

## **Notifiable Conditions**

## **HEALTH CARE PROVIDERS/FACILITIES**

Notifiable to the	local health	jurisdiction	(LHJ)	of the patient's residence
	unless	otherwise d	lesign	ated

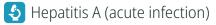
If unable to reach the LHJ of the patient's residence, please call: 1-877-539-4344 (If patient residence is unknown, notify the LHJ of the health care provider that ordered the diagnostic test)

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

	Amebic meningitis	Outbreaks and suspected outbreaks
٩	Anthrax ( <i>Bacillus anthracis</i> and confirmed <i>Bacillus cereus</i> ) <i>cereus</i> biovar <i>anthracis</i> only - Do not report all <i>Bacillus cereus</i> )	Paralytic shellfish poisoning
	Botulism, foodborne, infant, and wound	Pesticide poisoning (hospitalized, fatal, or cluster): <b>1-800-222-1222</b>
Ð	Cholera (Vibrio cholerae O1 or O139)	Plague
	Coronavirus infection (severe communicable)	Poliomyelitis
<b>\$</b>	SARS-associated coronavirus MERS-associated coronavirus Novel coronavirus (COVID-19)	Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases)
	Diphtheria	Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that
	Domoic acid poisoning	is suspected of being infected with rabies)
	E. coli (See "Shiga toxin-producing E. coli")	Rubella, acute disease only (including congenital rubella
Ð	Glanders ( <i>Burkholderia mallei</i> )	syndrome)
Ð	Haemophilus influenzae (invasive disease, children under 5 years of age)	Shiga toxin-producing <i>E. coli</i> (STEC) infections/ enterohemorrhagic <i>E. coli</i> infections
	Influenza, novel or unsubtypable strain	Smallpox
	Measles (rubeola) - Acute disease only	Tularemia
S	Melioidosis ( <i>Burkholderia pseudomallei</i> )	Vaccinia transmission
	Meningococcal disease, invasive	Viral hemorrhagic fever
	Monkeypox (Mpox)	Yellow fever

<b>NOTIFIABLE WITHIN 24 HOURS</b> Requires a phone call if reporting after normal public health b	business hours.	
Baylisascariasis	Psittacosis	
Brucellosis	Q fever	
Candida auris infection or colonization	Salmonellosis	
Hantaviral infection	Shigellosis	



- 🚯 Hepatitis B (acute infection)\*
- Hepatitis C (acute infection)
- Hepatitis C (perinatal) Initial diagnosis, and previously unreported cases Ð
- 🔮 Hepatitis D (acute and chronic infection)
- Hepatitis E (acute infection)
  - Legionellosis
  - Leptospirosis
  - Listeriosis
  - Mumps, acute disease only
  - Pertussis

Tuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment)

- Vancomycin-resistant Staphylococcus aureus (not to include vancomycin-٤ intermediate)
- S Vibriosis (*Vibrio* species not including *Vibrio cholerae* O1 or O139)

Yersiniosis

Unexplained critical illness or death

## LEGEND



Laboratory Confirmation Required Before Submitting Case Report



**DOH** 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 LHJ (for providers)	Lyme disease Lymphogranuloma venereum
Anaplasmosis	Malaria
Arboviral disease (acute disease only) including, but not limited	Pesticide poisoning (all other)
to: Chikungunya	Relapsing fever (borreliosis)
Dengue	<i>Rickettsia</i> infection
Eastern and western equine encephalitis Japanese encephalitis	Serious adverse reactions to immunizations
La Crosse encephalitis	Syphilis
Powassan virus infection St. Louis encephalitis	Taeniasis
West Nile virus infection	Tetanus
Zika virus infection See also "Yellow fever"	Tick paralysis
Babesiosis	Trichinosis
Campylobacteriosis	Typhus
Carbapenem-resistant Enterobacteriaceae infections limited to:	Varicella-associated death
<i>Klebsiella</i> species	NOTIFIABLE WITHIN 30 DAYS
<i>E. coli</i> <i>Enterobacter</i> species	NOTIFIADLE WITTIIN SO DATS
Chagas disease	Birth defects (Alcohol related, Autism spectrum disorders and Cerebral palsy)
Chancroid	Cancer (See chapter 246-102 WAC) wscr@doh.wa.gov
Chlamydia trachomatis infection	earreer (see enapter 210 102 where where a more a dominanger
Coccidioidomycosis	Facilities only
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Human immunodeficiency virus (HIV) infection

Human prion disease

Influenza-associated death (laboratory confirmed)

The conditions listed above are notifiable to public health authorities in Washington in accordance with <u>WAC 246-101</u>. 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 health care 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

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)



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