CD Summary

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CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

LEGAL NOTICE—PROPOSED CHANGES TO DISEASE REPORTING AND OTHER RULES

WARNING: May cause drowsiness. Do not read while driving, operating heavy machinery, or performing surgery.

OREGON LAWS consist of statutes passed by the Legislature and administrative rules written by the various state agencies; the latter are called Oregon Administrative Rules (OARs). Statutes delineate the authority of agencies, including their authority to write rules that "flesh out" the often sparse wording of statutes. Because of their legal status, rule changes must follow a prescribed process. Substantive changes require advance publication of draft revisions, notification of potentially affected parties, and allow for public comment before they are finalized. The latter typically involves a public hearing. This *CD Summary* describes the proposed changes, and is your personal invitation to put in your two cents (see the last section to find out how).

Most OARs directly relevant to disease reporting, case and outbreak investigation, and general disease control practices are found in Divisions 12, 17, 18, and 19 of Chapter 333. While by volume most of these rules pertain to communicable diseases, other health issues such as lead and pesticide poisoning also pop up.

Several years ago, we began a comprehensive review of the existing rules in Divisions 17, 18, and 19. We found numerous examples of duplication, redundancy, poor organization, and convoluted language that in the aggregate confounded the objective of having a clear and yet sufficently flexible exposition of public health law. In addition, there were several rules that we waited to amend substantively. The upshot is the current proposal.

OVERVIEW

Mercifully, space does not allow us to review all the proposed rule changes here. Interested parties are referred to our website to view or print the proposal: *www.oshd.org/acd/oars/changes.htm.*

Three documents are posted there to help interested parties review these changes. The first is a copy of the draft revisions: "Revision.pdf." The second is a rule-by-rule gloss of the proposed revisions, "Linelist.pdf," which itemizes the proposed changes. For comparison, a handy copy of the existing OARs ("Existing.pdf") is also provided.

The proposed changes fall into two categories, viz., 1) substantive changes (e.g., additions and deletions to the lists of reportable diseases), and 2) editorial improvements (reorganization, rewording, consolidation). The latter are quite extensive, including the relocation of several large chunks of material and the lumping or splitting of several existing rules. Many redundant rules are proposed for deletion. If adopted, some rules otherwise unchanged would be renumbered, the better to reflect the new structure.

SUBSTANTIVE CHANGES

Some of those can be described as "technical" changes that have little if any effect on either the lay or medical public. For example, current rules require local health departments to forward disease reports to the Health Division on little slips of paper called "43-36" forms. Don't tell anyone, but we stopped collecting those some time ago. Reports now typically come in by fax, or, in the case of Multnomah County, electronically. The new rules specify that reports shall flow expeditiously by any means approved by the Health Division, including secure e-mail or carrier pigeons, if we so choose.

Reporting Changes

The list of reportable diseases is getting longer—much longer. We hasten to add, however, that due to several strategic deletions from the list, the number of communicable disease reports should actually fall. We have found that some physicians have difficulty understanding the concept of disease reporting. Many seem to think that reporting is something only for labs to do. Others might think it is an unwarranted violation of patient confidentiality. Still others, like Raskolnikov, may think of themselves as not bound by the laws and conventions that apply to ordinary physicians. So much of the lengthening list is really a direct exposition of what we (at the OHD) always thought would be covered by the existing requirement that "unusual diseases of potential public health significance" be reported. So, to remove all doubt, yes, we do require reports about the following rare diseases that heretofore have not been specifically named: babesiosis, ehrlichiosis, Colorado tick fever, relapsing fever, Western equine encephalities, West Nile viral infections, Machupo and Junin viral infections, dengue fever, Powassan, Congo-Crimean hemorrhagic fever, smallpox, scombroid, paralytic shellfish poisoning, domoic acid intoxication, *Cyclospora cayetanensis* infections, legionellois, typhus, Rocky Mountain spotted fever, and so on. To save space on what would be a new poster for your office, we have made all arthropod- (e.g., ticks and mosquitoes) borne infections reportable as a class. We are offering an amnesty program for physicians who have neglected to report any of these cases over the past few years; please contact our office for details.

In addition to the exotic, we are proposing to add all *Vibrio* infections to the list (rather than just cholera). *V. parahaemolyticus*, for example, is a recurrent problem in the Northwest with outbreak potential, most often realized among would-be epicures sampling raw oysters; reporting will make it easier for us to recognize outbreaks and act on them. We are interested in getting a better handle on the burden of pork tapeworm (*Taenia solium*) infections in Oregon, particularly neurocysticercosis. *T. solium* infections are quite prevalent among persons from Mexico and Central America—a rapidly growing segment of our population. In addition to *Escherichia*

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coli O157 infections, we propose to add all Shiga-toxin positive *E. coli* infections to the list.

As a show of good faith, we want to drop reporting of amebiasis and leprosy. There is little if any evidence for significant public health benefit from our existing surveillance for these diseases.

We propose to make all blood lead test results reportable by labs, not just those that would be considered "elevated." This change will give us the ability to better track follow-up of elevated lead cases and will also give us denominator data to go with existing numerators, allowing better targeting and assessment of lead screening initiatives.

Other Rule Changes

Other changes include the addition of worksite (e.g., food handler) and daycare restrictions for persons with *E. coli* O157 infections and the deletion of those restrictions for persons with non-typhoidal salmonellosis. The latter is the source of considerable heartache and headache, with again no evidence of significant public health benefit.

We propose to drop the current requirement that physicians give specific notice to funeral directors when persons die of certain specified communicable diseases, including AIDS, hepatitis B, and hepatitis C. The same [existing] rule mandates the use of universal precautions among morticians, and it would seem to defeat the whole purpose of having universal precautions to then single out some bodies as ones where "we really mean it."

We are proposing to drop screening of foreign-born schoolchildren for tuberculosis. While not without individual "success" stories, our experience suggests that this is a very inefficient use of limited resources; TB experts nationally discourage this strategy.

There are many other changes, most of even less interest to the typical practitioner; go to the website if you want the whole story.

EDITORIAL TWEAKS

Rules have a tendency to grow by accretion. As new rules and clauses come along, they often get appended to existing language without consideration of the overall "flow." Moreover, we seem better at adding material than deleting rules that are superseded or become obsolete. Over time, what once may have seemed a reasonable organization can become all but indiscernible. Duplication and inconsistencies creep in. Eventually, it can become hard to find what you're looking for, and what you do find can be difficult to interpret. Contrary to widespread belief, this is no less a problem for the beleaguered bureaucrat than it is for the citizenry at large. With that in mind, we have tried to look for more economical ways to say what we thought we were trying to say in the first place. You know, less is more?

Under that rubric, over 50 rules are being proposed for deletion, the vast majority because they are legally redundant. In Division 19, for example, there are dozens of disease-specific rules (e.g., Anthrax, Brucellosis, Campylobacteriosis,....), each of which states that 1) the disease is reportable; 2) the time frame under which it must be reported; and 3) that local health departments must report such cases to the Health Division. These same requirements are already stated in Division 18. Not only does this unnecessarily pad the rules, but it raises the specter of inconsistency if extraordinary care is not taken when rules are amended.

Other language is needlessly bloated. Consider, for example, 333-017-0000(36), the existing definition of a "Rabies Susceptible Animal": *Rabies Susceptible Animals are mammals, which include, but are not limited to bats, cats, dogs, cows, horses, coyotes, foxes, raccoons, and skunks.* In the draft revision this definition is deleted; in the relevant text we simply use the word "mammal."

Some rules merely duplicate statutory language, which is pointless and again raises the potential for inconsistencies to creep in. To improve organizational flow, rules about infectious waste handling, school immunization policies, and the immunization registry ("ALERT" program) are being relocated to new, free-standing Divisions.

TIMETABLE

A public hearing regarding these proposed rule changes is scheduled for September 10, 2001, from 1:00 to 5:00 p.m., in the Portland State Office Building, Room 120C, 800 NE Oregon Street, Portland OR 97232. Comments may also be submitted in writing via postal mail to Lisa Baldasar, OHD/ACDP, at the address above, by e-mail (*ohd.acdp@state. or.us*), or by telephone (503/731-4024) up to August 27. After due consideration of these comments, final rules will be filed—most likely before the end of the year.

Again, it's all on the web site. If you would rather the taxpayers pay to print and mail this stuff to you, contact Lisa Baldasar (503/731-4024) at the Health Division.