

**The Oregon Administrative Rules contain OARs filed through
November 15, 2006**

DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH

DIVISION 19

**INVESTIGATION AND CONTROL OF DISEASES:
GENERAL POWERS AND RESPONSIBILITIES**

333-019-0000

Responsibility of Public Health Authorities to Investigate Reportable Diseases

(1) The Local Public Health Authority shall use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the Local Public Health Authority shall investigate each report following procedures outlined in the DHS's *Investigative Guidelines* or other procedures approved by DHS. DHS may provide assistance in these investigations.

(2) Investigations of outbreaks involving residents of multiple states or counties or exposures in multiple states or counties may be supervised by DHS.

[Publications: Publications referenced are available from the agency.]

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 4-2002, f. & cert. ef. 3-4-02

333-019-0002

Cooperation with Public Health Authorities

(1) Health Care Providers, Health Care Facilities, and Licensed Laboratories shall cooperate with Local Public Health Authorities and DHS in the investigation and control of reportable diseases and conditions.

(2) Every Health Care Provider attending a person with a reportable disease, infection, or condition shall instruct the person in measures appropriate to controlling the spread of the disease.

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

Stats. Implemented: ORS 433.004, 433.106 & 433.130

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

333-019-0005

Conduct of Special Studies by the DHS

DHS may conduct special studies concerning the causes and prevention of diseases and other significant health conditions. Special studies include any collection of information about the health status or potential health risk factors of individuals or groups of individuals, other than the routine collection of birth, death, and marriage information, and are not restricted to reportable diseases, infections, or conditions. DHS may collaborate with Local Public Health Authorities, other institutions, or other individuals in the conduct of these studies.

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

Stats. Implemented: ORS 433.006 & 433.065

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 9-1997, f. & cert. ef. 6-26-97; OHD 4-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

Disease-Related School, Child Care, and Worksite Restrictions

333-019-0010

Imposition of Restrictions

(1) To protect the public health, persons who attend or work at schools or Child Care Facilities or who work at Health Care Facilities or Food Service Facilities shall not attend or work at these facilities whilst in a communicable stage of any restrictable diseases unless authorized to do so as hereunder specified.

(2) At all such facilities, restrictable diseases include: diphtheria, measles, *Salmonella* Typhi infection, shigellosis, Shiga-toxigenic *Escherichia coli* (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with *Staphylococcus aureus* or *Streptococcus pyogenes*, and any illness accompanied by diarrhea or vomiting.

(3) At schools, Child Care, and Health Care Facilities, such restrictable diseases shall also include: chickenpox, pertussis, rubella, and scabies. Children in the communicable stages of hepatitis B infection may be excluded from attending school or child care if, in the opinion of the local health officer, the child poses an unusually high risk to other children (e.g., exhibits uncontrollable biting or spitting).

(4) At the discretion of local school authorities or the Local Public Health Authority, pediculosis may be considered a school-restrictable condition.

(5) Nothing in these rules prohibits the adoption of more stringent rules regarding exclusion from schools or Child Care Facilities. Such additional restrictions shall require formal certification that the disease or condition in question presents a significant public health risk in that setting. For schools, this action may be taken by the Local Public Health Authority or the local school governing body. For Child Care Facilities, this action may be taken by the Local Public Health Authority.

(6) The infection control committee at all Health Care Facilities shall adopt policies to restrict the work of employees with restrictable diseases in accordance with recognized principles of infection control. Nothing in these rules prohibits Health Care Facilities or the Local Public Health Authority from adopting additional or more stringent rules for exclusion from these facilities.

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

Stats. Implemented: ORS 433.260, 433.407, 433.411 & 433.419

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; OHD 4-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

333-019-0014

Removal of Restrictions

(1) Worksite, child care, and school restrictions can be removed by statement of the Local Public Health Authority that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission.

(2) School or child care restrictions for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by a school nurse or Health Care Provider.

(3) Restrictions at Health Care Facilities for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by the facility's infection control committee when sufficient measures have been taken to prevent or minimize the transmission of disease, in accordance with written procedures approved by the committee.

(4) In general, restrictions on persons diagnosed with shigellosis or Shiga-toxicogenic *Escherichia coli* (STEC) infection, including *E. coli* O157 infection shall not be lifted until no pathogens are identified by a Licensed Laboratory in two consecutive Approved Fecal Specimens collected not less than 24 hours apart. Such restrictions may be waived or modified at the discretion of the Local Public Health Authority.

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

Stats. Implemented: ORS 433.260 & 433.273

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02

Pet Licensing, Animal Bites, and Rabies

333-019-0017

Rabies Vaccination for Animals

(1) Except where specifically exempt, all dogs at least three months old shall be immunized against rabies by the age of six months. The following are exempt:

(a) Dogs brought temporarily into the state for periods of less than 30 days and kept under strict supervision by their owners;

(b) Dogs for which rabies immunization is contraindicated for health reasons, as determined by a licensed veterinarian subsequent to an examination. The reasons for the exemption and a specific description of the dog, including name, age, sex, breed, and color, shall be recorded by the examining veterinarian on a Rabies Vaccination Certificate, which shall bear the owner's name and address. The veterinarian shall also record whether the exemption is permanent, and if it is not, the date the exemption ends;

(c) Dogs that are owned by dealers, breeders, or exhibitors exclusively for sale or exhibition purposes and that are confined to kennels except for transportation under strict supervision to and from dog shows or fairs.

(2) Vaccination of an animal against rabies is valid only when performed:

(a) By a licensed veterinarian;

(b) By a veterinary technician (certified according to OAR 875-030-0010) under the direct supervision of a licensed veterinarian; or

(c) In the case of a need to vaccinate and the lack of an available veterinarian, by another person approved for this purpose by the State Public Health Veterinarian.

(3) To be considered immunized against rabies, dogs and cats must be vaccinated according to guidelines published by the U.S. Centers for Disease Control and Prevention in the *Compendium of animal rabies prevention and control*, 2005 MMWR 2005; 54 (No. RR-3).

(4) A Rabies Vaccination Certificate shall be completed and signed by the person performing the vaccination. That individual shall give the original and one copy to the dog's owner and retain one copy for the period for which the vaccination is in force. The Certificate must include at least the following information: owner's name and address; dog description by age, sex, color, breed; date of vaccination; due date for revaccination; type and lot number of vaccine used; and name and address of vaccinator.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 431, 432, 433 & 437

Stats. Implemented: ORS 433.340, 433.345, 433.350, 433.355, 433.360, 433.367, 433.370 & 433.375

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 6-2003, f. & cert. ef. 5-22-03; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

333-019-0019

Dog Licensing

(1) Each dog shall be licensed by the local animal control agency in whose jurisdiction its owner resides.

(2) No dog shall be licensed until the owner of a vaccinated dog presents, in person or by mail, the original Rabies Vaccination Certificate to the County Clerk or designated animal control officer serving that jurisdiction.

(3) Upon receipt of applicable fees (if any, pursuant to ORS 433.380), the local animal control agency shall issue a serially numbered tag legibly identifying an expiration date that may not exceed the vaccine coverage expiration date by more than two months. The tag shall be attached to a collar or harness that shall be worn by the dog at all times when off the premises of the owner.

(4) The local animal control agency may request and file the Rabies Vaccination Certificate, cross-referenced to the tag number.

(5) An unexpired tag shall be honored throughout Oregon.

(6) A dog's rabies vaccination tag may, at the discretion of the local animal control agency, serve as the dog license, but not for more than two months beyond the immunity expiration date.

(7) Nothing in these rules shall be construed to limit the power of any jurisdiction to enact more stringent requirements to regulate and control dogs.

Stat. Auth.: ORS 431, ORS 432, ORS 433 & ORS 437

Stats. Implemented:

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0022

Wolf-Dog Hybrids

For the purposes of dog licensing, immunization, and response to bites, wolf-dog hybrids shall be considered wild animals and not dogs. The status of an animal as a dog or as a wolf-dog hybrid shall be determined by a Licensed Veterinarian. Such determinations may consider descriptions of the animal in medical records and prior claims made by the owner, and shall be subject to review by the State Public Health Veterinarian or designee.

Stat. Auth.: ORS 431, ORS 432, ORS 433 & ORS 437

Stats. Implemented:

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0024

Management of Animal Bites

(1) The circumstances surrounding bites of humans by mammals shall be investigated by the Local Public Health Authority in accordance with the *Investigative Guidelines* published by DHS.

(2) Except as provided in (3), any dog, cat, or ferret that has bitten a person shall be held for observation until the tenth day following the bite. This observation shall be under the supervision of a Licensed Veterinarian or other person designated by the Local Public Health Authority. Animals shall be held within an enclosure or with restraints deemed adequate by the Local Public Health Authority to prevent contact with any person or other animals. At the discretion of the Local Public Health Authority, properly vaccinated dogs used by public law enforcement agencies may be exempted from the observation period requirement; however, any law enforcement agency shall notify the Local Public

Health Authority immediately should any exempted dog develop abnormal behavior within 10 days of biting a person.

(3) The Local Public Health Authority may order the euthanasia and rabies testing of animals that have bitten humans when these animals are:

(a) Inadequately vaccinated dogs, cats, or ferrets that have inflicted an unprovoked bite to the face, head, or neck of a person; or

(b) Any other mammal suspected of having rabies or that has been in contact with an Animal Suspected of Having Rabies.

(4) Because it is preferable to hold such animals for observation, no person shall either euthanize any dog, cat, or ferret that has bitten a human or destroy the head of any mammal that has bitten a person without authorization by the Local Public Health Authority.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 431, ORS 432, ORS 433 & ORS 437

Stats. Implemented:

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0027

Management of Possibly Rabid Animals

(1) An animal is considered to have been in close contact with an Animal Suspected of Having Rabies when, within the past 180 days, it has been bitten, mouthed, mauled by, or closely confined with a rabid animal or any mammal suspected of having rabies.

(2) The disposition of such animals and of Animals Suspected of Having Rabies that have not bitten humans shall be determined by the Local Public Health Authority as follows:

(a) Inadequately vaccinated dogs, cats, and ferrets shall be destroyed immediately, if the owner permits. If the owner does not agree to this, the animal shall be confined as prescribed by the Local Public Health Authority for a period of six months under the observation of a licensed veterinarian or a person

designated by the Local Public Health Authority. It should be vaccinated against rabies one month before release.

(b) Dogs, cats, and ferrets that are adequately vaccinated shall be revaccinated immediately and observed in confinement for 90 days by a person designated by the Local Public Health Authority. If the owner prefers, such animals can be destroyed (in lieu of confinement) with the concurrence of the Local Public Health Authority.

(c) Unless the owner prefers to hold any unvaccinated livestock or wild animals born and raised in captivity in confinement for six months, such animals shall be destroyed.

(d) Unless otherwise specified, all other mammals shall be destroyed.

(e) For the purposes of this rule, confinement shall be within an enclosure or with restraints deemed adequate by the Local Public Health Authority to prevent contact with any member of the public or any other animal. Nothing in these rules or in OAR 333-019-0024 shall be interpreted to require any public authority to bear the costs of such confinement.

(3) Nothing in these rules is intended or shall be construed to limit the power of any city, city and county, county or district in its authority to enact more stringent requirements to regulate and control animals within its jurisdiction.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 437

Stats. Implemented:

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02

Other Disease-Specific Provisions

333-019-0031

Acquired Immunodeficiency Syndrome/Human Immunodeficiency Virus

Investigation of cases of HIV infection or AIDS. Investigations of HIV infection or AIDS shall be conducted to the extent that resources permit. DHS, or the Local Public Health Authority, will ensure that each identified case is offered prevention, care, and partner counseling and referral services.

NOTE: Specific rules regarding reporting requirements for HIV and AIDS may be found in OAR 333-018-0015. Rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-012-0265 and 333-012-0270.

Stat. Auth.: ORS 431, 432 & 433

Stats. Implemented: ORS 431, 432 & 433

Hist.: HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 29-1994, f. & cert. ef. 12-2-94; OHD 13-2001, f. & cert. ef. 7-12-01, Renumbered from 333-019-0223; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 4-2002, f. & cert. ef. 3-4-02; PH 7-2006, f. & cert. ef. 4-17-06

333-019-0036

Special Precautions Relating to Pregnancy and Childbirth

(1)(a) Blood samples drawn from women during pregnancy or at delivery pursuant to ORS 433.017 shall be submitted for standard tests for reportable infectious diseases or conditions which may affect a pregnant woman or fetus. Routine tests submitted shall include syphilis, hepatitis B, and HIV. Tests using bodily fluids other than blood that have equal or better sensitivity and specificity may be substituted for the blood test.

(b) "Consent of the patient to take a sample of blood" (as stated in ORS 433.017, Section 3) or other bodily fluid, is defined as notifying the patient or her authorized representative of the tests which will be conducted on that specimen. The patient or her authorized representative shall be informed that she may decline any or all of the tests.

(c) If a patient declines any of the offered tests, documentation shall be included in the medical record.

(2) Any person attending the birth of an infant (e.g., licensed physicians, persons acting under the direction of a licensed physician, midwives) shall evaluate whether the newborn is at risk for chlamydial or gonococcal ophthalmia neonatorum. If so, they shall ensure that the newborn receives erythromycin or tetracycline ophthalmic ointment or a comparable prophylactic treatment into each eye within two hours after delivery.

Stat. Auth.: ORS 431, 432, 433 & 437

Stats. Implemented:

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 20-2005, f. 12-30-05, cert. ef. 1-1-06

333-019-0039

Sudden Infant Death Syndrome

(1) In compliance with ORS 431.120(4), the DHS will conduct an epidemiologic investigation of each instance of sudden infant death syndrome.

(2) In order to promote support of this effort, the DHS will reimburse any county health department (or other agency providing public health services in lieu of a county health department for this purpose) to the extent of \$25 to help defray the cost of one home visit by a public health nurse to any family who has lost a member of the family to SIDS.

(3) In order for the home visit to be reimbursed the following procedure will be required:

(a) On receiving the death investigation report in which the cause of death is SIDS, the administrator of the Local Public Health Authority receiving the report

will, if possible, assure the arrangement of a home visit to the affected family by a public health nurse at an appropriate time;

(b) The home visit will include:

(A) A nursing assessment of family needs related to the SIDS event;

(B) Grief counseling;

(C) Education regarding the state of knowledge regarding the cause of SIDS;

(D) Discussion of other support resources available to help meet family needs;

(E) Information alerting the family to expect to receive in the mail an epidemiologic investigation questionnaire, including an explanation of its purpose, of its confidentiality, and assurance of assistance in completing the form if necessary.

(4) After the home visit has been completed, the local agency will notify the DHS in writing, including the name and birth date of the deceased infant, and the family name and address, and the date of the visit. This notice should be addressed to DHS Health Services, Office of Disease Prevention and Epidemiology, 800 NE Oregon Street, Portland, OR 97232.

(5) On receipt of this written notice, DHS will reimburse the agency in the amount of \$25. Reimbursement for repeat visits to the same family will not be available.

(6) An epidemiologic questionnaire will be mailed by the DHS to the parent(s) (guardian) of the deceased infant, with instructions as to its purpose and means of completing and a request that it be completed and returned.

(7) In the event that the completed questionnaire has not been returned in a reasonable length of time, the DHS will notify the county health department (or agency acting in lieu of the county health department) with a request for a follow-up contact with the family to ensure the highest possible rate of return and of accuracy.

(8) Completed questionnaires will be collected and tabulated and the information analyzed by DHS. A report of the findings will be published biennially beginning in 1985.

Stat. Auth.: ORS 431, ORS 433 & ORS 459

Stats. Implemented:

Hist.: HD 3-1983, f. & ef. 3-3-83; HD 16-1991, f. & cert. ef. 10-10-91; HD 29-1994, f. & cert. ef. 12-2-94; OHD 15-2001, f. & cert. ef. 7-12-01, Renumbered from 333-018-0025; OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0041

Tuberculosis

(1) Each Health Care Facility shall formally assess the risk of tuberculosis transmission among staff (professional and volunteer), residents, and patients at least annually and shall follow tuberculosis screening recommendations outlined in "Guidelines for preventing the transmission of Mycobacterium tuberculosis in Health-Care Facilities," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, Vol. 43, Number RR-13, October 28, 1994) or otherwise approved by DHS.

(2) Each Residential Facility specified below shall formally assess the risk of tuberculosis transmission among staff (professional and volunteer), residents, inmates, and patients at least annually and shall follow appropriate tuberculosis screening recommendations as outlined in the relevant publication or as otherwise approved by DHS:

(a) Correctional Facilities: "Controlling TB in Correctional Facilities," published by the Centers for Disease Control and Prevention (Reprinted February 1999).

(b) Long Term Care Facilities for the Elderly: "Prevention and control of tuberculosis in facilities providing long-term care to the elderly. Recommendations of the Advisory Committee for Elimination of Tuberculosis," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, Vol. 39, RR-10, pp. 7-20; July 13, 1990).

(c) Homeless Shelters: "Prevention and control of tuberculosis among homeless persons," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, Vol. 41, RR-5, pp. 13-23; April 17, 1992)

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 431.110, 431.140, 432, 433, 437.030, 616 & 624

Stats. Implemented: ORS 437.030

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 10-2005, f. 6-15-05, cert. ef. 6-21-05

333-019-0046

Typhoid

(1) Special procedures govern the management of persons infected with *Salmonella enterica* serotype Typhi, including both persons with acute disease and asymptomatic carriers (hereinafter collectively "typhoid cases"). All typhoid cases shall periodically submit Approved Fecal Specimens for testing in a Licensed Laboratory until released from this requirement by the Local Public Health Authority. Any person who excretes *Salmonella enterica* serotype Typhi

more than one year after onset or first diagnosis or on two occasions at least one year apart is defined to be a "chronic carrier."

(2) Unless the case is a chronic carrier, worksite, school, and other restrictions on typhoid cases (see 333-19-0010) shall be lifted by the Local Public Health Authority when *Salmonella enterica* serotype Typhi is not identified by a Licensed Laboratory in any of four successive Approved Fecal Specimens and one urine specimen. These specimens are to be collected at least 24 hours apart and not earlier than one month after onset.

(3) If the case has been a chronic carrier, worksite, school, and other restrictions on the case shall be lifted when *Salmonella enterica* serotype Typhi is not identified in any of six successive Approved Fecal Specimens and one urine specimen. These specimens are to be collected not less than 72 hours apart.

(4) All chronic carriers shall abide by the Typhoid Carrier Agreement, which must be renewed annually. The Local Public Health Authority may cause the carrier to be isolated for failure to abide by the Carrier Agreement. The Carrier Agreement is a legally enforceable agreement by the chronic carrier that they:

(a) Will not work as a food handler or provide personal care (e.g., feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding, or other services involving direct physical contact) to children in Child Care Facilities or to residents of Residential Facilities;

(b) Will immediately notify the Local Public Health Authority of illness suggestive of typhoid fever among the carrier's family or immediate associates;

(c) Will furnish specimens for examination in the manner prescribed by the Local Public Health Authority;

(d) Will immediately notify the Local Public Health Authority of any change of permanent address.

Stat. Auth.: ORS 431, ORS 432, ORS 433, ORS 437, ORS 616 & ORS 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 4-2002, f. & cert. ef. 3-4-02

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