Filing Attachment for Proposed 437-004-1120

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Appendix A to OAR 437-004-1120 – Disease Reporting Requirements (Mandatory)

Part 1 – Oregon Health Authority OAR 333-018-0000: Who Is Responsible for Reporting

(1) Each health care provider knowing of or attending a human case or suspected human 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. An individual required to report diseases who is unsure whether a case meets the definition of a suspect case as that is defined in OAR 333-017-0000 should err on the side of reporting if the suspected disease, infection, or condition is one that:

(a) Is required to be reported immediately or within 24 hours under OAR 333-018-0015;

(b) Is highly transmissible; or

(c) Results in serious or severe health consequences.

(2) Each health care facility, where more than one health care provider may know or attend a human case or suspected human case, may establish administrative procedures to ensure that every case is reported.

(3) Each licensed laboratory shall report human 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 health care provider that ordered the test shall be responsible for reporting.

(4) Each veterinary laboratory or licensed laboratory shall report animal test results as specified in OAR 333-018-0017. When more than one laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the test result directly to the licensed veterinarian or client of record caring for the animal shall be responsible for reporting.

Part 2 – Oregon Health Authority OAR 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) Select biological agents and toxins: Avian influenza virus; Bacillus anthracis (anthrax); Bacillus cereus biovar anthracis; Botulinum neurotoxins; Botulinum neurotoxin-producing species of Clostridium; Brucella (brucellosis); Burkholderia mallei (glanders); Burkholderia pseudomallei (melioidosis); Conotoxins; Clostridium botulinum (botulism); 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; 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; 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 (Smallpox virus); Variola minor virus (Alastrim); Yersinia pestis (plague).

(B) The following other infections, microorganisms, and conditions: Corynebacterium diphtheriae (diphtheria); 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, 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); 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 that is typically arthropod vector-borne (for example, 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 others]; 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); 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 (cyclosporosis); 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[); Francisella tularensis (tularemia], 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 [(acute or chronic infection)]; hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to 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); 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 <18 years of age with laboratory-confirmed influenza, respiratory syncytial virus (RSV), or SARS-CoV-2 infection.

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

(4) 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.