Revision of WAC 246-101

Revisions to the notifiable conditions WAC 246-101 are scheduled to go into effect on January 1, 2023. The changes are related to reporting of communicable diseases include adding several new notifiable conditions and, for a few of the existing notifiable conditions, changing the timeframes for reporting cases. Provider and facility reporting has also been combined. Updated data systems as well as forms will be available during November and December 2022. See Resources for links.

New Notifiable Conditions

The added notifiable conditions are diverse and occur only rarely in Washington residents. The conditions listed below will become notifiable due to possible ongoing risk of severe cases or to their potential for being emerging pathogens that spread through the population (an asterisk * indicates that the condition has been diagnosed in a Washington resident but may have resulted from an out-of-state exposure):

- Amoebic meningitis
- Anaplasmosis* and ehrlichiosis
- Baylisascariasis*
- Candida auris infection or colonization
- Cysticercosis* and taeniasis
- Echinococcosis
- Histoplasmosis*
- Monkeypox*
- Smallpox
- Tick paralysis*
As part of this revision, the general categories of “Disease of Suspected Bioterrorism Origin” and “Other Rare Disease of Public Health Significance” were eliminated. The guideline for Rare Disease will be maintained and will include concise descriptions for the majority of the conditions that were added as notifiable. In the past, reporting of *Candida auris* infection had been requested although not required, so there is an existing investigation guideline: [https://doh.wa.gov/sites/default/files/legacy/Documents/5100//420-345-CandidaAurisReportingGuidelines.pdf?uid=628545dfd9342](https://doh.wa.gov/sites/default/files/legacy/Documents/5100//420-345-CandidaAurisReportingGuidelines.pdf?uid=628545dfd9342).

**Reporting Timeframe Changes**

Under the WAC updates, a limited number of general communicable diseases have changes in the timeframes for reporting from providers/facilities or from laboratories to the local health jurisdiction, mainly reductions in reporting times:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Providers/facilities – timeframe change</th>
<th>Laboratories – timeframe change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B, chronic</td>
<td>3 business days, formerly monthly</td>
<td>All tests now 24 hour reporting (HBsAg, HBeAg, HBV DNA were formerly monthly)</td>
</tr>
<tr>
<td>Hepatitis C, acute</td>
<td>24 hours, formerly 3 business days</td>
<td>All tests (including non-positive HCV RNA) within 2 business days (formerly monthly)</td>
</tr>
<tr>
<td>Hepatitis C, chronic</td>
<td>3 business days, formerly monthly</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C, perinatal</td>
<td>Within 24 hours</td>
<td></td>
</tr>
<tr>
<td>Hepatitis D</td>
<td>24 hours, formerly 3 business days</td>
<td>24 hours (formerly 2 business days)</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>-</td>
<td>24 hours (formerly 2 business days)</td>
</tr>
<tr>
<td>Relapsing fever</td>
<td>3 business days, formerly 24 hours</td>
<td>2 business days (formerly 24 hours)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>24 hours, formerly immediately</td>
<td>-</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Within 3 business days (<em>no change</em>)</td>
<td>Positive or indeterminate results and subsequent negative results associated with those positives or indeterminate results, reportable within 2 business days for antibody detection tests and viral culture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All HIV nucleic acid detection (NAT or NAAT) tests, quantitative, qualitative, detectable, and undetectable, and detectable and undetectable HIV antiviral resistance testing genetic sequences reportable within 2 business days (formerly monthly)</td>
</tr>
</tbody>
</table>
Other Changes

Clinical laboratories have several new requirements to submit specimens to Washington State Public Health Laboratories for work such as confirmation or strain typing of an agent. In brief, the following updates are effective January 1, 2023:

- If no isolate is available, submission of the specimen associated with a positive result for the following will be required: *Coxiella burnetti*, *Cryptococcus non-v. neoformans*, and *Treponema pallidum* (syphilis).

- Submission of a specimen associated with a positive result was not previously designated but is now to be submitted on request of the local health jurisdiction or Department of Health for the following: *Bordetella pertussis*, *Corynebacterium diphtheriae*, *Coxiella burnetii*, *Haemophilus influenzae*, measles, *Neisseria meningitidis*, rubella, *Salmonella*, *Shigella*, *Vibrio* and *Yersinia*.

- Submission of serum on request for *Cryptococcus* will be required.

- Deidentified negative screening results for *Chlamydia trachomatis*, hepatitis C virus, human immunodeficiency virus (HIV), *Neisseria gonorrhoeae* (gonorrhea), and *Treponema pallidum* (syphilis) will be reportable at least annually.

- Indeterminate results by any method for *Chlamydia trachomatis*, HIV, *Neisseria gonorrhoeae*, and *Treponema pallidum* will be reportable.

- Positive rapid screening test (RST) results for certain conditions like blood lead, HIV, hepatitis C, and COVID-19 will be reportable. Providers and facilities performing rapid screening tests shall report as a laboratory and comply with the requirements of WAC 246-101-101 through WAC 246-101-230.

- If available and associated with positive reportable results for hepatitis B virus or hepatitis C virus, the following will be required:
  - Pregnancy status
  - Hepatocellular enzyme levels
  - Negative results for IgM anti-HBc
  - Negative results for IgM anti-HAV (for positive HCV results only).

- Patient ethnicity, race, and preferred language information will have new categories in accordance with new reporting requirements around these fields (WAC 246-101).

**Questions?**

For questions about the revised rule contact the Washington State Board of Health: notifiableconditions@sboh.wa.gov.

For questions about the revised rule for HIV, sexually transmitted infections or hepatitis C, contact the Office of Infectious Disease: oid.notifiableconditions@doh.wa.gov.

For questions about other communicable diseases, contact Communicable Disease Epidemiology: commdisepi@doh.wa.gov.
Resources

WAC 246-101:


Note: sections with changes may have two parts headed by effective dates – the current version and a section with the changes.

WAC revision process:

https://sboh.wa.gov/Rulemaking/AgencyOverview

Notifiable Conditions rulemaking:

https://sboh.wa.gov/rulemaking/agency-rules-and-activity/notifiable-conditions

DOH rule revision implementation:

https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions/rule-making/rule-revision-implementation

Notifiable conditions forms and reporting guidelines for public health investigations:

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions

Posters summarizing notifiable condition reporting requirements for healthcare providers or facilities and for clinical laboratories (to be updated for January, 2023):