

# Public Health Reporting for Clinicians

By law, <sup>1</sup> 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 department<sup>2</sup> 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 intoxication<sup>3</sup>  
Plague  
SARS-coronavirus  
Any outbreak of disease<sup>4</sup>  
Any uncommon illness of potential public health significance<sup>5</sup>

## 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 infection<sup>6</sup>

Brucellosis  
Campylobacteriosis  
Chancroid  
*Chlamydia* infection<sup>7</sup>  
Cruetzfeld-Jakob disease (CJD) and other prion diseases  
Cryptosporidiosis  
*Cyclospora* infection  
*Escherichia coli* (Shiga-toxigenic)<sup>8</sup>  
Giardiasis  
Gonorrhoea  
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 ≤ 18 years old<sup>9</sup>

## FOOTNOTES

1. ORS 433.004; OAR 333-018-0000 to 333-018-0015.
2. Refer to [www.oregon.gov/DHS/ph/acd/disrpt.htm](http://www.oregon.gov/DHS/ph/acd/disrpt.htm) 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 ≥ 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 *Chlamydia*.
8. *E. coli* 0157:H7 is the exemplar of this group.
9. Fax all childhood diabetes cases to 971-673-0994. (Forms available at [www.healthoregon.org/diabetes](http://www.healthoregon.org/diabetes).)