

Public health reporting for clinicians

By law¹, Oregon clinicians must report diagnoses (confirmed or suspected) of the specified infections, diseases and conditions. Both lab-confirmed cases and clinically suspect cases are reportable. The parallel system of lab reporting does not obviate the clinician's obligation to report. Some conditions (e.g., Uncommon Illnesses of Public Health Significance, animal bites, HUS, PID, pesticide poisoning, disease outbreaks) are rarely if ever identified by labs. In short, we depend upon clinicians to report. Reports should be made to the patient's local health department² and should include at least the patient's name, home address, phone number, date of birth, sex, the diagnosis, and the date of symptom onset. Most reports should be made within one working day of the diagnosis, but there are several important exceptions.

Disease reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, provides a better understanding of morbidity patterns, and may even save lives. Remember that HIPAA does not prohibit you from reporting protected health information to the public health authorities for the purpose of preventing or controlling disease, including public health surveillance and investigations; see 45 CFR 164.512(b)(1)(i).

IMMEDIATELY

Anthrax

Botulism

Diphtheria

Marine intoxication³

Plague

SARS-coronavirus

Any outbreak of disease⁴

Any uncommon illness of potential public health significance⁵

WITHIN 24 HOURS

Haemophilus influenzae

Measles (rubeola)

Meningococcal disease

Pesticide poisoning

Polio

Rabies

Rubella

Vibrio infection

WITHIN 1 WORKING DAY

Animal bites

Any arthropod-borne infection⁶

Brucellosis

Campylobacteriosis

Chancroid

Chlamydia infection⁷

Cruetzfeld-Jakob disease (CJD) and other prion diseases

Cryptosporidiosis
Cyclospora infection
Escherichia coli (Shiga-toxigenic)⁸
Giardiasis
Gonorrhea
Hantavirus infection
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D (delta)
HIV infection and AIDS
Hemolytic-uremic syndrome (HUS)
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum (LGV)
Malaria
Mumps
Pelvic inflammatory disease
(acute, non-gonococcal)
Pertussis
Psittacosis
Q fever
Rocky Mountain spotted fever
Salmonellosis (including typhoid)
Shigellosis
Syphilis
Taenia solium infection/Cysticercosis
Tetanus
Trichinosis
Tuberculosis
Tularemia
West Nile virus
Yersiniosis

WITHIN 1 WEEK

Lead poisoning

Diabetes in person \leq 18 years old⁹

FOOTNOTES

1. ORS 433.004; OAR 333-018-0000 to 333-018-0015.
2. Refer to www.oregon.gov/DHS/ph/acd/reporting/disrpt.shtm for a list of local health departments and more details about what to report.
3. Paralytic shellfish poisoning, scombroid, domoic acid intoxication, ciguatera, etc.
4. Outbreaks are \geq 2 cases from separate households associated with a suspected common source.
5. We can't list every exotic disease in the world. Ask yourself "Might there be public health implications from a case of possible Ebola, smallpox, melioidosis, or whatever?" If the answer is "yes" – or even "maybe" – then pick up the phone. There are no penalties for overreporting.
6. Including any viral, bacterial, and parasitic infections typically spread by ticks, mosquitos, fleas and their ilk (e.g., relapsing fever, typhus, babesiosis, dengue, filariasis, Colorado tick fever, ehrlichiosis, yellow fever, Chagas disease, leishmaniasis, SLE, WEE, EEE, CCHF, etc.)
7. STDs, trachoma, TWAR, psittacosis – all of 'em – even if they're named *Chlamydophila*.
8. *E. coli* O157:H7 is the exemplar of this group.
9. Fax all childhood diabetes cases to 971-673-0994. (Forms available at www.healthoregon.org/diabetes.)