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**RULES:**

333-017-0000, 333-018-0010, 333-018-0011, 333-018-0015, 333-018-0018, 333-018-0130, 333-019-0010, 333-056-0050

AMEND: 333-017-0000

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-017-0000 defines terms used in OAR 333-018 and 333-019, which regulate reportable diseases and communicable disease control. Amendments include updating bacterial nomenclature (changing family Enterobacteriaceae to order Enterobacterales and shortening the list of genera to a handful of examples); substituting the term "resistant" for "nonsusceptible" in reference to reportability of certain isolates of Enterobacterales order bacteria; adding definitions carbapenem resistance specific to Acinetobacter, and "carbapenemase-producing," which organisms are proposed to be made reportable in OAR 333-018-0015; deleting the definition for "lead poisoning" and adding a definition for "blood lead level at or above the blood lead reference value," revising downward, consistent with updated national recommendations, the threshold for reporting of elevated blood lead levels ; and harmonizing the time frame for exposure to COVID-19 prior to symptom onset for purposes of reporting suspected Multi-System Inflammatory Syndrome in Children (MIS-C), in keeping with an updated national case definition (now 60 days instead of 28 days).

**CHANGES TO RULE:**

333-017-0000  
Definitions ¶¶

For purposes of OAR chapter 333, divisions 17, 18 and 19, unless the context requires otherwise or a rule contains a more specific definition, the following definitions shall apply.¶¶

(1) "AIDS": AIDS is an acronym for acquired immunodeficiency syndrome. An individual is considered to have AIDS when their illness meets criteria published in Morbidity and Mortality Weekly Report, Volume 41, Number RR-17, pages 1-4, December 18, 1992.¶¶

(2) "Animal suspected of having rabies": An animal is suspected of having rabies when:¶¶

- (a) It is a dog, cat, or ferret not known to be satisfactorily vaccinated against rabies (as defined in OAR 333-019-0017), or it is any other mammal; and¶
- (b) It exhibits one or more of the following aberrant behaviors or clinical signs: unprovoked biting of persons or other animals, paralysis or partial paralysis of limbs, marked excitation, muscle spasms, difficulty swallowing, apprehensiveness, delirium, or convulsions; and it has no other diagnosed illness that could explain the neurological signs.¶
- (3) "Approved fecal specimen" means a specimen of feces from a person who has not taken any antibiotic orally or parenterally for at least 48 hours prior to the collection of the specimen. Improper storage or transportation of a specimen, or inadequate growth of the culture suggestive of recent antibiotic usage can, at the discretion of public health microbiologists, result in specimen rejection.¶
- (4) "Authority" means the Oregon Health Authority.¶
- (5) "Bite, biting, bitten": The words bite, biting, and bitten refer to breaking of the skin by the teeth of an animal, or mouthing a fresh abrasion of the skin by an animal.¶
- (6) "Blood lead level at or above the blood lead reference value" means a lead level, in at least one venous blood sample or in two capillary blood samples drawn within 12 weeks of each other, of at least 3.5 micrograms per deciliter.¶
- (7) "Carbapenemase-producing" means the ability to produce an enzyme that can inactivate carbapenem antibiotics, as evidenced by any of the following laboratory results for any specimen:¶
- (a) A phenotypic test (for example, Carba NP) positive for carbapenemase production; or¶
- (b) A nucleic acid assay indicating the presence of a carbapenemase gene.¶
- (8) "Case" means a person who has been diagnosed by a health care provider as having a particular disease, infection, or condition, or whose illness meets defining criteria published in the Oregon Health Authority's Investigative Guidelines, available at [www.healthoregon.org/iguides](http://www.healthoregon.org/iguides).¶
- ~~(79)~~ "Children's facility" means:¶
- (a) A certified child care facility as described in ORS 329A.030 and 329A.250 to 329A.450, except an "exempted children's facility" as defined in OAR 333-050-0010;¶
- (b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except an "exempted children's facility" as defined in OAR 333-050-0010; or¶
- (c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except an "exempted children's facility" as defined in OAR 333-050-0010.¶
- ~~(810)~~ "Control" has the meaning given that term in ORS 433.001.¶
- ~~(911)~~ "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).¶
- ~~(102)~~ "Disease outbreak" has the meaning given that term in ORS 431A.005.¶
- ~~(143)~~ "Enterobacteriaceae familyales order" means the familyorder of bacteria that includes but is not limited to the following genera and taxonomic groups:¶
- ~~(a) Budvicia;~~¶
- ~~(b) Buttiauxella;~~¶
- ~~(c) Cedecea;~~¶
- ~~(d) Citrobacter;~~¶
- ~~(e) Edwardsiella;~~¶
- ~~(f) Enteric Group 58;~~¶
- ~~(g) Enteric Group 59;~~¶
- ~~(h) Enteric Group 60;~~¶
- ~~(i) Enteric Group 63;~~¶
- ~~(j) Enteric Group 64;~~¶
- ~~(k) Enteric Group 68;~~¶
- ~~(l) Enteric Group 69;~~¶
- ~~(m) Enteric Group 137;~~¶
- ~~(n);~~¶
- (a) Citrobacter;¶
- (b) Enterobacter;¶
- (c) Escherichia;¶
- (p) Ewingella;¶
- (qd) Hafnia;¶
- (re) Klebsiella;¶
- (sf) Kluyvera;¶
- (t) Leclercia;¶

- (u) ~~Leminorella;~~
- (v) ~~Moellerella;~~
- (w) ~~Morganella;~~
- (x) ~~Obesumbacterium;~~
- (y) ~~Pantoea;~~
- (z) ~~Photorhabdus;~~
- (aa) ~~Plesiomonas;~~
- (bb) ~~Pragia;~~
- ~~(ccg) Morganella;~~
- (h) ~~Proteus;~~
- (ddi) ~~Providencia;~~
- (eej) ~~Rahnella;~~
- (ff) ~~Salmonella;~~
- (gg) ~~Serratia;~~
- (hh) ~~Shigella;~~
- (ii) ~~Tatumella;~~
- (jj) ~~Trabulsionella;~~
- (kk) ~~Xenorhabdus;~~
- (ll) ~~Yersinia;~~
- ~~(mm) Yokenella Serratia.~~

(124) "Fever" means a body temperature measured at  $\geq 38.0^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ ), or report of subjective fever, for at least 24 hours.

(135) "Food handler" means any business owner or employee who handles food utensils or who prepares, processes, handles or serves food for people other than members of their immediate household, for example restaurant, delicatessen, and cafeteria workers, caterers, and concession stand operators.

(146) "Food service facility" means a facility that is required to be licensed under ORS chapter 624.

(157) "Health care facility" has the meaning given that term in ORS 442.015.

(168) "Health care provider" has the meaning given that term in ORS 433.443.

(179) "HIV" means the human immunodeficiency virus, the causative agent of AIDS.

(1820) "HIV test" means a Food and Drug Administration (FDA)-approved test for the presence of HIV (including RNA testing), or for antibodies or antigens that result from HIV infection, or for any other substance specifically associated with HIV infection and not with other diseases or conditions.

(219) "HIV positive test" means a positive result on the most definitive HIV test procedure used to test a particular individual. In the absence of the recommended confirmation tests, this means the results of the initial test done.

(202) "Laboratory evidence of inflammation" means one or more of the following: elevated serum C-reactive protein (CRP), fibrinogen, procalcitonin, D-dimer, ferritin, or lactic acid dehydrogenase (LDH); elevated erythrocyte sedimentation rate (ESR) or neutrophil count; low serum albumin; or reduced absolute lymphocyte count.

~~(21) "Lead poisoning" means a confirmed blood lead level of at least five micrograms per deciliter.~~

~~(223) "Licensed laboratory" means a medical diagnostic laboratory that is inspected and licensed by the Authority or otherwise licensed according to the provisions of the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. § 263a).~~

(234) "Licensed physician" means any physician who is licensed by the Oregon Medical Board or the Board of Naturopathic Medicine.

(245) "Licensed veterinarian" means a veterinarian licensed by the Oregon Veterinary Medical Examining Board.

(256) "Local Public Health Administrator" has the meaning given that term in ORS 431.260.

(267) "Local Public Health Authority" has the meaning given that term in ORS 431.260.

(278) "Multi-System Inflammatory Syndrome in Children (MIS-C)" means an individual under the age of 21:

(a) Hospitalized with fever, laboratory evidence of inflammation, and involvement of at least two of the following organ systems: cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurologic; and

(b) With no alternative more likely diagnosis; and

(c) With evidence for current or recent SARS-CoV-2 infection by nucleic acid amplification test (NAAT), serology, or antigen testing; or COVID-19 exposure within the 2860 days prior to the onset of symptoms.

~~(28) "Non-susceptible to any carbapenem antibiotic" means the finding of any of the following:~~

~~(a) Gene sequence specific for carbapenemase;~~

~~(b) Phenotypic test (for example, Carba NP) positive for production of carbapenemase; or~~

~~(c) Resistance to any carbapenem antibiotic with elevated minimum inhibitory concentration (MIC):~~

~~(A) MIC for imipenem greater than or equal to 4 mcg/mL; or~~

~~(B) MIC for meropenem greater than or equal to 4 mcg/mL; or~~

~~(C) MIC for ertapenem greater than or equal to 2 mcg/mL.~~

(29) "Novel influenza" means influenza A virus that cannot be subtyped by commercially distributed assays.

(30) "Onset": Unless otherwise qualified, onset refers to the earliest time of appearance of signs or symptoms of an illness.

(31) "Pesticide poisoning" means illness in a human that is caused by acute or chronic exposure to:

(a) Any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest; or

(b) Any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant as defined in ORS 634.006.

(32) "Public Health Division (Division)" means the Public Health Division within the Oregon Health Authority.

(33) "Rabies post-exposure prophylaxis" means initial administration of rabies vaccine or rabies immune globulin in response to an encounter with an animal, whether or not the animal involved meets the definition of an "animal suspected of having rabies" as described in OAR 333-017-0000(2).

(34) "Resistant to any carbapenem antibiotic" means:

(a) Carbapenemase-producing; or

(b) Resistant to any carbapenem antibiotic as evidenced by elevated minimum inhibitory concentration (MIC) as follows:

(A) For Acinetobacter species bacteria:

(i) MIC for imipenem greater than or equal to 8 mcg/mL; or

(ii) MIC for meropenem greater than or equal to 8 mcg/mL;

(B) For all other bacteria:

(i) MIC for imipenem greater than or equal to 4 mcg/mL; or

(ii) MIC for meropenem greater than or equal to 4 mcg/mL; or

(iii) MIC for ertapenem greater than or equal to 2 mcg/mL.

(35) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof.

(356) "School administrator" means the principal or other person having general control and supervision of a school or children's facility and has the same meaning as "administrator" in ORS 433.235.

(367) "Specimen source site" means the source from which the specimen was obtained.

(a) For environmental samples, "specimen source site" means the location of the source of the specimen.

(b) For biological samples, "specimen source site" means the anatomical site from which the specimen was collected.

(378) "Specimen type" means the description of the source material of the specimen.

(382) "Suspected case" means a person whose illness is thought by a health care provider to have a significant likelihood of being due to a reportable disease, infection, or condition, based on facts such as but not limited to the patient's signs and symptoms, possible exposure to a reportable disease, laboratory findings, or the presence or absence of an alternate explanation for the illness.

~~(394)~~ "Uncommon illness of potential public health significance": These illnesses include:

(a) Any infectious disease with potentially life-threatening consequences that is exotic to or uncommon in Oregon, for example, variola (smallpox) or viral hemorrhagic disease;

(b) Any illness related to a contaminated medical device or product; or

(c) Any acute illness suspected to be related to environmental exposure to any infectious or toxic agent or to any household product.

(401) "Veterinary laboratory" means a laboratory whose primary function is handling and testing diagnostic specimens of animal origin.

Statutory/Other Authority: ORS 413.042, 433.004, 616.745, 624.080, 433.329

Statutes/Other Implemented: ORS 433.004, 433.360, 616.745, 624.380, 433.332

AMEND: 333-018-0010

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-018-0010 is being amended to remove the three references to OAR 333-018-0011, which is repealed.

CHANGES TO RULE:

333-018-0010

Form of the Report ¶¶

(1) A health care provider required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:¶¶

(a) The identity, address, and telephone number of the person reporting, ~~and for health care providers as that is defined in OAR 333-018-0011, reporting COVID-19 information as required in OAR 333-018-0016, race, ethnicity, language and disability data in accordance with OAR 333-018-0011;~~¶¶

(b) The identity, address, and telephone number of the attending health care provider, or other treating health care provider if any;¶¶

(c) The name of the person affected or ill, that person's current address, telephone number, and date of birth;¶¶

(d) The diagnosed or suspected disease, infection, or condition; and¶¶

(e) The date of illness onset.¶¶

(2) A licensed laboratory required to report reportable diseases under ORS 433.004 and these rules shall submit to the local public health administrator a report that includes but is not limited to:¶¶

(a) The name and telephone number of the reporting laboratory;¶¶

(b) The name, gender, age or date of birth, the address and county of residence of the person from whom the laboratory specimen was obtained, if known;¶¶

(c) The date the specimen was obtained;¶¶

(d) The specimen source site and the specimen type; for example, the specimen source site | specimen type pairings could be (knee | fluid, synovial) (cervix | tissue), (venous | blood).¶¶

(e) The name, address and telephone number of the health care provider of the person from whom the laboratory specimen was obtained;¶¶

(f) The name or description of the test;¶¶

(g) The test result; and¶¶

(h) Information required by the ~~Authority~~ Oregon Health Authority (Authority)'s Manual for Mandatory Electronic Laboratory Reporting, if electronic reporting is required under OAR 333-018-0013; and¶¶

~~(i) If a laboratory has been provided the information by a health care provider or patient, race, ethnicity, language and disability data that complies with OAR 333-018-0011.~~¶¶

(3) Reportable disease reports shall be made in the following manner:¶¶

(a) Reports for diseases or suspected diseases that are immediately reportable under OAR 333-018-0015 shall be submitted orally, by telephone, with a follow-up written report via facsimile.¶¶

(b) Reports for diseases or suspected diseases that are required to be reported within one to seven days under OAR 333-018-0015 shall be submitted in writing via facsimile, through the ~~Online Confidential Oregon Morbidity Report System Portal~~ at: [www.healthoregon.org/howtoreport](http://www.healthoregon.org/howtoreport), if permitted under these rules, or by other means approved by the Authority or the local public health administrator, consistent with the need for timely reporting as provided in OAR 333-018-0015.¶¶

(c) Electronically, if required by OAR ~~333-018-0011~~ or OAR 333-018-0013.¶¶

(4) If requested by a local public health administrator or the Oregon Public Health Division, health care providers and licensed laboratories shall provide additional information of relevance to the investigation or control of reportable diseases or conditions (for example, reported signs and symptoms, laboratory test results (including negative results), potential exposures, contacts, and clinical outcomes).

Statutory/Other Authority: ORS 413.042, 433.004

Statutes/Other Implemented: ORS 433.004

RULE SUMMARY: OAR 333-018-0011 is being repealed. It had required health care providers to collect data on Race, Ethnicity, and (preferred spoken and written) Language, along with Disability status ("REALD") at the time of each COVID-19-related patient encounter, and to provide those data to the Oregon Health Authority (OHA). The authorizing statute (House Bill 4212 [Oregon Laws 2020, Chapter 12, Sections 40–41]), was repealed by House Bill 3159 (Oregon Laws 2021, Chapter 549, Section 6), effective January 1, 2023, rendering OAR 333-018-0011 without force.

CHANGES TO RULE:

~~333-018-0011~~

~~Race, Ethnicity, Language and Disability COVID-19 Data Reporting~~

~~(1) The reporting requirements in this rule are in addition to the information required to be reported under OAR 333-018-0010.~~

~~(2) For purposes of this rule:~~

~~(a) "Congregate setting" means an environment where a number of people reside, meet or gather in close proximity for either a limited or extended period of time, and include but are not limited to homeless shelters, group homes, prisons, detention centers, schools and workplaces.~~

~~(b) "Encounter" means an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test.~~

~~(c) "Federally qualified health center" has the meaning given that term in OAR 410-120-0000.~~

~~(d) "Health care facility" has the meaning given that term in ORS 442.015.~~

~~(e) "Health care provider" has the meaning given that term in Oregon Laws 2020, 1st Special Session, chapter 12, section 40.~~

~~(f) "Health system" means an organization that delivers health care through at least one hospital in Oregon and through other facilities, clinics, medical groups, and other entities, all under common control or ownership.~~

~~(g) "Hospital" has the meaning given that term in ORS 442.015 and includes hospital satellites as that is defined in OAR 333-500-0010.~~

~~(h) "Long term care facility" has the meaning given that term in ORS 442.015.~~

~~(3) Beginning October 1, 2020, the following health care providers at the time of an encounter, or as soon as possible thereafter, must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports:~~

~~(a) Hospitals except for licensed psychiatric hospitals, and clinical laboratories licensed under ORS 438.110 operating within a hospital.~~

~~(b) Health care providers within a health system, except for clinical laboratories licensed under ORS 438.110.~~

~~(c) Health care providers working in a federally qualified health center, except for clinical laboratories licensed under ORS 438.110 operating within a federally qualified health center.~~

~~(4) No later than March 1, 2021, the following health care providers at the time of an encounter, or as soon as possible thereafter, must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports:~~

~~(a) Health care facilities, except for clinical laboratories licensed under ORS 438.110 operating within such facilities.~~

~~(b) Health care providers working in or with individuals in a congregate setting, except for clinical laboratories licensed under ORS 438.110 operating within such congregate settings.~~

~~(5) No later than October 1, 2021, all health care providers at the time of an encounter must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with OAR chapter 943, division 70, and provide that data to the Authority when reporting COVID-19 information as required in OAR 333-018-0016, or if approved by the Authority, at least on a weekly basis as long as the demographic data can be linked to the COVID-19 reportable disease reports.~~

(6) The reporting required under this rule must be submitted in the following manner:¶¶

(a) Until October 1, 2021:¶¶

(A) Through the Online Morbidity Report System, which can be found at: [www.healthoregon.org/howtoreport](http://www.healthoregon.org/howtoreport);  
or¶¶

(B) By facsimile but only if the Online Morbidity Report System for reporting COVID information is not operable;  
or¶¶

(C) Through electronic case reporting in accordance with standards established by the Authority in its Electronic Case Reporting (ECR) Manual, or another means, if approved by the Authority.¶¶

(b) On or after October 1, 2021, through electronic case reporting in accordance with standards established by the Authority in its ECR Manual.¶¶

(7) A health care provider is not required to collect the data described in this rule and provide it to the Authority if the provider:¶¶

(a) Has previously collected the information and submitted it to the Authority in accordance with this rule within the last 12 months.¶¶

(b) Has knowledge that another health care provider has collected the data and submitted it to the Authority in accordance with this rule within the last year.¶¶

(c) The patient or the patient's caregiver is unable to provide answers to the questions because of incapacity.¶¶

(8) A health care provider who for reasons outside of their control cannot meet the collection and reporting requirements in this rule by the deadlines established in this rule, may submit to the Authority in writing, a request for an extension of time. The Authority may, at its discretion, grant or deny an extension.¶¶

(9) Nothing in this rule is intended to prevent a health care provider from collecting and reporting race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status information to the Authority in accordance with OAR chapter 943, division 70, before the deadlines established in this rule.

Statutory/Other Authority: ORS 413.042, Oregon Laws 2020, 1st Special Session, Chapter 12, Sections 40-41

Statutes/Other Implemented: Oregon Laws 2020, 1st Special Session, Chapter 12, Sections 40-41

RULE SUMMARY: OAR 333-018-0015 – amendments include making reportable:

- carbapenem-resistant Acinetobacter species;
- any organism known to be carbapenemase-producing;
- Candida auris;
- Cronobacter sakazakii in an infant less than one year of age;
- death of a person <18 years of age with laboratory-confirmed respiratory syncytial virus (RSV) or SARS-CoV-2 infection;

Amendments also clarify that tests demonstrating toxins of Escherichia coli should be reported as potentially indicative of shiga-toxigenic or enterotoxigenic E. coli bacteria; and replace the term “lead poisoning” with “blood lead level at or above the blood lead reference value.”

CHANGES TO RULE:

### 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, ~~Eastern equine encephalitis~~, 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 cayentanensis (cyclosporiasis); bacteria of the Enterobacteriaceae family ales order found to be resistant to any carbapenem antibiotic; Escherichia coli (enterotoxigenic, or Shiga-toxigenic, including E. coli O157 and other serogroups, 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; hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to anonymous testing) and AIDS; ~~death of a person <18 years of age with laboratory-confirmed influenza;~~ lead poisoning; 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.

Statutory/Other Authority: ORS 413.042, 433.004, 433.006

Statutes/Other Implemented: ORS 433.004, ~~437.0103.329~~

AMEND: 333-018-0018

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-018-0018 – amendments include requiring the following to be submitted to the Oregon State Public Health Laboratory (OSPHL) for additional testing:

- isolates of
  - o Acinetobacter species resistant to any carbapenem antibiotic;
  - o any organism known to be carbapenemase-producing; and
  - o Cronobacter sakazakii from infants less than one year of age; and
- specimens that test positive by antigen-detection or nucleic acid testing
  - o for Listeria, Salmonella, Shigella, Vibrio, or Yersinia, for which culture has not been attempted; and
  - o for Shiga toxin, and from which Escherichia coli O157 has not been isolated.

CHANGES TO RULE:

333-018-0018

### Submission of Organisms or Specimens to the Public Health Laboratory ¶¶

Licensed laboratories are required to forward aliquots, specimens or cultures of the following organisms to the Oregon State Public Health Laboratory:¶¶

(1) Select biological agents and toxins: Avian influenza virus; Bacillus anthracis; Botulinum neurotoxins; Botulinum neurotoxin producing species of Clostridium; Brucella abortus; Brucella melitensis; Brucella suis; Burkholderia mallei; Burkholderia pseudomallei; Conotoxin; Coxiella burnetii; Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola virus; Francisella tularensis; Hendra virus; Lassa fever virus; Lujo virus; Marburg virus; 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; Rift Valley fever virus; SARS-associated coronavirus (SARS-CoV), Saxitoxin; Sheep pox virus; South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin, Tetrodotoxin; Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype; Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus; Variola major virus (Smallpox virus); Variola minor virus (Alastrim); Venezuelan equine encephalitis virus; and Yersinia pestis.¶¶

(2) Other organisms or specimens including:¶¶

(a) From persons of any age:¶¶

(A) All isolates of Corynebacterium diphtheriae, Grimontia spp., Listeria spp., Mycobacterium tuberculosis and M. bovis, Salmonella spp., Shigella spp., Vibrio spp., and Yersinia spp. and suspected Shiga-toxigenic Escherichia coli (STEC), including E. coli O157;¶¶

(B) All isolates of ~~Enterobacteriaceae family species and Enterobacterales order~~ bacteria resistant to any carbapenem antibiotic;¶¶

(C) ~~All isolates of any organism known to be carbapenemase-producing;~~¶¶

(D) All isolates of suspected Neisseria meningitidis and Haemophilus influenzae from normally sterile sites;¶¶

~~(E) All specimens that test positive by antigen-detection or nucleic acid testing for Listeria, Salmonella, Shigella, Vibrio, or Yersinia, for which culture has not been attempted;~~¶¶

~~(F) All specimens that test positive by antigen-detection or nucleic acid testing for Shiga toxin, and from which Escherichia coli O157 has not been isolated.~~¶¶

(G) All specimens that test positive for Measles (rubeola), poliomyelitis, rabies (human), rubella, yellow fever, and all novel and highly pathogenic avian influenza strains;¶¶

~~(H) All specimens from normally sterile sites testing positive for Haemophilus influenzae or Neisseria meningitidis by non-culture methods; and~~¶¶

~~(I) All isolates of Candida auris, Coccidioides spp., and Cryptococcus spp.~~¶¶

(b) From persons under the age of 18 years who died with laboratory-confirmed influenza: respiratory specimens or viral isolates, any Staphylococcus aureus isolates, and, after consulting with the Oregon Public Health Division, autopsy specimens.¶¶

(c) From infants under the age of one year: all isolates of Cronobacter sakazakii.

Statutory/Other Authority: ORS 413.042, ORS 433.004, 438.450

Statutes/Other Implemented: ORS 433.004, 438.310



AMEND: 333-018-0130

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-018-0130 - relates to disclosure of data from mandated reporting of healthcare acquired infections. This rule is being amended to clarify that the Oregon Health Authority must adhere to reporting requirements of Oregon's Public Records Act.

CHANGES TO RULE:

333-018-0130

HAI Public Disclosure ¶

- (1) The ~~Authority~~ Oregon Health Authority (Authority) may disclose state-level and facility-level HAI data, including but not limited to observed frequencies, expected frequencies, proportions, and ratios. ¶
- (2) The Authority may use statistically valid methods to make comparisons by facility, and to state, regional, and national statistics. ¶
- (3) The Authority shall provide a maximum of 30 calendar days for facilities to review facility-reported data prior to ~~public release of data.~~ sharing any data. Nothing in this rule is intended to limit the Authority's release of data pursuant to a public records request. ¶
- (4) After consulting with the committee, the Authority may publish reports intended to serve the public's interest. Statutory/Other Authority: ORS 442.420, 2007 OL Ch. 838 ¶ 1-6, 12  
Statutes/Other Implemented: ORS 442.405, 192.496, 192.502, 192.243, 192.245, 2007 OL Ch. 838 ¶ 1-6, 12

AMEND: 333-019-0010

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-019-0010 specifies restrictions to control communicable diseases in school, child care and worksites. The rule eliminates a requirement to exclude from school and children's facilities susceptible students and employees following exposure to a communicable disease. The terms "susceptible" and "exposed" to COVID-19 were not removed at that time, which are now irrelevant. The rule is being amended to eliminate these terms.

CHANGES TO RULE:

333-019-0010

Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions ¶¶

(1) For purposes of this rule:¶¶

(a) "Evidence of immunity":¶¶

(A) To measles, mumps or rubella means meeting the criteria for presumptive evidence of immunity specified in the Morbidity and Mortality Weekly Report (MMWR) issue 64, issue RR04, issued June 14, 2013, available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm);¶¶

(B) To diphtheria or pertussis means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) issue 2, dated April 27, 2018, available at [www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm);¶¶

(C) To hepatitis A means having documentation of detectable serum antibodies directed against this virus; having laboratory documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue RR02, dated April 27, 2018, available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm);¶¶

(D) To hepatitis B means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) issue 1, dated January 12, 2018, available at [www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm); or having documentation of ever having had a positive serum of antibodies to hepatitis B surface antigen.¶¶

(E) To COVID-19 means:¶¶

(i) Having received a complete series of COVID-19 vaccine as recommended by the Centers for Disease Control and Prevention;¶¶

(ii) Having had laboratory-confirmed SARS-CoV-2 infection within the preceding 90 days.¶¶

(b) "Exposed" for purposes of being susceptible to COVID-19 means having been:¶¶

(A) A close contact, as that is defined in the Oregon Health Authority's Disease Investigative Guidelines, published at <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/PAGES/Close-Contact-Definition.aspx>; or¶¶

(B) In contact with the infectious secretions or clinical specimens of a confirmed COVID-19 case or presumptive COVID-19 case.¶¶

(c) "Restrictable disease":¶¶

(A) As applied to food service facilities includes but is not limited to COVID-19, diphtheria, hepatitis A, hepatitis E, measles, pertussis, toxigenic Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with Staphylococcus aureus, or any other communicable disease that causes illness accompanied by diarrhea or vomiting.¶¶

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, COVID-19, diphtheria, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, or a communicable stage of hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually high risk of transmitting the disease (e.g., uncontrolled biting or spitting).¶¶

(C) Includes any other communicable disease identified in an order issued by the Authority Oregon Health Authority (Authority) that poses a danger to the public's health.¶¶

(d) "Susceptible":¶¶

(A) For a child, means lacking documentation of immunization required under OAR 333-050-0050, or if immunization is not documented for the disease.¶¶

(B) For an employee of a school or child care facility, means lacking evidence of immunity to the disease.¶¶

(2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under this rule.

(3) A school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or child care facility if the school administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, or a communicable stage of hepatitis B infection in a child, who, in the opinion of the local health officer determines, in accordance with section (5) of this rule, that exclusion is not necessary to protect the public's health.

(4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary to protect the public's health.

(5) If a local health officer receives a request from a school administrator to determine whether an exclusion is appropriate to protect the public's health, the local health officer, after consultation as needed with the Authority, may consider the following non-exclusive factors in making the determination:¶¶

(a) The severity of the disease;¶¶

(b) The means of transmission of the disease;¶¶

(c) The intensity of the child's or employee's exposure; and¶¶

(d) The exposed child's or employee's susceptibility to the disease, including having initiated a vaccination series for the disease.

(6) The length of exclusion under this rule for illness or exposure must be consistent with current Oregon Health Authority guidance.

applicable. Guidance may be found at [www.healthoregon.org/iguides](http://www.healthoregon.org/iguides).¶

(7) A susceptible child may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).¶

(8) The infection control committee at each health care facility shall adopt policies to restrict employees with restrictable diseases in accordance with the principles of infection control.¶

(9) Nothing in these rules prohibits:¶

(a) A school or children's facility from adopting more stringent exclusion standards under ORS 433.284.¶

(b) A health care facility or food service facility from adopting additional or more stringent rules for exclusion of employees.

Statutory/Other Authority: ORS 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332,

Statutes/Other Implemented: ORS 433.255, 433.260, 433.407, 433.411, 433.419

AMEND: 333-056-0050

NOTICE FILED DATE: 08/24/2023

RULE SUMMARY: OAR 333-056-0050 specifies disposal requirements for sharp instruments. An amendment to OAR 333-056-0020 on April 6, 2020, clarified that “syringes” were meant to refer to items fitted with hollow needles—but the term “syringe” was not added to the list of sharp instruments required to be disposed of in puncture-proof containers. This rule is being amended to correct this oversight.

CHANGES TO RULE:

333-056-0050

Prevention of Disease Transmission by Blood-Contaminated Sharp Objects **¶**

Any person using sharp instruments (for example, needles, lancets, scalpels, syringes) for purposes of drawing blood, administering medication, or medical/surgical procedures on humans, shall dispose of such items in a manner that will protect any other handlers of this waste from injury. The disposal of such waste shall be in accordance with current recommendations of the U.S. Centers for Disease Control and Prevention, and shall include the use of impervious, rigid, puncture-proof containers. This rule applies to but is not limited to blood banks, plasmapheresis centers, medical clinics, dental offices, outpatient care centers, inpatient care facilities, hospitals, and home health agencies.

Statutory/Other Authority: ORS 431.110, 433.004, 459.395

Statutes/Other Implemented: ORS 431.110, 433.004, 459.395