### Notifiable Conditions

**Notifiable to the [local health jurisdiction](#) (LHJ) of the patient’s residence unless otherwise designated**

If unable to reach the LHJ of the patient’s residence, please call: 1-877-539-4344

(If patient residence is unknown, notify the LHJ of the health care provider that ordered the diagnostic test)

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### IMMEDIATELY NOTIFIABLE

Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebic meningitis</td>
</tr>
<tr>
<td>Anthrax (<em>Bacillus anthracis</em> and confirmed <em>Bacillus cereus</em> biovar anthracis only - Do not report all <em>Bacillus cereus</em>)</td>
</tr>
<tr>
<td>Botulism, foodborne, infant, and wound</td>
</tr>
<tr>
<td>Cholera (<em>Vibrio cholerae</em> O1 or O139)</td>
</tr>
<tr>
<td>Coronavirus infection (severe communicable)</td>
</tr>
<tr>
<td>SARS-associated coronavirus</td>
</tr>
<tr>
<td>MERS-associated coronavirus</td>
</tr>
<tr>
<td>Novel coronavirus (COVID-19)</td>
</tr>
<tr>
<td>Diphtheria</td>
</tr>
<tr>
<td>Domoic acid poisoning</td>
</tr>
<tr>
<td><em>E. coli</em> (See &quot;Shiga toxin-producing *E. coli&quot;&quot;)</td>
</tr>
<tr>
<td>Glanders (<em>Burkholderia mallei</em>)</td>
</tr>
<tr>
<td>Haemophilus influenzae (invasive disease, children under 5 years of age)</td>
</tr>
<tr>
<td>Influenza, novel or unsubtypable strain</td>
</tr>
<tr>
<td>Measles (rubeola) - Acute disease only</td>
</tr>
<tr>
<td>Melioidosis (<em>Burkholderia pseudomallei</em>)</td>
</tr>
<tr>
<td>Meningococcal disease, invasive</td>
</tr>
<tr>
<td>Monkeypox (Mpox)</td>
</tr>
</tbody>
</table>

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### NOTIFIABLE WITHIN 24 HOURS

Requires a phone call if reporting after normal public health business hours.

<table>
<thead>
<tr>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baylisascaris</td>
</tr>
<tr>
<td>Brucellosis</td>
</tr>
<tr>
<td><em>Candida auris</em> infection or colonization</td>
</tr>
<tr>
<td>Hantaviral infection</td>
</tr>
<tr>
<td>Hepatitis A (acute infection)</td>
</tr>
<tr>
<td>Hepatitis B (acute infection)*</td>
</tr>
<tr>
<td>Hepatitis C (acute infection)</td>
</tr>
<tr>
<td>Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases</td>
</tr>
<tr>
<td>Hepatitis D (acute and chronic infection)</td>
</tr>
<tr>
<td>Hepatitis E (acute infection)</td>
</tr>
<tr>
<td>Legionellosis</td>
</tr>
<tr>
<td>Leptospirosis</td>
</tr>
<tr>
<td>Listeriosis</td>
</tr>
<tr>
<td>Mumps, acute disease only</td>
</tr>
<tr>
<td>Pertussis</td>
</tr>
</tbody>
</table>

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**LEGEND**

- Laboratory Confirmation Required Before Submitting Case Report
- Notifiable to Department of Health
Notifiable Conditions: HEALTH CARE PROVIDERS/FACILITIES

NOTIFIABLE WITHIN 3 BUSINESS DAYS

Acquired immunodeficiency syndrome (AIDS)
Notifiable to: DOH (for facilities) and L&I (for providers)

Anaplasmosis

Arboval disease (acute disease only) including, but not limited to:
- Chikungunya
- Dengue
- Eastern and western equine encephalitis
- Japanese encephalitis
- La Crosse encephalitis
- Powassan virus infection
- St. Louis encephalitis
- West Nile virus infection
- Zika virus infection
See also “Yellow fever”

Babesiosis

Campylobacteriosis

Carbapenem-resistant Enterobacteriaceae infections limited to:
- Klebsiella species
- E. coli
- Enterobacter species

Chlamydia trachomatis infection

Coccidioidomycosis

Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)

Cryptosporidiosis

Cyclosporiasis

Cysticercosis

Echinococcosis

Ehrlichiosis

Giardiasis

Gonorrhea

Granuloma inguinale

Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)*

Hepatitis B (chronic infection) - Initial diagnosis, and previously unreported prevalent cases*

Hepatitis B (perinatal) - Initial diagnosis, and previously unreported cases*

Hepatitis C (chronic infection)

Herpes simplex, neonatal and genital (initial infection only) (Providers)

Histoplasmosis

Human immunodeficiency virus (HIV) infection

Human prion disease

Influenza-associated death (laboratory confirmed)

Lyme disease

Lymphogranuloma venereum

Malaria

Pesticide poisoning (all other)

Relapsing fever (borreliosis)

Rickettsiosis infection

Serious adverse reactions to immunizations

Syphilis

Taeiniasis

Tetanus

Tick paralysis

Trichinosis

Typhus

Varicella-associated death

NOTIFIABLE WITHIN 30 DAYS

Birth defects (Alcohol related, Autism spectrum disorders and Cerebral palsy)

Cancer (See chapter 246-102 WAC) wscr@doh.wa.gov

Facilities only

Birth defects - Abdominal wall defects (inclusive of gastroschisis and omphalocele)

Birth defects - Down syndrome, Hypospadias and Limb reductions

Birth defects - Neural tube defects (inclusive of anencephaly and spina bifida)

Birth defects - Oral clefts (inclusive of cleft lip with/without cleft palate)

Gunshot wounds (nonfatal)

For birth defects listed above, call 360-236-3533

Notifiable to L&I - 360-902-5669

Asthma, occupational

Hypersensitivity pneumonitis, occupational

Silicosis

L&I: Washington state Department of Labor and Industries

RAPID SCREENING TESTS

Providers and facilities performing blood lead level RST shall report as a laboratory and comply with the requirements of WAC 246-101-200 through 246-101-230.

Blood lead level**

RST results (See WAC 246-101-200)

Coronavirus infection (severe communicable)

Novel coronavirus (COVID-19) RST results (See WAC 246-101-200)

Hepatitis C (acute infection) RST results (See WAC 246-101-200)

Hepatitis C (chronic infection) RST results (See WAC 246-101-200)

Human immunodeficiency virus (HIV) infection RST results (See WAC 246-101-200)

The conditions listed above are notifiable to public health authorities in Washington in accordance with WAC 246-101. The following information is required when reporting a condition that occurs in or is treated by health care providers and facilities:

Patient's: first and last name, physical address including zip code, date of birth, sex, ethnicity, race, preferred language, best contact telephone number, requesting healthcare provider’s name, requesting healthcare provider’s phone number, address where patient received care, name of submitting laboratory, telephone number of submitting laboratory, specimen type, specimen collection date, date laboratory received specimen, test method used, and test result.

*For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patient twelve to fifty years of age

**For blood lead level, Medicaid status of patient less than seventy-two months of age

Note: This poster does not include information about provisional reporting notifications, for more information please visit:
https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions