

HEPATITIS REPORTING REQUIREMENTS

	Health Care Providers	Hospitals	Laboratories	Department of Corrections	Local Health Jurisdictions
	Report to Local Health Jurisdiction	Report to Local Health Jurisdiction	Report to Local Health Jurisdiction	Report to DOH - locations listed below Within 7 days of case investigation completion, or summary information required within 21 days	Report to DOH - locations listed below Within 7 days of case investigation completion, or summary information required within 21 days
Hepatitis A					
Acute	<i>Immediately</i>	<i>Immediately</i>	Within 2 working days	Communicable Disease Epidemiology	Communicable Disease Epidemiology
Hepatitis B					
Acute	Within 3 working days	Within 3 working days	Within 1 month	Communicable Disease Epidemiology	Communicable Disease Epidemiology
Pregnancy in HBV surface antigen + women, each pregnancy	Within 3 working days	Within 3 working days	Within 1 month	Immunization Program	Immunization Program
Perinatal Hepatitis B *	Within 3 working days of receiving test result	Within 3 working days of receiving test result	Within 1 month	Communicable Disease Epidemiology	Communicable Disease Epidemiology & Immunization Program
Chronic	Within 1 month	Within 1 month	Within 1 month	Infectious Disease & Reproductive Health	To DOH through PHIMS
Hepatitis C					
Acute	Within 1 month	Within 1 month	Within 1 month	Communicable Disease Epidemiology	Communicable Disease Epidemiology
Chronic	Within 1 month	Within 1 month	Within 1 month	Infectious Disease & Reproductive Health	To DOH through PHIMS

* Perinatal Hepatitis B is defined as a child:

- 1) under 24 months of age
- 2) born to a Hepatitis B surface antigen positive (HBsAG+) mother who
- 3) tests positive for HBsAg

* These infants are reported as acute Hepatitis B, even though most have no symptoms

DOH Infectious Disease and Reproductive Health
PO Box 47838
Olympia, WA 98504-7838
360-236-3440

DOH Communicable Disease Epidemiology
1610 NE 150th Street
Shoreline, WA 98155
206-418-5500
877-539-4344 (24 hr)

DOH Immunization Program
PO Box 47843
Olympia, WA 98504-7843
360-236-3595



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).