



**The Oregon Administrative Rules contain OARs filed through December 15, 2008**

**DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION**

**DIVISION 18**

**DISEASE REPORTING**

**333-018-0000**

**Who is Responsible for Reporting**

- (1) Each Health Care Provider knowing of or attending a case or suspected case of any of the diseases, infections, or conditions listed in OAR 333-018-0015 shall report such cases as specified. Where no Health Care Provider is in attendance, any individual knowing of such a case shall report in a similar manner.
- (2) Each Health Care Facility, where more than one Health Care Provider may know or attend a case or suspected case, may establish administrative procedures to ensure that every case is reported without duplication.
- (3) Each Licensed Laboratory shall report test results as specified in OAR 333-018-0015(5). When more than one Licensed Laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the Licensed Physician caring for the patient shall be responsible for reporting.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

**333-018-0005**

**To Whom Reports Shall Be Made**

- (1) In general, if the patient is an Oregon resident, reports shall be made to the Local Public Health Authority for the patient's place of residence.
- (2) With the consent of the Local Public Health Authority and the Department of Human Services (DHS), reports may be made directly to DHS (e.g., via electronic reporting).
- (3) In urgent situations when Local Public Health Authority staff are unavailable, case reports shall be made directly to DHS.
- (4) Where the case is not an Oregon resident, reports shall be made either to the patient's Local Public Health Authority (if in another of the United States) or directly to DHS.
- (5) Licensed Laboratories shall report directly to the DHS HIV Program:
  - (a) All tests indicative of and specific for HIV infection as required by OAR 333-018-0015;
  - (b) All CD4+ T-lymphocyte counts; and
  - (c) All HIV viral load tests.

Stat. Auth.: ORS 431.110, 433.001, 433.004, 433.006

Stats. Implemented: ORS 431.110, 433.001, 433.004, 433.006, 433.106

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 1-2007, f. & cert. ef. 1-16-07

**333-018-0010**

**Form of the Report**

- (1) Each report from a Health Care Provider shall include at least the identity, address, and telephone number of the person reporting and of the attending Licensed Physician, if any; the name of the person affected or ill, that person's current address, telephone number, and date of birth; the diagnosed or suspected disease, infection, or condition, and the date of illness onset.
- (2) Each report from a Licensed Laboratory shall include at least the name and telephone number of the reporting laboratory; the name, age or date of birth, and county of residence of the person from whom the laboratory specimen was obtained; the date the specimen was obtained, the name, address and telephone number of that person's Health Care Provider; the name or description of the test, and the test result.
- (3) All reports shall be made by telephone or by other means approved by the Local Public Health Authority, consistent with the needs for timely reporting as provided in OAR 333-018-0015.
- (4) Upon request, Health Care Providers and Licensed Laboratories shall provide to any Local Public Health Authority or DHS public health official additional information of relevance to the investigation or control of reportable diseases or conditions (e.g., reported signs and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).

Stat. Auth.: ORS 431, 432, 433.001, 433.004, 433.006, 433.235 - 433.280, 437, 616 & 624

Stats. Implemented: ORS 431, 432, 433.001, 433.004, 433.006, 433.012, 433.106, 433.110, 433.130, 433.235 - 433.280, 437, 616 & 624

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

**333-018-0015**

**What Is to Be Reported and When**

(1) Health care providers shall report all cases or suspected cases of the diseases, infections, microorganisms, 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) When local public health authorities cannot be reached within the specified time limits, reports shall be made directly to DHS, which shall maintain an around-the-clock public health consultation service.

(3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified below. 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.

(4) Reportable diseases, infections, microorganisms, and conditions, and the time frames within which they must be reported are as follows:

(a) Immediately, day or night: *Bacillus anthracis* (anthrax); *Clostridium botulinum* (botulism); *Corynebacterium diphtheriae* (diphtheria); *Severe Acute Respiratory Syndrome* (SARS) and infection by SARS-coronavirus; *Yersinia pestis* (plague); intoxication caused by marine microorganisms or their byproducts (for example, paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid); any known or suspected common-source outbreaks; 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); measles (rubeola); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); **pesticide poisoning**; poliomyelitis; rabies (human or animal); rubella; and *Vibrio* (all species).

(c) Within one local public health authority working day: *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); *Brucella* (brucellosis); *Campylobacter* (campylobacteriosis); *Chlamydia* (*Chlamydia psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydia; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coxiella burnetii* (Q fever); Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; *Cryptosporidium* (cryptosporidiosis); *Cyclospora cayentanensis* (cyclosporiasis); *Escherichia coli* (Shiga-toxicogenic, including E. coli O157 and other serogroups); *Francisella tularensis* (tularemia); *Giardia* (giardiasis); *Haemophilus ducreyi* (chancroid); *hantavirus*; hepatitis A; hepatitis B (acute or chronic infection); hepatitis C; hepatitis D (delta); *HIV infection* (does not apply to anonymous testing) and AIDS; *Legionella* (legionellosis); *Leptospira* (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); *Neisseria gonorrhoeae* (gonococcal infections); *pelvic inflammatory disease* (acute, non-gonococcal); *Plasmodium* (malaria); *Rickettsia* (all species: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated Taenia infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Yersinia* (other than pestis); any infection that is typically arthropod vector-borne (for example: Western equine encephalitis, Eastern equine encephalitis, St. Louis encephalitis, dengue, West Nile fever, yellow fever, California encephalitis, ehrlichiosis, babesiosis, Kyasanur Forest disease, Colorado tick fever, etc.); human bites by any other mammal; and hemolytic uremic syndrome.

(d) Within seven days: suspected lead poisoning (for laboratories; this includes all blood lead tests performed on persons with suspected lead poisoning).

(5) Licensed laboratories shall report, within seven 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.

Stat. Auth.: ORS 433.004, 433.006

Stats. Implemented: ORS 431.110, 432.060, 433.001, 433.004, 433.006, 433.012, 433.110, 433.019, 433.130, 437.010-437.990, 616.745, 624.080

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 9-1992, f. & cert. ef. 8-14-92; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 7-2006, f. & cert. ef. 4-17-06; PH 13-2006(Temp), f. 6-27-06, cert. ef. 7-1-06 thru 12-27-06; PH 19-2006, f. & cert. ef. 9-13-06; PH 11-2007(Temp), f. & cert. ef. 8-22-07 thru 2-18-08 PH 13-2007, f. & cert. ef. 11-7-07

### 333-018-0018

#### Submission of Isolates to the Public Health Laboratory

Licensed Laboratories are required to forward aliquots or subcultures of the following to the Oregon State Public Health Laboratory:

- (1) Suspected *Neisseria meningitidis* and *Haemophilus influenzae* from normally sterile sites.
- (2) Suspected Shiga-toxicogenic *Escherichia coli* (STEC), including E. coli O157, *Salmonella spp.*, *Shigella spp.*, *Vibrio spp.*, *Listeria spp.*, *Yersinia spp.*, and *Mycobacterium tuberculosis*.
- (3) Serum that tests positive for IgM antibody to hepatitis A virus.
- (4) Serum that tests positive for IgM core antibody to hepatitis B virus.

Stat. Auth.: ORS 438

Stats. Implemented: ORS 438.310

Hist.: HB 248, f. 6-30-70, ef. 7-25-70; HD 28-1988, f. & cert. ef. 12-7-88; HD 20-1994, f. & cert. ef. 7-20-94; HD 6-1995, f. & cert. ef. 9-13-95; OHD 11-2001, f. & cert. ef. 5-16-01, Renumbered from 333-024-0050(5); OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 28-2006, f. 11-30-06, cert. ef. 12-18-06

### 333-018-0020

#### Handling of Reports by Local Public Health Authorities

(1) The Local Public Health Authority shall notify the DHS immediately of any reported cases of the following diseases and conditions: anthrax, botulism (foodborne), cholera, diphtheria, marine intoxications, measles, Pesticide Poisoning, plague, poliomyelitis, rabies; any Uncommon Illness of Potential Public Health Significance; any Outbreak of disease.

(2) For other diseases, the Local Public Health Authority shall notify the DHS no later than the end of each business week of all cases reported during that week except animal bites that have been investigated by the Local Public Health Authority need not be reported to DHS. Reports shall be sent by fax or other means approved by DHS, in a format approved by DHS.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 434, ORS 437, ORS 616 & 624

Stats. Implemented:

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; OHD 3-2002, f. & cert. ef. 3-4-02

### 333-018-0030

#### Laboratory Reporting of HIV Testing Activity

(1) Licensed laboratories shall report to the Department of Human Services (DHS), on a quarterly basis beginning March 1, 2007, a summary of the number of individuals tested and the number with HIV-positive test results:

(a) Laboratories shall report test results separately for males and females within the following age groups:

(A) <5 years;

(B) 5-12 years;

- (C) 13-19 years;
- (D) 20-29 years;
- (E) 30-39 years;
- (F) 40-49 years;
- (G) 50-64 years; and
- (H) ≥65 years.

(b) This report shall also identify the test type used to identify positives and negatives.

(c) Reports shall be submitted via electronic means in comma separated or other format mutually agreeable to DHS and reporting laboratory.

(d) Such reporting shall be on a statistical basis only and shall not otherwise identify individuals.

(2) Blood banks, plasma centers, sperm banks, anatomical gift services and insurance companies shall report to DHS, on a quarterly basis beginning March 1, 2007, a summary of the number of individuals HIV tested during the three previous months, the number with HIV-positive test results, and the number with negative results:

(a) For insurance companies, this requirement applies to all tests performed at the request of the company for insurance eligibility purposes.

(b) This report shall also identify the test system used to identify positives and negatives.

(c) Such reporting shall be on a statistical basis only and shall not identify individuals.

**NOTE:** Specific rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-012-0265 and 333-012-2700.

Stat. Auth.: ORS 431.110, 433.001, 433.004

Stats. Implemented: ORS 431.110, 433.001, 433.004

Hist.: HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 6-1990(Temp), f. 2-22-90, cert. ef. 3-1-90; HD 16-1991, f. & cert. ef. 10-10-91; HD 10-1994(Temp), f. & cert. ef. 4-8-94; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 19-2005(Temp), f. 12-30-05, cert. ef. 1-1-06 thru 6-29-06; PH 6-2006, f. & cert. ef. 4-17-06; PH 1-2007, f. & cert. ef. 1-16-07

### 333-018-0035

#### Procedures Involving Emergency Response Employees

(1) Each person or local government employing persons to render emergency care shall designate a contact person or "designated officer" to receive reports from the Local Public Health Authority made under ORS 433.006. The employer shall assure that the designated officer has sufficient training to carry out the duties as described below, which shall include appropriate procedures for follow-up after occupational exposures to specific diseases as specified below in section (2) and section (6).

(2) Sections (3)–(5) apply only to the following subset of reportable diseases: meningococcal disease, infectious pulmonary or laryngeal tuberculosis, diphtheria, plague (*Yersinia pestis*), rabies, hemorrhagic fevers (e.g., Lassa, Marburg, and Ebola).

(3) Health Care Providers and Health Care Facilities shall, when reporting this subset of diseases, determine and include as part of their report whether or not an emergency care provider was involved in pre-hospital care for this disease.

(4) Health Care Providers and Facilities shall report to the Local Public Health Authority and may relay the diagnosis of these diseases directly to the emergency care providers or the designated officer specified below in section (5), but shall not disclose the identity or addresses of the person having the disease or otherwise refer specifically to the person.

(5) Upon receiving a report of a reportable disease as defined in section (2) above, the designated officer shall notify all out-of-hospital caregivers, including but not limited to: first responders, emergency medical technicians, paramedics, firefighters, law enforcement officers, corrections officers, probation officers, or other current or former personnel of the employer who may have been exposed to the reportable disease. The designated officer shall inform the personnel only of the reportable disease and the fact of possible exposure and the appropriate follow-up procedures. The designated officer shall not inform the personnel of the identity or addresses of the individual having the reportable disease or otherwise refer specifically to the individual having the reportable disease.

(6) In the event of an occupational exposure to a bloodborne pathogen as defined by ORS 433.060(8), the designated officer shall also assist the exposed worker as defined in ORS 433.060(11) in implementing the provisions of ORS 433.065 through ORS 433.080 and associated DHS rules (333-012-0260 through 333-012-0270). These rules include provisions for determining HIV, hepatitis B and C status of the source patient and soliciting HIV testing after an occupational exposure.

Stat. Auth.: ORS 433.045 - ORS 433.080 & ORS 431.110(1)(e)

Stats. Implemented: ORS 433.006 & ORS 433.065

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 29-1994, f. & cert. ef. 12-2-94; HD 8-1997, f. & cert. ef. 6-26-97; OHD 15-2001, f. & cert. ef. 7-12-01, Renumbered from 333-018-0023; OHD 3-2002, f. & cert. ef. 3-4-02

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