

# Case Classification for Acute Pesticide-Related Illness or Injury



## Classification of Investigated Cases

Washington State Department of Health uses standardized criteria set by the Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH) to categorize Investigated cases of Illness and Injury.

## Confirmed Pesticide-Illness Cases

Pesticide-illness cases are considered confirmed if the relationship between the exposure and illness is consistent with the known toxicology of the pesticide and exposure to the pesticide is plausible. Confirmed pesticide-illness cases are further classified as definite, probable, or possible, depending on the level of evidence documented in the investigation. Data from confirmed pesticide-illness cases is analyzed and used for illness prevention activities and education planning.

<b>Definite</b>	<b>Probable</b>	<b>Possible</b>
The relationship between the exposure and illness is consistent with the known toxicology of the pesticide. Objective evidence confirms both the exposure and the illness, and the temporally related illness is consistent with the known toxicology of the pesticide.	The relationship between the exposure and illness is consistent with the known toxicology of the pesticide. Objective evidence of either the exposure or the illness is available, and the temporally related illness is consistent with the known toxicology of the pesticide.	The relationship between the exposure and illness is consistent with the known toxicology of the pesticide. Subjective evidence of exposure and illness is available, and the temporally related illness is consistent with the known toxicology of the pesticide.

## Other Case Categories

<b>Suspicious</b>	<b>Unlikely</b>	<b>Insufficient Information</b>	<b>Not a Case</b>
Toxicological Information is not available to the level necessary to determine whether a causal relationship exists between the pesticide exposure and the illness.	The relationship between the exposure and illness is not consistent with the known toxicology of the pesticide. Symptoms may be atypical, but cannot be ruled out as unrelated.	Insufficient documentation was obtained about the exposure or illness to determine whether the illness was related to a pesticide exposure.	A case may have been reported to a state surveillance system due to an alleged exposure but the individual exposed was asymptomatic or the illness was related to a condition other than pesticide exposure.

### For more Information:

Office of Environmental Public Health Sciences, Pesticide Illness Surveillance and Prevention Program  
Toll Free: 1-877-485-7316 | [www.doh.wa.gov/pesticides](http://www.doh.wa.gov/pesticides)

## Classification of Medical Severity

<b>Death (Fatal)</b>	<b>Severe (High)</b>	<b>Moderate</b>	<b>Mild (Low)</b>
Human fatality resulting from exposures to one or more pesticides.	Life threatening illness commonly involving hospitalization to prevent death. Signs and symptoms include but are not limited to coma, cardiac arrest, renal failure, and/or respiratory depression. The individual sustains substantial loss of time (more than 5 days) from work or other normal activities. This level may include the need for continued health care after exposure, prolonged time off from work, necessary modification of work or normal activities. The individual may sustain permanent functional impairment.	This category often involves systemic manifestations. Usually medical treatment is provided. The individual is able to return to normal functioning without any residual disability. Time is often lost from work or normal activities (3-5 days). Effects may be persistent but no permanent impairment is expected.	This category can involve skin, eye, or respiratory irritation, inflammation or pain. It can include systemic symptoms such as headache, nausea, vomiting, dizziness, muscle weakness, and/or fatigue. Less than 3 days is lost from work or normal activities. Medical treatment is usually supportive treatment of systems.

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