

Notifiable to the local health jurisdiction (LHJ) of the patient's residence

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)

BACTERIA

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|  <i>Anaplasma species</i> (Anaplasmosis) |   <i>Legionella species</i> (Legionellosis) |
|   <i>Bacillus anthracis</i> (Anthrax) |  <i>Leptospira species</i> (Leptospirosis) |
|  <i>Bacillus cereus</i> , biovar anthracis only |   <i>Listeria monocytogenes</i> |
|   <i>Bordetella pertussis</i> (Pertussis) |   <i>Neisseria gonorrhoeae</i> (Gonorrhea) (4) |
|  <i>Borrelia burgdorferi</i> or <i>Borrelia mayonii</i> (Lyme disease) |   <i>Neisseria meningitidis</i> (Meningococcal disease) |
|  <i>Borrelia hermsii</i> , <i>B. parkeri</i> , <i>B. turicatae</i> , <i>B. miyamotoi</i> , or <i>B. recurrentis</i> (Relapsing fever, tick- or louse-borne) | <i>Rickettsia species</i> including, but not limited to:
<i>Rickettsia rickettsii</i>
<i>Rickettsia africae</i>
<i>Rickettsia conorii</i>
<i>Rickettsia typhi</i>
<i>Rickettsia parkeri</i>
<i>Rickettsia philipii</i> |
|   <i>Brucella species</i> (Brucellosis) |  |
|   <i>Burkholderia mallei</i> (Glanders) | |
|   <i>Burkholderia pseudomallei</i> (Meliodiosis) | |
|   Carbapenem-resistant Enterobacteriaceae (CRE) |   <i>Salmonella species</i> (Salmonellosis, typhoid fever) |
|  <i>Campylobacter species</i> (Campylobacteriosis) |   Shiga toxin-producing <i>E. coli</i> /enterohemorrhagic <i>E. coli</i> (STEC) |
|  <i>Chlamydia psittaci</i> (Psittacosis) |   <i>Shigella species</i> (Shigellosis) |
|   <i>Chlamydia trachomatis</i> (4) |    <i>Treponema pallidum</i> (Syphilis) (4) |
|   <i>Clostridium botulinum</i> (Botulism) |   Vancomycin-resistant <i>Staphylococcus aureus</i> |
|   <i>Corynebacterium diphtheriae</i> (Diphtheria) |   <i>Vibrio cholerae</i> O1 or O139 (Cholera) |
|   <i>Coxiella burnetii</i> (Q fever) |   <i>Vibrio species</i> (Vibriosis) not including <i>Vibrio cholerae</i> O1 or O139 (Cholera) |
|   <i>E. coli</i> - Refer to "Shiga toxin-producing <i>E. coli</i> " |  <i>Yersinia enterocolitica</i> , <i>Y. pseudotuberculosis</i> , <i>Y. intermedia</i> , <i>Y. fredericksonii</i> , or <i>Y. kristensenii</i> (Yersiniosis) |
|  <i>Ehrlichia species</i> | |
|   <i>Francisella tularensis</i> (Tularemia) |    <i>Yersinia pestis</i> (Plague) |
|   <i>Haemophilus influenzae</i> (children < 5 years of age) | |

VIRUSES

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|  Arboviruses, acute, (California serogroup viruses, Chikungunya virus, Dengue virus, Eastern and western equine encephalitis virus, Japanese encephalitis virus, La Crosse encephalitis virus, Powassan virus, St. Louis encephalitis virus, West Nile virus, Zika virus) |   Rubella |
|  Coronavirus (SARS-associated Coronavirus, MERS-associated Coronavirus, Novel Coronavirus [SARS-Cov-2]) (3) |   Rubeola (Measles virus) |
|   Hantavirus including, but not limited to: Andes virus, Bayou virus, Black Creek Canal virus, Dobrava-Belgrade virus, Hantaan virus, Seoul virus, Sin nombre virus |   Vaccinia [Submit specimen collected from a suspect case immediately] |
|  Hepatitis A virus |   Variola virus (Smallpox) [Submit specimen collected from a suspect case immediately] |
|  Hepatitis B virus (1) |   Viral hemorrhagic fever (Crimean-Congo virus, Ebola virus, Guanarito virus, Junin virus, Lassa virus, Lujo virus, Machupo virus, Marburg virus, Sabia virus) |
|   Hepatitis C virus (1) (3) (5) |   Yellow Fever Virus |
|  Hepatitis D virus | |
|  Hepatitis E virus | |
|   Influenza virus, novel or unsubtypable strain | |
|   Measles virus - See "Rubeola (Measles virus)" | |
|   Mumps virus | |
|   Poliovirus (Poliomyelitis) | |
|   Rabies virus | |

LEGEND

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|  Notify Immediately
Requires a phone call to reach a live person at the LHJ, 24/7 |  Report deidentified negative screening result at least annually |
|  Notify within 24 hours
Requires phone call if reporting after normal business hours |  Specimen/culture submission to the Public Health Laboratories required (upon request for all others) |
|  Notify within 2 business days |  Call Public Health Lab to ensure Federal Select Agent regulations are met (206-418-5562) |
|  Notify within 30 days | |

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PARASITES

-   Amebic meningitis
-  Babesia species (Babesiosis)
-   Baylisascaris (Baylisascariasis)
-  Cryptosporidium (Cryptosporidiosis)
-  Cyclospora cayetanensis (Cyclosporiasis)
-  *Echinococcus granulosus* or *E. multilocularis* (Echinococcosis)
-  Giardia duodenalis, G. lamblia, G. intestinalis (Giardiasis)
-  Plasmodium species (Malaria)
-  *Taenia solium* (Taeniasis or Cysticercosis)
-  *Trichinella* species (Trichinellosis)
-  *Trypanosoma cruzi* (Chagas disease)

FUNGI

-   Candida auris
-   Coccidioides (Coccidioidomycosis)
-  Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)
-   *Histoplasma capsulatum* (histoplasmosis)

OTHER

-   Human prion disease

NOTIFIABLE TO DEPARTMENT OF HEALTH (DOH)

Condition:

-  Blood lead level (elevated: $\geq 5\mu\text{g/dL}$) **(2) (3)**
-  Blood lead level (non-elevated: $< 5\mu\text{g/dL}$) **(2) (3)**
-  CD4 + count 1, or CD4 + percent 2, or both (patients aged thirteen or older)*
-   Human immunodeficiency virus (HIV)*
(for example, positive antibody and antigen tests, and all NAAT tests) **(3) (5)**
-   Mycobacterium tuberculosis complex (Tuberculosis)

Notifiable to:

- DOH Lead Program: **360-236-4280**
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- DOH Office of Infectious Disease: **360-236-3464**
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- DOH Tuberculosis Program – **Fax: 206-364-1060**

* Notify DOH (except King County where this is notifiable to LHJ)

The conditions listed above are notifiable to public health authorities in Washington in accordance with [246-101](#). The following information is required when reporting a condition that occurs in or is treated by health care providers/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.

(1) For positive hepatitis B or hepatitis C result, if available: Pregnancy status, Hepatocellular enzyme levels (e.g., ALT, total bilirubin), and/or Negative result for IgM anti-HBc. (For positive HCV: Negative result for IgM anti-HAV, as well).

(2) For blood lead level, Medicaid status of patient less than seventy-two months of age.

(3) Includes [rapid screening test](#) (RST) results for HIV, hepatitis c virus, blood lead level and COVID.

(4) For Chlamydia trachomatis, HIV, Neisseria gonorrhoeae (gonorrhea), and Treponema pallidum (syphilis) as follows: Both positive and indeterminate results by any method.

(5) Includes non-positive/undetectable NAT/NAAT and genotype tests for HIV and hepatitis C virus.

Per WAC [246-101-225\(2\)](#), The local health officer or the state health officer may request additional information of epidemiological or public health value when conducting a case investigation or otherwise for prevention and control of a specific notifiable condition.

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>