

# *epi*TRENDS

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## Annual Report and Updated Case Definitions

Washington Administrative Code 246-101-615 requires the Washington State Department of Health to “Distribute periodic epidemiological summary reports and an annual review of public health issues”. The 2024 Communicable Disease Report is posted.

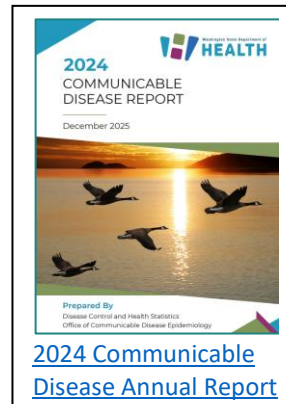
### Notifiable Conditions of Note in 2024

Both healthcare providers and clinical laboratories have responsibilities for notifiable conditions reporting. Providers report conditions, laboratories report agents.

COVID-19 cases and deaths both decreased in 2024, but reporting requirements, testing practices, and classifications have all changed so comparisons over the course of the pandemic are complex. COVID-19 continued to cause substantial morbidity and mortality in 2024, with 1,087 COVID-19-associated deaths reported based on vital records criteria.

In Washington there were record high numbers of cases and rates for salmonellosis (1,082 cases), cryptosporidiosis (296 cases), and yersiniosis (263 cases). Reports for campylobacteriosis reached the highest case count (2,373 cases) and second highest rate while Shiga toxin-producing *E. coli* had the second highest case count (650 cases) and rate as did shigellosis (769 cases). Shigellosis declined from a record high 1,038 reported cases in 2023, with 2024 counts reflecting the effective control of multiple large outbreaks of shigellosis among persons experiencing homelessness in urban centers.

Rates for several enteric infections increased starting in 2017 when clinical laboratories started routinely using culture-independent diagnostic tests (CIDT) for multiple agents. The effect of CIDT on rates of salmonellosis is less pronounced because *Salmonella* stool culture is more sensitive than cultures for other enteric infections.



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During 2024 there were 44 foodborne outbreaks affecting Washington residents. A third were multistate outbreaks in which there were generally only a few cases in Washington. National surveillance systems for foodborne enteric pathogens, such as PulseNet, use laboratory data to compare the DNA “fingerprints” of bacteria from across the country. These systems link cases that are genetically very similar and can detect when illnesses in different states are likely caused by the same contaminated food source. Even a small number of cases can signal a multistate outbreak that might otherwise go unnoticed if cases were investigated only at the local or state level.

Pertussis activity spikes periodically in Washington but the 2,293 cases in 2024 were the highest number since 2012 and the second highest rate since 1984. The increase may be due to several factors including: improved recognition of pertussis by healthcare providers, greater access to testing, changes in case definitions, and waning immunity from acellular pertussis vaccines.

Tuberculosis rates began to decrease in 2009 but increased starting in 2022. There were 257 cases, the highest number since 2007 although with a lower rate (3.2/100,000 compared to 4.5/100,000).

Legionellosis cases reached an all-time high of 133 (1.7/100,000) in Washington which is twice what was seen a decade ago. Improved awareness, changes in testing practices, and disruptions caused by the COVID-19 pandemic may be factors in the increase.

*C. auris* infection or colonization had 52 reports in contrast to six in 2023 when the agent was first detected in Washington. Several outbreaks as well as some facilities screening on admission or periodically may have contributed to the high numbers detected.

Rare diseases reported during 2024 included Chagas disease, echinococcosis, histoplasmosis, taeniasis/cysticercosis, and typhus. None were definitively exposed in Washington. Reflecting a dengue outbreak in multiple countries, the 67 cases reported in Washington were an all-time high.

Perinatal hepatitis C cases increased to 10, compared to 7 in 2023. Only 2–5 cases were reported annually from 2018–2022 in Washington. A similar rise in reported perinatal HCV cases has been observed nationally.

Sexually transmitted infections (STIs) had decreased rates for chlamydia infections (26,183 cases), gonorrhea (9,470 cases), herpes (1,023 cases), and syphilis (1,083 cases). While public health surveillance data do not explain the specific cause of the rate decreases, the patterns in Washington are in line with national STI trends. There was a slight increase in rate for newly diagnosed HIV infections (446 cases).

Mpox had 656 cases reported in 2022 with the onset of a global outbreak but only 78 in 2023 and 79 in 2024. Cases continue to be reported locally and nationally, suggesting that mpox may be an endemic condition that continues to be spread primarily through sexual/intimate contact.

### ***New Case Definitions Starting 2026***

State representatives at the Council of State and Territorial vote each year on updates to national case definitions. These definitions allow consistent reporting across jurisdictions. There are a few changes in case definitions for notifiable condition reports starting in 2026.

- **Campylobacteriosis:** case ascertainment criteria broadened with compatible illness no longer required, epidemiologic link to a Probable case also reportable, laboratory evidence alone can be used to classify a case, and the period for distinguishing a new case extended from 30 days to 90 days.

- **Tularemia:** updated clinical evidence for specific tularemia clinical forms, included rare manifestations (e.g., meningitis, septic arthritis, endocarditis), and incorporated epidemiologic criteria. Addition of a new Suspect case classification that will not be included in annual case counts.
- **Soft tick relapsing fever:** a condition common in western states now has a new standardized case definition with Confirmed, Probable, and Suspect classifications based on clinical criteria, laboratory criteria, and epidemiologic linkage criteria.
- **Dengue:** revised laboratory criteria, removal of dengue-like illness from the case definition, revised Suspect case classification, and clarified criteria for severe dengue.
- **Oropouche:** new standardized case definition for non-congenital and congenital disease with clinical, epidemiologic linkage, laboratory, vital record, and healthcare record criteria.
- **Typhus:** new standardized case definition for flea-borne (murine or endemic) typhus.
- **COVID-19 pediatric death (<18 years):** established new case definition and recommended that Confirmed cases be included in CDC print criteria. Confirmed cases meet clinical and confirmatory or presumptive laboratory criteria, Probable cases meet vital records criteria, and Suspect cases meet clinical and supportive laboratory criteria. Note that deaths displayed on the Washington State Department of Health's [Respiratory Illness Data Dashboard](#) currently rely on vital records criteria alone.
- **Syphilis:** updated case definitions for acquired syphilis; revised confirmatory, presumptive, and supportive laboratory criteria; revised neurologic, ocular, and otic manifestations; clarified that late manifestations to be used only for unknown duration or late syphilis cases; and Confirmed syphilitic stillbirth definition added.
- ***Haemophilus influenzae*:** reporting for invasive infections (e.g., infection in blood, brain, organ, or joint) expanded to all ages (previously limited to children under 5 years of age) including submission of associated specimens to Washington State Public Health Laboratories. Reporting and investigation requirements for children under 5 years remain unchanged.

Guidelines for conditions with case definition updates will be posted on the Notifiable Conditions website (see Resources). Local health jurisdictions can consult with Office of Communicable Disease Epidemiology for questions about case definitions and reporting.

## **Resources**

Washington State Department of Health Annual Communicable Disease Reports:

<https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports>

Notifiable conditions guidelines including case definitions: <https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/list-notifiable-conditions>

National case definitions: <https://ndc.services.cdc.gov/> and <https://www.cdc.gov/nndss/about/index.html>

CSTE position statements archive: <https://www.cste.org/page/PositionStatements>