

# Disease Reporting



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## Objectives

- Know who is legally required to report
- List the categories of reportable diseases or conditions
- Describe LHD role once a disease is reported
- Understand why diseases are reportable

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# THE LEGAL BASIS FOR REPORTING



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## It's the (State) Law!

### U.S. Constitution:

10<sup>th</sup> Amendment reserves "police power" to **States**

### Oregon Revised Statute 433.004

(1) The Oregon Health Authority shall by rule:  
(a) specify reportable diseases...

### Oregon Administrative Rules

- **Division 17:** Disease Control (definitions and references)
- **Division 18:** Disease Reporting (responsibilities and requirements)
- **Division 19:** Investigation and Control of Diseases



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# Legal Basis: Who Has to Report

## OAR 333-18-0000

- Each Healthcare Provider...
- Each Healthcare Facility...
- Each Licensed Laboratory...

## Obligations

- ✓ Report cases and suspect cases
- ✓ Report required data elements
- ✓ Report within specified time periods
- ✓ Instruct patient in control measures
- ✓ Cooperate with public health investigation and control measures

(OAR 333-019-0002)

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# Legal Basis: How and Where

In general, if the patient is an Oregon resident, reports shall be made to the local public health administrator for the **patient's place of residence**.

In lieu of reporting to the local public health administrator, with the consent of the local public health administrator and the Authority, reports may be made directly to the Authority.

(OAR 333-018-0005)



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## Legal Basis: HIPAA

HIPAA permits disclosure of protected health information without authorization for specified public health purposes:

### 45 CFR 46 §1178(b)

Nothing in this part shall...limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention



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## Legal Basis: Failure to Report

### Civil Penalties for Failure to Report: OAR 333-026-0030

A civil penalty may be imposed...for a violation of any provision in OAR chapter 333, division 18 or 19, including but not limited to...

#### Failing to report a reportable disease in accordance with OAR chapter 333, division 18:



- 1<sup>st</sup> violation: \$100
- 2<sup>nd</sup> violation: \$200
- 3<sup>rd</sup>/subsequent violation: \$500
- Each **day** out of compliance considered a **new** violation

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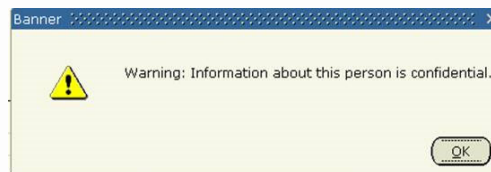
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## POLL QUESTION

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## A note about confidentiality

- You have access to confidential information
- You must first sign a confidentiality oath
- You agree to lots of things when you sign (if you don't know what you signed, then you should read it again)
- **Orpheus knows all:**
  - Will log every single record that you **enter**
  - Will report all records that you looked at when you shouldn't have



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# Reportable Diseases: Who Decides?

- Each **state** determines what is reportable in its jurisdiction
- Council of State & Territorial Epidemiologists
  - recommends reportable diseases
  - determines what's "nationally notifiable"



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## REPORTABLE DISEASES



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# Diseases: Reportable in Oregon

**OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS**

**WHICH DISEASES ARE REPORTABLE?**

**IMMEDIATELY**

- Anthrax (*Bacillus anthracis*)
- Bacterial meningitis
- Botulism (*Clostridium botulinum*)
- Bruceellosis (*Bruceella*)
- Cholera (*Vibrio cholerae* O1, O139, or toxigenic)
- Diphtheria (*Corynebacterium diphtheriae*)
- Eastern equine encephalitis
- Glanders (*Burkholderia mallei*)
- Hemorrhagic fever caused by viruses of the *Flavivirus* (e.g., Ebola, Marburg) or *arenavirus* (e.g., Lassa, Machupo) families
- Influenza (novel)<sup>1</sup>
- Marine intoxication (intoxication caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)
- Measles (rubella)
- Melioidosis (*Burkholderia pseudomallei*)
- Plague (*Yersinia pestis*)
- Poliomyelitis

**WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY**

- Amebic infections<sup>2</sup> (central nervous system only)
- Anaplasmosis (*Anaplasma*)
- Animal bites (of humans)
- Arthropod vector-borne disease (e.g., California encephalitis, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.)
- Babesiosis (*Babesia*)
- Campylobacteriosis (*Campylobacter*)
- Chancroid (*Haemophilus ducreyi*)
- Chlamydia
- Chlamydia trachomatis*: lymphogranuloma venereum
- Coccidioidomycosis (*Coccidioides*)
- Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies
- Cryptococcosis (*Cryptococcus*)
- Cryptosporidiosis (*Cryptosporidium*)
- Cyclosporiasis (*Cyclospora cayentensis*)
- Ehrlichiosis (*Ehrlichia*)
- Enterobacteriaceae family isolates that are resistant to any carbapenem antibiotic by current
- Hepatitis D (delta)
- Hepatitis E
- HIV infection (does not apply to anonymous testing) and AIDS
- Influenza (laboratory-confirmed) death of a person <18 years of age
- Lead poisoning<sup>3</sup>
- Legionellosis (*Legionella*)
- Leptospirosis (*Leptospira*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium*)
- Mumps
- Non-tuberculous mycobacterial infection (non-respiratory)<sup>4</sup>
- Pertussis (*Bordetella pertussis*)
- Pittacosis
- Relapsing fever* (*Borrelia*)
- Rocky Mountain spotted fever and other *Rickettsia* (except louse-borne typhus, which is immediately reportable)
- Salmonellosis (*Salmonella*, including typhoid)
- Shigellosis (*Shigella*)
- Syphilis (*Treponema pallidum*)

Both lab-confirmed and clinically suspected cases are reportable

**OREGON PUBLIC HEALTH DIVISION REPORTING FOR LABORATORIES**

**WHICH DISEASES ARE REPORTABLE?**

**IMMEDIATELY**

- Anthrax (*Bacillus anthracis*)
- Bacterial meningitis
- Botulism (*Clostridium botulinum*)
- Bruceellosis (*Bruceella*)
- Cholera (*Vibrio cholerae* O1, O139, or toxigenic)
- Diphtheria (*Corynebacterium diphtheriae*)
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- Shigellosis (*Shigella*)
- Syphilis (*Treponema pallidum*)

# Diseases: When and What?

## When

New reportables are highlighted.

### IMMEDIATELY

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- Bacterial meningitis
- Botulism (*Clostridium botulinum*)
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## Categories of Reportable Diseases

- Vaccine-preventable
- Food- and waterborne
- Vector-borne
- Other zoonoses
- Sexually transmitted infections
- Bioterrorism threats
- Some non-infectious
- Outbreaks
- Diseases of “possible public health significance”

## EXERCISE

## Exercise: breakout groups

Resource: [Disease Reporting Poster for Clinicians](#)

1. Is Hepatitis A reportable?  
If so, when should it be reported?
2. Is a bat-to-dog bite reportable?  
If so, when should it be reported?
3. Would you report an influenza death in a 65-year-old man from Curry County?  
If so, when would you report this?
4. Would influenza H7N9 be reportable?  
If so, when should it be reported?

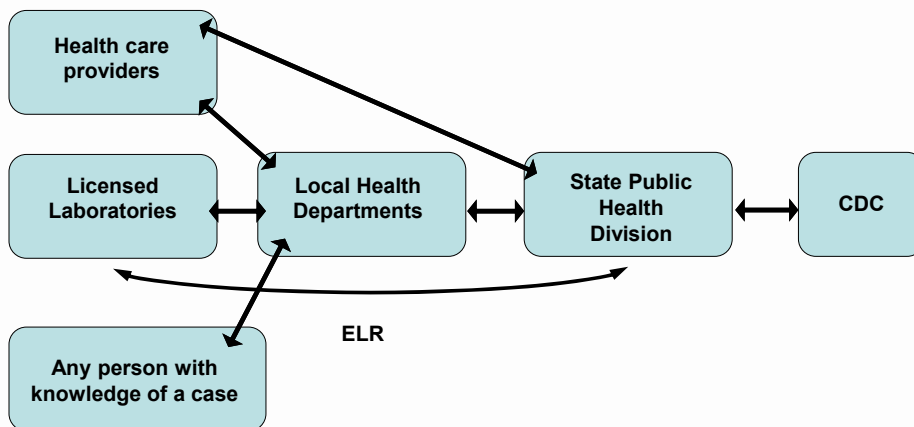




# LHD ROLE IN DISEASE REPORTING

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## Reporting: Pathway



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# Reporting: Orpheus

Orpheus LHD Menu
 Development Version  
[Full Access]  
Shannon Allain - OPHD

+ New Case Investigation
Cases
Contacts 0
ELR 0
Transfers
To Do
Recent 8
eCR 0

Reports
Exports

Search

Cases
 

- Cases (identified)
- Cases (de-identified)

People
 

- Contacts
- Pregnancies
- Transfers
- Lab Reports
- ELR (CD, STD, TB)
- eCR

Providers
 

- Orpheus Users

Go back to old menu

My Settings

D.U.D.E.

v/
Lead

Letter Templates

Log Out

Security Policy  
[Release Notes 20](#)

Active by Epi
by Disease

Days

County

▾

Assigned to

Shannon Allain ▾

Incomplete:

List Cases

All Active

All Counties

All Epis

Refresh

Disease	Case	Patient	Age	Sex	Onset	Reported	County	Status	Active

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All view enabled
HepB (chronic) Case Entry

Summary	515629
Labs	0
eCR	0
Clinical	Deceased: [Not Answered]
Comorb	
Treatment	DOB: 1/1/1980
Risks	Age: 38
Followup	Sex: F
Epilinks	Race: Asian
Contacts	Hispanic: Yes
Vaccines	Language: Born:
Docs	Worksite:
Letters	Occupation:
Log	Housing:
Notes	888 SW Morrison Portland OR 97209 MULTNOMAH
	[Add Phone Info...]
	Provider: McKenzie-Willamette Medical Center
	Keep Active <input checked="" type="checkbox"/>
	Local Epi: Matt Navarre
	Received by LHD: 8/21/18
	LHD Completion Date:
	State Completion Date:

### SUMMARY

**NOTES:**  
Thu, Sept 13, 2018, 2:05 pm • (193 days ago)  
June Banardt [OPHD] Added new fetus (i.e., is pregnant).

Thu, Sept 13, 2018, 2:04 pm • (193 days ago)  
June Banardt [OPHD] Set the Disease from [105 HepC (chronic)] to 33 HepB (chronic)

**PREGNANCY HISTORY:**  
#1) Due: 2018-09-13....Bay Area Hospital....Current

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## Reporting: LHD & State Roles

### LHD

- Verify diagnosis
- Determine sources of infection
- Implement control measures
- Enter data into Orpheus throughout

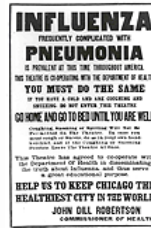
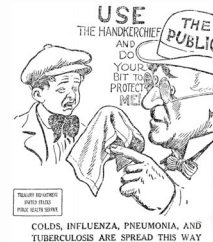
### State

- Advise local health departments
- Detect, investigate, control outbreaks
- Analyze disease trends
- Conduct special studies
- Report to CDC

## IMPORTANCE OF DISEASE REPORTING

# Why Report?

- Protect contacts
- Identify risk factors
- Monitor epidemiologic trends
- Detect outbreaks
- Guide public health programs
- Facilitate public health research

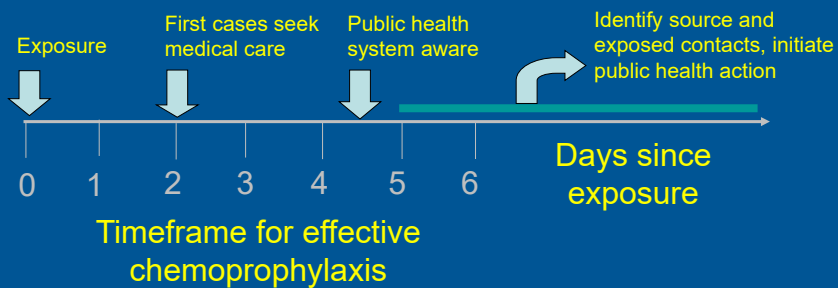


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# Protecting Contacts

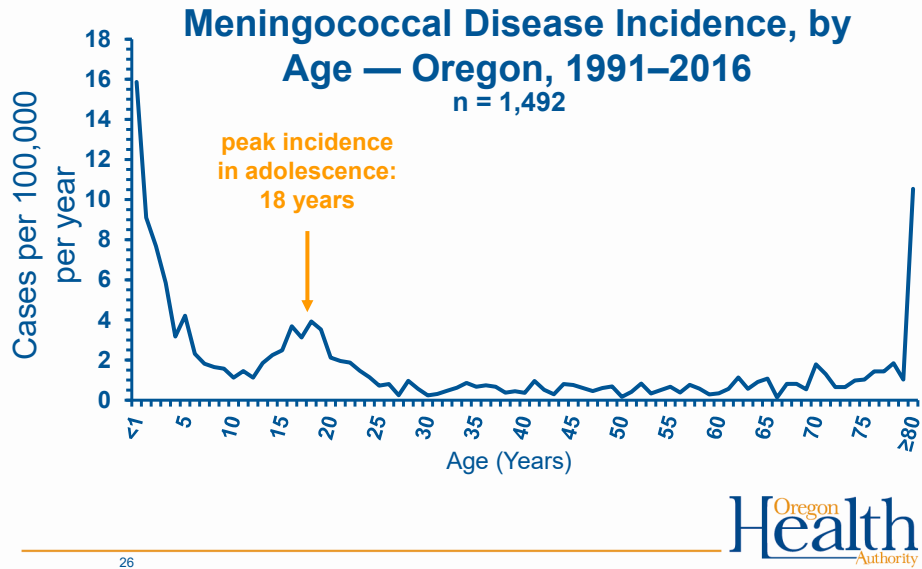
Allows faster implementation of interventions that reduce morbidity and mortality



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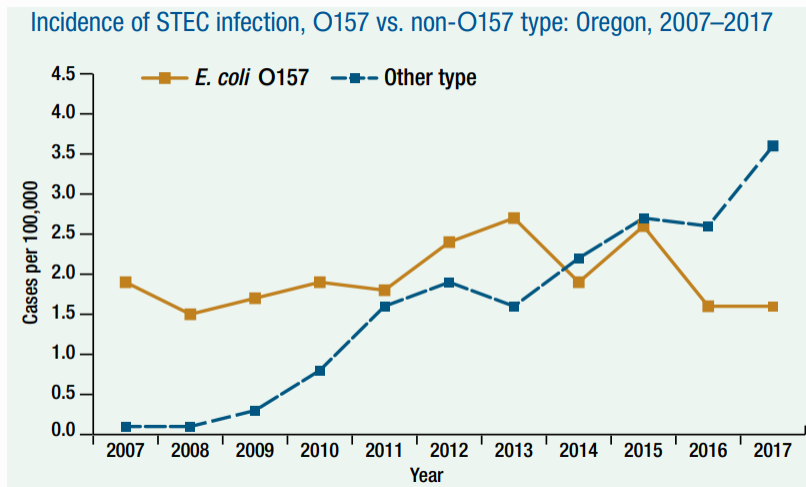
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## Identifying Risk Factors



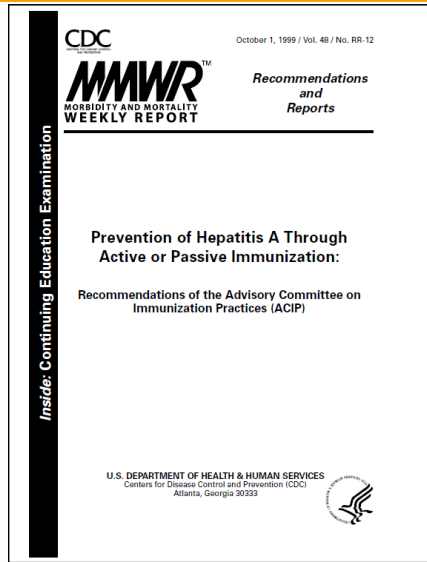
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## Monitoring Epidemiologic Trends: STEC



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# Public Health Programs

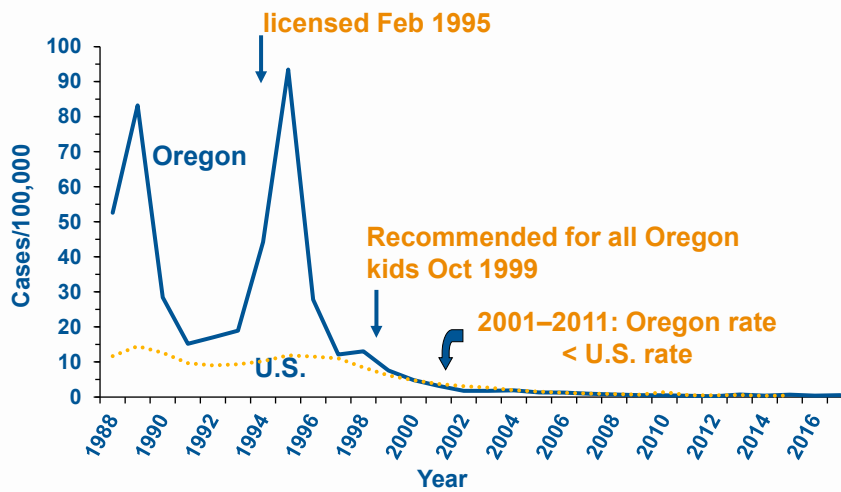


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## Effect of Public Health Program: Hep A



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# Public Health Research

SUPPLEMENT ARTICLE

## Chicken Consumption Is a Newly Identified Risk Factor for Sporadic *Salmonella enterica* Serotype Enteritidis Infections in the United States: A Case-Control Study in FoodNet Sites

Ashli C. Elmore, Patricia Ruddy, Barbara Mentes, Pan Anis D. Karamanolis, Suzanne B. Engel, Felicia P. Heuvelink, et al.

The source of sporadic, *Salmonella enterica* serotype Enteritidis, FoodNet Disease Active Surveillance, Network surveillance and eating undercooked eggs (OR 2.4, CI 0.9 to 6.3), and eating chicken (OR 2.0, CI 1.1 to 3.4) were identified as risk factors for SE infections. In all age groups, eating chicken and food handlers about food safety and inter-

## Tobacco smoke as a risk factor for meningococcal disease

MARIE FROSTEN, MD, RAJESHA REDDING, MD, MUIR PAUL CARDON, MD, BRIAN D. FLAKAVITIS, MD, FRANK R. BOGALTY, MD, JEFFE KASIN, B. PENNACI, MD, MPH, THOMAS R. WELLS, MD, MPH, DAVID W. FLUMHOFF, MD, AND J. WENIGER, MD AND BRADLEY A. THORSON, MD

Background. Since 1999 the US Pacific Northwest has experienced a substantial increase in the incidence of serogroup B meningococcal disease. The current meningococcal polysaccharide vaccine is poorly immunogenic in young children and does not protect against *N. meningitidis* serogroup B. Defining alternative approaches to the prevention and control of meningococcal disease is of considerable public health importance. Methods. We performed a case-control study comparing 189 patients in Oregon and southwest Washington with 574 age- and area-matched controls. We used conditional logistic regression analysis to determine which exposures remained associated with disease after adjusting for other risk factors and confounders and calculated the proportion of disease attributable to modifiable exposures. Results. After adjustment for all other significant exposures identified, having a mother who smokes was the strongest independent risk factor for invasive meningococcal disease in children <18 years of age (odds ratio [OR], 2.6; 95% confidence interval [CI], 1.8 to 4.0), with 25% (CI 15 to 63) of all cases in this age group potentially attributable to maternal smoking. Adult patients were more likely than controls to have a chronic underlying illness (OR, 1.8, CI 1.2 to 2.8), passive tobacco smoke exposure (OR 2.4, CI 0.9 to 6.3) and to smoke tobacco (OR 2.4, CI 0.9 to 6.3). Dose-response effects were seen for passive smoke exposure and risk of disease in all age groups. Conclusions. Tobacco smoke exposure independently increases the risk of developing meningococcal disease.

## Risk Factors for Sporadic *Campylobacter* Infection in the United States: A Case-Control Study in FoodNet Sites

via 18, 20, 11  
panel A USA

Michael Samuel, Rebecca Marcus, Jeffrey Braxler, David Daniel Abney, Fabrice C. Michel, Felicia Heuvelink, Michael Carter, et al.

Methods. We conducted a population-based case-control study of sporadic *Campylobacter* infection. During a 12-month study, 17 cases, including 16 confirmed specimens. We interviewed 1 matched control of patients had control. In multivariate analysis of risk. The RIF for 20% was related to multiple proportions of those were associated with other food practices, control adequate cooking of meat and poultry, noted to reduce *Campylobacter* contamination.

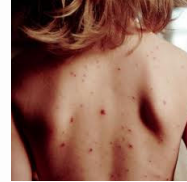
The impact of *Campylobacter* infections are significant. Epidemiological investigations to determine risk factors for sporadic *Campylobacter* infections have been conducted in the United States and in other developed nations. Although these studies differed in location, techniques, and study sites, they consistently indicated several distinct sources of infection, including contact with and consumption of poultry, transmission from contaminated drinking water (1-12), the use of raw milk, and the use of these risk factors for infections, the use of many industrialized nations (14). In the United States, the incidence of sporadic *Campylobacter* infection has increased by 27% between 1996 and 2001 but remains at the annual objective for 2000 of 12.2 cases per 100,000 (15).

# EXERCISE

## Exercise: breakout groups

Resource: [Disease Reporting Poster for Clinicians](#) & slides

The provider at a local clinic called to report a 5-year-old child clinically diagnosed with measles.



1. Should this provider report the disease?
2. What are the LHD responsibilities for investigating the case?
3. Why is investigating this case important?

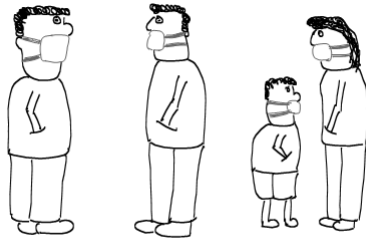
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The screenshot shows the Oregon Health Authority website page for Communicable Disease Reporting. The page has a dark blue header with the Oregon Health Authority logo and the title 'Communicable Disease Reporting'. Below the header is a breadcrumb trail: 'Public Health Division > Diseases and Conditions > Communicable Disease > Communicable Disease Reporting'. The main content area is titled 'Communicable Disease Reporting' and features a sidebar on the left with a table of contents. The table of contents includes: 'Communicable Disease Reporting', 'Case Report Forms', 'Investigative Guidelines', 'What and When to Report', 'How and Where to Report', and 'Reporting Rules'. An orange arrow points to 'What and When to Report'. The main content area has a section titled 'Health Care Providers and Laboratorians' with a sub-header 'On this page:' followed by a bulleted list: 'Health Care Providers and Laboratorians', 'Local Health Departments', 'Disease Reporting Posters', 'Outbreak Summary Forms', and 'Surveillance Data'. Below this is a paragraph: 'All Oregon physicians, other health care providers and laboratorians are required by law to report certain diseases and conditions to local health departments (pdf). Some cases are subject to restrictions (OAR)'. At the bottom of the page is a blue banner with the text 'OK, BUT WHERE DO I FIND THE RULES?' and the URL 'HTTP://WWW.HEALTHOREGON.ORG/DISEASEREPORTING'.

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Public display of Infection.

## QUESTIONS?

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