b></p> <p><b>Salmonellosis (Salmonella, including typhoid)</b></p> <p><b>Shigellosis (Shigella)</b></p> <p><b>Syphilis (Treponema pallidum)</b></p> <p><b>Taxia infection (Fusarium)</b></p> <p><b>Tuberculosis (Mycobacterium tuberculosis)</b></p> <p><b>Typhus (other than chills)</b></p> <p><b>Typhus (other than chills)</b></p> <p><b>West Nile</b></p> <p><b>Yersinia (other than plague, which is immediately reportable)</b></p> <p><b>Zika</b></p>

## 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

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## 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?



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## Exercise: breakout groups

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

1. Is Hepatitis A reportable? **Yes**  
If so, when should it be reported? **Within 1 working day**
2. Is a bat-to-dog bite reportable? **No**  
If so, when should it be reported?
3. Would you report an influenza death in a 65-year-old man from Curry County? **No**  
If so, when would you report this?
4. Would influenza H7N9 be reportable? **Yes**  
If so, when should it be reported? **Immediately**



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## LPHA ROLE IN DISEASE REPORTING

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Home List Prev Next Print All-view enabled Measles Case Entry Immediately Notifiable

Summary **519740** Alfred Hitchcock

▲ Labs 0 Disease: Measles Genotype: Status: Probable Rash Onset: Deceased: [Not Answered] Exposure Venue: Treatment DOB: 1/1/1980 Age: 46 SOGI: Incomplete Sex: M Gender: Risks REALD: Incomplete Race: [unspecified] Followup Eplinks Contacts 0 Worksite: Occupation: Housing: Two Rivers Correctional Institute Comorb Vaccines 0 Two Rivers Correctional Institute 82911 Beach Access Rd Umatilla OR 97882 UMATILLA Docs [Add Phone / Email Info...] Letters 0 Provider: [none added] Log Keep Active  Notes 2 Local Epi: June Bancroft Received by LPH...

NOTES Please do not use notes for data that should go in fields.

Done	Date	Assigned To	Created By	Note
<input type="checkbox"/>	04/20/26	June Bancroft	Heather	Change case status from Confirmed to Probable
<input checked="" type="checkbox"/>	11:00 AM	OPHD	OPHD	
<input type="checkbox"/>	04/20/26	June Bancroft	Heather	Change case status from No Case to Confirmed
<input checked="" type="checkbox"/>	10:59 AM	OPHD	OPHD	


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## Reporting: LPHA & State Roles

LPHA	State
<ul style="list-style-type: none"> <li>• Verify diagnosis</li> <li>• Determine sources of infection</li> <li>• Implement control measures</li> <li>• Enter data into Orpheus throughout</li> </ul>	<ul style="list-style-type: none"> <li>• Advise LPHAs &amp; Tribes</li> <li>• Detect, investigate, control outbreaks</li> <li>• Analyze disease trends</li> <li>• Conduct special studies</li> <li>• Report to CDC</li> </ul>

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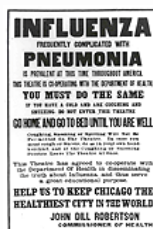
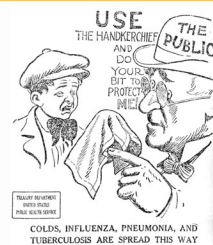


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# IMPORTANCE OF DISEASE REPORTING

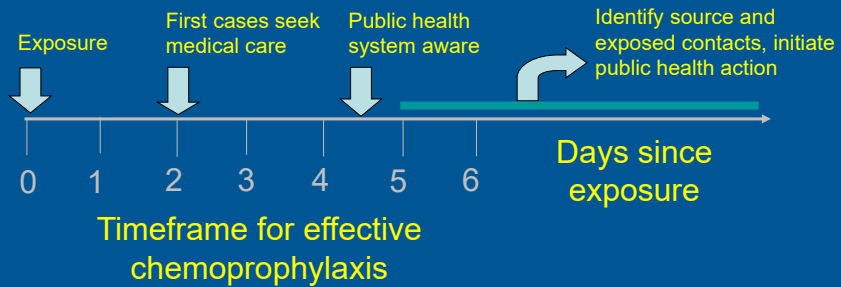
## Why Report?

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



## Protecting Contacts

Allows faster implementation of interventions that reduce morbidity and mortality



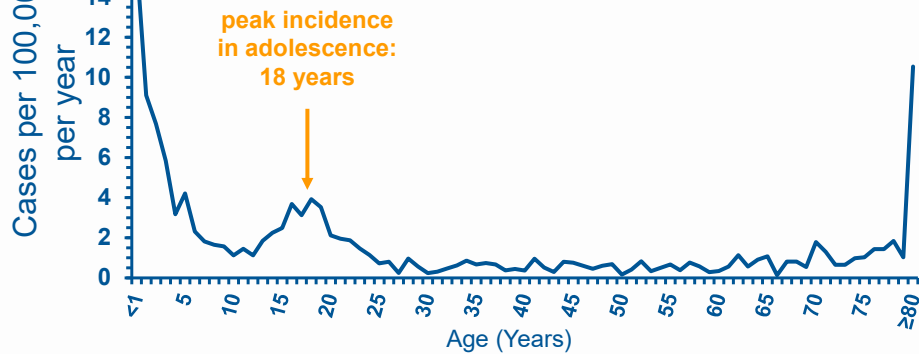
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## Identifying Risk Factors

**Meningococcal Disease Incidence, by Age — Oregon, 1991–2016**  
n = 1,492



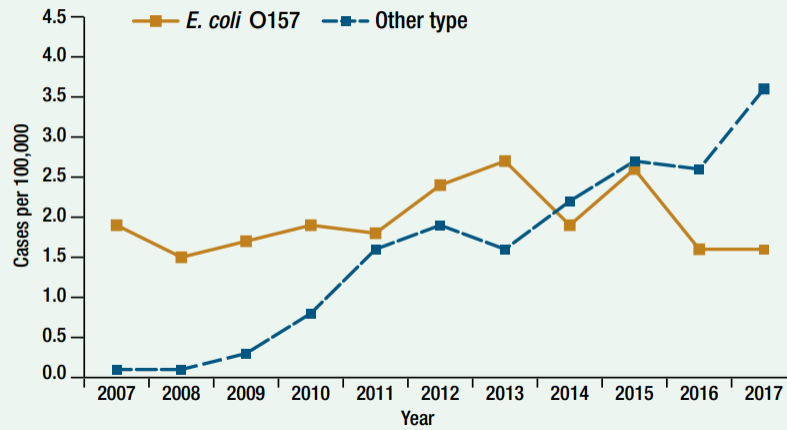
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# Monitoring Epidemiologic Trends: STEC

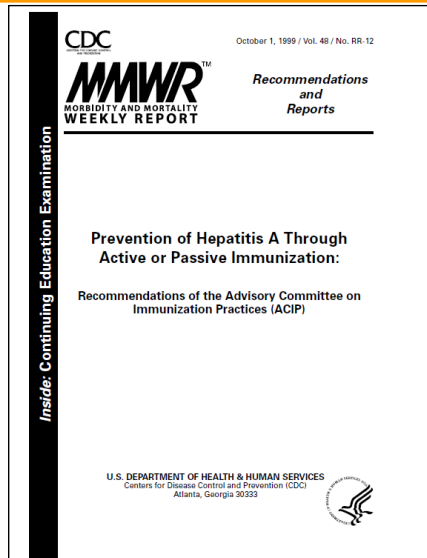
Incidence of STEC infection, O157 vs. non-O157 type: Oregon, 2007–2017



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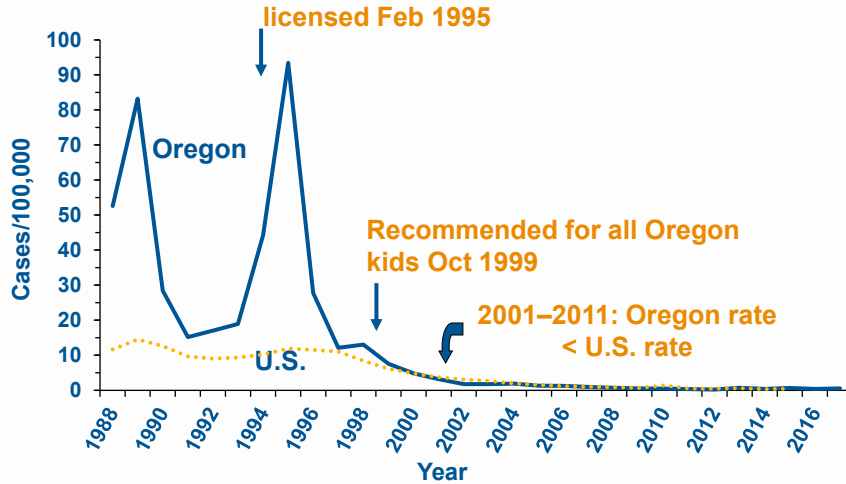
# Public Health Programs



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# Effect of Public Health Program: Hep A



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## Public Health Research

SUPPLEMENT ARTICLE

SUPPLEMENT ARTICLE

### Chicken Consumption Is a Newly Identified Risk Factor for Sporadic *Salmonella enterica* Serotype Enteritidis Infections in the United States: A Case-Control Study in FoodNet Sites

Alicia C. Kramarz, Vanessa Sotelo, Johannes Murnan, Paul T. Fanning, et al.

The source of sporadic *Salmonella enterica* serotype Enteritidis (SE) infections in the United States is unclear. We conducted a case-control study in FoodNet sites to identify risk factors for sporadic SE infections. We conducted a case-control study in FoodNet sites to identify risk factors for sporadic SE infections. We conducted a case-control study in FoodNet sites to identify risk factors for sporadic SE infections.

### Risk Factors for Sporadic *Campylobacter* Infection in the United States: A Case-Control Study in FoodNet Sites

Michael Samad, Kathleen Murnan, Jeffrey Boudier, et al.

The serogroup of sporadic *Campylobacter* infections in the United States is unclear. We conducted a case-control study in FoodNet sites to identify risk factors for sporadic *Campylobacter* infections. We conducted a case-control study in FoodNet sites to identify risk factors for sporadic *Campylobacter* infections.

### Tobacco smoke as a risk factor for meningococcal disease

MARC FISCHER, MD, KATHLEEN MURNAN, MD, BRIAN D. FUKUYAMA, MD, et al.

Background: Since 1999 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 in young children and does not protect against N meningitidis serogroup B. Defining alternative approaches to risk does not protect against N meningitidis serogroup B. Defining alternative approaches to risk does not protect against N meningitidis serogroup B.

### Introduction

Neisseria meningitidis causes an estimated 2000 cases of bacterial meningitis and meningococcal sepsis in the United States each year. One-third of these cases occur in children <2 years of age. Public health actions against meningococcal disease include antibiotic prophylaxis to prevent disease in close contacts and vaccination to prevent secondary cases and targeted vaccination to control secondary cases and targeted vaccination to control secondary cases.

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# EXERCISE

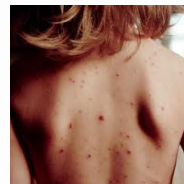
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## Exercise: breakout groups

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 LPHA responsibilities for investigating the case?
3. Why is investigating this case important?



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# 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?  
**Yes, provider is required to report immediately**
2. What are the LHD responsibilities for investigating the case?
  - 1) **Diagnosis verification**
  - 2) **Source determination**
  - 3) **Control measures**
  - 4) **Orpheus data**
3. Why is investigating this case important?  
**Highly contagious; opportunities for intervention**



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About OHA ▾ Programs and Services ▾ Oregon Health Plan ▾ Health System Reform ▾  
Licenses and Certificates ▾ Public Health ▾ Jobs ▾

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

## Communicable Disease Rules and Reporting

- Disease Reporting
- Case Report Forms
- Investigative Guidelines
  - What and When to Report**
  - How and Where to Report
  - Reporting Rules
- CD Informatics
- Collecting REALD
- Electronic Laboratory Reporting (ELR)

### Recently Filed Rulemakings

**OAR 333-018-0015, 0016:** Updates list of select biological agents and toxins with the U.S. Department of Health and Human Services (HHS) and U.S. Department of Agriculture (USDA) select agent lists; clarifies reporting requirements for toxigenic diphtheria, brucellosis, arthropod vector-borne infections and conditions, and non-respiratory nontuberculous mycobacteria (NTM); and streamline COVID-19 requirements by maintaining reportability of COVID-19 pediatric deaths and multisystem inflammatory syndrome (MIS-C), while removing requirements for test results, cases, and adult deaths, which are no longer needed since COVID-19 is no longer a generally reportable disease in Oregon. (Effective April 2026)

- Permanent Administrative Order (pdf)

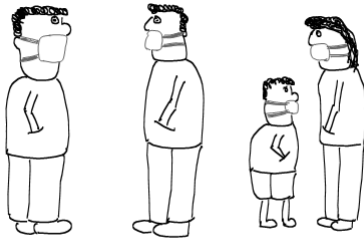
**OAR chapter 333, division 56:** Updates to rules permitting human pathological waste removal from health care facilities. (Effective April 2026)

**OK, BUT WHERE DO I FIND THE RULES?**

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

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Public display of Infection.

## QUESTIONS?

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