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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

PH 205-2022
CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED
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ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Reporting of respiratory syncytial virus (RSV)-associated deaths in children

EFFECTIVE DATE: 12/01/2022 THROUGH 05/29/2023

AGENCY APPROVED DATE: 12/01/2022

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Filed By:
Public Health Division
Rules Coordinator

NEED FOR THE RULE(S):

Respiratory syncytial virus (RSV) is a common seasonal cause of upper respiratory infections, bronchiolitis and pneumonia. An estimated 2.6% of infants in the United States are hospitalized because of RSV. Annually among children <5 years of age in the United States, RSV hospitalizes about 58,000 and kills 100–500. No vaccine is currently available to prevent RSV infection, but the monoclonal antibody palivizumab can prevent severe RSV illness in infants and children at high risk for severe disease—particularly infants born prematurely or with congenital heart disease or chronic lung disease. RSV is not currently reportable in Oregon; as is the case with influenza, the Oregon Health Authority does not have the resources to track all cases of RSV. Temporary amendments to OAR 333-018-0015 will make RSV-associated deaths in children reportable to enable understanding of risk factors—including demographic, clinical, and preventive care—for this most serious of outcomes.

JUSTIFICATION OF TEMPORARY FILING:

RSV is an important cause of hospitalizations of children, particularly infants, in Oregon, and it can be fatal. We have no statewide surveillance for this infection and need to understand risk factors for serious outcomes so as to try to prevent them. Therefore the Authority finds it must enact these changes immediately, and that failure to act promptly will result in serious prejudice to the public interest.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

- Stockman LJ. Pediatr Infect Dis J 2012; 31:5–9. Available at https://journals.lww.com/pidj/Abstract/2012/01000/Respiratory_Syncytial_Virus_associated.3.aspx
- CDC. Increased interseasonal respiratory syncytial virus (RSV) activity in parts of the southern United States. Available at https://emergency.cdc.gov/han/2021/han00443.asp.
- CDC. RSV prevention. Available at www.cdc.gov/rsv/about/prevention.html.
- American Academy of Pediatrics. Respiratory Syncytial Virus. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. Red Book: Report of the Committee on Infectious Diseases. Itasca, Ill: American Academy of Pediatrics: 2021, pp. 628–38.

AMEND: 333-018-0015

RULE SUMMARY: OAR 333-018-0015 is a rule that specifies diseases and conditions that must be reported to public health officials by Oregon physicians, laboratories, and health care facilities. Currently, respiratory syncytial virus (RSV) infections are not reportable in Oregon. The rule is being amended to require reporting of deaths in children associated with such infections. (Similar reporting is already required for deaths in children associated with influenza.)

CHANGES TO RULE:

333-018-0015
What Is to Be Reported and When ¶

(1) Health care providers shall report all human cases or suspected human cases of the diseases, infections, microorganisms, intoxications, and conditions specified below. The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies. ¶
(2) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, intoxications, and conditions specified below for humans. Such tests include but are not limited to: microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences. ¶
(3) Human reportable diseases, infections, microorganisms, intoxications, and conditions, and the time frames within which they must be reported are as follows: ¶
(a) Immediately, day or night: ¶
(A) Select biological agents and toxins: Avian influenza virus; Bacillus anthracis (anthrax); Bacillus cereus biovar anthracis; Botulinum neurotoxins; Botulinum neurotoxin-producing species of Clostridium; Brucella (brucellosis); Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Conotoxins; Clostridium botulinum (botulism); Coxiella burnetii (Q fever); Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola virus; Francisella tularensis (tularemia); Hendra virus; Lassa fever virus; Lujo virus; Marburg virus; Monkeypox virus; Newcastle disease virus; Nipah virus; Reconstructed replication-competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza virus);, Ricin; Rickettsia prowazekii (louse-borne typhus); Rift Valley fever virus; Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; Saxitoxin (paralytic shellfish poisoning); South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin; Tetrodotoxin (puffer fish poisoning); Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype, Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus, Variola major (Smallpox virus); Variola minor virus (Alastrim); Yersinia pestis (plague).¶
(B) The following other infections, microorganisms, and conditions: Corynebacterium diphtheriae (diphtheria); novel influenza; poliomyelitis; rabies (human); measles (rubeola); rubella; Vibrio cholerae O1, O139, or toxigenic (cholera); yellow fever; intoxication caused by marine microorganisms or their byproducts (for example, domoic acid intoxication, ciguatera, scombroid); ¶
(C) Any known or suspected disease outbreak, including any outbreak associated with health care, regardless of whether the disease, infection, microorganism, or condition is specified in this rule; and ¶
(D) Any uncommon illness of potential public health significance. ¶
(b) Within 24 hours (including weekends and holidays): Haemophilus influenzae (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); Neisseria meningitidis (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); and pesticide poisoning. ¶
(c) Within one local public health authority working day: amebic infection of the central nervous system (for example, by Naegleria or Balamuthia); any infection that is typically arthropod vector-borne (for example, mosquito-borne: California encephalitis, chikungunya, dengue, Eastern equine encephalitis, Plasmodium (malaria), St. Louis encephalitis, West Nile fever, Western equine encephalitis, Zika; tick-borne: anaplasmosis, babesiosis, Borrelia [relapsing fever, Lyme disease], ehrlichiosis, Colorado tick fever, Heartland virus infection, Rickettsia [prowazekii, report immediately, see paragraph (3)(a)(A) above, Rocky Mountain spotted fever, and others]; or other arthropod vector-borne: trypanosomiasis [Chagas disease], leishmaniasis, and any of the typhus fevers); Bordetella pertussis (pertussis); cadmium demonstrated by laboratory testing of urine; Campylobacter (campylobacteriosis); Chlamydia psittaci (psittacosis); Chlamydia trachomatis (chlamydiosis; lymphogranuloma venereum); Clostridium tetani (tetanus); Coccidioides (coccidioidomycosis), Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; Cryptococcus (cryptococcosis), Cryptosporidium (cryptosporidiosis); Cyclospora cayetanensis (cyclosporosis); bacteria of the Enterobacteriaceae family found to be resistant to any

carbapenem antibiotic; Escherichia coli (enterotoxigenic, Shiga-toxigenic, including E. coli O157 and other serogroups); Giardia (giardiasis); Grimontia; Haemophilus ducreyi (chancroid); hantavirus; hepatitis A; hepatitis B; hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to anonymous testing) and AIDS; death of a person <18 years of age with laboratory-confirmed influenza or respiratory syncytial virus (RSV) infection; lead poisoning; Legionella (legionellosis); Leptospira (leptospirosis); Listeria monocytogenes (listeriosis); mumps; Mycobacterium tuberculosis and M. bovis (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; Neisseria gonorrhoeae (gonococcal infections); Salmonella (salmonellosis, including typhoid); Shigella (shigellosis); Taenia solium (including cysticercosis and undifferentiated Taenia infections); Treponema pallidum (syphilis); Trichinella (trichinosis); Vibrio (other than Vibrio cholerae O1, O139, or toxigenic; vibriosis); Yersinia (other than pestis; yersiniosis); a human bitten by any other mammal; hemolytic uremic syndrome; and rabies post-exposure prophylaxis.¶

(d) Within seven days: Any blood lead level tests including the result. ¶

(4) Licensed laboratories shall report, within seven days, the results of all tests of CD4+ T-lymphocyte absolute counts and the percent of total lymphocytes that are CD4 positive, and HIV nucleic acid (viral load) tests.

Statutory/Other Authority: ORS 413.042, 433.004, 433.006

Statutes/Other Implemented: ORS 433.004, 437.010 3.329