



# Public Health Reporting

## ...for clinicians

By law, (1) Oregon clinicians must report diagnoses (confirmed or suspected) of the following infections, diseases, and conditions.

Both clinical and lab-confirmed 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 department (2) 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 (health department) working day of the diagnosis, but there are a number of exceptions (noted with asterisks, infra).

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. If local health department staff are unavailable, a state epidemiologist is.

- Any suspected<sup>9</sup> outbreak of disease<sup>\*\*\*</sup>
- Animal Bites
- Arthropod-borne infection<sup>7</sup>
- HUS
- Lead poisoning\*
- Marine intoxication<sup>†\*\*\* 8</sup>
- Pesticide poisoning\*\*
- PID (acute, non-gonococcal)
- Any suspicious or uncommon illness<sup>10</sup>
- Anthrax<sup>\*\*\*</sup>
- Botulism<sup>\*\*\*</sup>
- Brucellosis<sup>\*\*\*</sup>
- Campylobacteriosis
- Chancroid
- Chlamydia infection<sup>3</sup>
- Cryptosporidiosis
- Cyclospora infection
- Diphtheria<sup>\*\*\*</sup>
- Escherichia coli (shiga-toxigenic)<sup>4</sup>
- Giardiasis
- Gonorrhea
- Haemophilus influenzae\*\*
- Hantavirus\*
- Hepatitis A
- Hepatitis B
- Hepatitis C<sup>5</sup>
- Hepatitis D
- HIV and AIDS<sup>6</sup>
- Legionellosis
- Leptospirosis\*
- Listeriosis
- Lyme disease
- Malaria
- Measles (rubeola)\*\*
- Meningococcal disease\*\*
- Plague<sup>\*\*\*</sup>
- Polio\*\*
- Rabies\*\*
- Rubella\*\*
- Pertussis
- Q fever
- Salmonellosis (including typhoid)
- Shigellosis
- Syphilis
- Taenia solium/Cysticercosis\*
- Tetanus\*
- Trichinosis
- Tuberculosis
- Tularemia
- Vibrio infection\*\*
- Yersiniosis

## BEFORE AN EMERGENCY:

- Know your clinic plan and evacuation route
- Discuss your medical surge, evacuation, and disaster plans with clinic staff
- Encourage staff to create and discuss plans with family
- List emergency contact numbers, including an address and phone number for the nearest fire station
- List staff call-back numbers on this sheet, also consider alternate contacts and nearby clinics
- Have a map showing area evacuation sites
- Train in first-aid, first-responder, and CPR through your local Red Cross
- Keep a Disaster Kit, with flashlight, radio, batteries, and enough food and water for several days
- Have a clinic map showing shut-offs:
  - Water, Gas, Electricity

## TIMING OF REPORTS

\*\*\* Immediately—day or night

\*\* Within 24 hours

\* Within 1 week

*If unspecified, report within 1 working day*

## Agency Descriptions

### 911

➤ All kinds of emergency: Law, Fire, Medical, Public Health

### CDC

➤ 24 hour question line is for updated information to physicians

➤ Public info line has update recordings to answer general questions

### Oregon Communicable and Acute Disease Programs

➤ State level Epidemiologists, secondary contact in disease reporting

### Oregon Poison Center

➤ Immediate information regarding poisonings

### Oregon State Public Health Laboratory

➤ State level Laboratory verifies and reports diseases

### Local Health Departments

➤ Local Public Health staff, and primary contact in disease reporting

### Oregon Board of Medical Examiners

➤ Enforcement of Medical Law and credentialing of clinicians

### Oregon Climate Service

➤ call for up-to-minute weather conditions across Oregon

➤ see website for more details: [www.ocs.oregonstate.edu](http://www.ocs.oregonstate.edu)

### AT&T Language Line

➤ professional translation service, including medical issues. Over 150 languages available. Service can be set up ahead of time, or can be activated upon need (takes 15min and a credit card). Occasional users should consider activating the account since it only charges to use the service, there is no upkeep fee. Cost is \$3.95/min plus international/domestic rates. See the website for more details: [www.languageline.com](http://www.languageline.com).

## FOOTNOTES

1 ORS 433.004; OAR 333-018-0000 to 333-018-0015.

2 Refer to <http://www.oshd.org/acd/disrpt.htm> for a list of local health departments and more details about what to report.

3 STDs, trachoma, TWAR, psittacosis—all of 'em—even if they're renamed *Chlamydomphila*.

4 *E. coli* O157:H7 is the exemplar of this group.

5 Report only diagnoses of probable *recent* infection (e.g., post-transplant infections, persons with conversion of paired sera). Most cases are old or indeterminate; these are not reportable.

6 HIV/AIDS reports can be made directly to the state's HIV office (fax, 503/731-4425).

7 Including any of the scores of viral, bacterial, and parasitic infections typically spread by ticks, mosquitos, fleas, and their ilk (e.g., Lyme disease, malaria, ehrlichiosis, relapsing fever, typhus, babesiosis, dengue, yellow fever, Oroya fever, Colorado tick fever, West Nile fever, RMSF, SLE, WEE, EEE, filariasis, tsutsugamushi, Congo-Crimean hemorrhagic fever,...).

8 Paralytic shellfish poisoning, scombroid, domoic acid intoxication, ciguatera, etc.

9 Outbreaks are ≥2 cases from separate households associated with a suspected common source.

10 Don't make us 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.