

Disease Reporting



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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

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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)

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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)



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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



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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

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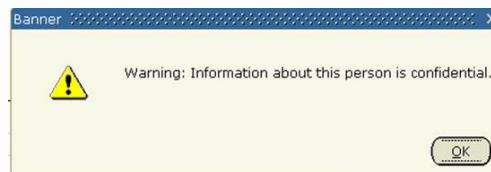
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8

POLL QUESTION

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



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/health_departments

OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS

What you should report
Reportable diseases are those that are communicable, have a high mortality rate, or are of public health significance. They are listed in the Oregon Public Health Division's **Reportable Diseases** list. Diseases are classified as **immediately reportable** or **reportable within one local health authority working day**.

IMMEDIATELY
Diseases that are immediately reportable include:
Anthrax (Bacillus anthracis)
Botulism (Clostridium botulinum)
Brucellosis (Brucella)
Cholera (Vibrio cholerae)
Diphtheria (Corynebacterium diphtheriae)
Ebola virus disease
Hemorrhagic fever with renal syndrome
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
HIV infection
Influenza (certain strains)
Marion's disease (Marion's disease)
Measles
Meningitis (bacterial)
Meningitis (viral)
Mumps
Pertussis (Bordetella pertussis)
Rabies
Scarlet fever
Shigellosis (Shigella)
Syphilis (Treponema pallidum)
Tuberculosis (Mycobacterium tuberculosis)
Typhoid fever (Salmonella typhi)
Zoonoses (certain types)

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY
Diseases that are reportable within one local health authority working day include:
Anthrax (Bacillus anthracis)
Botulism (Clostridium botulinum)
Brucellosis (Brucella)
Cholera (Vibrio cholerae)
Diphtheria (Corynebacterium diphtheriae)
Ebola virus disease
Hemorrhagic fever with renal syndrome
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Zoonoses (certain types)

Both lab-confirmed and clinically suspected cases are reportable

Local health department information
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OREGON PUBLIC HEALTH DIVISION REPORTING FOR LABORATORIES

What you should report
Reportable diseases are those that are communicable, have a high mortality rate, or are of public health significance. They are listed in the Oregon Public Health Division's **Reportable Diseases** list. Diseases are classified as **immediately reportable** or **reportable within one local health authority working day**.

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WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY
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Typhoid fever (Salmonella typhi)
Zoonoses (certain types)

Diseases: When and What?

When

New reportables are highlighted.

IMMEDIATELY

- Anthrax (Bacillus anthracis)
- Botulism (Clostridium botulinum)
- Brucellosis (Brucella)
- Cholera (Vibrio cholerae)
- Diphtheria (Corynebacterium diphtheriae)
- Eastern equine encephalitis
- Glanders (Burkholderia mallei)
- Hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families
- Influenza (certain)
- Marion's disease (Marion's disease)
- Measles (Measles virus)
- Meningitis (bacterial)
- Meningitis (viral)
- Mumps
- Pertussis (Bordetella pertussis)
- Rabies
- Scarlet fever
- Shigellosis (Shigella)
- Syphilis (Treponema pallidum)
- Tuberculosis (Mycobacterium tuberculosis)
- Typhoid fever (Salmonella typhi)
- Zoonoses (certain types)

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY

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- Syphilis (Treponema pallidum)
- Tuberculosis (Mycobacterium tuberculosis)
- Typhoid fever (Salmonella typhi)
- Zoonoses (certain types)

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](#)

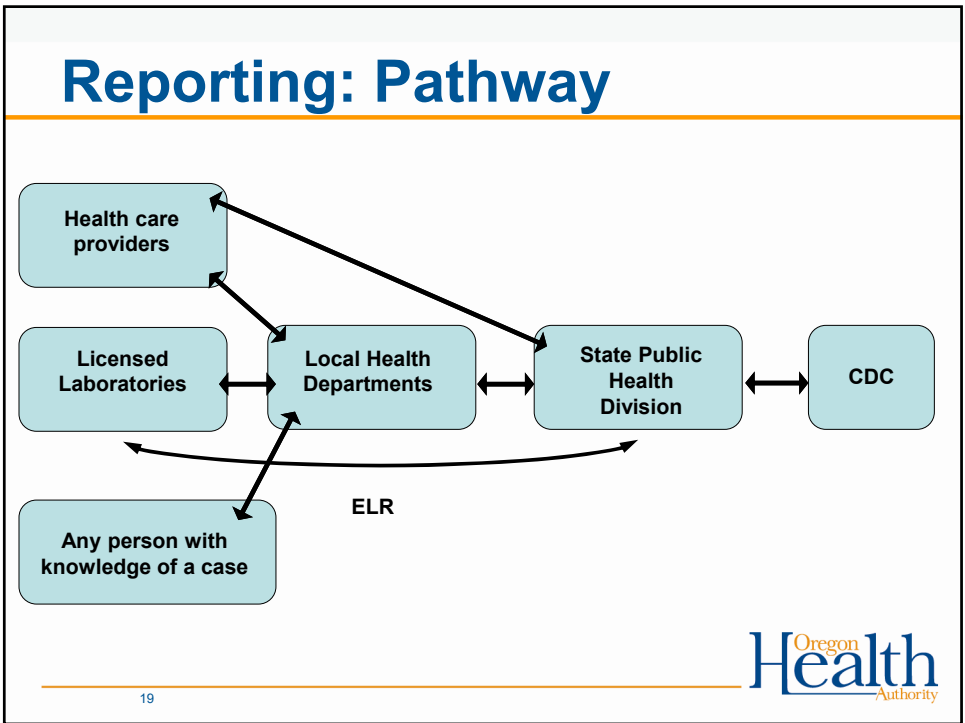
1. Is Hepatitis A reportable?
If so, when should it be reported?
2. Is a bat-to-dog bite reportable?
If so, when should it be reported?
3. Would you report an influenza death in a 65-year-old man from Curry County?
If so, when would you report this?
4. Would influenza H7N9 be reportable?
If so, when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



LHD ROLE IN DISEASE REPORTING

18

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19

[illegible]

Home
 List
 Prev
 Next
 Print

All-view enabled
HepB (chronic) Case Entry

Summary	515629		SUMMARY
Labs	Sal E. Mander		NOTES: Thu, Sept 13, 2018, 2:05 pm • (193 days ago) <i>June Banaroff</i> [OPHD] Added new fetus (i.e., is pregnant). Thu, Sept 13, 2018, 2:04 pm • (193 days ago) <i>June Banaroff</i> [OPHD] Set the Disease from [105 HepC (chronic)] to 33 HepB (chronic)
eCR	Disease: HepB (chronic)		
Clinical	Status: Confirmed		
Comorb	Onset: ~8/14/2018		
Treatment	Deceased: [Not Answered]		
Risks	Reason for testing:		
Followup	DOB: 1/1/1980		
Epilinks	Age: 38		
Contacts	Sex: F Pregnancy: Yes		
Vaccines	Race: Asian,		
Docs	Hispanic: Yes		PREGNANCY HISTORY: #1) Due: 2018-09-13.....Bay Area Hospital.....Current
Letters	Language: Born: Worksite: Occupation: Housing:		
Log	888 SW Morrison Portland OR 97209 MULTNOMAH		
Notes	[Add Phone Info...]		
	Provider: McKenzie-Willamette Medical Center		
	Keep Active ☒		
	Local Epic Matt Navarre		
	Received by LHD:	8/21/18	
	LHD Completion Date:		
	State Completion Date:		

10

Reporting: LHD & State Roles

LHD

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

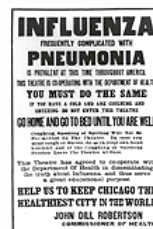
State

- 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



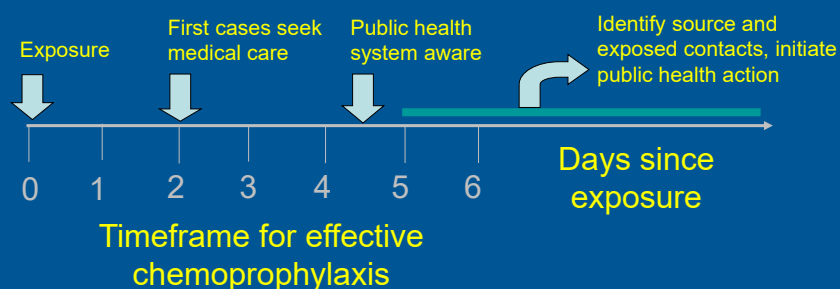
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24

24

Protecting Contacts

Allows faster implementation of interventions that reduce morbidity and mortality

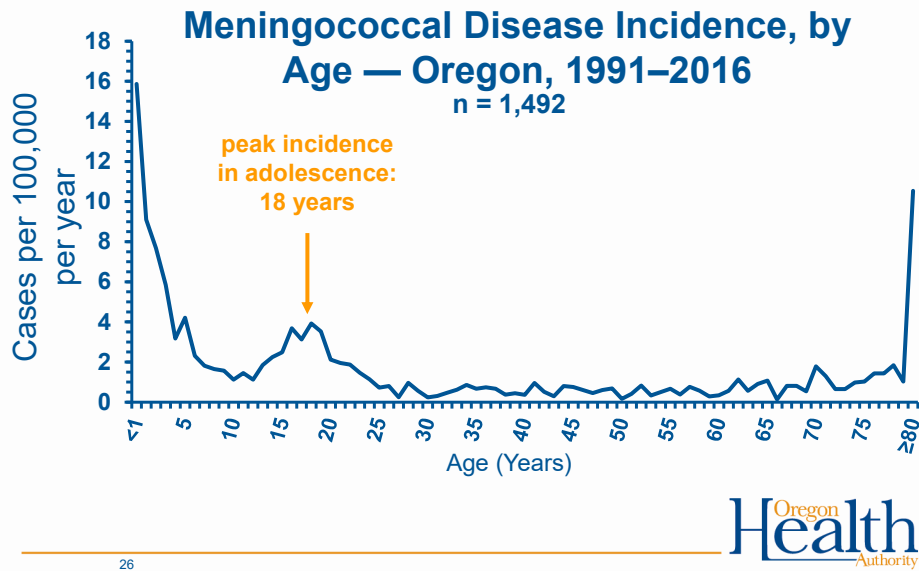


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25

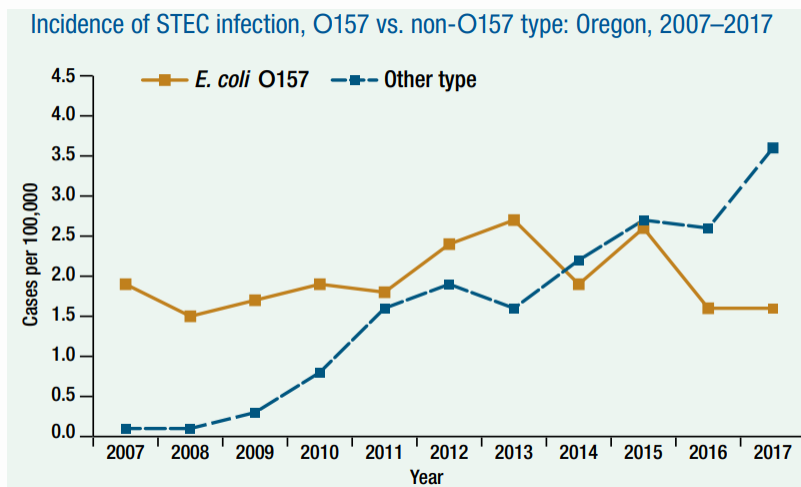
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Identifying Risk Factors



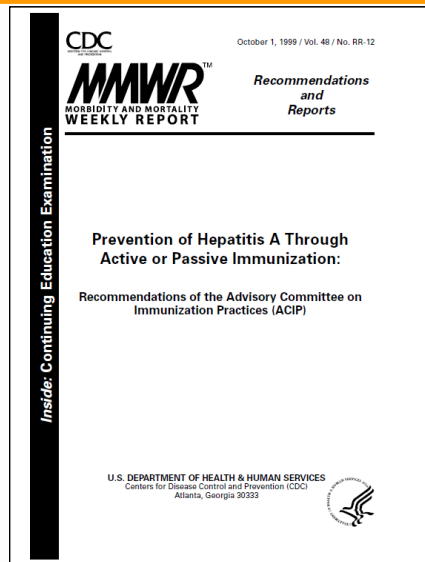
26

Monitoring Epidemiologic Trends: STEC



27

Public Health Programs

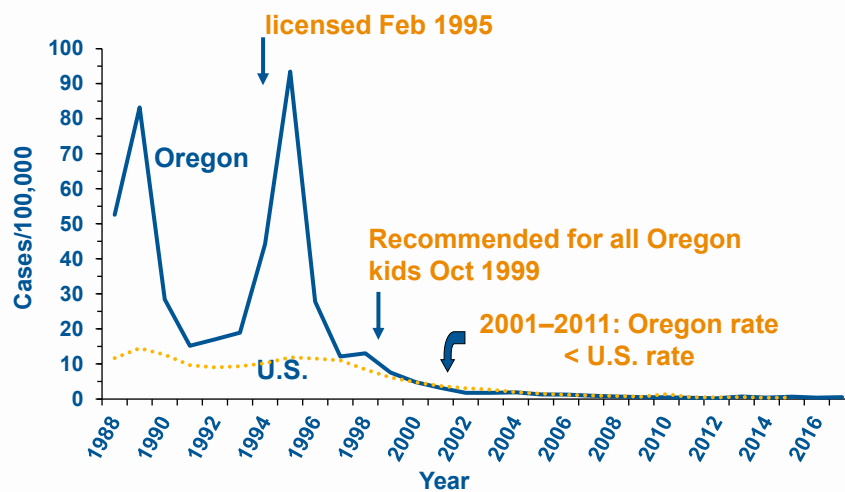


28

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28

Effect of Public Health Program: Hep A



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29

SUPPLEMENT ARTICLE

Ahiker C. Kinnear,¹ Vannilika Reddy,² Nathanael Marcus,³ Paul
Hoffy D. Kasasanjian,⁴ Suzanne W. Segler,⁵ Felicia P. Gordon,⁶ Pat
for the Lunging Into Infection Program FoodNet Working Group

¹Communicable and Infection Management Branch and ²FoodNet and Data
National Center for Infectious Disease, Centers for Disease Control and Prevention
³LungNet Infectious Diseases Program, New Haven, ⁴New Orleans, ⁵Atlanta, ⁶San
of Communicable Disease Control, California Department of Health Services,
Department of Health, Minneapolis

To determine risk factors for sporadic SE infection, we conducted a Food-borne Disease Activity Surveillance Network surveillance analysis associated with international travel. Among the 182 case patients and 2,956 (OR, 1.3-3.4). Multivariate analysis revealed that eating chicken identified in the United States as a risk factor for SE infection, A 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 (38%), has accounted for 50% of the cases.

Financial support: Centers for Disease Control and Prevention National Center for Zoonotic Diseases, US Department of Agriculture Food Safety and Inspection Service, and US Food and Drug Administration, Center for Food Safety and Inspection.

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

Clinical Advertisements 2004 JGIM 19:246-52
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1059-676X/04/090246-07\$5.00/0

CID 2004.36 (Suppl 3) - Kimura et al

30

Tobacco smoke and meningococcal disease

MARC FISCHER, MD, KATRINA HEDBERG, MD, MPH, PAUL CARDONE, MD, BRIAN D. FLEKATTS, MS, FREDERICK C. HORSLEY, MD, MPH, KAREN R. STUNGKART, MD, MPH, THOMAS A. WELI, MD, MPH, DAVID W. FLEISHER, MD, JAY D. WRINGER, MD AND BRADLEY A. FRANKS, MD

Background. Since 1968 the United States North-west has experienced a substantial increase in the incidence of group B streptococcal meningitis and the enteritis. The current meningitis epidemic in young children is poorly understood. *N. meningitidis* serotype 14 does not provide adequate immunity to group B streptococci. The prevention and control of meningitis and enteritis is of considerable public health importance.

Methods. We performed a case-control study comparing 127 patients in Oregon and southern Washington with 274 age- and sex-matched controls. We used conditional logistic regression analysis to determine the risk factors associated with disease. After adjusting for confounding associated with age and sex, the risk factors associated with disease and calculated the population attributable risk for each of the risk factors.

Results. The risk of disease was increased for all other enteritis exposures.

Results: After adjustment for other exposures, maternal smoking was the strongest independent risk factor for invasive meningococcal disease in children <18 years of age [odds ratio (OR), 5.8; 95% confidence interval (CI) 1.6 to 8.9], with 37% (CI 13 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), pas-

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

Conclusion. Tobacco smoking significantly increases the risk of developing meningococcal disease.

INTRODUCTION

Neisseria meningitidis causes meningitis usually in the form of bacterial sepsis and meningitis annually in the United States, with a case fatality rate of 10 to 15%. One-third of these are caused by serogroup *C* meningococci.¹ Other health actions against meningococcal "rock" include antimicrobial prophylaxis to prevent secondary cases and targetable. However, fewer than 9% of cases occur in primary immunocompetent young children and does not protect against *N. meningitidis* risk factors.² Therefore identifying modifiable risk factors is important for the further development and targeting of strategies to prevent meningococcal disease.

Terminal complement deficiencies³ and splenectomy⁴ are known risk factors for invasive meningococcal disease. Left factor for a relatively small proportion

infection but not

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Michael Samuel¹, Ruthanne Marston², Jeffrey Bender³,
Diana Desai Abadi⁴, Debra C. Hottelick⁵, Felicia Hershson⁶, Michael Carter,
or the Emerging Infections Program FoodNet Working Group

venteritis in the United States. We conducted a population-based study for sporadic *Campylobacter* infection. During a 12 month study period we identified *Campylobacter* infections from 7 states, collecting detailed standardized questionnaires. We interviewed 60 matched control patients who had traveled abroad. In multivariate analysis, the estimated attributable fraction (PAF) of 21% was adjusted to account for confounding. The PAF for consumption of nonpasteurized milk was higher; proportions of illness were associated with other food items. Limitations of the study with *Campylobacter* should benefit public health practice, ensure adequate cooling of meat and poultry, strategies to reduce *Campylobacter* contamination.

The majority of *Campylobacter* infections are sporadic. Epidemiologic investigations to determine risk factors for sporadic *Campylobacter* infections have been conducted in the United States and in other developed nations. Although these studies have used different techniques, and sample sizes, they consistently have found common sources of infection, including contact with animals, consumption of poultry, transmission from pets and other animals, consumption of raw milk, and contaminated drinking water [6-15]. Despite the identification of these risk factors for sporadic infection, the true burden of *Campylobacter* infection continues to increase among industrialized nations [16]. In the United States, the incidence, as measured through the Food and Drug Administration Surveillance Network (FoodNet), rose by 27% between 1990 and 2001 but remains well below the national objective for 2010 of 22.3 cases per 100,000 [17].

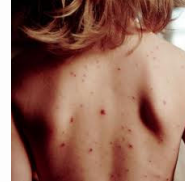
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Cervical Infection Case-Control Study • CID 2004.38 (suppl 3) • S285

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



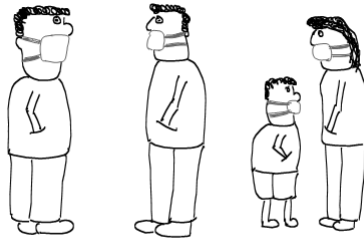
Health Care Providers and Laboratorians

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?

35

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