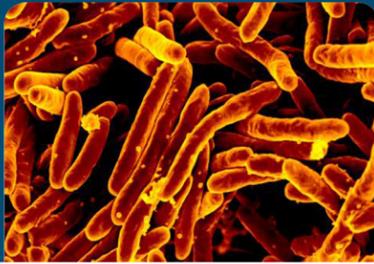


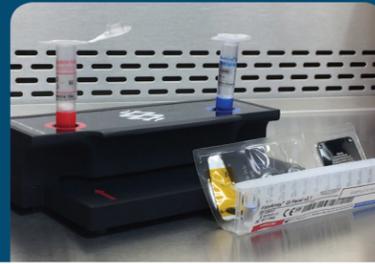
Local health department information

For a list of local health department phone numbers go to www.healthoregon.org/lhddirectory.

M. tuberculosis



EPEC: Detectable by multiplex PCR



Carbapenem-resistant *Enterobacteriaceae* (CRE)



OREGON PUBLIC HEALTH DIVISION REPORTING FOR LABORATORIES

By law,¹ Oregon laboratories must report all human test results “indicative of and specific for” the following diseases, infections, microorganisms and conditions listed in the accompanying table. These results include microbiological culture, isolation or identification; assays for specific antibodies; and identification of specific antigens, toxins or nucleic acid sequences.

In general, reports must be made to the patient’s local public health department of residence within one working day of the initial test report.²

Laboratories should also familiarize themselves with select biological agents and toxins that have potential to pose severe threats.³ Reports must include the patient’s name, date of birth, county of residence, specimen type and specimen source site, collection date, lab test, result, and contact information for the ordering clinician and the lab.⁴

If possible, patient sex and street address should also be submitted.

The laboratory reporting the result to the clinician is responsible for reporting to public health, regardless of which lab actually performs the test. Reports on out-of-state residents should be made directly to that state’s health department, or to the Public Health Division of the Oregon Health Authority. Document these reports in a log.

Oregon law requires laboratories that report an average of >30 records per month to submit the data electronically according to the standards in the Oregon Health Authority’s Manual for Mandatory Electronic Laboratory Reporting (ELR).⁵

- Please contact us at 971-673-1111 for ELR initiation, assistance and approval.
- Laboratories required to report via ELR shall have a state-approved continuity of operations plan to maintain reporting in emergency situations. At least two alternate methodologies should be incorporated, such as facsimile, mail or courier service.
- A licensed laboratory required to report data electronically shall participate fully in Oregon’s Data Quality Control program, as specified in the Oregon Health Authority’s Manual for Mandatory Electronic Laboratory Reporting.⁵
- Electronically submitted reports shall meet relevant reporting timelines.¹

CIVIL PENALTIES FOR VIOLATIONS OF OREGON REPORTING LAW

A civil penalty may be imposed against a qualifying laboratory that fails to seek or obtain ELR approval, or against a clinical laboratory for failing to report a reportable disease according to Oregon Administrative Rules.⁶

Civil penalties shall be imposed as follows:

- First violation \$100, second violation \$200, third or subsequent violation \$500;
- Each day out of compliance will be considered a new violation.

☎ Report by phone immediately, day or night. **New reportables are highlighted.**

🕒 Report within 24 hours.

NOTE: Those items below without a symbol next to them require reporting within one local public health authority working day.

🏢 Forward isolate to the Oregon State Public Health Laboratory (OSPHL).

📧 **Forward isolate if cultured; otherwise, send the test-positive specimen to OSPHL.**

Oregon State Public Health Laboratory:
503-693-4100

BACTERIA

- Anaplasma*
- Bacillus anthracis*³ ☎🏢
- Bacillus cereus***
- biovar *anthracis***³ ☎🏢
- Bordetella pertussis*
- Borrelia*
- Brucella*³ ☎🏢
- Burkholderia mallei*³ ☎🏢
- Burkholderia pseudomallei*³ ☎🏢
- Campylobacter*
- Chlamydia trachomatis*
- Chlamydia psittaci*
- Clostridium botulinum*³ ☎
- Clostridium tetani*
- Corynebacterium diphtheriae* ☎🏢
- Coxiella burnetii*³ ☎📧
- Ehrlichia*
- Enterobacteriaceae* family isolates that are resistant to any carbapenem antibiotics by current CLSI breakpoints^{7,8} 🏢
- Escherichia coli*, enterotoxigenic**
- Escherichia coli*, Shiga-toxigenic (*E. coli* O157 and other serogroups)⁸ 📧
- Francisella tularensis*³ ☎🏢
- Grimontia* 🏢
- Haemophilus ducreyi*
- Haemophilus influenzae* 📧📧
- Legionella*
- Leptospira*
- Listeria monocytogenes* 🏢
- Mycobacterium bovis* 🏢
- Mycobacterium tuberculosis* 🏢

- Mycobacterium*, other (non-respiratory only)
- Neisseria gonorrhoeae*
- Neisseria meningitidis* 📧📧
- Rickettsia prowazekii*³ ☎📧
- Rickettsia*, non-*prowazekii*
- Salmonella* 🏢
- Shigella* 🏢
- Treponema pallidum*
- Vibrio cholerae* ☎🏢
- Vibrio*, non-*cholerae* 🏢
- Yersinia pestis*³ ☎🏢
- Yersinia*, non-*pestis* 🏢

FUNGI

- Coccidioides* 🏢
- Cryptococcus* 🏢

PARASITES

- Amebic infections⁹ (central nervous system only)
- Babesia*
- Cryptosporidium*
- Cyclospora*
- Giardia*
- Plasmodium*
- Taenia solium* and undifferentiated *Taenia* spp.
- Trichinella*

PRION DISEASES

- Creutzfeldt-Jakob disease (CJD), other prion diseases

VIRUSES

- Arboviruses¹⁰
- Eastern equine encephalitis³ ☎📧

- Arenaviruses^{3,11} ☎📧
- Filoviruses^{3,11} ☎📧
- Hantavirus
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D (delta)
- Hepatitis E
- Hemorrhagic fever viruses^{3,11} ☎
- HIV infection and AIDS
- Influenza, novel strain¹² ☎📧
- Measles (rubeola) ☎📧
- Mumps
- Polio ☎📧
- Rabies ☎
- Rubella ☎📧
- SARS-coronavirus³ ☎
- Variola major (smallpox) ☎📧
- West Nile
- Yellow fever ☎📧
- Zika

OTHER IMPORTANT REPORTABLES

- Any “uncommon illness of potential public health significance” ☎
- Any outbreak of disease ☎
- Results on all blood lead testing should be reported within seven days unless they indicate lead poisoning, which must be reported within one local health department working day.¹³
- All CD4 counts and HIV viral loads.

FOOTNOTES

- Oregon Revised Statute 433.004; Oregon Administrative Rule 333-018 http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html
- Refer to www.healthoregon.org/diseasereporting for a list of local health departments, reporting FAQs, and more details about what to report. When in doubt, report.
- For a complete list of select agents, see www.selectagents.gov/SelectAgentsandToxinsList.html and www.selectagents.gov/regulations.html (7 CFR Part 331, 9 CFR Part 121, 42 CFR Part 73).
- Specimen Type describes the precise material of the specimen. Specimen Source Site describes the source from which the specimen was obtained. Examples of the Specimen Type/Specimen-Source-Site pairings could be (Fluid, Synovial/Knee), (Tissue/Cervix), (Blood/Venous). Please refer to <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ElectronicLabReporting/Pages/ELRToolsAndReferences.aspx> for more details.
- ORS 433.004 and OAR 333-018-0013 http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html; Manual for Mandatory Electronic Laboratory Reporting www.healthoregon.org/elr
- ORS 431.262; OAR 333-018 http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html; OAR 333-026-0030 http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_026.html
- See CRE poster <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/ReportingPosters/poster-cre.pdf> (OHA 8578) for further information. CLSI. Performance Standards for Antimicrobial Susceptibility Testing; Twenty-Fifth Informational Supplement. CLSI document M100-S25. Wayne, PA: Clinical and Laboratory Standards Institute; January 2015.
- If isolates are not available, submit Shiga-toxin-positive stools or broths.
- For example, infection by *Acanthamoeba*, *Balamuthia*, or *Naegleria* spp.
- Any other arthropod-borne viruses, including, but not limited to California encephalitis, Chikungunya, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.
- Hemorrhagic fever caused by viruses of the filovirus (Ebola, Marburg) or arenavirus (Lassa, Machupo) families are reportable.
- Influenza A virus that cannot be subtyped by commercially distributed assays.
- “Lead poisoning” means a confirmed blood lead level of at least 5 µg/dL.



Oregon Health Authority

PUBLIC HEALTH DIVISION
Center for Public Health Practice
971-673-1111 (phone)
971-673-1100 (fax)
www.healthoregon.org/acd



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