

LOCAL HEALTH JURISDICTIONS

Notifiable to the Washington State Department of Health

Investigation and Reporting Guidelines are available on the List of Notifiable Conditions

IMMEDIATELY NOTIFIABLE (suspected or confirmed cases)

Notifiable to the Office of Communicable Disease Epidemiology: 1-877-539-4344 or 206-418-5500 (unless noted otherwise)

| Amebic meningitis | Outbreaks and suspected outbreaks |
|--|--|
| Anthrax (<i>Bacillus anthracis</i> and confirmed <i>Bacillus cereus</i> biovar <i>anthracis</i> only) | Paralytic shellfish poisioning |
| | Pesticide poisoning (hospitalized, fatal, or cluster) |
| Botulism, foodborne, infant, and wound | (notify Washington Poison Center – 1-800-222-1222) |
| Cholera (<i>Vibrio cholerae</i> O1 or O139) | Plague |
| Coronavirus infection ([severe], SARS, MERS, COVID-19) | Poliomyelitis |
| Diphtheria | Rabies (suspect or confirmed human and confirmed animal) |
| Domoic acid poisoning | Rabies, suspected human exposure |
| Glanders (Burkholderia mallei) | Rubella, acute (including congenital) |
| Haemophilus influenzae (invasive disease, children under 5 years of age) | Smallpox |
| Influenza, novel or unsubtypable strain | Tularemia |
| Measles (rubeola) - Acute disease only | Viral hemorrhagic fever (Ebola virus, Crimean-Congo virus, Guanarito |
| Melioidosis (Burkholderia pseudomallei) | virus, Junin virus, Lassa virus, Luio virus, Machupo virus, Marburg virus, Sabia virus) |
| Mpox (Monkeypox) | Yellow fever |

NOTIFIABLE (*initially***) WITHIN 3 BUSINESS DAYS** of case or laboratory report see <u>WAC 246-101-510</u> for investigation report submission requirements

NOTIFIABLE TO: Office of Communicable Disease Epidemiology (1-877-539-4344 or 206-418-5500)

| Anaplasmosis | Cyclosporiasis |
|--|--|
| Arboviral disease (acute disease only) including, but not limited to: | Cysticercosis |
| California serogroup viruses Chikungunya | Echinococcosis |
| Dengue Eastern and western equine encephalitis | Ehrlichiosis |
| Japanese encephalitis | Giardiasis |
| La Crosse encephalitis Powassan virus infection St. Louis encephalitis West Nile virus infection Zika virus infection See also "Yellow fever" | Hantavirus including, but not limited to: Andes virus Bayou virus Black Creek Canal virus Dobrava-Belgrade virus |
| Babesiosis | Hantaan virus Seoul virus |

Baylisascariasis

Brucellosis

Campylobacteriosis

Candida auris infection or colonization

Carbapenem-resistant Enterobacteriaceae infections limited to: *Klebsiella species E. coli Enterobacter* species

Chagas disease

Coccidioidomycosis

Cryptococcus gattii or undifferentiated *Cryptococcus* species (i.e., *Cryptococcus* not identified as *C. neoformans*)

Cryptosporidiosis

Sin nombre virus

Hepatitis A (acute infection)

Hepatitis B (acute and chronic infection, perinatal)

Hepatitis B, surface antigen-positive pregnant persons

Hepatitis D (acute and chronic infection)

Hepatitis E (acute infection)

Histoplasmosis

Human prion disease

Influenza-associated death (laboratory confirmed)

Legionellosis

Leptospirosis

Notifiable Conditions: LOCAL HEALTH JURISDICTIONS

NOTIFIABLE (*initially***) WITHIN 3 BUSINESS DAYS** of case or laboratory report see WAC 246-101-510 for investigation report submission requirements

NOTIFIABLE TO: Office of Communicable Disease Epidemiology (1-877-539-4344 or 206-418-5500)

| Listeriosis | Shigellosis |
|--|---|
| Lyme disease | Taeniasis |
| Malaria | Tetanus |
| Meningococcal disease, invasive | Tick paralysis |
| Mumps, acute disease only | Trichinosis |
| Pertussis | Typhus |
| Psittacosis | Unexplained critical illness or death |
| Q fever | Vaccinia transmission |
| Relapsing fever (borreliosis) | Vancomycin-resistant <i>Staphylococcus aureus</i> (not including |
| <i>Rickettsia</i> infection | vancomycin-intermediate) |
| Salmonella species (Salmonellosis, typhoid fever) | Varicella-associated death |
| | Vibriosis (Vibrio species not including Vibrio cholerae O1 or O139) |
| Shiga toxin-producing <i>E. coli</i> (STEC)/enterohemorrhagic <i>E. coli</i> | Yersiniosis |

NOTIFIABLE TO: Office of Infectious Disease (360-706-3400)

| Acquired immunodeficiency syndrome (AIDS) | Hepatitis C (acute and chronic infection, perinatal)* |
|--|---|
| Chancroid | Herpes simplex, neonatal and genital (initial infection only) |
| Chlamydia trachomatis infection | Human immunodeficiency virus (HIV) infection |
| Gonorrhea | Lymphogranuloma venereum |
| Granuloma inguinale | Syphilis |
| | |
| NOTIFIABLE TO: Washington Poison Center | NOTIFIABLE TO: Tuberculosis Program |
| NOTIFIABLE TO: Washington Poison Center Pesticide poisoning (all other) 1-800-222-1222 | NOTIFIABLE TO: Tuberculosis ProgramTuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment)TB Reporting Fax Line: 206-364-1060 |

Serious adverse reactions to immunizations

The conditions listed above are notifiable to Washington State Department of Health in accordance with WAC 246-101. The local health officer will provide the following information for each notification, investigation report, and outbreak report submitted under WAC 246-101-510:

Notifications must include: Patient's first and last name, notifiable condition, date local health jurisdiction was notified, condition symptom onset data (preferred) or diagnosis date (alternatively), patient's date of birth and sex.

Investigation reports must include: Patient's first and last name, date of birth, ethnicity, race, preferred language, pregnancy status for hepatitis B acute or chronic infection investigation reports of patients twelve to fifty years of age, investigation start date, investigation completion date, initial notification source, hospitalization status of patient, whether the patient died during this illness, probable geographic region of exposure, travel out of the country (as applicable), whether the case is associated with an ongoing outbreak investigation, and the data used to verify the case meet clinical criteria or laboratory criteria, or both.

*If available include: pregnancy status for hepatitis C infection investigation reports.

Outbreak reports must include: Organism or suspected organism, source or suspected source, and number of persons infected and potentially exposed.

Note: This poster does not include information about provisional reporting notifications, for more information please visit: <u>https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions</u>



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