



Draft Summary of the Notifiable Conditions Technical Advisory Committee (TAC) June 4, 2018

Red Lion Hotel- Seattle Airport
18220 International Blvd, Seattle, WA 98188
Seattle Room

Technical Advisory Committee members present:

Amanda Killingbeck, Mason General Hospital Laboratory Services
Bob Lutz, Washington State Association of Local Public Health Officials (via phone)
Jacky Chow, MultiCare Health System
Jaime Bodden, Washington State Association of Local Public Health Officials
Jason Love, Tacoma General Hospital Laboratories NW
Jason Matsumoto, Harborview Medical Center Department of Laboratory Medicine
Karie Nicholas, Washington Association of Community and Migrant Health Centers (via phone)
Kayla Preece, Washington Association of Naturopathic Physicians (via phone)
Lori Bourassa, University of Washington Department of Lab Medicine
Nicole Klein, Office of Superintendent of Public Instruction
Scott Lindquist, Washington State Department of Health
Stephen Kutz, Washington State Board of Health (via phone)
Tierney Edwards, Washington State Medical Association
Todd Schoonover, Department of Labor & Industries
Xuan Qin, Seattle Children's Hospital Laboratories

State Board of Health and Department of Health staff, and other guests who signed in:

Alexandra Montaña, Board of Health Staff
Melanie Hisaw, Board of Health Staff
Michelle Davis, Board of Health Staff
Sierra Rotakhina, Board of Health Staff
Amanda Jones, Department of Health
Marcia Goldoft, Department of Health
Brian Hiatt, Department of Health
Laura Johnson, Department of Health
Marisa D'Angeli, Department of Health (via phone)
Lynn Stapp, Seattle Children's Hospital
Bernadette Pajer, Informed Choice WA
Debra Lochner Doyle, Department of Health

1. BACKGROUND AND PLAN FOR THE DAY

Scott Lindquist, TAC Co-Chair, provided an overview of the agenda and noted that the role of the TAC is to discuss the recommendations for the rule update and to provide feedback, not to make final decisions.

2. OVERVIEW OF RULE AUTHORITIES

Alexandra Montaña and Sierra Rotakhina, Board Staff provided a presentation on the statutes that give the State Board of Health (Board) and Department of Health (Department) authority to write the notifiable conditions rules (chapter 246-101 WAC).

3. PUBLIC HEALTH RATIONALE FOR NOTIFIABLE CONDITIONS

Dr. Lindquist outlined the public health rationale for the notifiable conditions rules, how the rule works, how the data are used, and some of the goals for updating the rule.

4. RULEMAKING PROCESS AND TIMELINE

Ms. Montaña and Ms. Rotakhina provided a presentation on rule-making in Washington State, and then outlined how this process has been applied to the notifiable conditions rule update so far. They shared information on the anticipated timeline for this rule moving forward, and noted that the Board and Department will be gathering public input on the rules for most of the next year.

5. INTRODUCTION TO RECOMMENDED CHANGES

Ms. Montaña and Ms. Rotakhina provided an overview of the rule changes that the Board and Department are considering as outlined in the CR-101 (the scoping document that outlines what changes a state agency can consider during a rule update). The CR-101 includes the following changes that are under consideration:

- Adding notification and specimen submission requirements for new conditions;
- Adding notification and specimen submission requirements for conditions currently identified as “other rare diseases of public health significance”
- Changing notification and specimen submission requirements for existing conditions;
- Clarifying notification requirements for suspected cases;
- Requiring electronic lab notification;
- Revising reporting requirements for veterinarians and the Washington State Department of Agriculture;
- Updating statutory references in the rules;
- Updating references to the 2006 Security and Confidentiality Guidelines developed by the Centers for Disease Control and Prevention to the most recent publication; and
- Harmonizing definitions between chapters 246-100, Communicable and Certain Other Diseases, and 246-101 WAC.

The TAC recessed for lunch at 12:00p.m. and reconvened at 12:30 p.m.

6. DISCUSSION OF RECOMMENDED CHANGES

7. Dr. Lindquist began the discussion of recommended changes before lunch, and then continued the discussion after the lunch break. The group first discussed the conditions notifiable by health care providers and health care facilities:

- The TAC recommended standardizing the naming conventions throughout the provider and facility table for consistency. For example, the table could list the conditions followed by the agent(s) in parenthesis.

- The TAC discussed if listing the ICD 10 codes for each condition in the rule would be helpful. Board staff noted that, alternatively, this could be done in guidance and indicated that they would look into if other states have listed ICD-10 codes in rule.
- Dr. Lindquist asked staff to provide additional information at the next TAC meeting about CSTE recommended reporting timelines for conditions the TAC is discussing.
- The TAC discussed reporting requirements for schools and Board staff indicated that they would share this information at the next TAC meeting.
- The TAC walked through each recommended addition or change to the provider and facility table and discussed the changes in detail. For related meeting summary note see the table “Recommendations for Conditions Notifiable by Health Care Providers and Health Care Facilities” included below.

The group next discussed the conditions notifiable by laboratory directors:

- The TAC recommended that the rule include clear language as part of the table indicating that a laboratory director only needs to report a case if it identified as part of their normal book of work and that this rule does not imply that labs need to test for certain conditions or speculate if that is not something they are already doing as part of their work.
- The TAC noted that the Board and Department need to consider how the naming convention in the lab table will interface with electronic lab reporting systems.
- The TAC began to walk through each recommended addition to the laboratory director table and discussed the changes in detail. For related meeting summary note see the table “Recommendations for Conditions Notifiable by Laboratory Directors” included below. The TAC will continue discussing conditions it did not have time to address at the next TAC meeting in July.

Recommendations for Conditions Notifiable by Health Care Providers and Health Care Facilities

Notifiable Condition	TAC Discussion Notes
Acquired immunodeficiency syndrome (AIDS)	Board and Department not recommending any changes at this time.
Amoebic meningitis	Board and Department recommend adding as a new condition. TAC recommends changing to immediately notifiable.
Anaplasmosis	Board and Department recommend moving from the current definition of “other rare disease of public health significance” to the provider/facility table. The TAC did not voice any concerns.
Animal bites (when human exposure to rabies is suspected)	Board and Department not recommending any changes at this time.

Notifiable Condition	TAC Discussion Notes
Anthrax (<i>Bacillus anthracis</i> and confirmed <i>Bacillus cereus</i> biovar <i>anthracis</i>)	<p>Anthrax is an existing condition in the rule. The Board and Department recommend adding “confirmed <i>Bacillus cereus</i> biovar <i>anthracis</i>” to the existing rule language.</p> <p>The TAC indicated that there needs to be clear guidance for the labs on how to rule out other <i>B. cereus</i>. Labs need to be able to properly identify the organism so the state doesn’t get flooded with unwanted test results. Small labs don’t have the tools to do the molecular methods to identify the organism.</p> <p>TAC recommends adding clear language stating “Do not report all <i>B. cereus</i>.”</p>
Arboviral 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)	<p>The Board and Department recommend adding chikungunya and Zika to the arboviral disease list in the existing rule.</p> <p>TAC members noted that clinically it’s difficult to tell the difference between arboviral diseases so it makes sense to put these all under the same category. Some discussion about why yellow fever is not included here and if it should be. The reporting timeline for yellow fever is currently “immediately.” If it is grouped with the other arbovirus diseases (which are reportable within 3 business days) would the reporting timeline need to be adjusted? These conditions needs additional discussion.</p>
Asthma, occupational	The TAC will be discussing this condition at its July meeting.
Babesiosis	<p>Board and Department recommend moving from the current definition of “other rare disease of public health significance” to the provider/facility table.</p> <p>The TAC did not voice any concerns.</p>
<i>Baylisascaris</i> infection	<p>Board and Department recommend adding as a new condition.</p> <p>The TAC did not voice any concerns.</p>
Birth defects - Autism spectrum disorders	Board and Department not recommending any changes at this time.
Birth defects - Cerebral palsy	Board and Department not recommending any changes at this time.
Birth defects - Down syndrome	Board and Department not recommending any changes at this time.
Birth Defects - Alcohol related birth defects	Board and Department not recommending any changes at this time.
Birth defects – Hypospadias	Board and Department not recommending any changes at this time.
Birth defects - Limb reductions	Board and Department not recommending any changes at this time.
Birth defects - Neural tube defects (inclusive of anencephaly and spina bifida)	Board and Department not recommending any changes at this time.
Birth defects - Oral clefts (inclusive of cleft lip with/without cleft palate)	Board and Department not recommending any changes at this time.
Blood lead level	The TAC will be discussing this condition at its July meeting.
Botulism (foodborne, infant, and wound)	Board and Department not recommending any changes at this time.
Brucellosis (<i>Brucella</i> species)	<p>Board and Department recommend changing from reportable within 24 hours to reportable immediately.</p> <p>The TAC did not voice any concerns.</p>
Campylobacteriosis	Board and Department not recommending any changes at this time.
Cancer (<i>See chapter 246-430 WAC</i>)	Board and Department not recommending any changes at this time.
<i>Candida auris</i> infection	<p>Board and Department recommend adding as a new condition. This is easily spread in health care settings.</p> <p>The TAC did not voice any concerns.</p>

Notifiable Condition	TAC Discussion Notes
Carbapenem-resistant Enterobacteriaceae infections limited to: <i>Klebsiella</i> species <i>E. coli</i> <i>Enterobacter</i> species	Board and Department recommend adding as a new condition. TAC members indicated that there are others (pseudomonas and acetobacter) that are not reflected here because the state is only asking for those voluntarily (don't do systematic surveillance for these). The group expressed some interest in adding these as well (this is outside the scope of the CR-101, but could be considered for future rule updates).
Chagas disease	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Chancroid	Board and Department not recommending any changes at this time.
<i>Chlamydia trachomatis</i> infection	Board and Department not recommending any changes at this time.
Cholera	Board and Department not recommending any changes at this time.
Coccidioidomycosis	Board and Department recommend adding as a new condition. The TAC did not voice any concerns. The group discussed how this is already identified by the Department of Health as an "other rare disease of public health significance."
Coronavirus infection (severe communicable) SARS-associated coronavirus MERS-associated coronavirus	Board and Department recommend changing from "SARS" in the current rule table to this broader language. The TAC indicated that we need to have a conversation about consistency and organizing the conditions in the table (perhaps by condition followed by agent).
<i>Cryptococcus gattii</i> infections (<i>Cryptococcus</i> not confirmed to be <i>C. neoformans</i>)	This is an existing reporting requirement for laboratories, but the Board and Department recommend adding this as a reporting requirement for providers and facilities. The TAC indicated that this language is not clear and that alternative language should be used such as "Cryptococcus confirmed to be other than <i>C. neoformans</i> ."
Cryptosporidiosis	Board and Department not recommending any changes at this time.
Cyclosporiasis	Board and Department not recommending any changes at this time.
Cysticercosis	Board and Department not recommending any changes at this time.
Diphtheria	Board and Department not recommending any changes at this time.
Domoic acid poisoning	Board and Department not recommending any changes at this time.
<i>E. coli</i> – Refer to "Shiga toxin-producing <i>E. coli</i> "	Board and Department not recommending any changes at this time.
Echinococcosis	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Ehrlichiosis	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Emerging condition with outbreak potential	Board and Department recommend removing this existing reporting requirement from provider/facility table. The TAC did not voice any concerns.
Giardiasis	Board and Department not recommending any changes at this time.
Glanders (<i>Burkholderia mallei</i>)	Board and Department recommend moving Glanders to its own line in the table (currently listed with Melioidosis) to be consistent with formatting in the rest of the table. The TAC did not voice any concerns.
Gonorrhea	The TAC will be discussing this condition at its July meeting.
Granuloma inguinale	Board and Department not recommending any changes at this time.

Notifiable Condition	TAC Discussion Notes
Gunshot wounds (nonfatal)	Board and Department not recommending any changes at this time.
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Board and Department not recommending any changes at this time.
Hantaviral infections: Andes virus Bayou virus Black Creek Canal virus Dobrava-Belgrade virus Haantan virus Seoul virus Sin Nombre virus	Board and Department recommend changing from existing language (“Hantavirus pulmonary syndrome”) to this more specific language. The TAC recommends standardizing the naming conventions throughout the table.
Hepatitis A (acute infection)	Board and Department not recommending any changes at this time.
Hepatitis B (acute infection)	Board and Department not recommending any changes at this time.
Hepatitis B, report pregnancy in hepatitis B virus infected females	The Board and Department recommend changing from the existing language in the rule (“Hepatitis B surface antigen + pregnant women) to this more clear language. The TAC commented that this could still be made clearer. The TAC recommended specifying that this includes carriers.
Hepatitis B (chronic infection) - Initial diagnosis, and previously unreported prevalent cases	Board and Department not recommending any changes at this time.
Hepatitis B (perinatal) - Initial diagnosis, and previously unreported cases	Board and Department recommend adding this line in the table to clarify that perinatal cases are reportable. The TAC did not voice any concerns.
Hepatitis C (acute infection) See WAC 246-101-101(2)	Board and Department not recommending any changes at this time.
Hepatitis C (chronic infection) See WAC 246-101-101(2)	Board and Department not recommending any changes at this time.
Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases	Board and Department recommend adding this line in the table to clarify that perinatal cases are reportable. The TAC did not voice any concerns.
Hepatitis D (acute and chronic infection)	Board and Department not recommending any changes at this time.
Hepatitis E (acute infection)	Board and Department not recommending any changes at this time.
Herpes simplex, neonatal and genital (initial infection only)	Board and Department not recommending any changes at this time.
Histoplasmosis	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Human immunodeficiency virus (HIV) infection See WAC 246-101-101(2)	Board and Department not recommending any changes at this time.
Influenza, novel or unsubtypeable strain	Board and Department not recommending any changes at this time.
Influenza-associated death (laboratory confirmed)	Board and Department not recommending any changes at this time.
Legionellosis	Board and Department not recommending any changes at this time.
Leptospirosis	Board and Department not recommending any changes at this time.
Listeriosis	Board and Department not recommending any changes at this time.
Lyme disease	Board and Department not recommending any changes at this time.
Lymphogranuloma venereum	Board and Department not recommending any changes at this time.
Malaria	Board and Department not recommending any changes at this time.
Measles (rubeola) - Acute disease only	Board and Department not recommending any changes at this time.

Notifiable Condition	TAC Discussion Notes
Melioidosis (<i>Burkholderia pseudomallei</i>)	Board and Department recommend moving Melioidosis to its own line in the table (currently listed with Glanders) to be consistent with formatting in the rest of the table. The TAC did not voice any concerns.
Meningococcal disease (invasive)	Board and Department not recommending any changes at this time.
Monkeypox	Board and Department not recommending any changes at this time.
Mumps (acute disease only)	Board and Department not recommending any changes at this time.
Other rare disease of public health significance	Board and Department recommend removing this existing reporting requirement from the provider/facility table.
Outbreaks or suspected outbreaks, including, but not limited to, foodborne, waterborne, and health care-associated infection	Board and Department not recommending any substantive changes at this time.
Paralytic shellfish poisoning	Board and Department not recommending any changes at this time.
Pertussis	Board and Department not recommending any changes at this time.
Pesticide poisoning (hospitalized, fatal, or cluster)	Board and Department not recommending any changes at this time.
Pesticide poisoning (all other)	Board and Department not recommending any changes at this time.
Plague	Board and Department not recommending any changes at this time.
Poliomyelitis	Board and Department not recommending any changes at this time.
Prion disease	Board and Department not recommending any changes at this time.
Psittacosis	Board and Department not recommending any changes at this time.
Q fever	Board and Department not recommending any changes at this time.
Rabies (confirmed human or animal)	Board and Department not recommending any changes at this time.
Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)	Board and Department not recommending any changes at this time.
Relapsing fever (borreliosis)	Board and Department recommend changing from reportable within 24 hours to reportable within 3 business days. The TAC did not express any concerns with the change in timeline but again noted the need to standardize naming conventions throughout the table.
<i>Rickettsia</i> infection	The Board and Department recommend moving this from the current definition of “other rare disease of public health significance” to the provider/facility table and removing “other rare disease of public health significance” as a reporting requirement. The TAC recommends clarifying the specific agents that fall under this broad category.
Rubella, acute disease only (including congenital rubella syndrome)	Board and Department not recommending any changes at this time.
Salmonellosis	Board and Department not recommending any changes at this time.
Serious adverse reactions to immunizations	Board and Department not recommending any changes at this time.
Shiga toxin-producing <i>E. coli</i> infections / enterohemorrhagic <i>E. coli</i> infections	Board and Department not recommending any changes at this time.
Shigellosis	Board and Department not recommending any changes at this time.
Sleeping sickness	Board and Department recommend adding as a new condition. The TAC did not voice any concerns.
Smallpox	Board and Department not recommending any changes at this time.
Syphilis	Board and Department not recommending any changes at this time.

Notifiable Condition	TAC Discussion Notes
Taeniasis	Board and Department recommend adding as a new condition. The TAC recommends that the rule list out the specific agent(s) here and that staff work with the subject matter expert to determine when they would like this reported (e.g. after the specific worm is identified or before) and to summarize the specific public health benefit of reporting.
Tetanus	Board and Department not recommending any changes at this time.
Tick paralysis	The Board and Department recommend moving this from the current definition of “other rare disease of public health significance” to the provider/facility table and removing “other rare disease of public health significance” as a reporting requirement. The TAC did not voice any concerns.
Trichinosis	Board and Department not recommending any changes at this time.
Tuberculosis	Board and Department not recommending any changes at this time.
Tularemia	Board and Department not recommending any changes at this time.
Typhus	Board and Department recommend adding as a new condition. The TAC indicated that this needs to be clarified.
Vaccinia transmission	Board and Department not recommending any changes at this time.
Vancomycin-resistant <i>Staphylococcus aureus</i> (not to include vancomycin-intermediate)	Board and Department not recommending any changes at this time.
Varicella-associated death	Board and Department not recommending any changes at this time.
Vibriosis	Board and Department not recommending any changes at this time.
Viral hemorrhagic fever	Board and Department not recommending any changes at this time.
Yellow fever	Board and Department not recommending any changes at this time. The TAC discussed that yellow fever is not included with the other arboviral disease and if it should be. The reporting timeline for yellow fever is currently “immediately.” If it is grouped with the other arbovirus diseases (which are reportable within 3 business days) would the reporting timeline need to be adjusted? This condition needs additional discussion.
Yersiniosis	Board and Department not recommending any changes at this time.
Unexplained critical illness or death	Board and Department not recommending any changes at this time.

Recommendations for Conditions Notifiable Laboratory Directors

Agent (Condition)	Discussion Notes
<i>Acanthamoeba</i> (Amoebic meningitis)	Board and Department recommend adding as a new condition. The TAC indicated that for this condition it would be a circular process because it would most likely go to the Centers for Disease Control and Prevention (CDC) to determine the exact amoeba, after which point the lab could not submit the specimen associated with the positive result to the Department. The TAC recommended the “what to submit” column read “specimen associated with positive result, if available.” This needs language to indicate that labs should notify local health if they identify “amoebic meningitis” even if the specific amoeba has not been identified. The group noted that the notification should happen with any positive result or reference test. The TAC also recommended that the timeline be changed from “within 2 business days” to “immediately.”
<i>Anaplasma phagocytophilum</i> (Anaplasmosis)	Board and Department recommend adding as a new condition. The TAC indicated that most labs don’t speciate, so there is a good chance labs will miss these cases. The TAC recommended looking at reports from labs currently using electronic lab reporting to see how the results for anaplasmosis and amoebic meningitis are currently being reported to better frame the conversation. The group recommends that the specimen with positive result only be submitted “if available” because in many cases the specimen would have already been sent to the CDC.
<i>Babesia</i> species (Babesiosis)	Board and Department recommend adding as a new condition. TAC members noted that labs only get to the genus level, not species. The group noted that this specimen should also only be submitted “if available” as it is often shipped to the CDC.
<i>Bacillus anthracis</i> (Anthrax)	Board and Department not recommending any changes at this time.
<i>Bacillus cereus</i> biovar <i>anthracis</i>	Board and Department recommend adding as a new condition. The TAC discussed that there is not a good way for labs to know this information at the species level without sending the specimen to the CDC. The group discussed that this reporting requirement would only be for labs that do speciate and identify a case. A TAC member recommended changing the language to “biovar anthracis subspecies of <i>Bacillus cereus</i> ” to minimize the risk that all <i>Bacillus cereus</i> would be reported.
<i>Balamuthia mandrillaris</i> (Amoebic meningitis)	Board and Department recommend adding as a new condition. See notes from <i>Acanthamoeba</i> (Amoebic meningitis) above. The same concerns apply.
<i>Baylisascaris</i>	Board and Department recommend adding as a new condition. The TAC indicated that this specimen should also only be submitted “if available” as it is often shipped to the CDC.
<i>Candida auris</i>	Board and Department recommend adding as a new condition. The TAC asked if this condition should be immediately notifiable instead of within 24 hours. This condition needs further discussion.
The remaining conditions which the Board and Department recommend adding or making changes to will be discussed at the July TAC meeting	

8. ADJOURNMENT

Dr. Lindquist adjourned the meeting at 3:00 p.m.