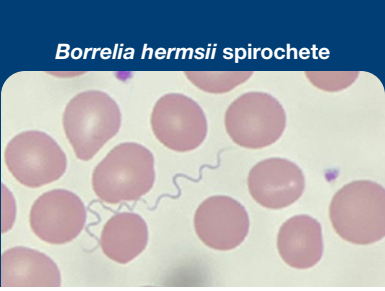




Disk diffusion antibiotic susceptibility test



*Borrelia hermsii* spirochete



Enterobacterales order bacteria, carbapenem-resistant



*Cronobacter sakazakii*



*Salmonella*

# Oregon Public Health Division Reporting for Laboratories | Oct. 2024

By law, Oregon laboratories must report all human test results indicative of and specific for the diseases, infections, microorganisms, and conditions listed in Oregon Administrative Rules.<sup>1</sup> These results include microbiological cultures; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences. Laboratories should familiarize themselves with select biological agents and toxins that have potential to pose severe threats.<sup>2</sup> The laboratory reporting the result to the clinician is responsible for also reporting to public health, regardless of which lab performs the test.

Lab results for Oregon residents and people currently residing in Oregon must be reported within the timelines specified for each condition, typically immediately or within one working day.<sup>3</sup> Laboratories reporting an average of more than 30 records per month<sup>4</sup> must submit the data electronically, utilizing appropriate codesets and according to the standards in the Oregon Health Authority's (OHA) Manual for Mandatory Electronic Laboratory Reporting (ELR).<sup>5</sup> Laboratories reporting fewer than 30 records per month may choose to report results directly to the Local Public Health Authority (LPHA) of the patient's county of residence by fax or other approved option.<sup>6</sup> Laboratories required to report via ELR must have a state-approved continuity of operations plan to maintain reporting in emergency situations. These laboratories shall participate fully in OHA's Data Quality Control program.<sup>5</sup>

All reporting must include the patient's name, date of birth, county of residence, specimen type and specimen source site, collection date, lab test, result, and contact information for the ordering clinician and the lab.<sup>7</sup> Reporters are also encouraged to collect and submit patient race, ethnicity, gender, street address and phone number.

**Please contact [ACDP.Informatics@odhsoha.oregon.gov](mailto:ACDP.Informatics@odhsoha.oregon.gov) or call 971-673-1111 for ELR initiation or assistance.**

## Civil Penalties for Violations of Oregon Reporting Law

A civil penalty may be imposed against a qualifying laboratory that fails to seek or obtain ELR approval, or against a clinical laboratory for failing to report a reportable disease according to Oregon Administrative Rules.<sup>1</sup>

Civil penalties shall be imposed as follows:

- First violation \$100
- Second violation \$200
- Third or subsequent violation \$500
- Each day out of compliance will be considered a new violation.



**OREGON HEALTH AUTHORITY**

Public Health Division  
Center for Public Health Practice  
971-673-1111 (phone)  
971-673-1100 (fax)

[healthoregon.org/acd](http://healthoregon.org/acd)

- 📞 Report by phone to **971-673-1111** immediately, day or night. Reportables since February 2018 are highlighted.
- 🕒 Report within 24 hours to [healthoregon.org/lhddirectory](http://healthoregon.org/lhddirectory).  
**Note:** Those items below without a symbol next to them require reporting within one LPHA working day.
- 📧 Forward isolate to the Oregon State Public Health Laboratory (OSPHL).
- 📡 Forward isolate if cultured; otherwise, send the test-positive specimen to OSPHL.



[healthoregon.org/diseasereporting](http://healthoregon.org/diseasereporting)

## Bacteria

- Acinetobacter, carbapenem-resistant<sup>8</sup>** 📧 📡
- Anaplasma*
- Bacillus anthracis*<sup>2</sup> 📞 📧 📡
- Bacillus cereus* biovar *anthracis*<sup>2</sup> 📞 📧 📡
- Bordetella pertussis*
- Borrelia*
- Brucella* (classical spp. only)<sup>2,15</sup> 📞 📧 📡
- Burkholderia mallei*<sup>2</sup> 📞 📧 📡
- Burkholderia pseudomallei*<sup>2</sup> 📞 📧 📡
- Campylobacter*
- Carbapenemase-producing, any organism 📧 📡
- Chlamydia trachomatis*
- Chlamydia psittaci*
- Clostridium botulinum*<sup>2</sup> 📞
- Corynebacterium diphtheriae* 📞 📧 📡
- Coxiella burnetii*<sup>2</sup> 📞 📧 📡
- Cronobacter sakazakii* in an infant <1 year of age** 📧 📡
- Ehrlichia*
- Enterobacterales* order isolates, carbapenem-resistant<sup>8</sup> 📧 📡
- Escherichia coli*, enterotoxigenic
- Escherichia coli*, Shiga-toxigenic (*E. coli* O157 and other serogroups)<sup>9</sup> 📞 📧 📡
- Francisella tularensis*<sup>2</sup> 📞 📧 📡
- Grimontia hollisae* 📧 📡
- Haemophilus ducreyi*
- Haemophilus influenzae* 📞 📧 📡
- Legionella*
- Leptospira*
- Listeria monocytogenes*<sup>10</sup> 📧 📡
- Mycobacterium bovis* 📧 📡
- Mycobacterium tuberculosis* 📧 📡
- Mycobacterium*, other (non-respiratory only) 📧 📡

- Neisseria gonorrhoeae*
- Neisseria meningitidis*<sup>19</sup> 📞 📧 📡
- Rickettsia prowazekii*<sup>2</sup> 📞 📧 📡
- Rickettsia*, non-*prowazekii*
- Salmonella*<sup>10</sup> 📧 📡
- Shigella*<sup>10</sup> 📧 📡
- Treponema pallidum* (syphilis)
- Vibrio cholerae*<sup>10</sup> 📞 📧 📡
- Vibrio*, non-*cholerae*<sup>10</sup> 📧 📡
- Yersinia pestis*<sup>2,10</sup> 📞 📧 📡
- Yersinia*, non-*pestis*<sup>10</sup> 📧 📡

## Fungi

- Candida auris*** 📧 📡
- Coccidioides* 📧 📡
- Cryptococcus* 📧 📡

## Parasites

- Amebic infections (central nervous system only)<sup>11</sup>
- Babesia*
- Cryptosporidium*
- Cyclospora*
- Giardia*
- Leishmania*
- Plasmodium*
- Taenia solium* and undifferentiated *Taenia* spp.
- Trichinella*
- Trypanosoma***

## Prion Diseases

- Creutzfeldt-Jakob disease (CJD), other prion disease

## Viruses

- Arboviruses<sup>12</sup>
- Eastern equine encephalitis<sup>2</sup> 📞 📧 📡
- Arenaviruses<sup>2,13</sup> 📞 📧 📡
- Coltivirus (Colorado tick fever virus)**
- Filoviruses<sup>2,13</sup> 📞 📧 📡
- Hantavirus

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D (delta)
- Hepatitis E
- Hemorrhagic fever viruses<sup>2,13</sup> 📞 📧 📡
- HIV infection and AIDS
- Influenza, avian or novel strain<sup>14</sup> 📞 📧 📡
- Influenza, fatal case in person < 18 years<sup>17</sup> 📞 📧 📡
- Measles (rubeola) 📞 📧 📡
- Mpox 📞 📧 📡
- Rubulavirus (Mumps)
- Newcastle disease virus (NDV)** 📞 📧 📡
- Polio 📞 📧 📡
- Rabies 📞 📧 📡
- Rubella 📞 📧 📡
- SARS-CoV-1 (SARS)<sup>2,18</sup> 📞 📧 📡
- Variola major (smallpox) 📞 📧 📡
- West Nile
- Yellow fever 📞 📧 📡
- Zika

## Other Important Reportables

- Any infection that is typically arthropod vector-borne**
- Any "uncommon illness of potential public health significance" 📞
- Any outbreak of disease 📞
- Results of all blood lead testing should be reported within seven days unless they indicate **a blood lead level of ≥3.5 µg/dL, which must be reported within one LPHA working day.**
- All CD4+ T-lymphocyte absolute counts, % total lymphocytes, HIV nucleic acid (viral load) tests, & HIV drug resistance tests.

**Please contact Oregon State Public Health Laboratory for questions about isolate or sample submission at [healthoregon.org/labtests](http://healthoregon.org/labtests) or call 503-693-4100.**

## Endnotes

1. Oregon Revised Statute 433.004; Oregon Administrative Rules (OARs) **Division 333 Chapter 018**; Failure to report **OAR 333-026-0030**.
2. Only unconfirmed select agent isolates must be sent to OSPHL: **OAR 333-018-0018** and <https://www.selectagents.gov/sat/list.htm> 7 CFR Part 331, 9 CFR Part 121, 42 CFR Part 73).
3. What is to be reported and when: **OAR 333-018-0015**.
4. Electronic Laboratory Reporting requirements: **OAR 333-018-0013**.
5. **ELR Implementation Guide** and **Oregon ELR Manual**.
6. Please see the 'Local Public Health Authorities' section of the **Communicable Disease Rules and Reporting** page for contact information at <http://healthoregon.org/diseasereporting>.
7. Information required to be included in the report: **OAR 333-018-0010**.
8. Resistant to any carbapenem antibiotic by current CLSI breakpoints. See OHA MDRO Poster: <http://healthoregon.org/diseasereporting>.
9. If isolates are not available, including specimens known only to test positive for Shiga toxin, submit test-positive specimens or broths.
10. Submit all specimens that test positive by antigen-detection or nucleic acid testing for which culture has not been attempted.
11. For example, CNS infection by *Acanthamoeba*, *Balamuthia*, or *Naegleria* spp.
12. Any other arthropod-borne viruses, including but not limited to California encephalitis, Chikungunya, Colorado tick fever, dengue, Heartland virus infection, Kyasanur Forest disease, St. Louis encephalitis, Western equine encephalitis, etc.
13. Hemorrhagic fever caused by viruses of the filovirus (Ebola, Marburg) or arenavirus (Lassa, Machupo) families and bunyavirus (Crimean-Congo, Rift Valley) order are immediately reportable.
14. Highly pathogenic avian strain; or influenza A virus that cannot be subtyped by commercially distributed assays.
15. Classical species of *Brucella* include *melitensis*, *suis*, *abortus canis*, *cetii*, and *pinnipedialis*. Do not report species formerly within the *Ochrobactrum* genus (e.g., *anthropi*, *intermedium*).
16. Most isolations of *C. diphtheriae* do not indicate true diphtheria. Report immediately if *C. diphtheriae* is cultured from a patient with a membrane of the nose, pharynx, tonsils, or larynx, or if the patient appears seriously ill; or if the isolate is known to be toxigenic. Otherwise, report next public health working day.
17. Lab results from fatal cases of COVID-19, RSV and influenza in person <18 years of age must be reported. Only positive specimens and isolates from fatal influenza in person <18 must be forwarded.
18. SARS-CoV-1 is immediately reportable. COVID-19 (caused by SARS-CoV-2) is not reportable unless fatal case in someone <18 years of age
19. From normally sterile body sites only.

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