OFFICE OF THE SECRETARY OF STATE
LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED
08/24/2023 3:00 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updates to reportable diseases; clarification and rules regarding infectious waste V.2

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/21/2023 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Acute & Communicable Disease Prevention
971-673-1111
publichealth.rules@odhsoha.oregon.gov

800 NE Oregon St.
Portland,OR 97232

Filed By:
Public Health Division
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/18/2023
TIME: 3:00 PM
OFFICER: Staff

HEARING LOCATION
ADDRESS: Remote via Microsoft Teams, Video/teleconference call, Portland, OR 97232

REMOTE MEETING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 971-277-2343
CONFERENCE ID: 426140169
SPECIAL INSTRUCTIONS:
This hearing is being held remotely via Microsoft Teams. To provide oral testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register and receive the link for the Microsoft Teams video conference. Alternatively, you may dial 971-277-2343, Phone Conference ID 426 140 169# for audio only.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

NEED FOR THE RULE(S)

This notice of proposed rulemaking, which was previously filed on July 28, 2023, is being re-filed with a rescheduled hearing date and extended comment period due to omissions from summary information, which were identified after the initial filing.

OAR 333-017-0000 defines terms used in OAR 333-018 and 333-019, which regulate reportable diseases and communicable disease control. The rule is being amended to update bacterial nomenclature, add definitions, and harmonize the exposure timeframe for multisystem inflammatory syndrome in children (MIS-C) with the current federal definition.

OAR 333-018-0010 makes 3 references to OAR 333-018-0011, Race, Ethnicity, Language and Disability COVID-19 Data Reporting, which is proposed for repeal; therefore these references will need to be removed.

OAR 333-018-0011: This rule, pertaining to collection of Race, Ethnicity, and (preferred spoken and written) Language at time of each COVID-19-related patient encounter, is no longer authorized; the authorizing statute was repealed by House Bill 3159 (Oregon Laws 2021, chapter 549), effective January 1, 2023.

OAR 333-018-0015 specifies reportable diseases and conditions. The rule is being amended to include various diseases of public health importance such as carbapenem-resistant Acinetobacter species, any carbapenemase-producing organism, Candida auris, Cronobacter sakazakii in an infant less than one year of age, and death of a person <18 years of age with laboratory-confirmed respiratory syncytial virus (RSV) or SARS-CoV-2 infection. The Centers for Disease Control and Prevention (CDC), via the Antimicrobial Threats in the United States-2019 Report, elevated the classification of Candida auris and carbapenem-resistant Acinetobacter to “Urgent Threats” due to their emergence in the United States, antimicrobial resistance, and ability to rapidly spread in health care settings. They have been added to reportable list to facilitate prompt public health response and containment efforts in healthcare settings. Reporting of carbapenemase-producing organisms (CPOs), a subgroup of particularly transmissible pathogens, has been clarified to specify the broader group gram-negative bacteria that fall under this category and the type of methods typically used for their identification (phenotypic test or nucleic acid assay). Identifying and promptly containing spread of CPOs remains a public health priority. Cronobacter sakazakii causes serious illness and is a disease of public health importance, which has been associated with contaminated infant formula. This rule is also being amended to clarify reportable test results for Shiga toxin, as well as to change the term “lead poisoning” to “elevated lead level,” which corresponds to the specific value of 3.5 µg/dL associated with an elevated blood lead level.

OAR 333-018-0018 specifies organisms and specimens that must be submitted to the Oregon State Public Health Laboratory (OSPHL) for the purposes of culture, subtyping, assessment of resistance patterns and outbreak detection. Making reportable isolate submission of Acinetobacter species resistant to any carbapenem antibiotic, or of any organism known to be carbapenemase-producing is needed to maintain appropriate surveillance and public health response for these emerging organisms. Isolate submission of Cronobacter sakazakii to the Oregon State Public Health Lab (OSPHL) for molecular subtyping will help link infant isolates with those from the FDA-tested formula, which could lead to implicating a specific formula. Proposed rule changes require submission of specimens that test positive by antigen-detection or nucleic acid testing for Listeria, Salmonella, Shigella, Vibrio, or Yersinia, for which culture has not been attempted, along with specimens that test positive by antigen-detection or nucleic acid testing for Shiga toxin, and from which Escherichia coli O157 has not been isolated. Submission of specimens positive by culture independent diagnostic testing methods are necessary for reflex cultures since isolates are needed to be able to identify foodborne outbreaks.

OAR 333-018-0130 relates to disclosure of data from mandated reporting of healthcare acquired infections. This rule is being amended to clarify that the Oregon Health Authority must adhere to reporting requirements of Oregon’s Public

Records Act.

OAR 333-019-0010 specifies restrictions to control communicable diseases in school, childcare and worksites. On August 20, 2022, this rule was amended to eliminate a requirement to exclude from school and children's facilities susceptible students and employees following exposure to COVID-19; but the definitions for "evidence of immunity" and "exposed" to COVID-19 were not removed at that time, which are now irrelevant. The rule is being amended to eliminate them. In addition, COVID-19 will be removed from the list of restrictable diseases, as many infections are mild or asymptomatic, and cases are no longer required to be reported to public health officials. Response to COVID-19 is incorporated into school communicable disease response plans consistent with responses to other common infections. Health care facilities will follow federal guidance.

OAR 333-056-0050 specifies disposal requirements for sharp instruments. An amendment to OAR 333-056-0020 on April 6, 2020, clarified that "syringes" were meant to refer to items fitted with hollow needles—but the term "syringe" was not added to the list of sharp instruments required to be disposed of in puncture-proof containers. This rule is being amended to correct this oversight.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Oregon State Legislature. Oregon Laws 2020, 1st Special Session, Chapter 12, Sections 40-4. Available at www.oregonlegislature.gov/bills_laws/lawsstatutes/2020S1OrLaws0012.pdf.
Office of the Governor, State of Oregon. Executive Order No. 22-03. Available at https://www.oregon.gov/gov/eo/eo_22-03.pdf .
OHA. Novel Coronavirus Disease 2019 (COVID-19) Investigative Guideline. Available at www.healthoregon.org/iguides.
National Institute for Occupational Safety and Health (NIOSH): Adult Blood Lead Epidemiology and Surveillance (ABLES). Available at https://www.cdc.gov/niosh/topics/lead/ables.html
Position statements of the Council of State & Territorial Epidemiologists, available upon request by emailing ohd.acdp@dhsoha.state.or.us:

- 22-ID-04 (regarding carbapenemase-producing organisms)
- 22-ID-05 (regarding Candida auris)
- 22-EH-01 (regarding elevated blood lead levels, available at https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS1/15-EH-01_revised_12.4.15.pdf)

CDC. Childhood Lead Poisoning Prevention: Populations at Higher-Risk. Available at www.cdc.gov/nceh/lead/prevention/populations.htm.
Melgar M, Lee EH, Miller AD, et al. Council of State and Territorial Epidemiologists/CDC surveillance case definition for multisystem inflammatory syndrome in children associated with SARS-CoV-2 infection—United States. MMWR Recommendations and Reports 2022; 71(4):1–4. Available at www.cdc.gov/mmwr/volumes/71/rr/rr7104a1.htm.
CDC. National Notifiable Diseases Surveillance System (NNDSS) Surveillance Case Definitions: Candida auris. Available at https://ndc.services.cdc.gov/conditions/candida-auris.
CDC. Cronobacter infection and infants. Available at www.cdc.gov/cronobacter/infection-and-infants.html
Strysko J, Cope JR, Martin H, et al. Food safety and invasive Cronobacter infections during early infancy, 1961–2018. Emerg Infect Dis 2020; 26:857–65. Available at www.cdc.gov/cronobacter/infection-and-infants.html.
Haston JC, Miko S, Cope JR, et al. Cronobacter sakazakii infections in two infants linked to powdered infant formula and breast pump equipment—United States, 2021 and 2022. MMWR 2023; 72:223–6. Available at www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7209a2-H.pdf.
CDC. Culture-independent Diagnostic Tests. Available at www.cdc.gov/foodsafety/challenges/cidt.html.
Association of Public Health Laboratories. Submission of enteric pathogens from positive culture-independent

diagnostic test specimens to public health: interim guidelines. February 2016. Available at www.aphl.org/AboutAPHL/publications/Documents/FS-Enteric_Pathogens_Guidelines_0216.pdf.
CDC. Antibiotic Resistance Threats in the United States 2019. Available at www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf.
CDC. Carbapenem-resistant Enterobacterales (CRE) Technical Information. Available at www.cdc.gov/hai/organisms/cre/technical-info.html.
CLSI. Table 2A. Zone Diameter and MIC Breakpoints for Enterobacterales. In: CLSI M100- ED32:2022 Performance Standards for Antimicrobial Susceptibility Testing, 32nd Edition. Feb 2022. Available from: http://em100.edaptivedocs.net/dashboard.aspx
CLSI. Table 2B-2. Zone Diameter and MIC Breakpoints for Acinetobacter spp. In: CLSI M100- ED32:2022 Performance Standards for Antimicrobial Susceptibility Testing, 32nd Edition. Feb 2022. Available from: http://em100.edaptivedocs.net/dashboard.aspx
https://clsi.org/standards/products/microbiology/documents/m100/

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

In October 2021, the Centers for Disease Control and Prevention (CDC) dropped their blood lead reference value (BLRV) from 5 micrograms per deciliter (µg/dL) to 3.5 µg/dL. Oregon's current case definition for childhood lead poisoning (5 µg/dL) is higher than CDC's new BLRV, meaning Oregon children with blood lead levels of 3.5–4.9 µg/dL are currently ineligible for public health case management services that assist families in reducing or eliminating lead exposure sources. These children would also not receive direct referrals to services that could reduce the health effects of lead exposure, such as Early Intervention, Women, Infants and Children (WIC), and nurse home visiting programs. CDC has identified populations at highest risk for lead exposure as children from low-income households, persons identifying as African American, and immigrant and refugee children. Lowering the case definition to 3.5 µg/dL for children less than 18 years of age will increase access to important public health, nutrition, and education services for Oregon's highest-risk children. Additionally, changing the condition name from "lead poisoning" to "elevated blood lead level" recognizes the fact that the CDC has identified no safe level of lead in blood.

It is unknown at this time whether there is racial or ethnic disproportionality or bias with regard to incidence, diagnosis, or reporting of Cronobacter sakazakii infection in infants under the age of 1 year; The Oregon Health Authority (OHA) may gain insight once such cases are reported. Representatives from communities with lower rates of breastfeeding and higher rates of infant formula use were solicited for their participation on the Rules Advisory Committee.

Through 2022, 17 deaths of children (<18 years of age) in association with SARS-CoV-2 infection were reported in Oregon, and 15 of those deaths were thought related to the infection. Of the 10 for whom race or ethnicity data are available, 3 were Hispanic, 5 were white non-Hispanic, 1 was American Indian/Alaska Native, and 1 was Pacific Islander. OHA searched the state deaths registry and identified two deaths from RSV in children since 2019; one recorded Hispanic ethnicity, and race and ethnicity were not specified for the other. These numbers are small but consistent with increased risk among racial and ethnic minorities in Oregon.

The other proposed permanent rules that involve taxonomic changes (i.e., Enterobacterales), eliminating outdated language (e.g., "evidence of immunity" as well as removing COVID-19 from the list of restrictable diseases in food service facilities, schools, children's facilities, and health care facilities), sunsetting of statutory authorization (i.e., 333-018-0011), or definitional changes, (e.g., that of "syringe") are representative of housekeeping and should not have disparate racial or ethnic impacts.

FISCAL AND ECONOMIC IMPACT:

With regard to "elevated blood lead level," due to the increased number of confirmed cases of children with elevated blood lead levels expected with this rule change, fiscal and economic impacts are expected for public health agencies, healthcare providers and laboratories. Examples of impacts include increases in staff and labor for administrative duties, case management activities, and blood lead testing, as well as supplies needed for blood lead testing. With regard to the other rulemaking in this package, OHA's Cost Containment Program (CCP) (Health Policy) was consulted. CCP concluded that economic impact was minimal. For example, no new test methods would need to be adopted. Removal of COVID-19 from the list of restrictable diseases in food service facilities, schools, children's facilities, and health care facilities will have an unknown, yet positive fiscal and economic impact on such facilities where workforces would have otherwise been diminished or where schools or facilities would have experienced absenteeism. No other changes in this rule package should have a significant fiscal or economic impact.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) With regard to "elevated blood lead level," between October 1, 2021, and September 30, 2022, there were 141 children with a venous blood lead level 5 µg/dL, the current criterion used for a confirmed case of lead poisoning, If the criterion had been 3.5 µg/dL, an additional 112 cases would have required management by local public health authority (LPHA) and Oregon Health Authority (OHA) staff. OHA and LPHAs will both see a significant increase in case-management workload to investigate cases as required under Oregon Administrative Rule 333-019-0000. The public could see additional costs of compliance through increased follow-up blood lead testing as recommended by OHA and medical providers until levels drop below the case threshold. With regard to the other rulemaking in this package, OHA's Cost Containment Program (CCP) (Health Policy) was consulted. CCP concluded that economic impact was minimal. For example, no new test methods would need to be adopted.

(2)(a) With regard to "elevated blood lead level," small businesses affected by the rule include clinics, pediatric and family healthcare providers, and any other facilities that perform onsite or point-of-care blood lead testing. Not all of these facilities can be defined as small businesses according to ORS 183.336, since some are non-profits or public health agencies. However, some small businesses such as small-scale pediatric and family healthcare facilities, might be affected by the rule. OHA does not have specific small business data on these businesses in order to estimate the number of them. Any small business, for example, a small point of care site, of which OHA does not have an estimate, will be relieved of the requirement to report Race, Ethnicity, and (preferred spoken and written) Language at time of each COVID-19-related patient encounter. With regard to small businesses, the removal of COVID-19 from the list of restrictable diseases in food service facilities, schools, children's facilities, and health care facilities will have an unknown, yet positive fiscal and economic impact on such facilities where workforces would have otherwise been diminished or where schools or facilities would have otherwise experienced absenteeism. All other rules in this package do not pertain to small businesses.

(b) With regard to "elevated blood lead level," facilities performing blood lead testing or analysis for children will be required to report results of 3.5 µg/dL or higher to OHA within one local public health authority working day. Currently, "lead poisoning" that is reportable within one working day is defined as a blood lead level 5 µg/dL. Facilities that perform capillary testing should perform or order follow-up confirmatory venous testing on children with blood lead levels down to 3.5 µg/dL (currently this level is 5 µg/dL), which could increase administrative activities required for compliance. With regard to the other rulemaking in this package, no other changes will increase projected reporting, recordkeeping or

other administrative activities for small businesses.

(c) With regard to “elevated blood lead level,” facilities affected by the rule should order confirmatory blood lead testing when a child has a capillary result of 3.5 µg/dL. This is due to the high rate of false positives for point-of-care capillary blood lead testing analyzers. This could require additional supplies, increased labor needs, and administrative reporting to OHA. Hospitals performing venous blood draws, as well as laboratory facilities that offer analysis of blood for contaminants such as lead, will see an increased need for equipment, supplies, labor, and administration as additional children require follow-up venous testing. With regard to the other rulemaking in this package, no other changes will increase equipment, supplies, labor or administration for small businesses.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

OHA reached out to >100 clinics and non-profits, some of which included small businesses, to participate on the RAC. Only one entity responded, which was not a small business. OHA will reach out to the same entities to solicit feedback for the rulemaking hearing and during the written comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
333-017-0000, 333-018-0010, 333-018-0011, 333-018-0015, 333-018-0018, 333-018-0130, 333-019-0010, 333-056-0050

AMEND: 333-017-0000

RULE SUMMARY: OAR 333-017-0000 defines terms used in OAR 333-018 and 333-019, which regulate reportable diseases and communicable disease control. Proposed amendments include updating bacterial nomenclature (changing family Enterobacteriaceae to order Enterobacterales and shortening the list of genera to a handful of examples); substituting the term “resistant” for “nonsusceptible” in reference to reportability of certain isolates of Enterobacterales order bacteria; adding definitions carbapenem resistance specific to Acinetobacter, and “carbapenemase-producing,” which organisms are proposed to be made reportable in OAR 333-018-0015; revising downward, consistent with updated national recommendations, the threshold for reporting of elevated blood lead levels (which term replaces the older “lead poisoning”); and harmonizing the time frame for exposure to COVID-19 prior to symptom onset for purposes of reporting suspected Multi-System Inflammatory Syndrome in Children (MIS-C), in keeping with an updated national case definition (now 60 days instead of 28 days).

CHANGES TO RULE:

333-017-0000
Definitions ¶

For purposes of OAR chapter 333, divisions 17, 18 and 19, unless the context requires otherwise or a rule contains a more specific definition, the following definitions shall apply.¶
(1) "AIDS": AIDS is an acronym for acquired immunodeficiency syndrome. An individual is considered to have AIDS when their illness meets criteria published in Morbidity and Mortality Weekly Report, Volume 41, Number RR-17, pages 1-4, December 18, 1992.¶
(2) "Animal suspected of having rabies": An animal is suspected of having rabies when:¶
(a) It is a dog, cat, or ferret not known to be satisfactorily vaccinated against rabies (as defined in OAR 333-019-0017), or it is any other mammal; and¶
(b) It exhibits one or more of the following aberrant behaviors or clinical signs: unprovoked biting of persons or other animals, paralysis or partial paralysis of limbs, marked excitation, muscle spasms, difficulty swallowing,

apprehensiveness, delirium, or convulsions; and it has no other diagnosed illness that could explain the neurological signs.¶
(3) "Approved fecal specimen" means a specimen of feces from a person who has not taken any antibiotic orally or parenterally for at least 48 hours prior to the collection of the specimen. Improper storage or transportation of a specimen, or inadequate growth of the culture suggestive of recent antibiotic usage can, at the discretion of public health microbiologists, result in specimen rejection.¶
(4) "Authority" means the Oregon Health Authority.¶
(5) "Bite, biting, bitten": The words bite, biting, and bitten refer to breaking of the skin by the teeth of an animal, or mouthing a fresh abrasion of the skin by an animal.¶
(6) "Carbapenemase-producing" means the ability to produce an enzyme that can inactivate carbapenem antibiotics, as evidenced by any of the following laboratory results for any specimen:¶
(a) A phenotypic test (for example, Carba NP) positive for carbapenemase production; or¶
(b) A nucleic acid assay indicating the presence of a carbapenemase gene.¶
(7) "Case" means a person who has been diagnosed by a health care provider as having a particular disease, infection, or condition, or whose illness meets defining criteria published in the Authority's Investigative Guidelines, available at www.healthoregon.org/iguides.¶
(~~7~~8) "Children's facility" means:¶
(a) A certified child care facility as described in ORS 329A.030 and 329A.250 to 329A.450, except an "exempted children's facility" as defined in OAR 333-050-0010;¶
(b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except an "exempted children's facility" as defined in OAR 333-050-0010; or¶
(c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except an "exempted children's facility" as defined in OAR 333-050-0010.¶
(~~8~~9) "Control" has the meaning given that term in ORS 433.001.¶
(~~9~~10) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).¶
(1~~0~~1) "Disease outbreak" has the meaning given that term in ORS 431A.005.¶
(1~~1~~2) "E~~nterobacteriaceae family" means the family of bacteria that includes but is not limited~~levated blood lead level" means a lead level, in at least one venous blood sample or in two ~~the following genera and taxonomic groups:¶~~
~~(a) Budvicia;¶~~
~~(b) Buttiauxella;¶~~
~~(c) Cedecea;¶~~
~~(d) Citrobacter;¶~~
~~(e) Edwardsiella;¶~~
~~(f) Enteric Group 58;¶~~
~~(g) Enteric Group 59;¶~~
~~(h) Enteric Group 60;¶~~
~~(i) Enteric Group 63;¶~~
~~(j) Enteric Group 64;¶~~
~~(k) Enteric Group 68;¶~~
~~(l) Enteric Group 69;~~capillary blood samples drawn within 12 weeks of each other, of at least 3.5 micrograms per deciliter. ¶
(13) "Enterobacterales order" means the order of bacteria that includes but is not limited to the following genera:¶
(~~m~~a) ~~Enteric Group 137~~Citrobacter;¶
(~~n~~b) Enterobacter;¶
(~~o~~c) Escherichia;¶
~~(p) Ewingella;¶~~
(~~q~~d) Hafnia;¶
(~~r~~e) Klebsiella;¶
(~~s~~f) Kluyvera;¶
~~(t) Leclercia;¶~~
~~(u) Leminorella;¶~~
~~(v) Moellerella;¶~~
~~(w) Morganella;¶~~
~~(x) Obesumbacterium;¶~~
~~(y) Pantoea;¶~~

~~(z) Photorhabdus;¶~~
~~(aa) Plesiomonas;¶~~
~~(bb) Pragia;¶~~
~~(cc~~g) Morganella;¶
(h) Proteus;¶
(~~dd~~i) Providencia;¶
(~~ee~~j) Ra~~hnella;¶~~
~~(ff) Salmon~~oult~~ella~~;¶
(~~gg~~k) Serratia~~;¶~~
~~(hh) Shigella;¶~~
~~(ii) Tatumella;¶~~
~~(jj) Trabulsiella;¶~~
~~(kk) Xenorhabdus;¶~~
~~(ll) Yersinia;¶~~
~~(mm) Yokenella~~.¶
(1~~2~~4) "Fever" means a body temperature measured at e38.0□C (100.4□F), or report of subjective fever, for at least 24 hours.¶
(1~~3~~5) "Food handler" means any business owner or employee who handles food utensils or who prepares, processes, handles or serves food for people other than members of their immediate household, for example restaurant, delicatessen, and cafeteria workers, caterers, and concession stand operators.¶
(1~~4~~6) "Food service facility" means a facility that is required to be licensed under ORS chapter 624.¶
(1~~5~~7) "Health care facility" has the meaning given that term in ORS 442.015.¶
(1~~6~~8) "Health care provider" has the meaning given that term in ORS 433.443.¶
(1~~7~~9) "HIV" means the human immunodeficiency virus, the causative agent of AIDS.¶
(~~18~~20) "HIV test" means a Food and Drug Administration (FDA)-approved test for the presence of HIV (including RNA testing), or for antibodies or antigens that result from HIV infection, or for any other substance specifically associated with HIV infection and not with other diseases or conditions.¶
(2~~1~~9) "HIV positive test" means a positive result on the most definitive HIV test procedure used to test a particular individual. In the absence of the recommended confirmation tests, this means the results of the initial test done.¶
(2~~0~~2) "Laboratory evidence of inflammation" means one or more of the following: elevated serum C-reactive protein (CRP), fibrinogen, procalcitonin, D-dimer, ferritin, or lactic acid dehydrogenase (LDH); elevated erythrocyte sedimentation rate (ESR) or neutrophil count; low serum albumin; or reduced absolute lymphocyte count.¶
~~(21) "Lead poisoning" means a confirmed blood lead level of at least five micrograms per deciliter.¶~~
(~~22~~3) "Licensed laboratory" means a medical diagnostic laboratory that is inspected and licensed by the Authority or otherwise licensed according to the provisions of the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. □ 263a).¶
(2~~3~~4) "Licensed physician" means any physician who is licensed by the Oregon Medical Board or the Board of Naturopathic Medicine.¶
(24~~5~~) "Licensed veterinarian" means a veterinarian licensed by the Oregon Veterinary Medical Examining Board.¶
(2~~5~~6) "Local Public Health Administrator" has the meaning given that term in ORS 431.260.¶
(2~~6~~7) "Local Public Health Authority" has the meaning given that term in ORS 431.260.¶
(2~~7~~8) "Multi-System Inflammatory Syndrome in Children (MIS-C)" means an individual under the age of 21:¶
(a) Hospitalized with fever, laboratory evidence of inflammation, and involvement of at least two of the following organ systems: cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurologic; and¶
(b) With no alternative more likely diagnosis; and¶
(c) With evidence for current or recent SARS-CoV-2 infection by nucleic acid amplification test (NAAT), serology, or antigen testing; or COVID-19 exposure within the ~~28~~60 days prior to the onset of symptoms.¶
~~(28) "Non-susceptible to any carbapenem antibiotic" means the finding of any of the following:¶~~
~~(a) Gene sequence specific for carbapenemase;¶~~
~~(b) Phenotypic test (for example, Carba NP) positive for production of carbapenemase; or¶~~
~~(c) Resistance to any carbapenem antibiotic with elevated minimum inhibitory concentration (MIC):¶~~
~~(A) MIC for imipenem greater than or equal to 4 mcg/mL; or¶~~
~~(B) MIC for meropenem greater than or equal to 4 mcg/mL; or¶~~
~~(C) MIC for ertapenem greater than or equal to 2 mcg/mL.¶~~
(29) "Novel influenza" means influenza A virus that cannot be subtyped by commercially distributed assays.¶
(30) "Onset": Unless otherwise qualified, onset refers to the earliest time of appearance of signs or symptoms of an illness.¶

(31) "Pesticide poisoning" means illness in a human that is caused by acute or chronic exposure to:¶
(a) Any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest; or¶
(b) Any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant as defined in ORS 634.006.¶
(32) "Public Health Division (Division)" means the Public Health Division within the Oregon Health Authority.¶
(33) "Rabies post-exposure prophylaxis" means initial administration of rabies vaccine or rabies immune globulin in response to an encounter with an animal, whether or not the animal involved meets the definition of an "animal suspected of having rabies" as described in OAR 333-017-0000(2).¶
(34) "Resistant to any carbapenem antibiotic" means¶
(a) Carbapenemase-producing; or¶
(b) Resistant to any carbapenem antibiotic as evidenced by elevated minimum inhibitory concentration (MIC) as follows:¶
(A) For Acinetobacter species bacteria:¶
(i) MIC for imipenem greater than or equal to 8 mcg/mL; or¶
(ii) MIC for meropenem greater than or equal to 8 mcg/mL;¶
(B) For all other bacteria:¶
(i) MIC for imipenem greater than or equal to 4 mcg/mL; or¶
(ii) MIC for meropenem greater than or equal to 4 mcg/mL; or¶
(iii) MIC for ertapenem greater than or equal to 2 mcg/mL.¶
(35) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof.¶
(3~~5~~6) "School administrator" means the principal or other person having general control and supervision of a school or children's facility and has the same meaning as "administrator" in ORS 433.235.¶
(3~~6~~7) "Specimen source site" means the source from which the specimen was obtained.¶
(a) For environmental samples, "specimen source site" means the location of the source of the specimen.¶
(b) For biological samples, "specimen source site" means the anatomical site from which the specimen was collected.¶
(3~~7~~8) "Specimen type" means the description of the source material of the specimen.¶
(3~~8~~9) "Suspected case" means a person whose illness is thought by a health care provider to have a significant likelihood of being due to a reportable disease, infection, or condition, based on facts such as but not limited to the patient's signs and symptoms, possible exposure to a reportable disease, laboratory findings, or the presence or absence of an alternate explanation for the illness.¶
(~~39~~40) "Uncommon illness of potential public health significance": These illnesses include:¶
(a) Any infectious disease with potentially life-threatening consequences that is exotic to or uncommon in Oregon, for example, variola (smallpox) or viral hemorrhagic disease;¶
(b) Any illness related to a contaminated medical device or product; or¶
(c) Any acute illness suspected to be related to environmental exposure to any infectious or toxic agent or to any household product.¶
(4~~0~~1) "Veterinary laboratory" means a laboratory whose primary function is handling and testing diagnostic specimens of animal origin.
Statutory/Other Authority: ORS 413.042, 433.004, 616.745, 624.080, 433.329
Statutes/Other Implemented: ORS 433.004, 433.360, 616.745, 624.380, 433.332

AMEND: 333-018-0010

RULE SUMMARY: OAR 333-018-0010 is being amended to remove the three references to OAR 333-018-0011, Race, Ethnicity, Language and Disability COVID-19 Data Reporting, which is proposed for repeal.

CHANGES TO RULE:

333-018-0010
Form of the Report ¶

(1) A health care provider required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:¶
(a) The identity, address, and telephone number of the person reporting~~, and for health care providers as that is defined in OAR 333-018-0011, reporting COVID-19 information as required in OAR 333-018-0016, race, ethnicity, language and disability data in accordance with OAR 333-018-0011~~;¶
(b) The identity, address, and telephone number of the attending health care provider, or other treating health care provider if any;¶
(c) The name of the person affected or ill, that person's current address, telephone number, and date of birth;¶
(d) The diagnosed or suspected disease, infection, or condition; and¶
(e) The date of illness onset.¶
(2) A licensed laboratory required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:¶
(a) The name and telephone number of the reporting laboratory;¶
(b) The name, gender, age or date of birth, the address and county of residence of the person from whom the laboratory specimen was obtained, if known;¶
(c) The date the specimen was obtained;¶
(d) The specimen source site and the specimen type; for example, the specimen source site | specimen type pairings could be (knee | fluid, synovial) (cervix | tissue), (venous | blood).¶
(e) The name, address and telephone number of the health care provider of the person from whom the laboratory specimen was obtained;¶
(f) The name or description of the test;¶
(g) The test result; and¶
(h) Information required by the ~~Authority~~Oregon Health Authority (Authority)'s Manual for Mandatory Electronic Laboratory Reporting, if electronic reporting is required under OAR 333-018-0013~~; and~~¶
~~(i) If a laboratory has been provided the information by a health care provider or patient, race, ethnicity, language and disability data that complies with OAR 333-018-0011~~.¶
(3) Reportable disease reports shall be made in the following manner:¶
(a) Reports for diseases or suspected diseases that are immediately reportable under OAR 333-018-0015 shall be submitted orally, by telephone, with a follow-up written report via facsimile.¶
(b) Reports for diseases or suspected diseases that are required to be reported within one to seven days under OAR 333-018-0015 shall be submitted in writing via facsimile, through the ~~Online~~Confidential Oregon Morbidity Report ~~System~~Portal at: www.healthoregon.org/howtoreport, if permitted under these rules, or by other means approved by the Authority or the local public health administrator, consistent with the need for timely reporting as provided in OAR 333-018-0015.¶
(c) Electronically, if required by OAR ~~333-018-0011 or OAR~~ 333-018-0013.¶
(4) If requested by a local public health administrator or the Oregon Public Health Division, health care providers and licensed laboratories shall provide additional information of relevance to the investigation or control of reportable diseases or conditions (for example, reported signs and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).
Statutory/Other Authority: ORS 413.042, 433.004
Statutes/Other Implemented: ORS 433.004

REPEAL: 333-018-0011

RULE SUMMARY: OAR 333-018-0011 is being repealed. It had required health care providers to collect data on Race, Ethnicity, and (preferred spoken and written) Language, along with Disability status ("REALD") at the time of each COVID-19-related patient encounter, and to provide those data to the Oregon Health Authority (OHA). The authorizing statute (House Bill 4212 [Oregon Laws 2020, Chapter 12, Sections 40–41]), was repealed by House Bill 3159 (Oregon Laws 2021, Chapter 549, Section 6), effective January 1, 2023, rendering OAR 333-018-0011 without force.

CHANGES TO RULE:

~~333-018-0011~~
~~Race, Ethnicity, Language and Disability COVID-19 Data Reporting~~
~~(1) The reporting requirements in this rule are in addition to the information required to be reported under OAR 333-018-0010.¶~~
~~(2) For purposes of this rule:¶~~
~~(a) "Congregate setting" means an environment where a number of people reside, meet or gather in close proximity for either a limited or extended period of time, and include but are not limited to homeless shelters, group homes, prisons, detention centers, schools and workplaces.¶~~
~~(b) "Encounter" means an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.¶~~
~~(c) "Federally qualified health center" has the meaning given that term in OAR 410-120-0000.¶~~
~~(d) "Health care facility" has the meaning given that term in ORS 442.015.¶~~
~~(e) "Health care provider" has the meaning given that term in Oregon Laws 2020, 1st Special Session, chapter 12, section 40.¶~~
~~(f) "Health system" means an organization that delivers health care through at least one hospital in Oregon and through other facilities, clinics, medical groups, and other entities, all under common control or ownership.¶~~
~~(g) "Hospital" has the meaning given that term in ORS 442.015 and includes hospital satellites as that is defined in OAR 333-500-0010.¶~~
~~(h) "Long term care facility" has the meaning given that term in ORS 442.015.¶~~
~~(3) Beginning October 1, 2020, the following health care providers at the time of an encounter, or as soon as possible thereafter, must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports:¶~~
~~(a) Hospitals except for licensed psychiatric hospitals, and clinical laboratories licensed under ORS 438.110 operating within a hospital.¶~~
~~(b) Health care providers within a health system, except for clinical laboratories licensed under ORS 438.110.¶~~
~~(c) Health care providers working in a federally qualified health center, except for clinical laboratories licensed under ORS 438.110 operating within a federally qualified health center.¶~~
~~(4) No later than March 1, 2021, the following health care providers at the time of an encounter, or as soon as possible thereafter, must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports:¶~~
~~(a) Health care facilities, except for clinical laboratories licensed under ORS 438.110 operating within such facilities.¶~~
~~(b) Health care providers working in or with individuals in a congregate setting, except for clinical laboratories licensed under ORS 438.110 operating within such congregate settings.¶~~
~~(5) No later than October 1, 2021, all health care providers at the time of an encounter must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports.¶~~
~~(6) The reporting required under this rule must be submitted in the following manner:¶~~

~~(a) Until October 1, 2021:¶~~
~~(A) Through the Online Morbidity Report System, which can be found at: www.healthoregon.org/howtoreport; or¶~~
~~(B) By facsimile but only if the Online Morbidity Report System for reporting COVID information is not operable; or¶~~
~~(C) Through electronic case reporting in accordance with standards established by the Authority in its Electronic Case Reporting (ECR) Manual, or another means, if approved by the Authority.¶~~
~~(b) On or after October 1, 2021, through electronic case reporting in accordance with standards established by the Authority in its ECR Manual.¶~~
~~(7) A health care provider is not required to collect the data described in this rule and provide it to the Authority if the provider:¶~~
~~(a) Has previously collected the information and submitted it to the Authority in accordance with this rule within the last 12 months.¶~~
~~(b) Has knowledge that another health care provider has collected the data and submitted it to the Authority in accordance with this rule within the last year.¶~~
~~(c) The patient or the patient's caregiver is unable to provide answers to the questions because of incapacity.¶~~
~~(8) A health care provider who for reasons outside of their control cannot meet the collection and reporting requirements in this rule by the deadlines established in this rule, may submit to the Authority in writing, a request for an extension of time. The Authority may, at its discretion, grant or deny an extension.¶~~
~~(9) Nothing in this rule is intended to prevent a health care provider from collecting and reporting race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status information to the Authority in accordance with OAR chapter 943, division 70, before the deadlines established in this rule.~~
~~Statutory/Other Authority: ORS 413.042, Oregon Laws 2020, 1st Special Session, Chapter 12, Sections 40-41~~
~~Statutes/Other Implemented: Oregon Laws 2020, 1st Special Session, Chapter 12, Sections 40-41~~

AMEND: 333-018-0015

RULE SUMMARY:

OAR 333-018-0015 – proposed amendments include making reportable:

- carbapenem-resistant Acinetobacter species;
- any organism known to be carbapenemase-producing;
- Candida auris;
- Cronobacter sakazakii in an infant less than one year of age;
- death of a person <18 years of age with laboratory-confirmed respiratory syncytial virus (RSV) or SARS-CoV-2 infection;

Proposed amendments also clarify that tests demonstrating toxins of Escherichia coli should be reported as potentially indicative of shiga-toxigenic or enterotoxigenic E. coli bacteria; and changed the term “lead poisoning” to “elevated blood lead level.”

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:¶
(A) The following infections, microorganisms, and conditions: Acinetobacter species found to be resistant to any carbapenem antibiotic; amebic infection of the central nervous system (for example, by Naegleria or Balamuthia);

any organism known to be carbapenemase-producing; 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); Candida auris; Chlamydia psittaci (psittacosis); Chlamydia trachomatis (chlamydiosis; lymphogranuloma venereum); Clostridium tetani (tetanus); Coccidioides (coccidioidomycosis)~~,~~; Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; Cronobacter sakazakii in an infant less than one year of age; Cryptococcus (cryptococcosis)~~,~~; Cryptosporidium (cryptosporidiosis); Cyclospora cayetanensis (cyclosporosis); bacteria of the Enterobacter~~iaceae family~~ales order found to be resistant to any carbapenem antibiotic; Escherichia coli (enterotoxigenic~~,~~ or Shiga-toxigenic, including E. coli O157 and other serogroups, or evidence of enterotoxigenic or Shiga-toxigenic organism, for example, from nucleic-acid or antigen testing); 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; lead poisoning~~elevated blood lead level; 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); Shiga toxin or its nucleic acid sequence identified in a patient specimen; 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.¶

(B) The death of any person <18 years of age with laboratory-confirmed influenza, respiratory syncytial virus (RSV), or SARS-CoV-2 infection.¶

(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, 43~~7.010~~3.329

AMEND: 333-018-0018

RULE SUMMARY:

OAR 333-018-0018 – proposed amendments include requiring the following to be submitted to the Oregon State Public Health Laboratory (OSPHL) for additional testing:

- isolates of
  - Acinetobacter species resistant to any carbapenem antibiotic;
  - any organism known to be carbapenemase-producing; and
  - Cronobacter sakazakii from infants less than one year of age; and
- specimens that test positive by antigen-detection or nucleic acid testing
  - for Listeria, Salmonella, Shigella, Vibrio, or Yersinia, for which culture has not been attempted; and
  - for Shiga toxin, and from which Escherichia coli O157 has not been isolated.

CHANGES TO RULE:

333-018-0018
Submission of Organisms or Specimens to the Public Health Laboratory ¶

Licensed laboratories are required to forward aliquots, specimens or cultures of the following organisms to the Oregon State Public Health Laboratory:¶
(1) Select biological agents and toxins: Avian influenza virus; Bacillus anthracis; Botulinum neurotoxins; Botulinum neurotoxin producing species of Clostridium; Brucella abortus; Brucella melitensis; Brucella suis; Burkholderia mallei; Burkholderia pseudomallei; Conotoxin; Coxiella burnetii; Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola virus; Francisella tularensis; 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; Rift Valley fever virus; SARS-associated coronavirus (SARS-CoV), Saxitoxin; Sheep pox virus; South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin, Tetrodotoxin; Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype; Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus; Variola major virus (Smallpox virus); Variola minor virus (Alastrim); Venezuelan equine encephalitis virus; and Yersinia pestis.¶
(2) Other organisms or specimens including:¶
(a) From persons of any age:¶
(A) All isolates of Corynebacterium diphtheriae, Grimontia spp., Listeria spp., Mycobacterium tuberculosis and M. bovis, Salmonella spp., Shigella spp., Vibrio spp., and Yersinia spp. and suspected Shiga-toxigenic Escherichia coli (STEC), including E. coli O157;¶
(B) All isolates of ~~Enter~~Acinetobacter~~iaceae family~~ species and Enterobacterales order bacteria resistant to any carbapenem antibiotic;¶
(C) All isolates of any organism known to be carbapenemase-producing;¶
(D) All isolates of suspected Neisseria meningitidis and Haemophilus influenzae from normally sterile sites;¶
(~~D~~E) All specimens that test positive by antigen-detection or nucleic acid testing for Listeria, Salmonella, Shigella, Vibrio, or Yersinia, for which culture has not been attempted;¶
(F) All specimens that test positive by antigen-detection or nucleic acid testing for Shiga toxin, and from which Escherichia coli O157 has not been isolated.¶
(G) All specimens that test positive for Measles (rubeola), poliomyelitis, rabies (human), rubella, yellow fever, and all novel and highly pathogenic avian influenza strains;¶
(~~E~~H) All specimens from normally sterile sites testing positive for Haemophilus influenzae or Neisseria meningitidis by non-culture methods; and¶
(~~F~~I) All isolates of Candida auris, Coccidioides spp., and Cryptococcus spp.¶
(b) From persons under the age of 18 years who died with laboratory-confirmed influenza: respiratory specimens or viral isolates, any Staphylococcus aureus isolates, and, after consulting with the Oregon Public Health Division, autopsy specimens.¶
(c) From infants under the age of one year: all isolates of Cronobacter sakazakii.
Statutory/Other Authority: ORS 413.042, ORS 433.004, 438.450
Statutes/Other Implemented: ORS 433.004, 438.310

AMEND: 333-018-0130

RULE SUMMARY: OAR 333-018-0130 - relates to disclosure of data from mandated reporting of healthcare acquired infections. This rule is being amended to clarify that the Authority must adhere to reporting requirements of Oregon's Public Records Act.

CHANGES TO RULE:

333-018-0130
HAI Public Disclosure ¶

(1) The ~~Authority~~Oregon Health Authority (Authority) may disclose state-level and facility-level HAI data, including but not limited to observed frequencies, expected frequencies, proportions, and ratios.~~¶~~
(2) The Authority may use statistically valid methods to make comparisons by facility, and to state, regional, and national statistics.~~¶~~
(3) The Authority shall provide a maximum of 30 calendar days for facilities to review facility-reported data prior to publi~~c release of data.~~shing any data. Nothing in this rule is intended to limit the Authority's release of data pursuant to a public records request.¶
(4) After consulting with the committee, the Authority may publish reports intended to serve the public's interest.
Statutory/Other Authority: ORS 442.420, 2007 OL Ch. 838 § 1-6, 12
Statutes/Other Implemented: ORS 442.405, 192.496, 192.502, 192.243, 192.245, 2007 OL Ch. 838 § 1-6, 12

AMEND: 333-019-0010

RULE SUMMARY: OAR 333-019-0010 specifies restrictions to control communicable diseases in school, child care and worksites eliminate a requirement to exclude from school and children's facilities susceptible students and employees following exposure to immunity" and "exposed" to COVID-19 were not removed at that time, which are now irrelevant. The rule is being amended to eli from the list of restrictable diseases in food service facilities, schools, children's facilities, and health care facilities.

CHANGES TO RULE:

333-019-0010
Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions ¶

(1) For purposes of this rule:¶
(a) "Evidence of immunity":¶
(A) To measles, mumps or rubella means meeting the criteria for presumptive evidence of immunity specified in the Morbid 64, issue RR04, issued June 14, 2013, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm;¶
(B) To diphtheria or pertussis means having documentation of having been immunized as recommended in the Morbidity ar issue 2, dated April 27, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm;¶
(C) To hepatitis A means having documentation of detectable serum antibodies directed against this virus; having laborator documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volum www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm;¶
(D) To hepatitis B means having documentation of having been immunized as recommended in the Morbidity and Mortality January 12, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm; or having documentation of ever having serum of antibodies to hepatitis B surface antigen.¶
~~(E) To COVID-19 means:¶~~
~~(i) Having received a complete series of COVID-19 vaccine as recommended by the Centers for Disease Control and Preven~~
~~(ii) Having had laboratory-confirmed SARS-CoV-2 infection within the preceding 90 days.¶~~
~~(b) "Exposed" for purposes of being susceptible to COVID-19 means having been:¶~~
~~(A) A close contact, as that is defined in the Oregon Health Authority's Disease Investigative Guidelines, published at https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLED or¶~~
~~(B) In contact with the infectious secretions or clinical specimens of a confirmed COVID-19 case or presumptive COVID-19~~
~~(c~~b) "Restrictable disease":¶
(A) As applied to food service facilities includes but is not limited to ~~COVID-19,~~ diphtheria, hepatitis A, hepatitis E, measles, toxigenic Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with St illness accompanied by diarrhea or vomiting.¶
(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, ~~COVID-19,~~ pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, sh a communicable stage of hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually hig uncontrollable biting or spitting).¶
(C) Includes any other communicable disease identified in an order issued by the ~~Authority~~Oregon Health Authority (Autho danger to the public's health.¶
(~~d~~c) "Susceptible":¶
(A) For a child, means lacking documentation of immunization required under OAR 333-050-0050, or if immunization is not disease.¶
(B) For an employee of a school or child care facility, means lacking evidence of immunity to the disease.¶
(2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a healt or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so u
(3) A school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible emplo administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pe health officer determines, in accordance with section (5) of this rule, that exclusion is not necessary to protect the public's h
(4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this
(5) If a local health officer receives a request from a school administrator to determine whether an exclusion is appropriate consultation as needed with the Authority, may consider the following non-exclusive factors in making the determination:¶
(a) The severity of the disease;¶
(b) The means of transmission of the disease;¶
(c) The intensity of the child's or employee's exposure; and¶
(d) The exposed child's or employee's susceptibility to the disease, including having initiated a vaccination series for the dise
(6) The length of exclusion under this rule for illness or exposure must be consistent with current Oregon Health Authority

applicable. Guidance may be found at www.healthoregon.org/iguides.¶
(7) A susceptible child may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267~~(1)~~.¶
(8) The infection control committee at each health care facility shall adopt policies to restrict employees with restrictable di
principles of infection control.¶
(9) Nothing in these rules prohibits:¶
(a) A school or children's facility from adopting more stringent exclusion standards under ORS 433.284.¶
(b) A health care facility or food service facility from adopting additional or more stringent rules for exclusion of employees.
Statutory/Other Authority: ORS 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332,
Statutes/Other Implemented: ORS 433.255, 433.260, 433.407, 433.411, 433.419

AMEND: 333-056-0050

RULE SUMMARY: OAR 333-056-0050 specifies disposal requirements for sharp instruments. An amendment to OAR 333-056-0020 on April 6, 2020, clarified that “syringes” were meant to refer to items fitted with hollow needles—but the term “syringe” was not added to the list of sharp instruments required to be disposed of in puncture-proof containers. This rule is being amended to correct this oversight.

CHANGES TO RULE:

333-056-0050
Prevention of Disease Transmission by Blood-Contaminated Sharp Objects ¶

Any person using sharp instruments (for example, needles, lancets, scalpels, syringes) for purposes of drawing blood, administering medication, or medical/surgical procedures on humans, shall dispose of such items in a manner that will protect any other handlers of this waste from injury. The disposal of such waste shall be in accordance with current recommendations of the U.S. Centers for Disease Control and Prevention, and shall include the use of impervious, rigid, puncture-proof containers. This rule applies to but is not limited to blood banks, plasmapher~~i~~esis centers, medical clinics, dental offices, outpatient care centers, inpatient care facilities, hospitals, and home health agencies.
Statutory/Other Authority: ORS 431.110, 433.004, 459.395
Statutes/Other Implemented: ORS 431.110, 433.004, 459.395