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## **NOTICE OF PROPOSED RULEMAKING**

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333

**OREGON HEALTH AUTHORITY**

**PUBLIC HEALTH DIVISION**

**FILED**

01/30/2026 8:37 AM

ARCHIVES DIVISION

SECRETARY OF STATE

FILING CAPTION: Amending and repealing rules relating to reportable diseases

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 03/10/2026 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.*

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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: 03/10/2026

TIME: 10:00 AM

OFFICER: Staff

### **REMOTE HEARING DETAILS**

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 114529614

### **SPECIAL INSTRUCTIONS:**

This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register to receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971-277-2343, Phone Conference ID 114 529 614# for audio (listen) only. This hearing will close no later than 11:00AM but may close as early as 10:30AM if everyone who signs up to provide testimony has been heard from.

**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)**

Amending OAR 333-018-0015(3)(a)(A)(i)-(iii), report immediately select biologic agents and toxins. The diseases listed

in section OAR 333-018-0015(3)(a)(A)(i)-(iii) are meant to correspond with the lists developed by the U.S. Department of Health and Human Services (DHHS) and United States Department of Agriculture (USDA) as “select biological agents and toxins affecting humans.”

Amending OAR 333-018-0015(3)(a)(B), report immediately other microorganisms and conditions. Proposed language includes adding “known toxigenic strains only” with regard to diphtheria reporting, and because *Ochrobactrum anthropi* was reclassified as *Brucella anthropi* in 2020, but isn’t pathogenic to humans, the addition to “brucellosis” is proposed to help clarify illness caused by *Brucella* species.

Amending OAR 333-018-0015(3)(b), report within 24 hours (including weekends and holidays). Multisystem inflammatory syndrome in children (MIS-C) is a serious disease of children proposed to require reporting within 24 hours (including weekends and holidays).

Amending OAR 333-018-0015(3)(c) report within one public health working day.

Adding the word “condition” in addition to “any infection that is typically arthropod vector-borne” will more accurately describe medical conditions that may not be considered an infection. Other changes include refinements to the list of diseases that serve as examples in this category: 1) tick paralysis will be included as an example of an arthropod vector-borne condition, which is a rare condition caused by a tick species found in Oregon (*Dermacentor andersoni*); and 2) removing “Rocky Mountain spotted fever”, which is redundant, since all *Rickettsia* species are reportable as arthropod-borne infections.

Diphtheria is a contagious, life-threatening disease caused by toxin-producing (toxigenic) strains of the bacterium *Corynebacterium diphtheriae*, and as such is immediately reportable in Oregon. Moreover, diphtheria is vanishingly rare in the United States; the last case of respiratory disease caused by toxin-producing *C. diphtheriae* was reported in 1997. Nontoxigenic strains of this bacterium are, however, of no public-health significance, but they are quite common. The Oregon Health Authority unnecessarily received immediate reports of 85 non-toxin-producing *C. diphtheriae* notifications in 2023, 62 in 2024, and 64 as of 12/31/2025. When *C. diphtheriae* is isolated from patients without clinical signs of diphtheria, our investigative guideline currently calls for sending the isolate to the U.S. Centers of Disease Control and Prevention (CDC) for toxin testing and taking no public-health action pending the results; hence, proposed relaxing of urgency of reporting nontoxigenic of such isolates.

Reporting of non-pulmonary nontuberculous *Mycobacterium* (NTM) infections is intended to detect NTM outbreaks and infections that can be addressed by public-health action; such NTM outbreaks have included those associated with surgical procedures, tattoos, and pedicures. The reporting was not intended to include *Mycobacteria* species with less public health consequence, such as *M. gordonae* or *paragordonae*, which are generally nonpathogenic, and *M. leprae* and *M. lepromatosis*, which are pathogenic but not of public-health importance. Explicitly excluding the reporting of infection by these species is proposed.

Repealing OAR 333-018-0016 Reporting of COVID-19 Related Test Results, Cases and Deaths: This rule is no longer needed because COVID-19 is no longer a reportable disease, except for COVID-19 related pediatric deaths, which has been moved to OAR 333-018-0015, and multisystem inflammatory syndrome in children (MIS-C), which is proposed to be moved to OAR 333-018-0015 as well. This rule change will not affect other outbreak reporting or surveillance systems that have been established for COVID-19.

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#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR 333-018-0015(3)(a) report immediately select biologic agents and toxins

<https://selectagents.gov/sat/list.htm>

<https://www.cdc.gov/chemical-emergencies/chemical-fact-sheets/abrin.html>

<https://www.selectagents.gov/compliance/faq/bacillus.htm>

<https://www.federalregister.gov/documents/2016/01/19/2016-00758/possession-use-and-transfer-of-select-agents-and-toxins-biennial-review-of-the-list-of-select-agents>

OAR 333-018-0015(3)(b) report within 24 hours

<https://www.cdc.gov/mis/hcp/case-definition-reporting/index.html>

OAR 333-018-0015(3)(c) report within one public health working day

Reporting of non-pulmonary tuberculous Mycobacterium (NTM) infections

<https://www.jidc.org/index.php/journal/article/view/39616474>

<https://journal-jbv.apub.kr/articles/article/B5nY/>

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/nontuberculosis-mycobacterial-disease.aspx>

[https://academic.oup.com/ofid/article/12/Supplement\\_1/ofae631.971/7987133](https://academic.oup.com/ofid/article/12/Supplement_1/ofae631.971/7987133)

<https://academic.oup.com/cid/article/77/4/629/7135659?login=true>

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

The proposed rule changes eliminate unnecessary reporting and reduce the reporting burden on health care providers to state, local and Tribal public health. The impact on racial equity remains neutral.

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#### FISCAL AND ECONOMIC IMPACT:

None identified.

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#### 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) It is anticipated that there will be a reduced reporting burden to the Oregon Health Authority (OHA), as well as to local public health departments in terms of receiving immediate reports from health care providers of non-toxigenic diphtheria cases. It is anticipated that there will be reduced reports to OHA and local public health departments of cases of *M. gordonae* or *paragordonae* (which are generally nonpathogenic) and *M. leprae* and *M. lepromatosis*, which are pathogenic but not of public-health importance. There is no cost of compliance impact on the public.

(2)(a) Small businesses and industries with small businesses are not impacted by these rules.

(b) No projected reporting, recordkeeping and other administrative activities are required for compliance, including costs of professional services. Small businesses and industries with small businesses are not impacted by these rules.

(c) No equipment, supplies, labor and increased administration are required for compliance. Small businesses and industries with small businesses are not impacted by these rules.

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

Small businesses were not involved in the development of these rules because small businesses are not impacted by the proposed rule changes.

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#### WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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#### RULES PROPOSED:

333-018-0015, 333-018-0016

#### AMEND: 333-018-0015

**RULE SUMMARY:** The following amendments are proposed to OAR 333-018-0015:

OAR 333-018-0015(3)(a)(A)(i)-(iii), report immediately select biologic agents and toxins. Proposed amendment is intended to match the U.S. Department of Health and Human Services (DHHS) list of select biological agents and toxins affecting humans.

OAR 333-018-0015(3)(a)(B), report immediately other microorganisms and conditions: Proposed amendment includes adding “known toxigenic strains” of *Corynebacterium diphtheriae* (diphtheria) and the addition of “brucellosis” to clarify illness caused by *Brucella*.

OAR 333-018-0015(3)(b) report within 24 hours (including weekends and holidays): Proposed addition of multisystem inflammatory syndrome in children (MIS-C), a serious disease of children, to the list of diseases to be reported within 24 hours (including weekends and holidays).

OAR 333-018-0015(3)(c) report within one public health working day. Proposed addition of the word “condition” in addition to “any infection that is typically arthropod vector-borne,” which more accurately describes tickborne conditions such as tick paralysis, which is explicitly being added as an example of a tickborne condition. Clarifying that non-toxin-producing *C. diphtheriae* notifications do not require immediate reporting, such as toxin-producing *C. diphtheriae*. Clarifying those species of non-pulmonary Mycobacteria that do not require reporting, namely, *M. gordonaiae* or *M. paragordonaiae* (which are generally nonpathogenic) and *M. leprae* and *M. lepromatosis*.

#### 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) The following select biological agents and toxins: Avian influenza virus; Bacillus anthracis;¶

(i) United States Department of Health and Human Services (DHHS) select agents (anthrax) and toxins: Abrin; Bacillus cereus biovar anthracis; Botulinum neurotoxins; Botulinum neurotoxin-producing species of Clostridium; Brucella (brucellosis); Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Conotoxins; Clostridium botulinum (botulism) Conotoxins; Coxiella burnetii (Q fever); Crimean-Congo hemorrhagic fever virus; Diacetylscirpenol; Eastern Equine Encephalitis virus; Ebola-virus; Francisella tularensis (tularemia); Hendra virus; Lassa fever virus; Lujo virus; Marburg virus; Mpox (Monkeypox) virus; Newcastle disease virus; Nipah virus Clade I); 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; SARS-CoV chimeric; 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 virus (Smallpox virus); Variola minor virus (Alastrim); Yersinia pestis (plague);¶

(ii) DHHS and United States Department of Agriculture (USDA) overlap select agents and toxins: Bacillus anthracis (anthrax); Bacillus anthracis Pasteur strain; Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Hendra virus; Nipah virus; Rift Valley fever virus; Venezuelan equine encephalitis virus; and¶

(iii) USDA select agents and toxins: Avian influenza virus; Newcastle disease virus. ¶

(B) The following other infections, microorganisms, and conditions: Brucella (brucellosis causing species); Corynebacterium diphtheriae (diphtheria, known toxigenic strains only); 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 including but not limited to, 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); multisystem inflammatory syndrome in children (MIS-C); 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 or condition that is typically arthropod vector-borne (for example, including but not limited to: mosquito-borne: California encephalitis, chikungunya, dengue, 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 other tick paralysis]; or other arthropod vector-borne: trypanosomiasis [Chagas disease], leishmaniasis, and any of the typhus fevers); blood lead level at or above the blood lead reference value; Bordetella pertussis (pertussis); cadmium demonstrated by laboratory testing of urine; Campylobacter (campylobacteriosis); Candida auris; Chlamydia psittaci (psittacosis); Chlamydia trachomatis (chlamydia; lymphogranuloma venereum); Clostridium tetani (tetanus); Coccidioides (coccidioidomycosis); Corynebacterium diphtheriae (diphtheria, if toxigenicity or strain is unknown, report immediately if known to be toxigenic); 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 (cyclosporiasis); bacteria of the Enterobacteriales 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 except do not report anonymous testing) and AIDS; Legionella (legionellosis); Leptospira (leptospirosis); Listeria monocytogenes (listeriosis); mumps; Mycobacterium tuberculosis and M. bovis (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; Neisseria gonorrhoeae (gonococcal infections (excluding Mycobacterium gordonaiae, M. paragordonaiae, M. leprae, and M.

lepromatosis); Neisseria gonorrhoeae (gonococcal infections); orthopox viruses other than variola (including but not limited to borealpox [formerly Alaskapox], camelpox, cowpox, and mpox (excluding Clade I)); 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 <less than 18 years of age with laboratory-confirmed influenza, respiratory syncytial virus (RSV), or SARS-CoV-2 infection.¶

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

(4) Licensed laboratories shall report, within seven calendar 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, 433.329

REPEAL: 333-018-0016

RULE SUMMARY: Repealing OAR 333-018-0016 Reporting of COVID-19 Related Test Results, Cases and Deaths. This rule is no longer needed because COVID-19 is no longer a reportable disease, except for COVID-19 related pediatric deaths, which has been moved to OAR 333-018-0015, and multisystem inflammatory syndrome in children (MIS-C), which is proposed to be moved to OAR 333-018-0015(3)(b).

CHANGES TO RULE:

~~333-018-0016~~

~~Reporting of COVID-19-Related Cases and Deaths~~

~~(1) Health care providers or other individuals described in OAR 333-018-0000(1) shall report, in accordance with section (2) of this rule and other applicable rules in OAR chapter 333, division 18, the following:~~

~~(a) Within 24 hours (including weekends and holidays), any human case of MIS-C; and~~

~~(b) Within one local public health authority working day, the death of any person less than 18 years of age with laboratory-confirmed SARS-CoV-2 infection.~~

~~(2) Health care providers shall report the information required in section (1) of this rule, in one of two ways, in order of preference:~~

~~(a) Submission of an Electronic Initial Case Report (eICR) in accordance with the Authority's Electronic Case Reporting (ECR) Manual; or~~

~~(b) Online, through the Confidential Oregon Morbidity Report Portal, which can be found at: [www.healthoregon.org/howtoreport](http://www.healthoregon.org/howtoreport).~~

~~Statutory/Other Authority: ORS 413.042, ORS 433.004, ORS 433.006~~

~~Statutes/Other Implemented: ORS 433.004~~