

Disease Reporting



Hepatitis A	
PATIENT INFORMATION	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE OF BIRTH	
SEX	
RACE	
ETHNICITY	
RELIGION	
EDUCATION	
EMPLOYMENT	
TRAVEL HISTORY	
DIETARY HISTORY	
ALCOHOL USE	
DRUG USE	
SEXUAL HISTORY	
LABORATORY RESULTS	
TEST NAME	RESULT
ALT	
AST	
ALP	
GGT	
AMYL	
CRP	
ESR	
WBC	
HGB	
HCT	
PLT	
PT	
PTT	
INR	
APTT	
UA	
URIC	
BUN	
CREAT	
GLUC	
INS	
TRIG	
TG	
LDL	
HDL	
TOT	
CHOL	
TRIG	
TG	
LDL	
HDL	
TOT	
CHOL	



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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:

10th 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:



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

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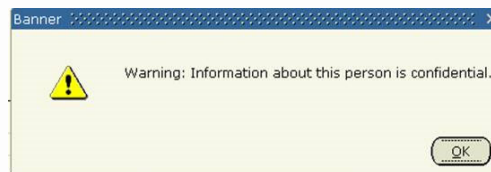
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POLL QUESTION

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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 sepsis/bacteremia
- 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)¹
- 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 infections² (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 poisoning³
- Legionellosis (*Legionella*)
- Leptospirosis (*Leptospira*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium*)
- Mumps
- Non-tuberculous mycobacterial infection (non-respiratory)⁴
- 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 sepsis/bacteremia
- Botulism (*Clostridium botulinum*)
- Bruceellosis (*Bruceella*)
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- Salmonellosis (*Salmonella*, including typhoid)
- Shigellosis (*Shigella*)
- Syphilis (*Treponema pallidum*)

Diseases: When and What?

When

Categories of Reportable Diseases

New reportables are highlighted.

IMMEDIATELY

- Anthrax (*Bacillus anthracis*)
- Bacterial sepsis/bacteremia
- Botulism (*Clostridium botulinum*)
- Bruceellosis (*Bruceella*)
- Cholera (*Vibrio cholerae* O1, O139, or toxigenic)
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- 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

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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?



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Exercise: breakout groups

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

1. Is Hepatitis A reportable? **Yes**
If so, when should it be reported? **Within 1 working day**
2. Is a bat-to-dog bite reportable? **No**
If so, when should it be reported?
3. Would you report an influenza death in a 65-year-old man from Curry County? **No**
If so, when would you report this?
4. Would influenza H7N9 be reportable? **Yes**
If so, when should it be reported? **Immediately**



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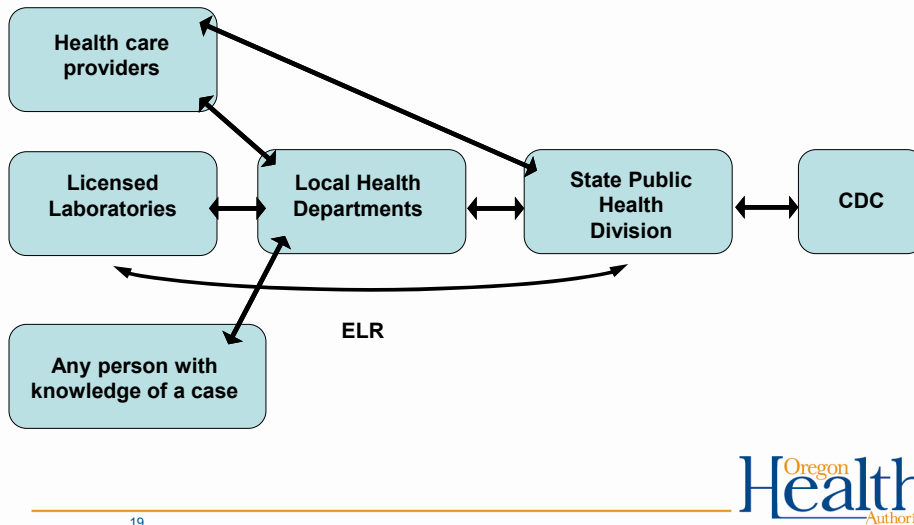
LHD ROLE IN DISEASE REPORTING

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Reporting: Pathway



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Reporting: Orpheus

Development Version
 [Full Access]
 Shannon Allain • OPHD

Cases: 0 | Contacts: 0 | ELR: 0 | Transfers: 0 | To Do: 8 | Recent: 8 | eCR: 0

Active by Epi: by Disease

Days: 20 | County: [dropdown] | Assigned to: Shannon Allain | Incomplete: | List Cases

All Active: | All Counties: | All Epis: | Refresh

Disease	Case	Patient	Age	Sex	Onset	Reported	Country	Status
								Active

Security Policy
 Release Notes 20

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Home List Prev Next Print All-view enabled HepB (chronic) Case Entry

Summary	515629	SUMMARY
Labs	Sal E. Mander Disease: HepB (chronic) Status: Confirmed	NOTES: Thu, Sept 13, 2018, 2:05 pm • (193 days ago) June Behardt [OPHD] Added new fetus (i.e., is pregnant). Thu, Sept 13, 2018, 2:04 pm • (193 days ago) June Behardt [OPHD] Set the Disease from [105 HepC (chronic)] to [33 HepB (chronic)]
eCR	Onset: ~8/14/2018	
Clinical	Deceased: [Not Answered]	PREGNANCY HISTORY: #1) Due: 2018-09-13....Bay Area Hospital....Current
Comorb	Reason for testing:	
Treatment	DOB: 1/1/1980 Age: 38	
Risks	Sex: F Pregnancy: Yes Race: Asian, Hispanic: Yes	
Followup	Language: Born: Worksite: Occupation: Housing:	
Contacts	2	
Vaccines	0 888 SW Morrison Portland OR 97209	
Docs	MULTNOMAH	
Letters	[Add Phone Info...]	
Log	Provider: McKenzie-Willamette Medical Center Keep Active <input checked="" type="checkbox"/>	
Notes	2 Local Epi: Matt Navarre Received by LHD: 8/21/18 LHD Completion Date: State Completion Date:	

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Reporting: LHD & State Roles

<p style="text-align: center;">LHD</p> <ul style="list-style-type: none"> • Verify diagnosis • Determine sources of infection • Implement control measures • Enter data into Orpheus throughout 	<p style="text-align: center;">State</p> <ul style="list-style-type: none"> • Advise local health departments • Detect, investigate, control outbreaks • Analyze disease trends • Conduct special studies • Report to CDC
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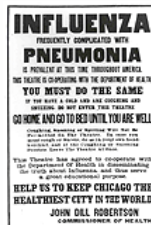
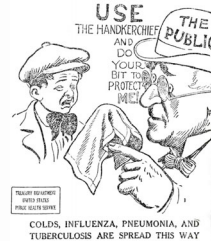
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IMPORTANCE OF DISEASE REPORTING

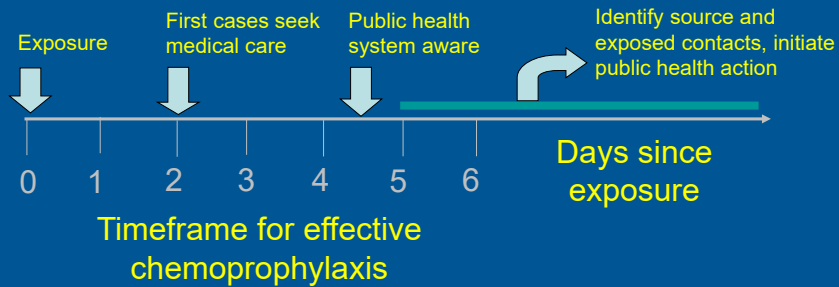
Why Report?

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



Protecting Contacts

Allows faster implementation of interventions that reduce morbidity and mortality



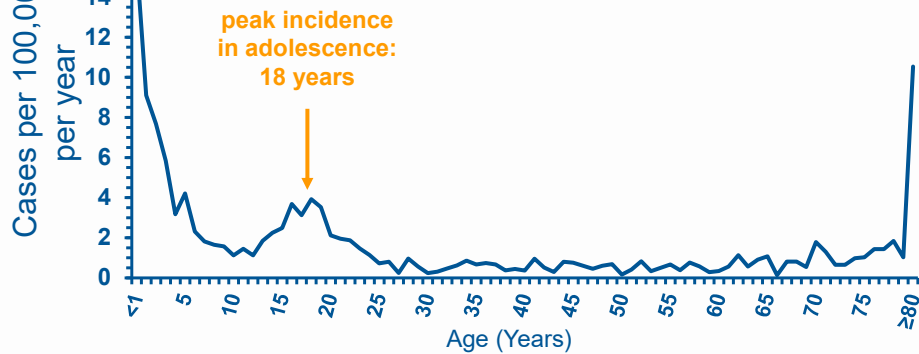
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Identifying Risk Factors

Meningococcal Disease Incidence, by Age — Oregon, 1991–2016
n = 1,492



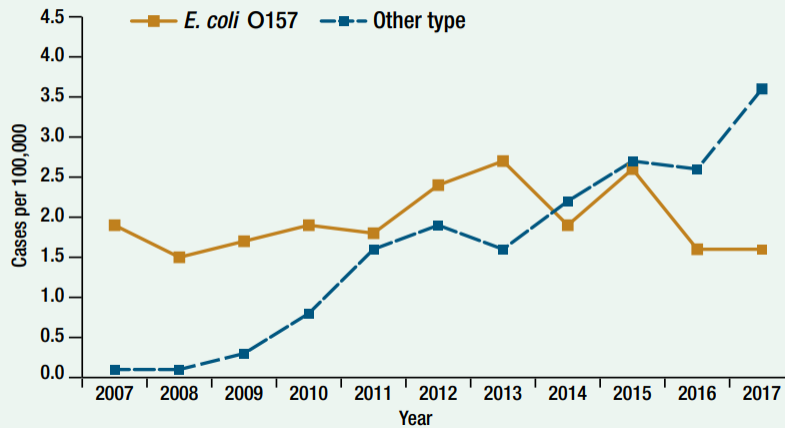
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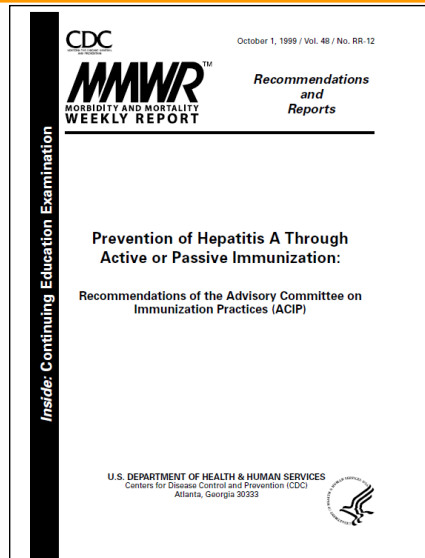
Monitoring Epidemiologic Trends: STEC

Incidence of STEC infection, O157 vs. non-O157 type: Oregon, 2007–2017



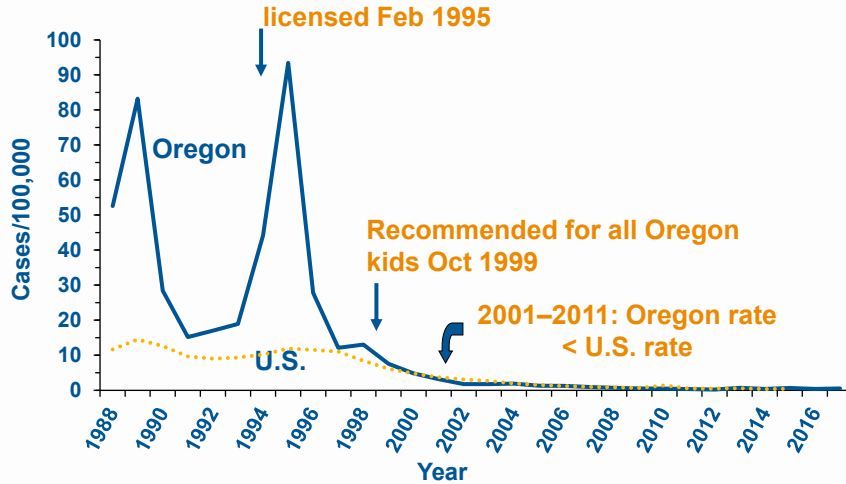
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Public Health Programs



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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

Alisa C. Kramer, Vanessa Soble, Jilliana Moran, Patricia C. Karmali, Suzanne B. Taylor, Thomas P. Nelson

Abstract: To determine risk factors for sporadic SE infections, we conducted a case-control study in 10 FoodNet sites. We compared cases with sporadic SE infections to controls with sporadic SE infections. We found that consumption of chicken was associated with sporadic SE infections. Consumption of chicken was associated with sporadic SE infections in 8 of 10 sites. Consumption of chicken was associated with sporadic SE infections in 8 of 10 sites. Consumption of chicken was associated with sporadic SE infections in 8 of 10 sites.

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

Michael Samad, Kathleen Moran, Jeffrey Besser, Diana Desai, Shiga, Pradeep C. Karmali, Felicia Robinson, Michael Coste

Abstract: To determine risk factors for sporadic *Campylobacter* infections, we conducted a case-control study in 10 FoodNet sites. We compared cases with sporadic *Campylobacter* infections to controls with sporadic *Campylobacter* infections. We found that consumption of chicken was associated with sporadic *Campylobacter* infections. Consumption of chicken was associated with sporadic *Campylobacter* infections in 8 of 10 sites. Consumption of chicken was associated with sporadic *Campylobacter* infections in 8 of 10 sites.

Tobacco smoke as a risk factor for meningococcal disease

MARC FISCHER, MD, KATHLEEN HEDBERG, MD, MPH, PAUL CARDONE, MD, BRIAN D. FUKUYAMA, MD, MPH, FRANCESCA C. HEDBERG, MD, MPH, RAJESH B. SPRINGFIELD, MD, MPH, THOMAS A. BELL, MD, MPH, DAVID W. PLUMMER, MD, JAY D. WENZEL, MD, AND BRADLEY A. BRIDGES, MD

Abstract: 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 risk does not protect against N meningitidis serogroup B. Defining alternative approaches to risk does not protect against N meningitidis serogroup B.

Introduction

Abstract: Meningococcal disease causes an estimated 2000 deaths annually in the United States, with a case-fatality rate of 10 to 15%. One-third of these cases occur in children <2 years of age. Public health actions against meningococcal disease include antibiotic prophylaxis to prevent disease and large-scale vaccination to control secondary cases and targeted vaccination to control secondary cases and targeted vaccination to control secondary cases.

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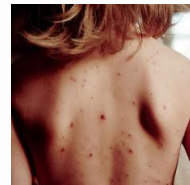
EXERCISE

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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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Oregon Health Authority Communicable Disease Reporting

Public Health Division > Diseases and Conditions > Communicable Disease > Communicable Disease Reporting

Communicable Disease Reporting

On this page:

- Health Care Providers and Laboratorians
- Local Health Departments
- Disease Reporting Posters
- Outbreak Summary Forms
- Surveillance Data

Communicable Disease Reporting

Case Report Forms

Investigative Guidelines

What and When to Report

How and Where to Report

Reporting Rules

Health Care Providers and Laboratorians

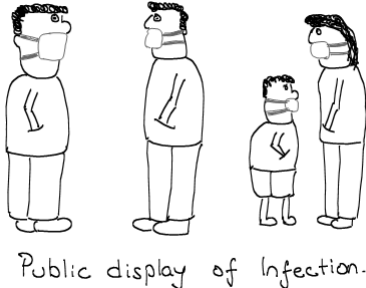
All Oregon physicians, other health care providers and laboratorians are required by law to report certain diseases and conditions to local health departments (pdf). Some cases are subject to restrictions (OAR)

OK, BUT WHERE DO I FIND THE RULES?

[HTTP://WWW.HEALTHOREGON.ORG/DISEASEREPORTING](http://www.healthoregon.org/diseasereporting)

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Public display of Infection.

QUESTIONS?

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