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RULES:

333-018-0015, 333-018-0016

AMEND: 333-018-0015

NOTICE FILED DATE: 01/30/2026

RULE SUMMARY: The following amendments are made to OAR 333-018-0015:

OAR 333-018-0015(3)(a)(A)(i)-(iii), report immediately select biologic agents and toxins. Amendment is intended to match the U.S. Department of Health and Human Services (DHHS) list of select biological agents and toxins affecting humans.

OAR 333-018-0015(3)(a)(B), report immediately other microorganisms and conditions: Amendment includes adding "known toxigenic strains" of *Corynebacterium diphtheriae* (diphtheria) and the addition of "brucellosis" to clarify illness caused by *Brucella*.

OAR 333-018-0015(3)(b) report within 24 hours (including weekends and holidays): Addition of multisystem inflammatory syndrome in children (MIS-C), a serious disease of children, to the list of diseases to be reported within 24 hours (including weekends and holidays).

OAR 333-018-0015(3)(c) report within one public health working day. Addition of the word "condition" in addition to "any infection that is typically arthropod vector-borne," which more accurately describes tickborne conditions such as tick paralysis, which is explicitly being added as an example of a tickborne condition. Clarified that only toxigenic strains of *C. diphtheriae* are immediately reportable, while non-toxin-producing *C. diphtheriae* notifications do not require immediate reporting. Specified species of non-pulmonary *Mycobacteria* that do not require reporting, namely, *M. goodii* or *M. paratuberculosis* (which are generally nonpathogenic).

CHANGES TO RULE:

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, intoxications, 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) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, intoxications, 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. ¶

(3) Human reportable diseases, infections, microorganisms, intoxications, and conditions, and the time frames within which they must be reported are as follows: ¶

(a) Immediately, day or night: ¶

(A) The following select biological agents and toxins: Avian influenza virus; Bacillus anthracis ¶

(i) United States Department of Health and Human Services (DHHS) select agents (anthrax) and toxins: Abrin; Bacillus cereus biovar anthracis; Botulinum neurotoxins; Botulinum neurotoxin-producing species of Clostridium; Brucella (brucellosis); Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Conotoxins; Clostridium botulinum (botulism) Conotoxins; Coxiella burnetii (Q fever); Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola-virus; Francisella tularensis (tularemia); Hendra virus; Lassa fever virus; Lujo virus; Marburg virus; Mpox (Monkeypox) virus; Newcastle disease virus; Nipah virus (Clade I); Reconstructed replication-competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza virus); Ricin; Rickettsia prowazekii (louse-borne typhus); Rift Valley fever virus; Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; SARS-COV chimeric; Saxitoxin ([paralytic shellfish poisoning]); South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin; Tetrodotoxin ([puffer fish poisoning]); Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype, Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus; Variola major virus (Smallpox virus); Variola minor virus (Alastrim); Yersinia pestis (plague); ¶

(ii) DHHS and United States Department of Agriculture (USDA) overlap select agents and toxins: Bacillus anthracis (anthrax); Bacillus anthracis Pasteur strain; Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Hendra virus; Nipah virus; Rift Valley fever virus; Venezuelan equine encephalitis virus; and ¶

(iii) USDA select agents and toxins: Avian influenza virus; Newcastle disease virus. ¶

(B) The following other infections, microorganisms, and conditions: Brucella (brucellosis causing species); Corynebacterium diphtheriae (diphtheria, known toxigenic strains only); novel influenza; poliomyelitis; rabies (human); measles (rubeola); rubella; Vibrio cholerae O1, O139, or toxigenic (cholera); yellow fever; intoxication caused by marine microorganisms or their byproducts (for example including but not limited to, domoic acid intoxication, ciguatera, scombroid); ¶

(C) Any known or suspected disease outbreak, including any outbreak associated with health care, regardless of whether the disease, infection, microorganism, or condition is specified in this rule; and ¶

(D) 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); multisystem inflammatory syndrome in children (MIS-C); Neisseria meningitidis (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); and pesticide poisoning. ¶

(c) Within one local public health authority working day: ¶

(A) The following infections, microorganisms, and conditions: Acinetobacter species found to be resistant to any carbapenem antibiotic; amebic infection of the central nervous system (for example, by Naegleria or Balamuthia); any organism known to be carbapenemase-producing; any infection or condition that is typically arthropod vector-borne (for example, including but not limited to: mosquito-borne: California encephalitis, chikungunya, dengue, Plasmodium [malaria], St. Louis encephalitis, West Nile fever, Western equine encephalitis, Zika; tick-borne: anaplasmosis, babesiosis, Borrelia [relapsing fever, Lyme disease], ehrlichiosis, Colorado tick fever, Heartland virus infection, Rickettsia [prowazekii, report immediately, see paragraph (3)(a)(A) above, Rocky Mountain spotted fever, and other tick paralysis]; or other arthropod vector-borne: trypanosomiasis [Chagas disease], leishmaniasis, and any of the typhus fevers); blood lead level at or above the blood lead reference value; Bordetella pertussis (pertussis); cadmium demonstrated by laboratory testing of urine; Campylobacter (campylobacteriosis); Candida auris; Chlamydia psittaci (psittacosis); Chlamydia trachomatis (chlamydiosis); lymphogranuloma venereum); Clostridium tetani (tetanus); Coccidioides (coccidioidomycosis); Corynebacterium diphtheriae (diphtheria, if toxigenicity or strain is unknown, report immediately if known to be toxigenic); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; Cronobacter sakazakii in an

infant less than one year of age; Cryptococcus (cryptococcosis); Cryptosporidium (cryptosporidiosis); Cyclospora cayetanensis (cyclosporiasis); bacteria of the Enterobacterales order found to be resistant to any carbapenem antibiotic; Escherichia coli (enterotoxigenic or Shiga-toxigenic, including E. coli O157 and other serogroups, or evidence of enterotoxigenic or Shiga-toxigenic organism, for example, from nucleic-acid or antigen testing); Giardia (giardiasis); Grimontia; Haemophilus ducreyi (chancroid); hantavirus; hepatitis A; hepatitis B; hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (~~does not apply to~~except do not report anonymous testing) and AIDS; Legionella (legionellosis); Leptospira (leptospirosis); Listeria monocytogenes (listeriosis); mumps; Mycobacterium tuberculosis and M. bovis (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; ~~Neisseria gonorrhoeae (gonococcal infections (excluding Mycobacterium gordonae, M. paragordonae)); Neisseria gonorrhoeae (gonococcal infections); orthopox viruses other than variola (including but not limited to borealpox [formerly Alaskapox], camelpox, cowpox, and mpox (excluding Clade I))~~; Salmonella (salmonellosis, including typhoid); Shiga toxin or its nucleic acid sequence identified in a patient specimen; Shigella (shigellosis); Taenia solium (including cysticercosis and undifferentiated Taenia infections); Treponema pallidum (syphilis); Trichinella (trichinosis); Vibrio (other than Vibrio cholerae O1, O139, or toxigenic; vibriosis); Yersinia (other than pestis; yersiniosis); a human bitten by any other mammal; hemolytic uremic syndrome; and rabies post-exposure prophylaxis.¶

(B) The death of any person <less than 18 years of age with laboratory-confirmed influenza, respiratory syncytial virus (RSV), or SARS-CoV-2 infection.¶

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

(4) Licensed laboratories shall report, within seven calendar 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.

Statutory/Other Authority: ORS 413.042, 433.004, 433.006

Statutes/Other Implemented: ORS 433.004, 433.329

REPEAL: 333-018-0016

NOTICE FILED DATE: 01/30/2026

RULE SUMMARY: Repealing OAR 333-018-0016 Reporting of COVID-19 Related Test Results, Cases and Deaths. This rule is no longer needed because COVID-19 test results and cases are no longer reportable. Reporting of COVID-19 related pediatric deaths has been moved to OAR 333-018-0015, and reporting of multisystem inflammatory syndrome in children (MIS-C) has been moved to OAR 333-018-0015(3)(b).

CHANGES TO RULE:

~~333-018-0016~~

~~Reporting of COVID-19-Related Cases and Deaths~~

~~(1) Health care providers or other individuals described in OAR 333-018-0000(1) shall report, in accordance with section (2) of this rule and other applicable rules in OAR chapter 333, division 18, the following:¶¶~~

~~(a) Within 24 hours (including weekends and holidays), any human case of MIS-C; and¶¶~~

~~(b) Within one local public health authority working day, the death of any person less than 18 years of age with laboratory-confirmed SARS-CoV-2 infection.¶¶~~

~~(2) Health care providers shall report the information required in section (1) of this rule, in one of two ways, in order of preference:¶¶~~

~~(a) Submission of an Electronic Initial Case Report (eICR) in accordance with the Authority's Electronic Case Reporting (ECR) Manual; or¶¶~~

~~(b) Online, through the Confidential Oregon Morbidity Report Portal, which can be found at: www.healthoregon.org/howtoreport.~~

~~Statutory/Other Authority: ORS 413.042, ORS 433.004, ORS 433.006~~

~~Statutes/Other Implemented: ORS 433.004~~