CD Summary

June 5, 2015
Vol. 64, No. 7

Telephone 971-673-1111
Fax 971-673-1100

cd.summary@state.or.us
http://healthoregon.org/

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

NOTICE OF PROPOSED RULE MAKING HEARING: DEFINITIONS AND REPORTING

Nothing ever stops; it divides and multiplies, and I guess sometimes it gets ground down superfine, but it doesn't just blow away.
— Ralph Ellison, Juneteenth

On January 7th of this year, in the wake of school-associated outbreaks of vaccine-preventable diseases and with the threat of measles introduction from travelers to Disneyland, a temporary rule was implemented to clarify public health measures to stem such outbreaks. Oregon Administrative Rule (OAR) 333-019-0010 has long required exclusion from work in, or attendance at, school or child care facilities, and from work in food service and health care whilst in the communicable stage of specified diseases. The new rule clarifies that well but susceptible persons must also be excluded for an appropriate period of time after known exposures. Because this rule would otherwise expire after 180 days—i.e., on July 5th, the Oregon Health Authority proposes a permanent rule along these lines. Other changes to OARs regarding communicable diseases are also proposed.

This *CD Summary* serves as official notice of these proposed rule changes; full text of the proposed changes may be found may here http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/proposedrules.aspx. You may comment on the proposed rules at a public hearing to be held at 1:00 P.M. June 19, 2015* in room 1B of the Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232.

Alternatively, you may address written comments before 5:00 P.M. on June 22, 2015, to the Public Health Division Rules Coordinator:

Brittany Sande
Administrative Rules Coordinator
OHA Public Health Division
800 NE Oregon Street, Suite 930
Portland, Oregon 97232
brittany.a.sande@state.or.us
Fax: 971-673-1299

Following is a summary of the other proposed changes.

DEFINITIONS

Schools & Children's facilities. The definition for "Children's facility" was modified to dovetail with that in existing law requiring immunizations, and definitions for "School" and "School Administrator" were added to clarify the above rule regarding exclusion of susceptibles.

Carbapenem resistance. Carbapenem-resistant *Enterobacteriaceae* (CRE) have been identified by the Centers for Disease Control and Prevention (CDC) as urgent public health threats due to the increased morbidity and mortality they cause. Carbapenemase-producing (CP) CRE are most concerning because the resistance gene is on a transmissible genetic element, facilitating their rapid spread. CRE have been reportable in many states for several years and became reportable in Oregon in November 2011. CDC recently standardized a definition of CRE for state and national surveillance. We propose to implement this new definition (Box).

NEW CRE DEFINITION

Enterobacteriaceae with minimal inhibitory concentrations (MIC) of ≥4 µg/mL or zone of inhibition ≤19 mm for meropenem, imipenem or doripenem; or MIC ≥2 µg/mL or zone of inhibition ≤18 mm for ertapenem.

This definition drops the requirement for resistance to third-generation cephalosporins, changes the carbapenem requirement from "non-susceptible" to "resistant," and adds criteria regarding ertapenem resistance.

Use of a standard case definition will allow for better comparison of CRE data among states. It is also less complicated and should be easier to implement.

The changes to the definition are based on a CDC study that evaluated 300 CRE isolates[1] and found that the definition currently in use would have missed 13% of CP *Klebsiella* isolates. The data also showed that the requirement for resistance to third-generation cephalosporins added little specificity in terms of finding CP-CRE; the addition of ertapenem improved sensitivity for CP-CRE, especially among *Klebsiella* spp. Isolates meeting this definition should be further evaluated by carbapenemase testing.

Plumbism's lower level. The new definition of lead poisoning will incorporate the national recommendation, to use the 97.5 percentile of the blood lead distribution in children ascertained via the National Health and Nutritional Examination Survey.[2] Thus, "Lead Poisoning" means a confirmed blood lead level of at least 5 µg/dL for children <18 years of age, or a confirmed blood lead level of at least 10 µg/dL for persons ≥18 years of age.

LAB REPORTING DETAILS

Reporting of two standard data elements will be required of reporting laboratories: "Specimen Source Site" and "Specimen Type." Results like (metatarsal | bone tissue) or (cervix | tissue) are more useful than "bone tissue" or "body tissue." In some cases, these data elements guide the public health follow-up, and in general, they help to describe the nature and severity of the reportable disease.[3]

NEWLY REPORTABLE

Amebic CNS infections. *Balamuthia mandrillaris* is a soil-dwelling, free-living ameba that causes a usually fatal granulomatous encephalitis in immunocompromised persons; transplant-associated clusters have been reported.

* Juneteenth, which marks the 150th anniversary of the freeing of the last U.S. slaves in Galveston, Texas — 71 days after the surrender of the Army of Northern Virginia at Appomattox.

CD Summary
Oregon Health Authority/Public Health Division
800 NE Oregon St. Suite 772
Portland, OR 97232

CD SUMMARY
June 5, 2015
Vol. 64, No. 7

Oregon Health Authority

If you need this material in an alternate format, call us at 971-673-1111.

THE *CD Summary* (ISSN 0744-7035) is published fortnightly free of charge and is now delivered by e-mail. To sign-up, zap your request to *cd.summary@state.or.us*. Please include your full name and mailing address (not just your e-mail address)
EARN FREE CME CREDIT. CME credits will be available shortly.
See *http://healthoregon.org/cd summary* for more information.

Naegleria fowleri is a free-living ameba that causes primary amebic encephalitis after swimming in warm waters where the amebas live; such infections are also usually fatal.[4] Reporting of cases can lead to identification of contaminated swimming areas and recommendations to avoid them.

Coccidioidomycosis. Exposure to *Coccidioides* spp. is well known in Arizona and California but hadn't been known to occur north of Redding—until 2010, when cases cropped up in the Tri-Cities area of Washington State. Its presence has since been confirmed in soil there, so we suspect its presence also in adjacent areas in eastern Oregon.[5] Reporting will allow delineation of areas of potential exposure within Oregon.

SEND COCCI AND NOVEL INFLUENZA ISOLATES

The new rule would require that isolates of *Coccidioides* spp. be submitted to the Oregon State Public Health Laboratory (OSPHL) to allow for additional molecular strain characterization for epidemiologic purposes.

Any influenza A virus that cannot be subtyped by commercial assays may represent a novel strain with pandemic potential. The new rule would require that such isolates be sent to OSPHL for subtyping.

STOP SENDING HEP A & B SERUM

CDC is no longer routinely testing serum from these patients, so there is no longer a public health rationale for submitting them.

WHAT'S A "SYRINGE"?

According to Oregon Revised Statute 459.386, "Sharps" include needles, IV tubing with needles attached, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers.

Despite the fact that many syringes in clinical settings are never associated with needles — i.e., never sharp — our current rule requires that all syringes be handled as "sharps." To reduce the needless needle-less filling of Sharps containers, which are intended to resist puncture by sharp objects, we propose a more common understanding of "Syringe":

> "an instrument for the injection of medicine or the withdrawal of body fluids that consists of a hollow barrel fitted with a plunger and a hollow needle."

TB OR TB DISEASE

Last but not least, we're adding the word "disease" to distinguish between tuberculosis *disease*—which is reportable—and *latent* tuberculosis *infection*, which is not.[6]

Again, we welcome your comments by one of the means noted (*verso*).

REFERENCES

1. Chea N, Bulens SN, Kongphet-Tran T, et al. Phenotypic definitions for identifying carbapenemase-producing carbapenem-resistant *Enterobacteriaceae*. Presented at ID Week, Oct 7–12, 2014; Philadelphia, PA. *https://idsa.confex.com/idsa/2014/webprogram/Paper47439.html*
2. CDC. Standard Surveillance Definitions and Classifications. 2013. *www.cdc.gov/nceh/lead/data/definitions.htm*
3. HL7. HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (US Realm). 2010.
4. Visvesvara GS. Amebic meningoencephalitides and keratitis: Challenges in diagnosis and treatment. Curr Opin Infect Dis 2010;23:590–4.
5. Marsden-Haug N, Goldoft M, Ralston C, et al. Coccidioidomycosis acquired in Washington State. Clin Infect Dis 2013;56:847–50.
6. Diagnostic standards and classification of tuberculosis in adults and children. Am J Respir Crit Care Med 2000;161:1376–95.

Update: UO Meningococcal Outbreak

A 7th case of serogroup B meningococcal disease associated with the outbreak at the University of Oregon (UO) was confirmed in May. Please help get the at-risk population vaccinated by offering meningococcal B vaccine to:

- all UO undergraduate students;
- any graduate students or staff who live in campus residence halls, fraternities or sororities;
- any person with persistent complement deficiency, anatomic or functional asplenia (including sickle cell disease); and
- microbiologists routinely exposed to isolates of *N. meningitidis*.

Either meningococcal B vaccine (Trumenba® or Bexero®) can be administered at the same time as other ACIP-recommended vaccinations. It is important to note that Bexero® and Trumenba® are not interchangeable; please check Oregon's "ALERT"Immunization Information System (IIS) before giving the 2nd or 3rd dose in the series; and enter any doses you give into ALERT IIS.

CD Summary
Oregon Health Authority/Public Health Division
800 NE Oregon St. Suite 772
Portland, OR 97232

If you need this material in an alternate format, call us at 971-673-1111.

THE ***CD Summary*** (ISSN 0744-7035) is published fortnightly free of charge and is now delivered by e-mail. To sign-up, zap your request to *cd.summary@state.or.us*. Please include your full name and mailing address (not just your e-mail address)
EARN FREE CME CREDIT. CME credits will be available shortly.
See *http://healthoregon.org/cd summary* for more information.

CD Summary
Oregon Health Authority/Public Health Division
800 NE Oregon St. Suite 772
Portland, OR 97232

If you need this material in an alternate format, call us at 971-673-1111.

THE ***CD Summary*** (ISSN 0744-7035) is published fortnightly free of charge and is now delivered by e-mail. To sign-up, zap your request to *cd.summary@state.or.us*. Please include your full name and mailing address (not just your e-mail address)
EARN FREE CME CREDIT. CME credits will be available shortly.
See *http://healthoregon.org/cd summary* for more information.