OREGON PUBLIC HEALTH DIVISION REPORTING FOR

CLINICIANS

B. y law, Oregon clinicians must report diagnoses of the specified infections, diseases, and conditions listed on this poster. Both lab-confirmed 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 illness of public health significance, animal bites, hemolytic uremic syndrome (HUS), pesticide poisoning, disease outbreaks) are rarely, if ever, identified by labs. We depend on clinicians to report. Reports should be made to the patient’s local health department of residence and include at least the patient’s name, home address, phone number, date of birth, sex, diagnosis and date of symptom onset. Most reports should be made within one working day of the diagnosis, but there are several important exceptions — please refer to the list on this poster.

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 public health authorities for the purpose of preventing or controlling diseases, including public health surveillance and investigations.¹

CIVIL PENALTIES FOR VIOLATIONS OF OREGON REPORTING LAW

A civil penalty may be imposed against a person or entity for a violation of any provision in OAR Chapter 333, Division 18 or 19.² These regulations include the requirements to report the diseases listed on this poster, along with related data; and to cooperate with local and state public health authorities in their investigation and control of reportable diseases. Civil penalties shall be imposed as follows:

- First violation $100, second violation $200, third or subsequent violation $500;
- Each day out of compliance will be considered a new violation.

¹ In addition to reporting updates, please be aware of new OAR 333-019-0061, requiring health care professionals to observe standard precautions as described in Centers for Disease Control and Prevention’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), https://www.cdc.gov/infectioncontrol/guidelines/isolation/

² Health Oregon Online State Portal, pages/routes/ports_309/333_333_016.html

³ http://coidetset.access.gov.ep.gov/r/2024/4cb7/6d84/f54af64b/121.pdf; see 45 CFR 164.312(b)(1).

⁴ https://coidetset.access.gov.ep.gov/r/2024/4cb7/6d84/f54af64b/121.pdf; see 45 CFR 164.312(b)(1).

⁵ Influenza A virus that cannot be subtyped by currently available assays.

⁶ “Lead poisoning” means a confirmed blood lead level of at least 5 μg/dL.

⁷ Infection at any site with M. bovis or M. africanum is reportable.

⁸ “Syphilis” includes congenital syphilis (transmitted from mother to infant) and other serogroups.

⁹ “Mumps” includes acute hemorrhagic conjunctivitis (AHC), marked conjunctival injection and fever, and orchitis or epididymo-orchitis.

⁹.  Infection at any site with M. bovis or M. africanum is reportable.

⁹.  Infection at any site with M. bovis or M. africanum is reportable.

⁴.  Influenza A virus that cannot be subtyped by currently available assays.


⁶.  “Lead poisoning” means a confirmed blood lead level of at least 5 μg/dL.

⁸.  Infection at any site with M. tuberculosis or M. bovis is reportable. Only non-respiratory infections with other mycobacteria are reportable.

Newly reportable. 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 (novel)
Marine intoxication (intoxication caused by marine microorganisms or by their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)
Measles (rubella)
Meliodosis (Burkholderia pseudomallei)
Plague (Yersinia pestis)
Polio
Q fever (Coxella burnetii)
Rabies (human)
Rubella
SARS (Severe Acute Respiratory Syndrome or SARS-coronavirus)
Smallpox (variola)
Tularaemia (Francisella tularensis)
Typhus, louse-borne (Rickettsia prowazekii)
Outbreaks and uncommon illnesses (any known or suspected common-source outbreak; any uncommon illness of potential public health significance)

WITHIN 24 HOURS (including weekends and holidays)

- Haemophilus influenzae
- Neisseria meningitis
- Pesticide poisoning

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY

Amebic infections
Anaplasmosis (Anaplasma)
Animal bites (of humans)
Arthropod vector-borne disease (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kaysanar Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)
Babesiosis (Babesia)
Campylobacteriosis (Campylobacter)
Chancroid (Haemophilus ducreyi)
Chlamydiosis (Chlamydia trachomaticis; lymphogranuloma venereum)
Coccidioidomycosis (Coccidioides)
Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies
Cryptococcosis (Cryptococcus)
Cryptosporidiosis (Cryptosporidium)
Cyclosporiasis (Cyclospora cayetanensis)
Ehrlichiosis (Ehrlichia)
Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current CLSI breakpoints
Escherichia coli (enteroaggregative, Shiga-toxigenic, including E. coli O157 and other serogroups)
Giardiasis (Giardia)
Gonococcal infections
Hemolytic uremic syndrome (HUS)
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
HIV infection (does not apply to anonymous testing) and AIDS
Influenza (laboratory-confirmed) death of a person <18 years of age
Lead poisoning
Legionellosis (Legionella)
Leptospirosis (Leptospiral)
Listeriosis (L. monocytogenes)
 Lyme disease
Malaria (Plasmodium)
Mumps
Non-tuberculous mycobacterial infection (non-respiratory)
Pertussis (Bordetella pertussis)
Psittacosis (Chlamydia psittaci)
Rocky Mountain spotted fever and other Rickettsia (except louse-borne typhus, which is immediately reportable)
Salmonellosis (Salmonella, including typhoid)
Shigellosis (Shigella)
Syphilis (Treponema pallidum)
Tetanus
tuberculosis caused by Mycobacterium tuberculosis and M. bovis
Vibrio infections (other than cholera)
West Nile
Yersiniosis (other than plague, which is immediately reportable)
Zika

FOOTNOTES

1. In addition to reporting updates, please be aware of new OAR 333-019-0061, requiring health care professionals to observe standard precautions as described in Centers for Disease Control and Prevention’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007).


4. https://coidetset.access.gov.ep.gov/r/2024/4cb7/6d84/f54af64b/121.pdf; see 45 CFR 164.312(b)(1).

5. Influenza A virus that cannot be subtyped by commercially distributed assays.

6. For example, infection by Acanthameba, Balamuthia, or Naegleria spp.


8. “Lead poisoning” means a confirmed blood lead level of at least 5 μg/dL.

9. Infection at any site with M. tuberculosis or M. bovis is reportable. Only non-respiratory infections with other mycobacteria are reportable.