

**OREGON STATE STATUTES
CONTROL OF DISEASE**

433.001 Definitions for ORS 433.001 to 433.045 and 433.110 to 433.770. As used in ORS 433.001 to 433.045 and 433.110 to 433.770 unless the context requires otherwise:

- (1) “Communicable disease” has the meaning given that term in ORS 431.260.
- (2) “Control” means a person without a reportable disease about whom information is collected for purposes of comparison to a person or persons with the reportable disease.
- (3) “Disease outbreak” has the meaning given that term in ORS 431.260.
- (4) “Epidemic” has the meaning given that term in ORS 431.260.
- (5) “Health care provider” has the meaning given that term in ORS 433.443.
- (6) “Individually identifiable health information” has the meaning given that term in ORS 433.443.
- (7) “Isolation” means the physical separation and confinement of a person or group of persons who are infected or reasonably believed to be infected with a communicable disease or possibly communicable disease from nonisolated persons to prevent or limit the transmission of the disease to nonisolated persons.
- (8) “Local public health administrator” has the meaning given that term in ORS 431.260.
- (9) “Property” means animals, inanimate objects, vessels, public conveyances, buildings and all other real or personal property.
- (10) “Public health measure” has the meaning given that term in ORS 431.260.
- (11) “Quarantine” means the physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons.
- (12) “Reportable disease” has the meaning given that term in ORS 431.260.
- (13) “Simultaneous electronic transmission” means transmission by television, telephone or any other electronic or digital means if the form of transmission allows:
 - (a) The court and the person making the appearance to communicate with each other during the proceeding; and
 - (b) A person who is represented by legal counsel to consult privately with the person’s attorney during the proceeding.
- (14) “Toxic substance” has the meaning given that term in ORS 431.260.

433.004 Reportable diseases; duty to report; investigation; effect of failure to report; rules. (1) The Oregon Health Authority shall by rule:

- (a) Specify reportable diseases;
- (b) Identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made;
- (c) Prescribe the procedures and forms for making such reports and transmitting the reports to the authority; and
- (d) Prescribe measures and methods for investigating the source and controlling reportable diseases.

(2) Persons required under the rules to report reportable diseases shall do so by reporting to the local public health administrator. The local public health administrator shall transmit such reports to the authority.

(3) The authority or local public health administrator may investigate a case of a reportable disease, disease outbreak or epidemic. The investigation may include, but is not limited to:

(a) Interviews of:

(A) The subject of a reportable disease report;

(B) Controls;

(C) Health care providers; or

(D) Employees of a health care facility.

(b) Requiring a health care provider, any public or private entity, or an individual who has information necessary for the investigation to:

(A) Permit inspection of the information by the authority or local public health administrator; and

(B) Release the information to the authority or local public health administrator.

(c) Inspection, sampling and testing of real or personal property with consent of the owner or custodian of the property or with an administrative warrant.

(4)(a) The authority shall establish by rule the manner in which information may be requested and obtained under subsection (3) of this section.

(b) Information requested may include, but is not limited to, individually identifiable health information related to:

(A) The case;

(B) An individual who may be the potential source of exposure or infection;

(C) An individual who has been or may have been exposed to or affected by the disease;

(D) Policies, practices, systems or structures that may have affected the likelihood of disease transmission; and

(E) Factors that may influence an individual's susceptibility to the disease or likelihood of being diagnosed with the disease.

(5) In addition to other grounds for which a state agency may exercise disciplinary action against its licensees or certificate holders, the substantial or repeated failure of a licensee or certificate holder to report when required to do so under subsection (2) or (3) of this section shall be cause for the exercise of any of the agency's disciplinary powers.

(6) Any person making a report or providing information under this section is immune from any civil or criminal liability that might otherwise be incurred or imposed with respect to the making of a report or providing information under this section.

433.006 Investigation and control measures. In response to each report of a reportable disease, the local public health administrator shall assure that investigations and control measures, as prescribed by Oregon Health Authority rule, shall be conducted.

433.008 Confidentiality of disclosure; exceptions; privilege. (1)(a) Except as provided in subsection (2) of this section, information obtained by the Oregon Health Authority or a local public health administrator in the course of an investigation of a reportable disease or disease outbreak is confidential and is exempt from disclosure under ORS 192.410 to 192.505.

(b) Except as required for the administration or enforcement of public health laws or rules, a state or local public health official or employee may not be examined in an administrative or

judicial proceeding about the existence or contents of a reportable disease report or other information received by the authority or local public health administrator in the course of an investigation of a reportable disease or disease outbreak.

(2) The authority or a local public health administrator may release information obtained during an investigation of a reportable disease or disease outbreak to:

(a) State, local or federal agencies authorized to receive the information under state or federal law;

(b) Health care providers if necessary for the evaluation or treatment of a reportable disease;

(c) Law enforcement officials to the extent necessary to carry out the authority granted to the Public Health Director and local public health administrators under ORS 433.121, 433.128, 433.131, 433.138 and 433.142;

(d) A person who may have been exposed to a communicable disease;

(e) A person with information necessary to assist the authority or local public health administrator in identifying an individual who may have been exposed to a communicable disease; and

(f) The individual who is the subject of the information or the legal representative of that individual.

(3) The authority or local public health administrator may release individually identifiable information under subsection (2)(d) or (e) of this section only if there is clear and convincing evidence that the release is necessary to avoid an immediate danger to other individuals or to the public.

(4) The authority or local public health administrator may release only the minimum amount of information necessary to carry out the purpose of the release pursuant to subsection (2) of this section.

(5) A decision not to disclose information under this subsection, if made in good faith, shall not subject the entity or person withholding the information to any liability.

(6) Nothing in this section:

(a) Prevents the authority or a local public health administrator from publishing statistical compilations and reports relating to reportable disease investigations if the compilations and reports do not identify individual cases or sources of information;

(b) Affects the confidentiality or admissibility into evidence of information not otherwise confidential or privileged that is obtained from sources other than the authority; or

(c) Prevents dispositions of information pursuant to ORS 192.105.

433.009 Reporting by law enforcement unit. (1) Notwithstanding ORS 192.501 (3), 192.502 (2) and 433.045, if, during the course of a criminal investigation, a law enforcement unit acquires information that the person who is charged with a crime or sentenced for a crime has a reportable disease, the law enforcement unit shall disclose that information to the public health authorities who shall confirm the diagnosis and notify any police officer, corrections officer or emergency medical services provider who had significant exposure to the person.

(2) As used in this section:

(a) "Emergency medical services provider" has the meaning given that term in ORS 682.025.

(b) "Law enforcement unit," "police officer" and "corrections officer" have the meanings given those terms in ORS 181.610.

(c) "Reportable disease" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

433.010 Spreading disease prohibited; health certificates to be issued by physicians; rules. (1) No person shall willfully cause the spread of any communicable disease within this state.

(2) Whenever Oregon Revised Statutes require a person to secure a health certificate, such certificate shall be acquired from a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine in accordance with the rules of the Oregon Health Authority.

433.035 Testing or examination of persons with certain diseases or conditions; order for medication or treatment. (1)(a) The Public Health Director or a local public health administrator may require testing or medical examination of any person who may have, or may have been exposed to, a communicable disease identified by rule of the Oregon Health Authority to be a reportable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency declared by the Governor as authorized by ORS 433.441. The Public Health Director or the local public health administrator must issue a written order for testing or medical examination pursuant to this section.

(b) A written order must:

(A) Include findings stating the communicable disease that the Public Health Director or the local public health administrator believes the person has and the reasons for that belief.

(B) State whether medical or laboratory confirmation of the disease is feasible and possible and whether such confirmation would enable control measures to be taken to minimize infection of others with the disease.

(C) Include a statement that the person may refuse to submit to the testing or medical examination and that if the testing or examination is refused, the Public Health Director or the local public health administrator may seek the imposition of a public health measure, including isolation or quarantine pursuant to ORS 433.121 or 433.123.

(2) When a person is directed to submit to a test or examination under this section and the person agrees to do so, the person shall submit to any testing or examination as may be necessary to establish the presence or absence of the communicable disease for which the testing or examination was directed. The examination shall be carried out by the local health officer or a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine. A written report of the results of the test or examination shall be provided to the person ordering the test or examination, and upon request, to the person tested or examined. Laboratory examinations, if any, shall be carried out by the laboratory of the authority whenever the examinations are within the scope of the tests conducted by the laboratory. If treatment is needed, the person or the parent or guardian of the person shall be liable for the costs of treatment based on the examination carried out under this section, if the person liable is able to pay the treatment costs. Cost of any examination performed by a physician in private practice shall be paid from public funds available to the local public health administrator, if any, or from county funds available for general governmental expenses in the county that the local public health administrator serves or in the county where the person tested or examined resides if the local public health administrator serves more than one county or the test or examination was ordered by the Public Health Director or local public health administrator.

(3) If a person has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency, the

Public Health Director or the local public health administrator may issue an order requiring the person to complete an appropriate prescribed course of medication or other treatment for the communicable disease, including directly observed therapy if appropriate, and to follow infection control provisions for the disease. The order shall also include statements that the person may refuse the medication or other treatment and that the person's failure to comply with the order issued under this subsection may result in the Public Health Director or the local public health administrator seeking the imposition of a public health measure, including isolation or quarantine as authorized by ORS 433.121 and 433.123.

(4) The Public Health Director or the local public health administrator must make every effort to obtain voluntary compliance from a person for any testing, medical examination and treatment required under this section.

(5) Any action taken by the Public Health Director or the local public health administrator under this section to compel testing, medical examination or treatment of a person who has a communicable disease, a new or uncommon disease of potential public health significance, or a condition that is the basis of a state of public health emergency must be the least restrictive alternative available to accomplish the results necessary to minimize the transmission of the disease to others.

433.110 Duties of physicians and nurses in controlling communicable disease. Every physician or nurse attending a person affected with any communicable disease shall use all precautionary measures to prevent the spread of the disease as the Oregon Health Authority may prescribe by rule. [Amended by 1973 c.259 §10; 2005 c.471 §3; 2009 c.595 §643]

433.121 Emergency administrative order for isolation or quarantine; contents; ex parte court order. (1) The Public Health Director or a local public health administrator may issue an emergency administrative order causing a person or group of persons to be placed in isolation or quarantine if the Public Health Director or the local public health administrator has probable cause to believe that a person or group of persons requires immediate detention in order to avoid a clear and immediate danger to others and that considerations of safety do not allow initiation of the petition process set out in ORS 433.123. An administrative order issued under this section must:

- (a) Identify the person or group of persons subject to isolation or quarantine;
- (b) Identify the premises where isolation or quarantine will take place, if known;
- (c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action including requests for testing or medical examination, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities; or
- (B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;
- (d) Describe the suspected communicable disease or toxic substance, if known, that is the basis for the issuance of the emergency administrative order and the anticipated duration of isolation or quarantine based on the suspected communicable disease or toxic substance;
- (e) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a risk to the health and safety of others;

(h) Establish the time and date at which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(2)(a) In lieu of issuing an emergency administrative order under subsection (1) of this section, the Public Health Director or a local public health administrator may petition the circuit court for a written ex parte order.

(b) The petition to the court and the court's order must include the information described in subsection (1) of this section.

(c) The Public Health Director or local public health administrator:

(A) Shall make reasonable efforts to serve the person or group of persons subject to isolation or quarantine with the petition before the petition is filed; and

(B) Is not required to provide prior notice of an ex parte proceeding at which the petition is being considered by the court.

(3) Within 12 hours of the issuance of an order under subsection (1) or (2) of this section, the person or group of persons detained or sought for detention must be personally served with the written notice required by ORS 433.126 and with a copy of any order issued under subsection (1) or (2) of this section. If copies of the notice and order cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the local public health administrator shall post the notice and order in a conspicuous place where the notice and order can be viewed by those detained or shall find other means to meaningfully communicate the information in the notice and order to those detained.

(4) A person or group of persons detained pursuant to an order issued under subsection (1) or (2) of this section may not be detained for longer than 72 hours unless a petition is filed under ORS 433.123.

(5) If the detention of a person or group of persons for longer than 72 hours is deemed necessary, immediately following the issuance of an order under subsection (1) or (2) of this section, the Public Health Director or the local public health administrator must petition the circuit court in accordance with ORS 433.123.

(6) A person or group of persons detained under subsection (1) or (2) of this section has the right to be represented by legal counsel in accordance with ORS 433.466.

433.123 Petition for court order for isolation or quarantine; contents; hearing on petition; contents of order; duration of isolation or quarantine. (1) The Public Health Director or a local public health administrator may petition the circuit court for an order authorizing:

(a) The isolation or quarantine of a person or group of persons; or

(b) The continued isolation or quarantine of a person or group of persons detained under ORS 433.121.

(2) A petition filed under subsections (1) and (9) of this section must:

(a) Identify the person or group of persons subject to isolation or quarantine;

(b) Identify the premises where isolation or quarantine will take place, if known;

(c)(A) Describe the reasonable efforts made to obtain voluntary compliance with a request for an emergency public health action, including requests for testing or medical examination, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine and inspection and closure of facilities; or

(B) Explain why reasonable efforts to obtain voluntary compliance are not possible and why the pursuit of these efforts creates a risk of serious harm to others;

(d) Describe the suspected communicable disease or toxic substance, if known, and the anticipated duration of isolation or quarantine based on the suspected communicable disease, infectious agent or toxic substance;

(e) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or toxic substance that could spread to or contaminate others if remedial action is not taken;

(f) Provide information supporting the reasonable belief of the Public Health Director or the local public health administrator that the person or group of persons would pose a serious risk to the health and safety of others if not detained for purposes of isolation or quarantine;

(g) Describe the medical basis for which isolation or quarantine is justified and explain why isolation or quarantine is the least restrictive means available to prevent a serious risk to the health and safety of others;

(h) Establish the time and date on which the isolation or quarantine commences; and

(i) Contain a statement of compliance with the conditions of and principles for isolation and quarantine specified in ORS 433.128.

(3) The person or group of persons detained or sought for detention must be personally served with a copy of the petition filed with the court under subsection (1) of this section and with the written notice required by ORS 433.126. If copies of the petition and notice cannot be personally served in a timely manner to a group of persons because the number of persons in the group makes personal service impracticable, the Public Health Director or the local public health administrator shall post the petition and notice in a conspicuous place where the petition and notice can be viewed by those detained or find other means to meaningfully communicate the information in the petition and notice to those detained.

(4) A person or group of persons subject to a petition filed under subsection (1) or (9) of this section has the right to be represented by legal counsel in accordance with ORS 433.466.

(5) Upon the filing of a petition under subsection (1) of this section to continue isolation or quarantine for a person or group of persons detained under an emergency administrative or ex parte order issued under ORS 433.121, the court shall issue an order extending the isolation or quarantine order until the court holds a hearing pursuant to subsection (6) of this section.

(6)(a) The court shall hold a hearing on a petition filed under subsection (1) of this section within 72 hours of the filing of the petition, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the local public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected persons.

(d) The provisions of ORS 40.230, 40.235 and 40.240 do not apply to a hearing held under this subsection. Any evidence presented at the hearing that would be privileged and not subject to disclosure except as required by this paragraph shall be disclosed only to the court, the parties and their legal counsel or persons authorized by the court and may not be disclosed to the public.

(7) The Public Health Director or local public health administrator may request that a person or group of persons who is the subject of a petition filed under subsection (1) or (9) of this section not personally appear before the court because personal appearance would pose a risk of serious harm to others. If the court grants the director's or local public health administrator's request or if the court determines that personal appearance by the person or group of persons who is the subject of the petition poses a risk of serious harm to others, the court proceeding must be conducted by legal counsel for the person or group of persons or must be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(8) The court shall grant the petition if, by clear and convincing evidence, the court finds that isolation or quarantine is necessary to prevent a serious risk to the health and safety of others. In lieu of or in addition to isolation or quarantine, the court may order the imposition of other public health measures appropriate to the public health threat presented. The court order must:

(a) Specify the maximum duration for the isolation or quarantine, which may not exceed 60 days unless there is substantial medical evidence indicating that the condition that is the basis of the public health threat is spread by airborne transmission and cannot be rendered noninfectious within 60 days or may recur after 60 days, in which case the maximum duration of the isolation or quarantine may not exceed a period of 180 days;

(b) Identify the person or group of persons subject to the order by name or shared or similar characteristics or circumstances;

(c) Specify the factual findings warranting imposition of isolation, quarantine or another public health measure;

(d) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section; and

(e) Be served on all affected persons or groups in accordance with subsection (3) of this section.

(9) Prior to the expiration of a court order issued under subsection (8) or (10) of this section, the Public Health Director or the local public health administrator may petition the circuit court to continue isolation or quarantine. A petition filed under this subsection must comply with the requirements of subsections (2) to (8) of this section.

(10)(a) The court shall hold a hearing on a petition filed under subsection (9) of this section within 72 hours of filing, exclusive of Saturdays, Sundays and legal holidays.

(b) In extraordinary circumstances and for good cause shown, or with consent of the affected persons, the Public Health Director or the local public health administrator may apply to continue the hearing date for up to 10 days. The court may grant a continuance at its discretion, giving due regard to the rights of the affected persons, the protection of the public health, the severity of the public health threat and the availability of necessary witnesses and evidence.

(c) The hearing required under this subsection may be waived by consent of the affected parties.

(d) The court may continue the isolation or quarantine order if the court finds there is clear and convincing evidence that continued isolation or quarantine is necessary to prevent a serious threat to the health and safety of others. In lieu of or in addition to continued isolation or quarantine, the court may order the imposition of a public health measure appropriate to the public health threat presented.

(e) An order issued under this subsection must comply with the requirements of subsection (8) of this section.

(11) An order issued under subsection (10) of this section must be for a period not to exceed 60 days and must be served on all affected parties in accordance with subsection (3) of this section.

(12) In no case may a person or group of persons be in quarantine or isolation for longer than 180 days unless, following a hearing, a court finds that extraordinary circumstances exist and that the person or group of persons subject to isolation or quarantine continues to pose a serious threat to the health and safety of others if detention is not continued.

(13) Failure to obey a court order issued under this section subjects the person in violation of the order to contempt proceedings under ORS 33.015 to 33.155.

433.126 Notice to persons subject to order; rules. (1) The Public Health Director or the local public health administrator shall provide the person or group of persons detained or sought for detention under ORS 433.121 or 433.123 with a written notice informing the person or group of persons of:

(a) The right to legal counsel, including how to request and communicate with counsel;

(b) The right to petition the circuit court for release from isolation or quarantine and the procedures for filing a petition;

(c) The conditions of and principles of isolation and quarantine specified in ORS 433.128;

(d) The right to petition the court for a remedy regarding a breach of the conditions of isolation or quarantine imposed on the person or group of persons and the procedures for filing a petition; and

(e) The sanctions that may be imposed for violating an order issued under ORS 433.121 or 433.123.

(2) The Public Health Director or the local public health administrator must ensure, to the extent practicable, that the person or group of persons receives the notice required under this section in a language and in a manner the person or group of persons can understand.

(3) The Public Health Director may adopt rules prescribing the form of notice required by this section.

433.128 Conditions of and principles for isolation or quarantine; notice to manager of health care facility. When isolating or quarantining a person or group of persons in accordance with ORS 433.121 or 433.123, the Public Health Director or the local public health administrator shall adhere to the following conditions and principles:

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable disease or possibly communicable disease to others or to limit exposure to or contamination with a toxic substance by others, and may include, but is not limited to, confinement to private homes or other public or private premises.

(2) Confinement may not be in a prison, jail or other facility where those charged with a crime or a violation of a municipal ordinance are incarcerated unless:

(a) The person or group of persons represents an immediate and serious physical threat to the staff or physical facilities of a hospital or other facility in which the person or group of persons has been confined; or

(b) A person has been found in contempt of court because of failure to obey a court order.

(3) Isolated persons must be confined separately from quarantined persons. If a facility is not capable of separating isolated persons from quarantined persons, either the isolated persons or the quarantined persons must be moved to a separate facility.

(4) The health status of an isolated or quarantined person must be monitored regularly to determine if the person requires continued isolation or quarantine.

(5) A quarantined person who subsequently becomes infected or is reasonably believed to have become infected with a communicable disease or possibly communicable disease that the Public Health Director or the local public health administrator believes poses a significant threat to the health and safety of other quarantined persons must be promptly placed in isolation.

(6) An isolated or quarantined person must be released as soon as practicable when the Public Health Director or local public health administrator determines that the person has been successfully decontaminated or that the person no longer poses a substantial risk of transmitting a communicable disease or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others.

(7) The needs of a person who is isolated or quarantined must be addressed to the greatest extent practicable in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care, clothing, shelter and means of communication with other persons who are in isolation or quarantine and persons who are not under isolation or quarantine.

(8) Premises used for isolation or quarantine must, to the extent practicable, be maintained in a safe and hygienic manner to lessen the likelihood of further transmission of a communicable disease or possibly communicable disease or of further harm to persons who are isolated and quarantined.

(9) Cultural and religious beliefs should be considered to the extent practicable in addressing the needs of persons who are isolated or quarantined and in establishing and maintaining premises used for isolation or quarantine.

(10)(a) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means to treat a communicable disease or possibly communicable disease in accordance with religious or other spiritual tenets and practices.

(b) Nothing in ORS 433.126 to 433.138, 433.142 and 433.466 prohibits a person who relies exclusively on spiritual means to treat a communicable disease or possibly communicable disease and who is infected with a communicable disease or has been exposed to a toxic substance from being isolated or quarantined in a private place of the person's own choice, provided the private place is approved by the Public Health Director or the local health administrator and the person who is isolated or quarantined complies with all laws, rules and regulations governing control, sanitation, isolation and quarantine.

(11) Prior to placing a person or group of persons subject to isolation or quarantine in a health care facility as defined in ORS 442.015, the Public Health Director or the local public health administrator must provide to the managers of the health care facility notice of the intention to seek authorization from the circuit court to place a person or group of persons in isolation or quarantine in the facility and must consult with the managers of the health care facility regarding how to best meet the requirements of this section.

(12) The Public Health Director or local public health administrator shall provide adequate means of communication between a person or a group of persons who is isolated or quarantined and legal counsel for the person or group of persons.

433.131 Entry into premises used for isolation or quarantine; rules. (1) Entry into premises used for isolation or quarantine shall be allowed under the following conditions:

(a) The Public Health Director or the local public health administrator may authorize physicians or other health care workers or other persons access to persons or groups of persons who are in isolation or quarantine pursuant to ORS 433.121 or 433.123 as necessary to meet the needs of isolated or quarantined persons;

(b) Only persons authorized by the Public Health Director or the local public health administrator may enter premises used for isolation or quarantine;

(c) An authorized person entering premises used for isolation or quarantine shall be provided with infection control training and may be required to wear personal protective equipment or to receive vaccinations as determined by the Public Health Director or the local public health administrator; and

(d) A person entering premises used for isolation or quarantine with or without authorization of the Public Health Director or the local public health administrator may become subject to isolation or quarantine.

(2) Persons subject to isolation or quarantine and other persons entering premises used for isolation or quarantine are subject to rules and orders adopted by the Public Health Director or the local public health administrator. Failure to comply with rules and orders adopted by the Public Health Director or the local public health administrator is a Class D violation.

(3) If a health care facility as defined in ORS 442.015 is used as a premises for isolation or quarantine, the Public Health Director or the local public health administrator must consult with the managers of the health care facility regarding how best to meet the requirements of this section.

(4) Nothing in this section prohibits a physician or other health care worker in a health care facility from having access to a person or a group of persons who is in isolation or quarantine pursuant to ORS 433.121 or 433.123 if the infection control procedures and other precautions determined necessary by the Public Health Director are adhered to by the facility and the physician or other health care worker seeking access to the isolated or quarantined person.

433.133 Court hearing and order for release from isolation or quarantine or for remedy for breach of required conditions of isolation or quarantine. (1)(a) Any person or group of persons who is isolated or quarantined pursuant to ORS 433.121 or 433.123 may apply to the circuit court for an order to show cause why the individual or group should not be released.

(b) The court shall rule on the application to show cause within 48 hours of the filing of the application.

(c) The court shall grant the application if there is a reasonable basis to support the allegations in the application, and the court shall schedule a hearing on the order requiring the Public Health Director or local public health administrator to appear and to show cause within five working days of the filing of the application.

(d) The issuance of an order to show cause and ordering the director or local public health administrator to appear and show cause does not stay or enjoin an isolation or quarantine order.

(2)(a) A person or group of persons who is isolated or quarantined may request a hearing in the circuit court for remedies regarding breaches of the conditions of isolation or quarantine required by ORS 433.128.

(b) The court shall hold a hearing if there is a reasonable basis to believe there has been a breach of the conditions of isolation or quarantine required by ORS 433.128.

(c) A request for a hearing does not stay or enjoin an order for isolation or quarantine.

(d) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall hold a hearing on the matters alleged as soon as practicable.

(e) If a hearing is not granted under paragraph (d) of this subsection, the court shall hold a hearing on the matters alleged within five days from receipt of the request.

(3) In any proceedings brought for relief under this section, in extraordinary circumstances and for good cause shown, or with consent of the petitioner or petitioners the Public Health Director or local public health administrator may move the court to extend the time for a hearing. The court in its discretion may grant the extension giving due regard to the rights of the affected persons, the protection of the public health, the severity of the emergency and the availability of necessary witnesses and evidence.

(4) If a person or group of persons who is detained cannot personally appear before the court because such an appearance poses a risk of serious harm to others, the court proceeding may be conducted by legal counsel for the person or group of persons and be held at a location, or by any means, including simultaneous electronic transmission, that allows all parties to fully participate.

(5) If the court finds, by clear and convincing evidence, that a person or group of persons no longer poses a serious risk to the health and safety to others, the court may order the release of that person or group of persons from isolation or quarantine.

(6) If the court finds by clear and convincing evidence that a person or group of persons is not being held in accordance with the conditions of isolation or quarantine required by ORS 433.128, the court may order an appropriate remedy to ensure compliance with ORS 433.128.

433.136 Consolidation of proceedings regarding isolation or quarantine. Upon receiving multiple petitions under ORS 433.123, 433.133 or 433.142, to promote the fair and efficient operation of justice and having given due regard to the rights of affected persons, the severity of the threat to the public health, and the availability of necessary witnesses and evidence, a court may order the consolidation of the proceedings when:

(1) The number of persons involved or to be affected is so large that individual participation is rendered impracticable;

(2) There are questions of law or fact common to the individual petitions or rights to be determined;

(3) The group petitioner rights to be determined are typical of the affected persons' petitions or rights; and

(4) The entire group will be adequately represented in the consolidation.

433.137 Court records; disclosure. (1) The circuit court shall cause to be recorded in the court records:

(a) A full account of proceedings at hearings conducted pursuant to ORS 433.121, 433.123, 433.133 and 433.136;

(b) The petitions, affidavits, judgments and orders of the court; and

(c) A copy of the orders issued.

(2) Any portion of the account of the proceedings, the transcript of testimony, the petition, any affidavit, judgment, order of the court, recording of the proceeding or any other court record may be disclosed only:

(a) Upon request of a person subject to the proceedings or the legal representative or attorney of the person;

(b) To the Public Health Director or a local public health administrator; or

(c) Pursuant to court order, when the court finds that the petitioner's interest in public disclosure outweighs the privacy interests of the individual who is the subject of the petition.

433.138 Assistance of law enforcement officials in enforcing orders. State and local law enforcement officials, to the extent resources are available, must assist the Public Health Director or the local public health administrator in enforcing orders issued under ORS 433.121, 433.123 and 433.142.

433.140 Payment of isolation or quarantine expenses; assistance. (1) The expenses incurred under ORS 433.128, when properly certified by the local public health administrator, shall be paid by the person who is isolated or quarantined, when the person is able to pay the expenses.

(2) The Oregon Health Authority may provide general assistance, including medical care for the person who is isolated or quarantined, on the basis of need, provided that no payment shall be made for the care of any such person in or under the care of any public institution or public agency or municipality.

433.466 Right to legal counsel by persons subject to public health measure. (1) A person or group of persons subject to isolation or quarantine or other public health measure pursuant to ORS 433.121 or 433.123 has the right to be represented by legal counsel if the person or group of persons so elects. If the person or group of persons requests legal counsel and cannot afford counsel, the court shall appoint legal counsel. If no request for legal counsel is made, the court must appoint legal counsel unless counsel is expressly, knowingly and intelligently refused by the person or the group of persons. The person or the group of persons may request legal counsel at any time during the period of imposition of the isolation, quarantine or other public health measure.

(2) If a person is unable to afford legal counsel, the public defense services executive director shall determine and pay, as provided in ORS 135.055, the reasonable expenses of the person and compensation for legal counsel appointed to represent the person.

OREGON ADMINISTRATIVE RULES

DIVISION 17 DISEASE CONTROL (DEFINITIONS AND REFERENCES)

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) "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.
- (7) "Child Care Facility" means any facility as defined in ORS 657A.250 where care is provided to three or more children.
- (8) "Control" has the meaning given that term in ORS 433.001.
- (9) "Disease outbreak" has the meaning given that term in ORS 431.260.
- (10) "Enterobacteriaceae family" means the family of bacteria that includes but is not limited to 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;
- (m) Enteric Group 137;
- (n) Enterobacter;
- (o) Escherichia;
- (p) Ewingella;
- (q) Hafnia;
- (r) Klebsiella;
- (s) Kluyvera;
- (t) Leclercia;
- (u) Leminorella;
- (v) Moellerella;
- (w) Morganella;
- (x) Obesumbacterium;
- (y) Pantoea;
- (z) Photorhabdus;
- (aa) Plesiomonas;
- (bb) Pragia;
- (cc) Proteus;
- (dd) Providencia;
- (ee) Rahnella;
- (ff) Salmonella;
- (gg) Serratia;
- (hh) Shigella;
- (ii) Tatumella;
- (jj) Trabulsiella;
- (kk) Xenorhabdus;
- (ll) Yersinia;
- (mm) Yokenella.

(11) "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.

(12) "Food Service Facility" means an establishment that processes or serves food for sale.

(13) "Health Care Facility" has the meaning given that term in ORS 442.015.

(14) "Health Care Provider" has the meaning given that term in ORS 433.443.

(15) "HIV" means the human immunodeficiency virus, the causative agent of AIDS.

(16) "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.

(17) "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.

(18) "Lead Poisoning" means a blood lead level of least 10 micrograms per deciliter.

- (19) "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). Any laboratory operated by the U.S. Centers for Disease Control and Prevention shall also be considered a Licensed Laboratory.
- (20) "Licensed Physician" means any physician who is licensed by the Oregon Medical Board or the Board of Naturopathic Medicine.
- (21) "Licensed Veterinarian" means a veterinarian licensed by the Oregon Veterinary Medical Examining Board.
- (22) "Local Public Health Administrator" has the meaning given that term in ORS 431.260.
- (23) "Local Public Health Authority" has the meaning given that term in ORS 431.260.
- (24) "Non-Susceptible to any Carbapenem Antibiotic" means the finding of any of the following:
- (a) Gene sequence specific for carbapenemase;
 - (b) Phenotypic test (e.g., Modified Hodge) positive for production of carbapenemase; or
 - (c) Resistance to all third-generation cephalosporin antibiotics tested, along with any of the following elevated minimum inhibitory concentrations (MIC) for a carbapenem antibiotic:
 - (A) MIC for imipenem greater than or equal to 2 µg/ml; or
 - (B) MIC for meropenem greater than or equal to 2 µg/ml.
- (25) "Novel Influenza" means influenza A virus that cannot be subtyped by commercially distributed assays.
- (26) "Onset": Unless otherwise qualified, onset refers to the earliest time of appearance of signs or symptoms of an illness.
- (27) "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.
- (28) "Public Health Division (Division)" means the Public Health Division within the Oregon Health Authority.
- (29) "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.
- (30) "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.
- (31) "Veterinary Laboratory" means a laboratory whose primary function is handling and testing diagnostic specimens of animal origin.

**DIVISION 18
DISEASE REPORTING**

333-018-0000

Who is Responsible for Reporting

(1) Each health care provider knowing of or attending a human case or suspected human case of any of the diseases, infections, or conditions listed in OAR 333-018-0015 shall report such cases as specified. Where no health care provider is in attendance, any individual knowing of such a case shall report in a similar manner. An individual required to report reportable diseases who is unsure whether a case meets the definition of a suspect case as that is defined in OAR 333-017-0000 should err on the side of reporting if the suspected disease, infection, or condition is one that:

- (a) Is required to be reported immediately or within 24 hours under OAR 333-018-0015;
- (b) Is highly transmissible; or
- (c) Results in serious or severe health consequences.

(2) Each health care facility, where more than one health care provider may know or attend a human case or suspected human case, may establish administrative procedures to ensure that every case is reported.

(3) Each licensed laboratory shall report human test results as specified in OAR 333-018-0015(5). When more than one licensed laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the health care provider that ordered the test shall be responsible for reporting.

(4) Each veterinary laboratory or licensed laboratory shall report animal test results as specified in OAR 333-018-0017. When more than one laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the licensed veterinarian or client of record caring for the animal shall be responsible for reporting.

Stat. Auth.: ORS 413.042, 433.004 & 437.010
Stats. Implemented: ORS 433.004 & 437.030

333-018-0005

To Whom Reports Shall Be Made

(1) 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.

(2) 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 (for example, via electronic reporting).

(3) In urgent situations when local public health staff are unavailable, case reports shall be made directly to the Authority.

(4) Where the case is not an Oregon resident, reports shall be made either to the patient's local public health authority (if the patient resides in the United States) or directly to the Authority.

(5) In lieu of reporting to the local public health administrator, with the consent of the local public health administrator, licensed laboratories shall report directly to the Authority's HIV Program:

- (a) All tests indicative of and specific for HIV infection as required by OAR 333-018-0015;
- (b) All CD4+ T-lymphocyte counts; and
- (c) All HIV viral load tests.

Stat. Auth.: ORS 431.110, 433.001, 433.004, 433.006
Stats. Implemented: ORS 431.110, 433.001, 433.004, 433.006, 433.106

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;
- (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 name, address and telephone number of the health care provider of the person from whom the laboratory specimen was obtained;
- (e) The name or description of the test;
- (f) The test result; and
- (g) Information required by the Authority's Manual for Mandatory Electronic Laboratory Reporting, if electronic reporting is required under OAR 333-018-0013.

(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 333-018-0013 shall be submitted in writing via facsimile or by other means approved by 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 333-018-0013.

(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).

Stat. Auth.: ORS 413.042 & 433.004
Stats. Implemented: ORS 433.004

333-018-0013

Electronic Laboratory Reporting

- (1) A licensed laboratory that, pursuant to ORS 433.004 and OAR chapter 333, division 18, sends an average of greater than 30 records per month to the local public health administrator shall electronically send all reportable disease data to the Authority in accordance with the standards set forth in the Authority's Manual for Mandatory Electronic Laboratory Reporting, dated February 2009, and incorporated by reference.
- (2) Prior to reporting data electronically, a licensed laboratory shall seek and obtain approval from the Authority for its electronic reporting, in accordance with the Authority's Manual for Mandatory Electronic Laboratory Reporting.
- (3) A licensed laboratory that fails to seek approval from the Authority for electronic reporting or fails to obtain approval within one year from seeking approval from the Authority may be subject to civil penalties in accordance OAR 333-026-0030.
- (4) A licensed laboratory that is required to report data electronically shall have a state-approved continuity of operations plan for reporting continuity in the event of emergency situations disrupting electronic communications. At least two alternative methodologies should be incorporated, such as facsimile, mail, or courier service.
- (5) A licensed laboratory required to report data electronically shall participate fully in Oregon's Data Quality Control program, as specified in the Authority's Manual for Mandatory Electronic Laboratory Reporting.
- (6) Electronic reports shall meet the reporting timelines in OAR chapter 333, division 18.

Stat. Auth.: ORS 413.042 & 433.004

Stats. Implemented: ORS 433.004

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, 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) When local public health administrators cannot be reached within the specified time limits, reports shall be made directly to the Authority, which shall maintain an around-the-clock public health consultation service.
- (3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, 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.
- (4) Human reportable diseases, infections, microorganisms, and conditions, and the time frames within which they must be reported are as follows:
 - (a) Immediately, day or night: *Bacillus anthracis* (anthrax); *Clostridium botulinum* (botulism); *Corynebacterium diphtheriae* (diphtheria); novel influenza; *Yersinia pestis* (plague); poliomyelitis; rabies (human); measles (rubeola); Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; rubella; variola major (smallpox); *Francisella tularensis* (tularemia); *Vibrio cholerae* O1, O139, or toxigenic; hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families; yellow fever;

intoxication caused by marine microorganisms or their byproducts (for example, paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid); any known or suspected common-source outbreaks; 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); pesticide poisoning.

(c) Within one local public health authority working day: *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); *Chlamydomphila* (*Chlamydia*) *psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydiosis; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coxiella burnetii* (Q fever); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; *Cryptococcus* (cryptococcosis), *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayetanensis* (cyclosporiasis); bacteria of the Enterobacteriaceae family found to be non-susceptible to third-generation cephalosporins and to carbapenem antibiotic (other than ertapenem); *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); *Giardia* (giardiasis); *Grimontia* spp.; *Haemophilus ducreyi* (chancroid); hantavirus; hepatitis A; hepatitis B (acute or chronic infection); 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; *Legionella* (legionellosis); *Leptospira* (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; *Neisseria gonorrhoeae* (gonococcal infections); pelvic inflammatory disease (acute, non-gonococcal); *Plasmodium* (malaria); *Rickettsia* (all species: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated *Taenia* infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Vibrio* spp.; *Yersinia* (other than pestis); any infection that is typically arthropod vector-borne (for example: babesiosis, California encephalitis, Colorado tick fever, dengue, Eastern equine encephalitis, ehrlichiosis, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, West Nile fever, Western equine encephalitis, etc.); a human bitten by any other mammal; and hemolytic uremic syndrome.

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

(5) 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.

Stat. Auth.: ORS 413.042, 433.004 & 433.006

Stats. Implemented: ORS 433.004 & 437.010

333-018-0017

Reporting of Veterinary Diseases

(1) Laboratories shall report to the Oregon Public Health Division all test results indicative of and specific for the following diseases, infections, microorganisms, and conditions, within the following time frames, as follows:

(a) Immediately, day or night: anthrax, rabies, and plague;

(b) Within one day: psittacosis, leptospirosis, Q fever, and tularemia; and

(c) Within one week: *Baylisascaris*, *Borrelia burgdorferii*, campylobacteriosis, *Cryptococcus*, *Cryptosporidium*, *Escherichia coli* O157:H7, giardiasis, lymphocytic choriomeningitis, methicillin-resistant *Staphylococcus aureus*, Rocky Mountain spotted fever, salmonellosis, toxoplasmosis, West Nile virus, yersiniosis; and any other disease that could potentially be a zoonotic illness.

(2) "Test" as used in this rule, includes but is not limited to:

- (a) Microbiological culture, isolation, or identification;
- (b) Assays for specific antibodies; and
- (c) Identification of specific antigens, toxins, or nucleic acid sequences.

Stat. Auth.: ORS 413.042 & 433.004

Stats. Implemented: ORS 433.004

333-018-0018

Submission of Isolates to the Public Health Laboratory

Licensed laboratories are required to forward aliquots or subcultures of the following to the Oregon State Public Health Laboratory:

- (1) Suspected *Neisseria meningitidis* and *Haemophilus influenzae* from normally sterile sites.
- (2) Suspected Shiga-toxigenic *Escherichia coli* (STEC), including *E. coli* O157; *Salmonella* spp., *Shigella* spp., *Vibrio* spp., *Grimontia* spp., *Listeria* spp., *Yersinia* spp.; *Mycobacterium tuberculosis* and *M. bovis* from any source.
- (3) Serum that tests positive for IgM antibody to hepatitis A virus.
- (4) Serum that tests positive for IgM core antibody to hepatitis B virus.
- (5) All cryptococcal isolates.
- (6) All isolates of the Enterobacteriaceae family resistant to third-generation cephalosporins and non-susceptible to any carbapenem antibiotic other than ertapenem.
- (7) For persons under the age of 18 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.

Stat. Auth.: ORS 413.042, 433.004 & 438.450

Stats. Implemented: ORS 433.004 & 438.310

333-018-0020

Reports from Local Public Health Administrators

- (1) The local public health administrator shall notify the Authority immediately of any reported cases of the following diseases and conditions: anthrax, botulism (foodborne), cholera, diphtheria, marine intoxications, measles, pesticide poisoning, plague, poliomyelitis, rabies; any uncommon illness of potential public health significance; any outbreak of disease.
- (2) Animal bites that have been investigated by the local public health administrator and for which testing of the biting animal for rabies has been deemed unnecessary need not be reported to the Authority.
- (3) For other reportable diseases and conditions, the local public health administrator shall notify the Authority no later than the end of each business week of all cases reported during that week. Reports shall be made by means approved by the Authority and in a format approved by the Authority.