

# Rules Advisory Committee Meeting

## Agenda & Minutes

**Date:** 1/20/2026

**Time:** 09:00

**Place:** MS Teams Meeting

**Present:** (See attached List)

### BACKGROUND

1. Welcome and Introductions - 10 min (Howard Chiou, MD)
2. Howard Chiou read the following:

The overarching purpose of the Rules Advisory Committee (RAC) is to seek public input to the maximum extent possible before giving notice of intent to adopt a rule. The RAC must represent the interests of persons and communities likely to be affected by the rule. RAC's allow the public and community stakeholders to provide input and suggestions during the development of new rules, amendment or repeal of existing rules, and the fiscal impact of the proposed rulemaking.

- Webinar etiquette (to minimize background sounds, please MUTE your computer (or phone) when not speaking, **DO NOT PUT YOUR PHONE ON HOLD IF BACKGROUND MUSIC WILL OCCUR**). Please identify yourself when you speak.

Rule	Minutes
<p><b>OAR 333-018-0015(3)(a)(A) report immediately select biologic agents and toxins.</b></p> <p><b>Howard Chiou</b></p>	<p><i>Proposed language</i></p> <p>(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 <i>causing species</i>); 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; Mpox (Clade I) Mpox (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 (touse-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; Tetradotoxin (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).</p>

# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>Statement of need for the rule</i></p> <p><i>OAR 333-018-0015(3)(a)(A) is meant to correspond to a specific Department of Health and Human Services (DHHS) list of select biological agents and toxins affecting humans, which do not include to Mpox virus, Rickettsia prowazekii (louse borne typhus), Saxitoxin (paralytic shell fish poisoning), and Tetrodotoxin (puffer fish poisoning), all of which are currently listed in OAR 333-018-0015(3)(a)(A). Harmonizing OAR 333-018-0015(3)(a)(A) will result in moving the aforementioned diseases and toxins to OAR 333-018-0015(3)(a)(B). Furthermore, in 2020 the bacterium known as Ochrobactrum anthropi was reclassified as Brucella anthropi.; however, Brucella anthropi it does not possess the pathogenicity of other Brucella spp. Thus, we are noting “brucellosis causing species.”</i></p> <p><i>Documents relied upon that support the statement:</i> <a href="https://selectagents.gov/sat/list.htm">https://selectagents.gov/sat/list.htm</a></p> <p><i>Statement Identifying How Adoption of Rule(s) Will Affect Health Equity in This State:</i> No comments.</p> <p><i>Fiscal and Economic Impact</i></p> <p><i>Statement of Cost of Compliance:</i></p> <ol style="list-style-type: none"> <li><i>1. Impact on state agencies, units of local gov’t and the public:. No comments</i></li> <li><i>2. Cost of compliance effect on small businesses and types of business and industries with small business subject to this rule. No comments</i> <ol style="list-style-type: none"> <li><i>a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:</i></li> </ol> </li> </ol>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:</i></p> <p><i>c. Equipment, supplies, labor and increased administration required for compliance:</i></p> <p><i>Discussion</i></p> <p><b>Howard Chiou:</b> Reiterated OHA request for feedback on the proposed rule changes, especially how it may impact work, communities, and equity.</p> <p>Intention is to sync with federal list of select biological agents.</p> <p><b>Gerald Dyer:</b> Looking at shellfish poisoning, are we taking it out for reportable selective agents?</p> <p><b>Stephen Ladd-Wilson:</b> Yes. We're moving it off the select agent list, but still making it immediately reportable.</p> <p><b>Stephen Ladd-Wilson:</b> There will be other opportunities to comment. Planned effective date for these rules is April 1, 2026</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

<p>OAR 333-018-0015(3)(a)(B) report immediately other microorganisms and conditions:</p> <p>Howard Chiou</p>	<p><i>Proposed language</i></p> <p>(B) The following other infections, microorganisms, and conditions: <u>Abrin, Bacillus anthracis Pasteur strain, 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, domoic acid intoxication, ciguatera, Saxitoxin [paralytic shellfish poisoning];, scombroid, Tetrodotoxin [puffer fish poisoning], etc.); Rickettsia prowazekii (louse-borne typhus), SARS-COV chimeric, Venezuelan equine encephalitis virus</u></p> <p><i>Statement of need for the rule</i></p> <p>In addition to moving the aforementioned diseases and toxins to OAR 333-018-0015(3)(a)(B) that are no longer on the DHHS list of select agents, the following diseases and toxins are proposed to be added, as they cause serious disease that require immediate public health reporting and action: <i>Abrin, Bacillus anthracis Pasteur strain, and known toxigenic strains of Corynebacterium diphtheriae (diphtheria).</i></p> <p><i>Documents relied upon that support the statement:</i></p> <p><a href="https://www.cdc.gov/chemical-emergencies/chemical-fact-sheets/abrin.html">https://www.cdc.gov/chemical-emergencies/chemical-fact-sheets/abrin.html</a></p> <p><a href="https://www.selectagents.gov/compliance/faq/bacillus.htm">https://www.selectagents.gov/compliance/faq/bacillus.htm</a></p> <p><a href="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">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</a></p> <p><i>Statement Identifying How Adoption of Rule(s) Will Affect Health Equity in This State:</i> No comments</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>Fiscal and Economic Impact</i> No comments</p> <p><i>Statement of Cost of Compliance:</i> No comments</p> <ol style="list-style-type: none"> <li>1. <i>Impact on state agencies, units of local gov't and the public:.</i></li> <li>2. <i>Cost of compliance effect on small businesses and types of business and industries with small business subject to this rule.</i> <ol style="list-style-type: none"> <li>a. <i>Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:</i></li> <li>b. <i>Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:</i></li> <li>c. <i>Equipment, supplies, labor and increased administration required for compliance:</i></li> </ol> </li> </ol> <p><i>Discussion</i></p> <p><b>Howard Chiou:</b> Intent is to continue to sync with Select Agents list and to use this section to indicate immediate reporting of diseases not on the Select Agent list.</p>	
<p><b>OAR 333-018-0015(3)(a)(B)(b) report within 24 hours (including weekends and holidays):</b></p>	<p><i>Proposed language</i></p> <p>⏶ (b) Within 24 hours (including weekends and holidays): Haemophilus influenzae (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); <u>multisystem inflammatory syndrome in children (MIS-C)</u>; Neisseria meningitidis (any</p>	

# Rules Advisory Committee Meeting

## Agenda & Minutes

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Howard Chiou	<p><i>Statement of need for the rule</i></p> <p><b>OAR 333-018-0015(3)(a)(B)(b) report within 24 hours (including weekends and holidays):</b> multisystem inflammatory syndrome in children (MIS-C) is a serious disease of children, we are proposing to require reporting within 24 hours; OAR 333-018-0016 is proposed to be deprecated (see below).</p> <p><i>Documents relied upon that support the statement:</i> None</p> <p><i>Statement Identifying How Adoption of Rule(s) Will Affect Health Equity in This State:</i> No Comments</p> <p><i>Fiscal and Economic Impact</i> No Comments</p> <p><i>Statement of Cost of Compliance:</i></p> <p>3. <i>Impact on state agencies, units of local gov't and the public:.</i></p> <p>4. <i>Cost of compliance effect on small businesses and types of business and industries with small business subject to this rule.</i> No Comments</p> <p>a. <i>Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:</i> No Comments</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

	<p>b. <i>Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:</i> No Comments</p> <p>c. <i>Equipment, supplies, labor and increased administration required for compliance:</i> No Comments</p> <p><i>Discussion</i></p> <p><b>Howard Chiou:</b> We are proposing that MIS-C reporting will be moved from the broader COVID-19 rules, which are going away (Chapter 333-018-0016), to be reported within 24 hours due to its public health impact on children.</p> <p><b>Gerald Dyer:</b> Thank you for the clarification.</p>	
<p><b>OAR 333-018-0015(3)(a)(B)(c) (A)</b>  <b>report within one public health working day.</b></p> <p><b>Howard Chiou</b></p>	<p><i>Proposed language</i></p> <p><del>(A)</del> <del>(A)</del> 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 <del>or condition</del> that is typically arthropod vector-borne (for example, 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)(BA) above, Rocky Mountain spotted fever, tick paralysis, and others]; 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 (chlamydiosis; lymphogranuloma venereum); Clostridium tetani (tetanus); Coccidioides (coccidioidomycosis); <del>Corynebacterium diphtheriae</del> (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;</p>	

# Rules Advisory Committee Meeting

## Agenda & Minutes

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└ with nontuberculous mycobacteria (~~excluding *Mycobacterium gordonae*, *M. paragordonae*, *M. leprae*, and *M. lepromatosis*~~);  
Neisseria gonorrhoeae (gonococcal infections); ~~orthopox viruses other than variola (for example, borealpox (formerly Alaskapox), camelpox, cowpox, mpox, etc.)~~ Salmonella

### *Statement of need for the rule*

Adding the word “condition” in addition to “any infection that is typically arthropod vector-borne” will more accurately describe tickborne conditions such tick paralysis.

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, 64 in 2024, and 60 as of 10/10/2025. When *C. diphtheriae* is isolated from patients without signs of diphtheria, our investigative guideline currently calls for sending the isolate to the Centers of Disease Control and Prevention (CDC) for toxin testing and taking no public-health action pending the results; hence, we are relaxing the urgency of reporting nontoxigenic diphtheria.

Reporting of non-pulmonary tuberculous *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* spp. 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.



# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>Documents relied upon that support the statement:</i></p> <p><i>Statement Identifying How Adoption of Rule(s) Will Affect Health Equity in This State:</i> No comments.</p> <p><i>Fiscal and Economic Impact</i> No comments.</p> <p><i>Statement of Cost of Compliance:</i> No comments.</p> <p>1. <i>Impact on state agencies, units of local gov't and the public..</i> No comments.</p> <p>2. <i>Cost of compliance effect on small businesses and types of business and industries with small business subject to this rule.</i> No comments.</p> <p>a. <i>Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:</i></p> <p>b. <i>Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:</i></p> <p>c. <i>Equipment, supplies, labor and increased administration required for compliance:</i></p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>Discussion</i></p> <p><b>Howard Chiou:</b> This section is for reporting within one public health working day, and there are three core sections of proposed changes with the intent of simplifying the section and making it more actionable for our local partners.</p> <ul style="list-style-type: none"> <li>- There is a long “for example” section, which is meant to add clarity to the core text.</li> <li>- Addition of “condition” would cover non-infectious conditions, such as tick paralysis.</li> <li>- Changes with regard to non-toxigenic diphtheria and non-pulmonary tuberculous <i>Mycobacterium</i> (NTM)</li> </ul> <p>RAC reviewed the above statement of need for this section.</p> <p><b>Stephen Ladd-Wilson:</b> The intent behind these changes is to specifically downplay those diseases that we are not interested in in terms of reporting, such as specific NTM that are not of public health interest.</p> <p><b>Howard Chiou:</b> And also to minimize unnecessary reporting and maximizing efficiency by not processing isolates that are not of public health interest.</p>	
<p><b>333-018-0016 Reporting of COVID-19-Related Cases and Deaths</b></p> <p><b>Howard Chiou</b></p>	<p><i>Proposed language</i></p>	

# Rules Advisory Committee Meeting

## Agenda & Minutes

---

	<p><b>333-018-0016</b> <b>Reporting of COVID-19-Related Cases and Deaths</b></p> <p>(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:</p> <p>(a) Within 24 hours (including weekends and holidays), any human case of MIS-C; and</p> <p>(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:</p> <p>(2) Health care providers shall report the information required in section (1) of this rule, in one of two ways, in order of preference:</p> <p>(a) Submission of an Electronic Initial Case Report (eICR) in accordance with the Authority's Electronic Case Reporting (ECR) Manual; or</p> <p>(b) Online, through the Confidential Oregon Morbidity Report Portal, which can be found at: <a href="http://www.healthoregon.org/howtoreport">www.healthoregon.org/howtoreport</a>:</p> <p>Statutory/Other Authority: ORS 413.042, ORS 433.004 &amp; ORS 433.006 Statutes/Other Implemented: ORS 433.004</p> <p><i>Statement of need for the rule</i></p> <p>This rule has served its purpose and has diminished to only reporting COVID-19-related pediatric deaths, and multisystem inflammatory syndrome in children (MIS-C); the former has already been moved to OAR 333-018-0015, and we are proposing to move MIS-C specifically to OAR 333-018-0015(3)(a)(B)(b) report within 24 hours (including weekends and holidays), rendering this rule redundant.</p> <p><i>Documents relied upon that support the statement:</i></p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><i>Statement Identifying How Adoption of Rule(s) Will Affect Health Equity in This State:</i></p> <p>No comments.</p> <p><i>Fiscal and Economic Impact</i></p> <p>No comments.</p> <p><i>Statement of Cost of Compliance:</i></p> <p>No comments.</p> <p><i>1. Impact on state agencies, units of local gov't and the public:</i></p> <p>No comments.</p> <p><i>2. Cost of compliance effect on small businesses and types of business and industries with small business subject to this rule.</i></p> <p>No comments.</p> <p><i>a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:</i></p> <p><i>b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:</i></p> <p><i>c. Equipment, supplies, labor and increased administration required for compliance:</i></p> <p><i>Discussion</i></p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><b>Howard Chiou:</b> This [rule] section was added during COVID 19 pandemic and we are at a different point in terms of SARS-COV-2 surveillance. Intent is to bring us to where we are for pandemic control. We are keeping MIS-C and everything else will be struck.</p> <p><b>Katie Harris:</b> Will there be any required covid reporting that will still be on the books, such as FLU, RSV reports. Will there be any COVID reporting at the state level?</p> <p><b>Howard Chiou:</b> Those surveillance systems will continue to run but the intent is to decrease the load of reporting.</p> <p><b>Stephen Ladd-Wilson:</b> The intent of striking out this COVID rule (which has already been repealed) was to reduce the COVID reporting burden. Flu and RSV are not “reportable diseases” but we do have sentinel surveillance for those diseases and for COVID. We are prioritizing severe cases in maintaining MIS-C and pediatric COVID death reporting.</p> <p><b>Katie Harris:</b> I have no concerns in removing this.</p> <p><b>Howard Chiou:</b> There has been a desire to make these changes for quite some time and hoping these rule changes will be helpful.</p> <p><b>Gerald Dyer:</b> When this COVID rule is struck down, will facilities recognize that they will still have to report outbreaks to the counties? For example, LPHAs have noticed that long-term care facilities (LTCFs) confuse not having to report individual cases of COVID with outbreaks of COVID. COVID outbreaks are reportable, even when individual COVID cases are no longer reportable. Is there any way for us to communicate that COVID outbreaks are still reportable? Facilities, such as Long term care facilities and schools, still need to report outbreaks, even though individual COVID cases are no longer reportable.</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><b>Stephen Ladd-Wilson:</b> Will make sure we make that's clear when posting our <i>CD Summary</i>, which is what we use for notifying interested parties.</p> <p><b>Howard Chiou:</b> Does the generic rule cover LTCF?</p> <p><b>Gerald Dyer:</b> It's covered. Benton County Health Department does not mind sharing additional information locally, but certain LTFs [long term care facilities] and maybe some schools might be confused by the rule changes, especially around outbreak reporting, so it would be good to let them know what is reportable and when, especially with regard to outbreak reporting. Perhaps we can collaborate on outbreak reporting communications.</p> <p><b>Jackson Baures:</b> Jackson county is also seeing the same type of thing with LTCFs and schools like Benton County.</p> <p><b>Howard Chiou:</b> Noted Bailey's comment in the chat below. We might want to think about collaborating around the communications piece about this rule change and clarify that respiratory illness outbreaks are still reportable, including Katie's earlier point about sentinel surveillance.</p> <p><b>Bailey Weissenfels (in chat):</b> Thanks Gerald. This is the language we continue to send to long-term care facilities:</p> <p>Facilities must report to their Local Public Health Authority (LPHA) within 24 hours or on a timeline otherwise specified when:</p> <ul style="list-style-type: none"><li>•3 or more cases of respiratory illness (e.g., COVID-19, Influenza, RSV, unknown respiratory illness) among residents or staff and <math>\geq 10\%</math> residents or staff affected.</li></ul> <p>Flagging that HAI does understand DHS partnerships can be good partners to reiterate rule changes. We can use DHS partners as trusted messengers and Bailey is happy to support/facilitate.</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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	<p><b>Bailey Weissenfels:</b> Reiterate and agree with Howard and Gerald. It's a good idea for us to continue to send the message that facilities still have to report outbreaks to LPHAs within 24 hours. And also, from an HAI [hospital associated infections] standpoint, we recognize the importance of DHS [Oregon Department of Human Services] partners who license these facilities. They are often good messengers for this requirement. Happy to facilitate that piece.</p> <p><b>Stephen Ladd-Wilson:</b> There is other rule making planned in the upcoming year including veterinary diseases and removing COVID-19 from the list of restrictable diseases.</p> <p><b>Baily Weissenfels:</b> Senate Bill 841, which passed in 2025, allows Tribes and Tribal Epidemiology Centers to participate in reportable disease investigations. We have ongoing conversations with Tribal Leaders and what rule language will look like and what rule language will be fitting for Tribes.</p> <p>Meeting adjourned: 9:30am, 1/20/2026</p>	
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# Rules Advisory Committee Meeting

## Agenda & Minutes

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### Participants and Attendees:

First	Last	Title	Organization Name
Gerald	Dyer, Jr.	Benton County Communicable Disease Program Manager and Co-Chair of Conference of Local Health Officers – Communicable Disease	Benton County Public Health
Amy	Down-Maul	Senior Director of Quality	Hospital Association of Oregon
Katie	Harris	Associate Vice President of Policy & Federal Advocacy	Hospital Association of Oregon
Jackson	Baures	Jackson County Public Health Division Manager and Co-Chair of Conference of Local Health Officers – Communicable Disease	Jackson County Public health
Erin	Williams	Senior Assistant Attorneys General	Oregon Department of Justice
Courtnei	Dresser	Vice President of Government Relations	Oregon Medical Association
Macey	Henning	Operations and Policy Analyst	Oregon State Public Health Laboratory
Zintars	Beldavs	Section Manager, Acute and Communicable Disease Prevention Section	Public Health Division, Oregon Health Authority
Howard	Chiou	Medical Director, Communicable Disease and Immunizations	Public Health Division, Oregon Health Authority
Elizabeth	Fairchild-Xiong	Executive Support Specialist	Public Health Division, Oregon Health Authority
Stephen	Ladd-Wilson	Electronic Reporting, Infectious Waste, & Administrative Rules Manager, Acute and Communicable Disease Prevention Section	Public Health Division, Oregon Health Authority
Bailey	Weissenfels	Acute and Communicable Disease Prevention Community Health Program Manager	Public Health Division, Oregon Health Authority