

DRAFT

PART I: GENERAL PROVISIONS

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

**WAC 246-101-005 Purpose ~~of notifiable conditions reporting and~~  
scope. (1) The purpose of (~~notifiable conditions reporting~~) this  
chapter is to provide critical the information necessary for to public  
health authorities officials to (~~protect the public's health by~~  
~~tracking communicable diseases and other conditions. These data are~~  
~~critical to local health departments and the departments of health and~~  
~~labor and industries in their efforts to~~ aid them in protecting and  
improving the public's health through prevention and control the  
spread of diseases and other of infectious and noninfectious  
conditions. Public health officials authorities take steps to protect  
the public, based on these notifications. use the information gathered  
under this chapter to take appropriate action, including, but not  
limited to:**

(a) ~~Treating~~ Treating ill persons already ill; providing

(b) Providing preventive therapies for individuals who came into contact with infectious agents, ~~investigating~~;

(c) Investigating and halting outbreaks, ~~;~~

(d) and removing Removing harmful health exposures from the environment;

~~(e) are key ways public health officials protect the public. Public health workers also use these data to a~~Assessing broader health-related patterns, including historical trends, ~~and~~ geographic clustering, and risk factors. ~~;~~ and

~~(f) Based on~~ By analyzing the broader picture, officials are able to take appropriate actions, including outbreak investigation, redirection of broader health-related patterns, redirecting program activities, or and developing policies (policy development)) prevent and control infectious and noninfectious conditions.

(2) This chapter establishes notification requirements and standards for conditions that pose a threat to public health consistent with the purpose as established in this section.

[Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-005, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 14-11-009, filed 5/8/14, effective 6/8/14)

**WAC 246-101-010 Definitions, ~~within the notifiable conditions regulations~~ abbreviations, and acronyms.** The ~~((following))~~ definitions, abbreviations, and acronyms in this section apply ~~((in the interpretation and enforcement of))~~ throughout this chapter unless the context clearly requires otherwise:

(1) "Animal case" means an animal, alive or dead, with a diagnosis or suspected diagnosis of a notifiable condition in Table Agriculture-1 made by a veterinarian licensed under chapter 18.92 RCW, veterinary medical facility licensed under chapter 18.92 RCW, or veterinary laboratory as defined under chapter 16.70 WAC based on clinical criteria, or laboratory criteria, or both.

(2) "Associated death" means a death resulting directly or indirectly from ~~((the confirmed condition of influenza or varicella. There should be))~~ a confirmed case of the specified condition, with no period of complete recovery between the ~~illness~~ onset of the condition and death.

(2) "Blood lead level" means a measurement of lead content in whole blood.

(3) "Board" means the Washington state board of health.

(4) "Business day" means any day that the department is open for business.

(5) "Carrier" means a person harboring a specific infectious agent without developing symptoms and serving as a potential source of infection to others.

~~((5))~~ (6) "Case" means a person, alive or dead, ~~+(diagnosed)+~~ identified with a ~~((particular disease or))~~ diagnosis or suspected diagnosis or confirmed of a condition made by a health care provider, ~~((with diagnosis))~~ health care facility, or laboratory based on clinical criteria, or laboratory criteria, or both.

~~((6))~~ (7) "Child ~~((day))~~ care facility" means an agency that regularly ((providing care)) provides early childhood education and early learning services for a group of children for less than twenty-four hours a day and is subject to licensing under chapters 74.15, and/or 43.216 RCW, or both.

(8) "Cluster" means the occurrence of a condition in an area over a given period of time without regard to whether the number of occurrences is greater than expected.

~~((7)) "Condition notifiable within three business days" means a notifiable condition that must be reported to the local health officer~~

~~or the department within three business days following date of diagnosis. For example, if a condition notifiable within three business days is diagnosed on a Friday afternoon, the report must be submitted by the following Wednesday.)~~)

(~~89~~) "Communicable disease" means an infectious disease ~~caused by an infectious agent~~ that can be transmitted from ~~one~~ a person, animal, or object to ~~another~~ a person by direct or indirect means including, but not limited to, transmission through an intermediate host or vector, food, water, or air.

(~~910~~) (~~"Contact" means a person exposed to an infected person, animal, or contaminated environment that may lead to infection.~~)

~~"Deidentified negative screening result" means an initial test result that indicates the absence of disease, and that has personally identifiable information removed from it using the Health Insurance Portability and Accountability Act of 1996 (HIPAA) safe harbor method defined in 45 C.F.R. 164.514. A deidentified negative screening result does not include a negative test result associated with a previous positive test result, such as a negative nucleic acid or viral load test that is performed after a positive antibody or antigen test.~~"Condition" means an infectious or noninfectious condition as  
these terms are defined in this chapter.

~~(1011)~~ "Department" means the Washington state department of health.

~~(1112)~~ (~~"Disease of suspected bioterrorism origin" means a disease caused by viruses, bacteria, fungi, or toxins from living organisms that are used to produce death or disease in humans, animals, or plants. Many of these diseases may have nonspecific presenting symptoms. The following situations could represent a possible bioterrorism event and should be reported immediately to the local health department:~~

~~(a) A single diagnosed or strongly suspected case of disease caused by an uncommon agent or a potential agent of bioterrorism occurring in a patient with no known risk factors;~~

~~(b) A cluster of patients presenting with a similar syndrome that includes unusual disease characteristics or unusually high morbidity or mortality without obvious etiology; or~~

~~(c) Unexplained increase in a common syndrome above seasonally expected levels.~~

~~(12) "Elevated blood lead level" means blood lead levels equal to or greater than 10 micrograms per deciliter for persons aged fifteen years or older, or equal to or greater than 5 micrograms per deciliter in children less than fifteen years of age.~~

~~(13) "Emerging condition with outbreak potential" means a newly identified condition with potential for person-to-person transmission.~~

~~(14) "Food service establishment" means a place, location, operation, site, or facility where food is manufactured, prepared, processed, packaged, dispensed, distributed, sold, served, or offered to the consumer regardless of whether or not compensation for food occurs.)~~ "Department of Agriculture" means the Washington state department of agriculture.

(13) "Department of Labor and Industries" means the Washington state department of labor and industries

(14) "DOH" means department.

(15) "Food establishment" is defined and referenced under WAC 246-215-01115.

~~((15))~~ (1216) "Health care-associated infection" means an infection acquired from contaminated products, devices, or food products, or environmentally related disease in a health care facility.

~~((16))~~ (1317) "Health care facility" means:

(a) Any assisted living facility licensed under chapter 18.20 RCW; birthing center licensed under chapter 18.46 RCW; nursing home licensed under chapter 18.51 RCW; hospital licensed under chapter

70.41 RCW; adult family home licensed under chapter 70.128 RCW; ambulatory surgical facility licensed under chapter 70.230 RCW; or private establishment licensed under chapter 71.12 RCW;

(b) Clinics, or other settings where one or more health care providers practice; and

(c) In reference to a sexually transmitted diseaseinfection, other settings as defined in chapter 70.24 RCW.

~~((17))~~ (1418) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care whose scope of practice allows for diagnosis and treatment of notifiable conditions, and who is:

~~(a) Licensed~~ licensed or certified in this state under Title 18 RCW; or

~~(b) Military personnel providing health care within the state regardless of licensure.~~

~~((18) "Health care services to the patient" means treatment, consultation, or intervention for patient care.~~

~~(19) "Health carrier" means a disability insurer regulated under chapter 48.20 or 48.21 RCW, a health care service contractor as defined in RCW 48.44.010, or a health maintenance organization as defined in RCW 48.46.020.~~



~~(20))~~ (1519) "HIV testing" means conducting a laboratory test or sequence of tests to detect the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements ~~((to))~~ of WAC 246-100-207.

(a) To assure that the protection, including, but not limited to, pre- and post-test counseling, ~~((consent,))~~ and confidentiality afforded to HIV testing as described in chapter 246-100 WAC also applies to the enumeration of CD4 + (T4) lymphocyte counts (CD4 + counts) and CD4 + (T4) percents of total lymphocytes (CD4 + percents) when used to diagnose HIV infection, CD4 + counts and CD4 + percents will be presumed HIV testing except when shown by clear and convincing evidence to be for use in the following circumstances:

~~((a))~~ (i) Monitoring previously diagnosed infection with HIV;

~~((b))~~ (ii) Monitoring organ or bone marrow transplants;

~~((c))~~ (iii) Monitoring chemotherapy;

~~((d))~~ (iv) Medical research; or

~~((e))~~ (v) Diagnosis or monitoring of congenital

immunodeficiency states or autoimmune states not related to HIV.

(b) The burden of proving the existence of one or more of the circumstances identified in (a) (i) through ~~((e))~~ (v) of this subsection shall be on the person asserting the existence.

~~((21))~~ (1620) "Immediately ~~((notifiable condition))~~" means ~~((a notifiable condition of urgent public health importance, a case or suspected case of which must be reported to the local health officer or the department))~~ without delay, twenty-four hours a day, seven days a week.

(a) For health care providers and health care facilities,  
immediately means at the time ~~of diagnosis~~ a case is identified ~~((or suspected diagnosis, twenty-four hours a day, seven days a week))~~ of a case;

(b) For laboratories, immediately means upon receiving a presumptive or final test result; or

(c) For state agencies and local health jurisdictions,  
immediately means upon receiving notification of a case.

~~((22))~~ (1721) "Infection control measures" means the management of an infected person~~((s))~~, or of a person suspected to be infected, and others in a manner to prevent transmission of the infectious agent. Infection control measures include, but are not limited to, isolation and quarantine.

(22) "Infectious condition" means a disease caused by a pathogenic organism such as bacteria, virus, fungus, or parasite; and includes communicable disease and zoonotic disease.

~~(1823)~~ (1923) "Influenza, novel" or "influenza virus, novel" means a human infection with an influenza A virus subtype that is different from currently circulating human influenza subtypes. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes.

~~((23))~~ (1924) "Institutional review board" (~~(means any board, committee, or other group formally designated by an institution, or authorized under federal or state law, to review, approve the initiation of, or conduct periodic review of research programs to assure the protection of the rights and welfare of human research subjects)~~) has the same meaning as defined in RCW 70.02.010.

~~((24))~~ (2025) "Isolation" means the separation (~~(or restriction of activities of infected individuals, or of persons suspected to be infected, from other persons to prevent transmission of the infectious agent)~~) of infected or contaminated persons or animals from others, for the period of communicability, to prevent or limit the transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible to disease or who may spread the infectious agent or contaminant to others.

~~((25))~~ (2126) "Laboratory" means any facility licensed as a test site or medical test site under chapter 70.42 RCW and chapter

246-338 WAC, including any laboratory that is granted a Clinical Laboratory Improvement Amendment (CLIA)-Waiver.

~~((26))~~ (227) "Laboratory director" means the ~~((director or manager,))~~ person, or person's designee, by whatever title known, having the administrative responsibility ~~in-for~~ (any licensed medical test site) a laboratory.

~~((27))~~ (238) "LHJ" means local health jurisdiction.

(29) "Local health ~~((department"~~ means the ~~city, town, county, or district agency providing public health services to persons within the area, established under chapters 70.05, 70.08, and 70.46 RCW)~~ jurisdiction" means a county health department under chapter 70.05 RCW, city-county health department under chapter 70.08 RCW, or health district under chapter 70.46 RCW.

~~((28))~~ (2430) "Local health officer" means the ~~individual or designee having been appointed under~~ legally qualified physician who has been appointed as the health officer for the local health jurisdiction under chapter 70.05 RCW, or their designee as the health officer for the local health department or district, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

~~((29) "Member of the general public" means any person present within the boundary of the state of Washington.~~

~~(30) "Monthly notifiable condition" means a notifiable condition which must be reported to the local health officer or the department within one month of diagnosis.~~

~~(31))~~ (2531) "MERS" means Middle East respiratory syndrome.

(2632) "NAAT" means nucleic acid amplification testing.

(2733) "NAT" means nucleic acid testing.

(34) "Noninfectious condition" means a disease or health concern caused by non-pathogenic factors, including, but not limited to genetics, environmental conditions, and behaviors.

(2835) "Notifiable condition" means a ((disease or)) condition ((of public health importance)) identified in Table HC-1, Table Lab-1, and Table Vet-1 of this chapter, or designated by the local health officer as notifiable under this chapter, a case of which ~~((, and for certain diseases, a suspected case of which,))~~ must be requires notification to ~~((brought to the attention of))~~ reported to the local health ~~((officer or the state health officer.~~

~~(32) "Other rare diseases of public health significance" means a disease or condition, of general or international public health concern, which is occasionally or not ordinarily seen in the state of~~

~~Washington including, but not limited to, spotted fever rickettsiosis, babesiosis, tick paralysis, anaplasmosis, and other tick borne diseases. This also includes public health events of international concern and communicable diseases that would be of general public concern if detected in Washington))~~ jurisdiction, the department, or the department of labor and industries public health authorities under this chapter. Notifiable condition does not include provisional conditions as defined under WAC 246-101-015.

(2936) "NNDSS" means National Notifiable Diseases Surveillance System.

(3037) "Occupational traumatic injury hospitalization" means:

(a) ~~an~~An inpatient hospitalization due to any wound or damage to the body resulting from:

(i) ~~acute~~Acute exposure to energy, such as heat or electricity;

(ii) ~~impact~~Impact from a crash or fall; or

(iii) ~~the~~The absence of such essentials as heat or oxygen caused by a specific event or incident within a single workday or shift; ~~and~~. ~~Overexertion is not considered a traumatic injury because the injury cannot be linked back to an acute exposure.~~

(b) The incident causing the hospitalization must occur ~~either~~:

(ai) On an employer's premises and the individual was there to work; or

(bii) Off an employer's premises and the individual was there to work, or the incident was related to the individual's work or status as an employee; or

(eiii) At any location if ~~The~~ the individual was self-employed and the incident was related to their work.

(c) Overexertion is not considered a traumatic injury.

~~((33))~~ (3138) "Outbreak" means the occurrence ~~of a case~~ ~~((s or suspected cases))~~ of a ~~((disease or))~~ condition in ~~((any))~~ an area over a given period of time in excess of the expected number of ~~eases~~ occurrences, including, but not limited to foodborne disease, waterborne disease, and health care-associated infection.

~~((34))~~ "Patient" means a case, suspected case, or contact.

~~(35))~~ (3239) "Pesticide poisoning" means the disturbance of function, damage to structure, or illness in humans resulting from the inhalation, absorption, ingestion of, or contact with any pesticide.

~~((36))~~ (3340) "Presumptive" means a preliminary test result that has not yet been confirmed as a definitive result.

(3441) "Principal health care provider" means the attending health care provider recognized as primarily responsible for diagnosis

or treatment of a patient, or in the absence of such, the health care provider initiating diagnostic testing or treatment for the patient.

(42) "Provisional condition" means a condition established by the department under WAC 246-101-105 that may be voluntarily reported under this chapter.

~~((37))~~ (3543) "Public health authorities" means local health ~~((departments))~~ jurisdictions, the ~~((state health))~~ department, ~~and~~ the department of labor and industries ~~personnel charged with administering provisions of this chapter~~, sovereign tribal nations, and tribal epidemiology centers.

~~((38))~~ (3644) "Quarantine" means the ~~((separation or restriction on activities of an individual having been exposed to or infected with an infectious agent, to prevent disease transmission.~~

~~(39))~~ limitation of freedom of movement of persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent:

(a) For a period of time not longer than the longest usual incubation period of the infectious agent; and

(b) In a way to prevent effective contact with those not exposed.

(3745) "Rapid screening test (RST)" means a Food and Drug Administration-approved test that provides same day results and is



suitable for obtaining presumptive test results. RST includes point-of-care testing.

(3846) "Reference laboratory" means a laboratory licensed inside or outside of Washington state that receives a specimen from another licensed laboratory and ~~that~~ performs one or more tests on ~~such that~~ specimen.

(3947) "RST" means rapid screening test.

(4048) "School" (~~means a facility for programs of education as defined~~) has the same meaning as in RCW 28A.210.070 (~~(preschool and kindergarten through grade twelve)~~).

(~~(40)~~) (4149) "SARS" means severe acute respiratory syndrome.

(4250) "Secretary" means the secretary of the Washington state department of health.

(51) "Secure electronic data transmission" means electronic communication and accounts developed and maintained to prevent unauthorized access, loss, or compromise of sensitive information, including, but not limited to, secure file transfer, secure email, secure facsimile, a health information exchange authorized under RCW 43.05.039, and the department secure electronic disease surveillance system.

(52) "Secure electronic disease surveillance system" means the secure electronic data transmission system maintained by the department and used by local health jurisdictions to submit notifications, case reports, and outbreak reports under this chapter.

(4353) "Sexually transmitted disease ((+STD))" or "sexually transmitted infection" means a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact, including:

- (a) Acute pelvic inflammatory disease;
- (b) Chancroid;
- (c) *Chlamydia trachomatis* infection;
- (d) Genital and neonatal Herpes simplex;
- (e) Genital human papilloma virus infection;
- (f) Gonorrhoea;
- (g) Granuloma inguinale;
- (h) Hepatitis B infection;
- (i) ~~Human immunodeficiency virus (HIV)~~ infection and acquired immunodeficiency syndrome (AIDS);
- (j) Lymphogranuloma venereum;
- (k) Nongonococcal urethritis (NGU); and
- (l) Syphilis.

~~((41))~~ (4454) "Specimen" means material associated or suspected to be associated with a notifiable condition including, but not limited to, isolates, blood, serum, stool, urine, tissue, respiratory secretions, swab, or other body fluid; or an environmental sample associated or suspected to be associated with a notifiable condition.

(4555) "State health officer" means the person ~~((designated))~~ appointed by the secretary ~~((of the department))~~ under RCW 43.70.020 to serve as statewide health officer ~~((, or, in the absence of this designation, the person having primary responsibility for public health matters in the state.~~

~~(42) "Suspected case" means a person whose diagnosis is thought likely to be a particular disease or condition with suspected diagnosis based on signs and symptoms, laboratory evidence, or both.~~

~~(43) "Third party payor" means an insurer regulated under Title 48 RCW authorized to transact business in this state or other jurisdiction including a health care service contractor and health maintenance organization, an employee welfare benefit plan, or a state or federal health benefit program as defined in RCW 70.02.010).~~

~~((44))~~ (4656) "Unexplained critical illness or death" means ~~((eases of))~~ a severe illness or death with infectious hallmarks, but no known etiology, in a previously healthy person ~~((s))~~ one to forty-

nine years of age excluding those with chronic medical conditions ~~(e.g., such as~~ malignancy, diabetes, AIDS, ~~and or~~ cirrhosis).

~~((45))~~ (4757) "Veterinarian" means an individual licensed and practicing under provisions of chapter 18.92 RCW, Veterinary medicine, surgery, and dentistry.

(58) "Zoonotic disease" means an infectious condition of animals that can cause disease when transmitted to humans.

[Statutory Authority: RCW 43.20.050. WSR 14-11-009, § 246-101-010, filed 5/8/14, effective 6/8/14; WSR 11-02-065, § 246-101-010, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-010, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-015 Provisional ~~condition~~ notification.** ~~((This section describes how conditions can become notifiable; what period of time conditions are provisionally notifiable; what analyses must be accomplished during provisional notification status; the transition from provisionally notifiable condition to permanently notifiable condition or deletion of notification requirements. The department's~~

~~goal for provisionally notifiable conditions is to collect enough information to determine whether requiring notification improves public health.~~

~~(1))~~ (1) In addition to requirements and standards established under this chapter for notifiable conditions, ~~The the~~ state health officer may request additional notification or submission of specimens for:

~~((a))~~ (1a) Request Notifiable conditions; ~~((reporting of cases and suspected cases of disease))~~ and

(b) notification of provisional conditions and specimen submittal for provisional Provisional conditions in addition to those notifiable conditions required ~~((in Tables HC-1 of WAC 246-101-101, Lab-1 of WAC 246-101-201, and HF-1 of WAC 246-101-301 on a provisional basis for a period of time less than forty-eight months))~~ under this chapter.

(2) The state health officer may request information under (1) of this section when she or he they:

~~((i))~~ (a) The ~~((disease or))~~ state health officer identifies Identify the a provisional condition or additional information needed in case reports for a notifiable condition ~~((is newly recognized or recently acknowledged))~~ as a public health concern ~~((~~

~~((ii) Epidemiological investigation based on))~~; and

~~(b) Determines that notification or submission of specimens of  
cases ((may)) or submission of specimens is likely to contribute to  
understanding ((~~of the disease or~~)) the condition((~~r~~~~

~~(iii) There is reason to expect that the information acquired  
through notification will assist the state and/or local health  
department to design or implement intervention strategies that will  
result in an improvement in public health; and~~

~~(iv) Written notification is provided to all local health  
officers regarding:~~

~~(A) Additional reporting requirements; and~~

~~(B) Rationale or justification for specifying the disease or  
condition as notifiable.~~

~~(b) Request laboratories to submit specimens indicative of  
infections in addition to those required in Table Lab 1 of WAC 246-  
101-201 on a provisional basis for a period of time less than forty-  
eight months, if:~~

~~(i) The infection is of public health concern;~~

~~(ii) The department has a plan for using data gathered from the  
specimens; and~~

~~(iii) Written notification is provided to all)), provide information necessary to prevent and control the condition, and improve public health.~~

(2) The state health officer shall notify the board, local health officers ((and all)), health care providers, laboratory directors ((explaining:

~~(A) Actions required; and~~

~~(B) Reason for the addition.~~

~~(2))~~, health care facilities, and the department of agriculture of the applicable ~~provisional conditions~~request. The notification must include the:

(a) Determination required under subsection (1) of this section including documentation supporting the determination; and

(b) Notification elements of Tables HC-1, ~~and Lab-1, and Agriculture-1~~ specific to the ~~provisional condition and, the content of notification,~~ means of notification, ~~and specimen submission, content of notification,~~ and specimen submittal documentation for the ~~provisional condition.~~

(3) Within forty months of the state health officer's designation of a ((condition as provisionally notifiable in subsection (1)(a) of this section, or requests for laboratories to submit specimens

~~indicative of infections in subsection (1) (b) of this section, the department will conduct an evaluation for the notification requirement that:~~

~~(a) Estimates the societal cost resulting from the provisionally notifiable condition;~~

~~(i) Determine the prevalence of the provisional notifiable condition; and~~

~~(ii) Identify the quantifiable costs resulting from the provisionally notifiable condition; and~~

~~(iii) Discuss the qualitative costs resulting from the provisionally notifiable condition.~~

~~(b) Describes how the information was used and how it will continue to be used to design and implement intervention strategies aimed at combating the provisionally notifiable condition;~~

~~(c) Verifies the effectiveness of previous intervention strategies at reducing the incidence, morbidity, or mortality of the provisional notifiable condition;~~

~~(d) Identifies the quantitative and qualitative costs of the provisional notification requirement;~~

~~(e) Compares the costs of the provisional notification requirement with the estimated cost savings resulting from the~~



~~intervention based on the information provided through the provisional notification requirement;~~

~~(f) Describes the effectiveness and utility of using the notifiable conditions process as a mechanism to collect these data; and~~

~~(g) Describes that a less burdensome data collection system (example: Biennial surveys) would not provide the information needed to effectively establish and maintain the intervention strategies.~~

~~(3) Based upon the evaluation in subsection (2) of this section, the board will assess results of the evaluation after the particular condition is notifiable or the requirement for laboratories to submit specimens indicative of infections has been in place for no longer than forty months. The board will determine based upon the results of the evaluation whether the provisionally notifiable condition or the requirement for laboratories to submit specimens indicative of infections should be:~~

~~(a) Permanently notifiable in the same manner as the provisional notification requirement;~~

~~(b) Permanently notifiable in a manner that would use the evaluation results to redesign the notification requirements; or~~

~~(c) Deleted from the notifiable conditions system.~~

~~(4) The department shall have the authority to declare an emergency and institute notification requirements under the provisions of RCW 34.05.350)) provisional condition or additional information for a notifiable condition, the state health officer shall:~~

~~(a) Discontinue notification~~of cases, submission of laboratory test results~~, or submission of specimens for the provisional condition; or~~

~~(b) Request the board ~~to~~ consider revising this chapter to require notification~~of cases, submission of laboratory tests~~, and submission of specimens for the provisional condition under the applicable rule-making authority.~~

~~(4) If the state health officer chooses to discontinue notification~~of cases, submission of laboratory tests~~, or submission of specimens for the provisional condition, the department shall notify the board, local health officers, health care providers, laboratory directors, health care facilities, and the department of agriculture that the applicable provisional condition or requested changes to the notifiable condition has been discontinued.~~

~~(5) If the state health officer chooses to request the board ~~to~~ consider amending this chapter to require notification~~of cases and or submittal of specimen submission~~ for ~~the a~~ provisional condition, or~~

change notification or specimen submission for a notifiable condition,  
the ~~state health officer~~department shall estimate the probable  
benefits and costs of including the provisional condition ~~or changes~~  
to the notifiable condition in this chapter and evaluate other less  
burdensome alternatives.

(6) The board shall consider the estimate and less burdensome  
alternatives prepared under subsection (5) of this section and  
determine whether to:

(a) File a preproposal statement of inquiry (CR-101) to amend  
this chapter ~~to include the provisional condition~~ under the applicable  
rule-making authority; or

(b) Direct the department to discontinue the provisional  
condition ~~or requested changes to the notifiable condition,~~ and notify  
local health officers, health care providers, laboratory directors,  
health care facilities, and the department of agriculture ~~of the~~  
board's decision that the applicable provisional condition has been  
discontinued.

(7) ~~Under the provisions of RCW 43.20.030(4), the board delegates~~  
~~rule-making authority to the secretary to adopt emergency rules and~~  
~~institute notifiable condition requirements pursuant to chapter 34.05~~  
~~RCW if the secretary finds good cause under RCW 34.05.350.~~In the event

of a Governor declared public health emergency, the board delegates rule-adopting authority to the secretary under RCW 43.20.050(4) for the sole purpose of adopting emergency rules to establish requirements for immediate collection of information, specimens, and case reports related to the conditions identified in the Governor's declaration.

(8) The secretary shall notify the board in writing and obtain the approval of the ~~executive director~~ chair of the board prior to filing the emergency rule ~~(CR-103E)~~ pursuant to chapter 34.05 RCW.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-015, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125. WSR 05-03-055, § 246-101-015, filed 1/11/05, effective 2/11/05. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-015, filed 11/22/00, effective 12/23/00.]

PART II: NOTIFIABLE CONDITIONS: ~~AND~~ HEALTH CARE PROVIDERS AND  
HEALTH CARE FACILITIES

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-101 Notifiable conditions: ~~and the h~~health care providers and health care facilities.** ((This section describes the

~~conditions that Washington's health care providers must notify public health authorities of on a statewide basis. The board finds that the conditions in Table HC-1 of this section are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington.))~~

~~(1) The conditions identified in Table HC-1 are notifiable to public health authorities pursuant to this table and this chapter. A principal health care provider ((s)) shall ((notify public health authorities of the)) provide individual case reports to the local health jurisdiction, the department, or the department of labor and industries as indicated in Table HC-1 for cases of conditions:~~

~~(a) Identified in Table HC-1 of this section ((as individual case reports following the requirements in WAC 246-101-105, 246-101-110, 246-101-115, and 246-101-120.~~

~~(2) Other health care providers in attendance, other than the principal health care provider, shall notify public health authorities of the conditions identified in Table HC-1 of this section unless the condition notification has already been made.~~

~~(3) Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.~~

~~Table HC-1 (Conditions Notifiable by Health Care Providers)~~

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 business days	✓	
Animal Bites (when human exposure to rabies is suspected)	Immediately	✓	
Anthrax	Immediately	✓	
Arboviral Disease (acute disease only including, but not limited to, West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)	Within 3 business days	✓	
Asthma, occupational	Monthly		✓
Birth Defects—Autism Spectrum Disorders	Monthly		✓
Birth Defects—Cerebral Palsy	Monthly		✓
Birth Defects—Alcohol Related Birth Defects	Monthly		✓
Botulism (foodborne, infant, and wound)	Immediately	✓	
Brucellosis ( <i>Brucella</i> species)	Within 24 hours	✓	
<i>Burkholderia mallei</i> (Glanders) and <i>pseudomallei</i> (Meliodiosis)	Immediately	✓	
Campylobacteriosis	Within 3 business days	✓	
Chancroid	Within 3 business days	✓	
<i>Chlamydia trachomatis</i> infection	Within 3 business days	✓	
Cholera	Immediately	✓	
Cryptosporidiosis	Within 3 business days	✓	
Cyclosporiasis	Within 3 business days	✓	
Diphtheria	Immediately	✓	
Disease of suspected bioterrorism origin	Immediately	✓	
Domoic acid poisoning	Immediately	✓	
<i>E. coli</i> —Refer to "Shiga toxin producing <i>E. coli</i> "	Immediately	✓	
Emerging condition with outbreak potential	Immediately	✓	
Giardiasis	Within 3 business days	✓	
Gonorrhea	Within 3 business days	✓	
Granuloma inguinale	Within 3 business days	✓	
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	✓	
Hantavirus pulmonary syndrome	Within 24 hours	✓	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Hepatitis A (acute infection)	Within 24 hours	✓	
Hepatitis B (acute infection)	Within 24 hours	✓	
Hepatitis B surface antigen + pregnant women	Within 3 business days	✓	
Hepatitis B (chronic infection)— Initial diagnosis, and previously unreported prevalent cases	Monthly	✓	
Hepatitis C (acute infection)	Within 3 business days	✓	
Hepatitis C (chronic infection)	Monthly	✓	
Hepatitis D (acute and chronic infection)	Within 3 business days	✓	
Hepatitis E (acute infection)	Within 24 hours	✓	
Herpes simplex, neonatal and genital (initial infection only)	Within 3 business days	✓	
Human immunodeficiency virus (HIV) infection	Within 3 business days	✓	
Influenza, novel or unsubtypable strain	Immediately	✓	
Influenza-associated death (lab confirmed)	Within 3 business days	✓	
Legionellosis	Within 24 hours	✓	
Leptospirosis	Within 24 hours	✓	
Listeriosis	Within 24 hours	✓	
Lyme Disease	Within 3 business days	✓	
Lymphogranuloma venereum	Within 3 business days	✓	
Malaria	Within 3 business days	✓	
Measles (rubeola)— Acute disease only	Immediately	✓	
Meningococcal disease (invasive)	Immediately	✓	
Monkeypox	Immediately	✓	
Mumps (acute disease only)	Within 24 hours	✓	
Outbreaks of suspected foodborne origin	Immediately	✓	
Outbreaks of suspected waterborne origin	Immediately	✓	
Paralytic shellfish poisoning	Immediately	✓	
Pertussis	Within 24 hours	✓	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		✓
Pesticide poisoning (all other)	Within 3 business days		✓
Plague	Immediately	✓	
Polio myelitis	Immediately	✓	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Prion disease	Within 3 business days	√	
Psittacosis	Within 24 hours	√	
Q Fever	Within 24 hours	√	
Rabies (Confirmed Human or Animal)	Immediately	√	
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)	Immediately	√	
Relapsing fever (borreliosis)	Within 24 hours	√	
Rubella (including congenital rubella syndrome) (acute disease only)	Immediately	√	
Salmonellosis	Within 24 hours	√	
SARS	Immediately	√	
Serious adverse reactions to immunizations	Within 3 business days	√	
Shiga toxin-producing <i>E. coli</i> infections (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	Immediately	√	
Shigellosis	Within 24 hours	√	
Smallpox	Immediately	√	
Syphilis	Within 3 business days	√	
Tetanus	Within 3 business days	√	
Trichinosis	Within 3 business days	√	
Tuberculosis	Immediately	√	
Tularemia	Immediately	√	
Vaccinia transmission	Immediately	√	
Vancomycin resistant <i>Staphylococcus aureus</i> (not to include vancomycin intermediate)	Within 24 hours	√	
Varicella-associated death	Within 3 business days	√	
Vibriosis	Within 24 hours	√	
Viral hemorrhagic fever	Immediately	√	
Yellow fever	Immediately	√	
Yersiniosis	Within 24 hours	√	
Other rare diseases of public health significance	Within 24 hours	√	
Unexplained critical illness or death	Within 24 hours	√	

(√) Indicates which agency should receive case and suspected case reports. ) )



~~as reportable by health care providers; or~~

~~(b) Designated by the local health officer as notifiable by health care providers within the local health officer's jurisdiction.~~

~~(2) Any individual or entity including, but not limited to, health care providers and health care facilities, that has conducted a RST for the following conditions meets the definition of laboratory under this chapter and shall report the RST results in compliance with WAC 246-101-201 through 246-101-230 of this chapter:~~

~~(a) Blood lead testing;~~

~~(b) Hepatitis C (acute infection);~~

~~(c) Hepatitis C (chronic infection);~~

~~(d) Human immunodeficiency virus (HIV) infection.~~

~~(3) Health care facilities shall notify the local health jurisdiction or department of cases that occur or are treated in their facilities of the conditions:~~

~~(a) Identified in Table HC-1 of this section as reportable by health care facilities; or~~

~~(b) Designated by the local health officer as notifiable by health care facilities within the health officer's jurisdiction.~~

~~(4) This section is not intended to require health care facilities to confirm the absence of conditions listed in Table HC-1 in facility patients.~~

~~(5) Health care facilities may choose to assume the notification for their health care providers for conditions designated in Table HC-1 of this section.~~

~~(6) Health care facilities may not assume the reporting requirements of laboratories that are components of the health care facility.~~

Table HC-1 (Conditions Notifiable by Health Care Providers and Health Care Facilities)

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
<u>Acquired immunodeficiency syndrome (AIDS)</u>	<u>Within 3 business days</u>	<u>DOH (for facilities) and LHJ (for providers)</u>	<u>Both</u>
<u>Airways disease due to specific organic dust</u>	<u>Within 30 days</u>	<u>Washington state department of labor and industries (L&amp;I)</u>	<u>Both</u>
<u>Amoebic meningitis</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Anaplasmosis (<i>Anaplasma</i> species)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Animal bites (when human exposure to rabies is suspected)</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Anthrax (<i>Bacillus anthracis</i> and confirmed <i>Bacillus cereus</i> biovar <i>anthracis</i> only - Do not report all <i>B. cereus</i>)</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Arboviral disease (acute disease only) including, but not limited to: Chikungunya Dengue Eastern and western equine encephalitis Japanese encephalitis</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
<u>La Crosse encephalitis</u> <u>Powassan virus infection</u> <u>St. Louis encephalitis</u> <u>West Nile virus infection</u> <u>Zika virus infection</u> See also "Yellow fever"			
<u>Asthma, occupational</u>	<u>Within 30 days</u>	<u>L&amp;I</u>	<u>Both</u>
<u>Babesiosis (<i>Babesia</i> species)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Baylisascariasis (<i>Baylisascaris</i> species)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Birth defects - Autism spectrum disorders</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Both</u>
<u>Birth defects - Cerebral palsy</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Both</u>
<u>Birth defects - Down syndrome</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<u>Birth defects - Alcohol related birth defects</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Both</u>
<u>Birth defects - Hypospadias</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<u>Birth defects - Limb reductions</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<u>Birth defects - Neural tube defects (inclusive of anencephaly and spina bifida)</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<u>Birth defects - Oral clefts (inclusive of cleft lip with/without cleft palate)</u>	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<u>Blood lead level</u> <u>RST results</u> <u>See WAC 246-101-200</u> <u>See WAC 246-101-101(2) and 246-101-105(1)(b)(vii)</u>	<u>Providers and facilities performing lead RST <del>must</del> shall report as a laboratory and comply with the requirements of, see Table Lab 1 in WAC 246-101-201 through 246-101-230 for reporting requirements.</u>		
<u>Botulism, foodborne, infant, and wound (<i>Clostridium botulinum</i>)</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Brucellosis (<i>Brucella</i> species)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Campylobacteriosis (<i>Campylobacter</i> species)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Cancer (See chapter 246-<del>430-102</del> WAC)</u>	<u>Within 30 days</u> <u>DOH</u> <u>Facilities</u>		
<u><i>Candida auris</i> infection or colonization</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Carbapenem-resistant Enterobacteriaceae infections limited to:</u> <u><i>Klebsiella</i> species</u> <u><i>E. coli</i></u> <u><i>Enterobacter</i> species</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Chagas disease (<i>Trypanosoma cruzi</i>)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Chancroid</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u><i>Chlamydia trachomatis</i> infection</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
Cholera ( <i>Vibrio cholerae</i> O1 or O139)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Coccidioidomycosis ( <i>Coccidioides</i> species)	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Coronavirus infection (severe communicable) SARS-associated coronavirus MERS-associated coronavirus	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<i>Cryptococcus gattii</i> or undifferentiated <i>Cryptococcus</i> species (i.e., <i>Cryptococcus</i> not identified as <i>C. neoformans</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Cryptosporidiosis ( <i>Cryptosporidium</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Cyclosporiasis ( <i>Cyclospora cayetanensis</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Cysticercosis ( <i>Taenia solium</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Diphtheria ( <i>Corynebacterium diphtheria</i> )	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Domoic acid poisoning	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<i>E. coli</i> - Refer to "Shiga toxin-producing <i>E. coli</i> "			
Echinococcosis ( <i>Echinococcus granulosus</i> or <i>E. multilocularis</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Ehrlichiosis ( <i>Ehrlichia</i> species)	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Giardiasis ( <i>Giardia duodenalis</i> , <i>G. lamblia</i> , <i>G. intestinalis</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Glanders ( <i>Burkholderia mallei</i> )	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Gonorrhea ( <i>Neisseria gonorrhoeae</i> )	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Granuloma inguinale	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Gunshot wounds (nonfatal)	<u>Within 30 days</u>	<u>DOH</u>	<u>Facilities</u>
<i>Haemophilus influenzae</i> (invasive disease, children under 5 years of age)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Hantaviral infections: Andes virus Bayou virus Black Creek Canal virus Dobrava-Belgrade virus Hantaan virus Seoul virus Sin Nombre virus	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Hepatitis A (acute infection)	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Hepatitis B (acute infection) <a href="#">See WAC 246-101-105 (1)(b)(v) and 246-101-115 (1)(e)</a>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
Hepatitis B (chronic infection) - Initial diagnosis, and previously unreported prevalent cases <u>See WAC 246-101-105 (1)(b)(v) and 246-101-115 (1)(e)</u>	Within <del>303</del> <u>30</u> business days	LHJ	Both
Hepatitis B (perinatal) - Initial diagnosis, and previously unreported cases	Within 3 business days	LHJ	Both
Hepatitis C (acute infection) <u>See WAC 246-101-101(2)</u>	Within <u>3 business days</u> <u>24 hours</u>	LHJ	Both
Hepatitis C (acute infection) RST results <u>See WAC 246-101-200</u>	<u>Providers and facilities performing hepatitis C (acute infection) RST shall report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.</u>		
Hepatitis C (chronic infection) <u>See WAC 246-101-101(2)</u>	Within <u>30 days</u> <u>3 business days</u>	LHJ	Both
Hepatitis C (chronic infection) RST results <u>See WAC 246-101-200</u>	<u>Providers and facilities performing hepatitis C (chronic infections) RST shall report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.</u>		
Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases	Within <u>3 business days</u> <u>24 hours</u>	LHJ	Both
Hepatitis D (acute and chronic infection)	Within 3 business days	LHJ	Both
Hepatitis E (acute infection)	Within 24 hours	LHJ	Both
Herpes simplex, neonatal and genital (initial infection only)	Within 3 business days	LHJ	Providers
Histoplasmosis ( <i>Histoplasma capsulatum</i> )	Within 3 business days	LHJ	Both
Human immunodeficiency virus (HIV) infection <u>See WAC 246-101-101(2)</u>	Within 3 business days	LHJ	Both
Human immunodeficiency virus (HIV) infection RST results <u>See WAC 246-101-200</u>	<u>Providers and facilities performing HIV infection RST shall report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.</u>		
Human prion disease	Within 3 business days	LHJ	Both
Hypersensitivity pneumonitis due to organic dust	Within 30 days	L&I	Both
Influenza, novel or unsubtypeable strain	Immediately	LHJ	Both
Influenza-associated death (laboratory confirmed)	Within 3 business days	LHJ	Both
Legionellosis ( <i>Legionella</i> species)	Within 24 hours	LHJ	Both
Leptospirosis ( <i>Leptospira</i> species)	Within 24 hours	LHJ	Both
Listeriosis ( <i>Listeria monocytogenes</i> )	Within 24 hours	LHJ	Both
Lyme disease ( <i>Borrelia burgdorferi</i> or <i>Borrelia mayonii</i> )	Within 3 business days	LHJ	Both
Lymphogranuloma venereum ( <i>Chlamydia trachomatis</i> )	Within 3 business days	LHJ	Both
Malaria ( <i>Plasmodium</i> species)	Within 3 business days	LHJ	Both

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
Measles (rubeola) - Acute disease only	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Melioidosis ( <i>Burkholderia pseudomallei</i> )	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Meningococcal disease, invasive ( <i>Neisseria meningitidis</i> )	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Monkeypox	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Mumps, acute disease only	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Occupational traumatic injury hospitalization See WAC 246-101- <del>XXX</del> 118	<u>Within 24 hours</u>	<u>L&amp;I</u>	<u>Facilities</u>
Outbreaks <del>or</del> and suspected outbreaks including, but not limited to, foodborne, waterborne, and health care associated infection	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Paralytic shellfish poisoning	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Pertussis ( <i>Bordetella pertussis</i> )	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Pesticide poisoning (hospitalized, fatal, or cluster)	<u>Immediately</u>	<u>DOH</u>	<u>Both</u>
Pesticide poisoning (all other)	<u>Within 3 business days</u>	<u>DOH</u>	<u>Both</u>
Plague ( <i>Yersinia pestis</i> )	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Pneumoconiosis, all	<u>Within 30 days</u>	<u>L&amp;I</u>	<u>Both</u>
Poliomyelitis (Poliovirus)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Pregnancy in patient with hepatitis B virus - <del>See "Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)"</del>	<u>See "Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)"</u>		
Psittacosis ( <i>Chlamydia psittaci</i> )	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Q fever ( <i>Coxiella burnetii</i> )	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
Rabies (confirmed human or animal)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
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)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
Relapsing fever (borreliosis)	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Respiratory conditions due to inhalation of chemicals, gases, fumes, and vapors	<u>Within 30 days</u>	<u>L&amp;I</u>	<u>Both</u>
<u>Rickettsia</u> infection 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>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
Rubella, acute disease only (including congenital rubella syndrome)	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>

<u>Notifiable Condition (Agent)</u>	<u>Time Frame for Notification from Identification of a Case</u>	<u>Who Must Be Notified: Department of Health (DOH) or the Local Health Jurisdiction (LHJ)<sup>†</sup></u>	<u>Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)</u>
<u>Salmonellosis (<i>Salmonella</i> species)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Serious adverse reactions to immunizations</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Shiga toxin-producing <i>E. coli</i> infections/enterohemorrhagic <i>E. coli</i> infections</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Shigellosis (<i>Shigella</i> species)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u><del>Sleeping sickness (<i>Trypanosoma brucei</i>)</del></u>	<u><del>Within 3 business days</del></u>	<u><del>LHJ</del></u>	<u><del>Both</del></u>
<u>Smallpox (Variola virus)</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Syphilis (<i>Treponema pallidum</i>)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Taeniasis (<i>Taenia solium</i> or undifferentiated <i>Taenia</i> species (i.e., <i>Taenia</i> not identified as <i>T. saginata</i>)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Tetanus</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Tick paralysis</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Trichinosis (<i>Trichinella spiralis</i>)</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Tuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment) (<i>Mycobacterium tuberculosis</i>)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Tularemia (<i>Francisella tularensis</i>)</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Typhus including: Scrub typhus Epidemic typhus Murine typhus</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Vaccinia transmission</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Vancomycin-resistant <i>Staphylococcus aureus</i> (not to include vancomycin-intermediate)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Varicella-associated death</u>	<u>Within 3 business days</u>	<u>LHJ</u>	<u>Both</u>
<u>Vibriosis (<i>Vibrio</i> species not including <i>Vibrio cholerae</i> O1 or O139) <u>See Cholera (<i>Vibrio cholerae</i> O1 or O139)</u></u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Viral hemorrhagic fever</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Yellow fever</u>	<u>Immediately</u>	<u>LHJ</u>	<u>Both</u>
<u>Yersiniosis (<i>Yersinia enterocolitica</i>, <i>Y. pseudotuberculosis</i>, <i>Y. intermedia</i>, <i>Y. fredericksonii</i>, or <i>Y. kristensenii</i>)</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>
<u>Unexplained critical illness or death</u>	<u>Within 24 hours</u>	<u>LHJ</u>	<u>Both</u>

<sup>†</sup>For the purposes of this table, local health jurisdiction means where the patient resides, or, in the event that patient residence cannot be determined, the local health jurisdiction in which the patient received treatment.

(2) For the purposes of this section local health jurisdiction means where the patient resides, or, in the event the patient residence cannot be determined, the local health jurisdiction in which the patient received treatment.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-101, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125. WSR 05-03-055, § 246-101-101, filed 1/11/05, effective 2/11/05. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-101, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-105 Duties: ~~of ((the)) health~~Health care providers and health care facilities. ~~(1) Health care providers and health care facilities shall:~~**

~~((1) Notify the local health department where the patient resides, or, in the event that patient residence cannot be determined, the local health department in which the health care providers practice, regarding:~~



~~(a) Cases or suspected cases of notifiable conditions specified as notifiable to local health departments in Table HC-1 of WAC 246-101-101;~~

~~(b) Cases of conditions designated as notifiable by the local health officer within that health officer's jurisdiction;~~

~~(c) Outbreaks or suspected outbreaks of disease including, but not limited to, suspected or confirmed outbreaks of varicella, influenza, viral meningitis, health care associated infection suspected due to contaminated food products or devices, or environmentally related disease;~~

~~(d) Known barriers which might impede or prevent compliance with orders for infection control or quarantine; and~~

~~(e) Name, address, and other pertinent information for any case, suspected case or carrier refusing to comply with prescribed infection control measures.~~

~~\_\_ (2)) (a) Notify the department of conditions designated as notifiable to the local health ((department)) jurisdiction when ((:~~

~~(a)) a local health ((department)) jurisdiction is closed or representatives of the local health ((department)) jurisdiction are unavailable at the time a case ((or suspected case)) of an immediately notifiable condition occurs ((:~~

~~(b) A local health department is closed or representatives of the local health department are unavailable at the time an outbreak or suspected outbreak of communicable disease occurs.~~

~~(3) Notify the department of pesticide poisoning that is fatal, causes hospitalization or occurs in a cluster.~~

~~(4) Notify the department regarding cases of notifiable conditions specified as notifiable to the department in Table HC-1 of WAC 246-101-101.~~

~~(5) Assure that positive preliminary) )~~

(1) Unless a health care facility has assumed the notification duties of the principal health care provider under (4) of this section, the principal health care provider shall submit individual case reports:

(i) To the required public health authority pursuant to Table HC-1 and the requirements of WAC 246-101-110, WAC 246-101-115, and this section; and

(ii) To the local health jurisdiction as required by the local health officer within that health officer's jurisdiction.

(2) Health care facilities shall submit individual case reports

(i) To the required public health authority pursuant to Table HC-1 and the requirements of WAC 246-101-110, WAC 246-101-115, and this section that occur or are treated in their facilities.

(ii) To the local health jurisdiction as required by the local health officer within that health officer's jurisdiction.

(3) This section does not require health care providers or health care facilities to confirm the absence of cases of conditions listed in Table HC-1.

(4) Health care facilities may assume the notification requirements established in this chapter for health care providers practicing within the health care facility.

(5) Health care facilities shall not assume the notification requirements established in this chapter for laboratories that are components of the health care facility.

(6) Health care providers and health care facilities shall:

(~~ba~~) Provide the laboratory with the following information for each test ~~order when ordering a test~~ordered for a notifiable condition:

(i) Patient first and last name;

(ii) Patient physical address including zip code;

(iii) Patient date of birth;

(iv) Patient sex;

(v) ~~Patient pregnancy~~For hepatitis B tests only, pregnancy status (pregnant/not pregnant/unknown), ~~for hepatitis B tests for~~ of patients fourteen to fifty years of age only;

(vi) Patient best contact telephone number;

(vii) Patient medicaid status, for blood lead ~~level~~ tests for patients less than seventy-two months of age only;

(viii) Requesting health care provider's name;

(ix) Requesting health care provider's phone number;

(x) Address where patient received care;

(xi) Specimen type;

(xii) Specimen collection date; and

(xiii) ~~Test type requested~~Condition being tested for.

(eb) ~~Ensure that presumptive and final test results ((and positive final test results)) for notifiable conditions of specimens referred to laboratories outside of Washington for testing are correctly notified to the local health department of the patient's residence or the department as specified in Table Lab-1 of WAC 246-101-201. This requirement can be satisfied by~~ For specimens associated with a notifiable condition sent to a laboratory outside of Washington state, provide the laboratory with the information under (6) (a) of

this section, Table Lab-1 of this chapter, WAC 246-101-220, and WAC 246-101-225:

(c) If the presumptive or final test results are consistent with Table Lab-1 of this chapter, the health care provider or health care facility shall either:

~~((a))~~ (i) Confirm the laboratory submitted the case report consistent with WAC 246-101-220 and WAC 246-101-225; or

~~(i) Arranging for the out-of-state referral laboratory to notify either the local health department, the department, or both; or~~

~~((b) Forwarding the notification of)~~ (ii) Reporting-Submit the test resultpresumptive and final test results consistent with this chapter from the out-of-state referral laboratory to the local health department, the department, or both with the case report required under this section and WAC 246-101-115; ((

~~(6))~~ ); and

(dc) Cooperate with public health authorities during investigation of:

~~((a) Circumstances of a case or suspected)~~ (i) A case of a notifiable condition ~~or other communicable disease~~; and

~~((b))~~ (ii) An outbreak or suspected outbreak ~~of disease~~.

(d) Maintain an infection control program as described in WAC 246-320-176 for hospitals and WAC 246-330-176 for ambulatory surgical facilities.

~~((7))~~ (ee) Provide adequate and understandable instruction in disease control measures to each patient who has been diagnosed with a case of a communicable disease, and to contacts who may have been exposed to the disease-; and

~~((8) Maintain responsibility for deciding date of discharge for hospitalized tuberculosis patients.~~

~~(9) Notify the local health officer of intended discharge of tuberculosis patients in order to assure appropriate outpatient arrangements are arranged.~~

~~(10) By July 1, 2011, when ordering a laboratory test for a notifiable condition as identified in Table HC-1 of WAC 246-101-101, providers must provide the laboratory with the following information for each test order:~~

~~(a) Patient name;~~

~~(b) Patient address including zip code;~~

~~(c) Patient date of birth;~~

~~(d) Patient sex;~~

~~(e) Name of the principal health care provider;~~

~~(f) Telephone number of the principal health care provider;~~

~~(g) Type of test requested;~~

~~(h) Type of specimen;~~

~~(i) Date of ordering specimen collection.)~~

(f) Notify the local health jurisdiction ~~regarding~~of:

(i) Known barriers ~~which-that~~ might impede or prevent compliance with ~~orders for~~infection control ~~or~~ ~~quarantine~~measures; and

(ii) Name, address, and other pertinent information for any case or carrier refusing to comply with ~~prescribed~~infection control measures.

~~(2) Health care facilities shall maintain an infection control program as described in WAC 246-320-176 for hospitals and WAC 246-330-176 for ambulatory surgical facilities.~~

~~(7) Health care providers and health care facilities may provide health information, demographic information, or infectious or noninfectious condition information in addition to the information required under this chapter.~~

~~(8) When a health care provider or health care facility submits information under (7) of this section, they shall submit the information pursuant to the requirements of WAC 246-101-110.~~

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-105, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050 and 70.104.030. WSR 00-23-120, § 246-101-105, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-110 Means of notification: for healthHealth care providers and health care facilities.** ~~(1)~~ Health care providers

~~((shall adhere to the following timelines and procedures:~~

~~(1) Conditions designated as immediately notifiable must be reported to the local health officer or the department, as specified in Table HC-1 of WAC 246-101-101, immediately as the time of diagnosis or suspected diagnosis. This applies twenty-four hours a day, seven days a week. Each local health jurisdiction, as well as the department, maintains after hours emergency phone contacts for this purpose. A party sending a report by secure facsimile copy or secure electronic transmission during normal business hours must confirm immediate receipt by a live person.~~



~~(2) Conditions designated as notifiable within twenty-four hours must be reported to the local health officer or the department, as specified in Table HC-1 of WAC 246-101-101, within twenty-four hours of diagnosis or suspected diagnosis, seven days a week. Reports during normal public health business hours may be sent by secure electronic transmission, telephone, or secure facsimile copy of a case report. A party sending a report outside of normal public health business hours must use the after-hours emergency phone contact for the appropriate jurisdiction.~~

~~(3) Conditions designated as notifiable within three business days must be reported to the local health officer or department, as specified in Table HC-1 of WAC 246-101-101, within three business days. Notification may be sent by written case report, secure electronic transmission, telephone, or secure facsimile copy of a case report; and~~

~~(4) Conditions designated as notifiable on a monthly basis must be reported to the local health officer or the department, as specified in Table HC-1 of WAC 246-101-101, on a monthly basis. Notification may be sent by written case report, secure electronic transmission, telephone, or secure facsimile copy of a case report))~~

and health care facilities shall:

(1) ~~report notifiable conditions as specified in WAC 246-101-101~~

Submit a case report for each case pursuant to Table HC-1 of this chapter, WAC 246-101-115, and this section by secure electronic data transmission, ~~telephone, or secure facsimile copy of a case report.~~;

(2) Submit a case report to the department instead of the local health jurisdiction when:

(a) The local health jurisdiction is closed or representatives of the local health jurisdiction are unavailable:

(i) For immediately notifiable conditions, or

(ii) At the time an outbreak or suspected outbreak of a communicable disease occurs; or

(b) The patient who is the subject of the case report resides outside Washington state and is a visitor to Washington state;

(3) Call the public health authority designated for the condition in Table HC-1 immediately and confirm receipt of a case report for conditions designated as:

(a) Immediately notifiable; or

(b) Notifiable within twenty-four hours if the case report is submitted outside of the local health jurisdiction's normal business hours.

~~(2) A health care provider or health care facility sending a report for a condition designated as immediately notifiable as specified in WAC 246-101-101 shall call and confirm immediate receipt.~~

~~(3) A health care provider or health care facility sending a report for a condition designated as notifiable within twenty-four hours as specified in WAC 246-101-101 shall call and confirm receipt if sending the report outside of the local health jurisdiction's normal business hours.~~

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-110, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125, 70.28.010 and 70.104.030. WSR 00-23-120, § 246-101-110, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-115 Content of notification case reports: for health Health care providers and health care facilities.** (1) ~~For each notifiable condition listed in Table HC-1 of WAC 246-101-101,~~ health Health care providers and health care facilities shall provide

the following information ~~for~~ in each case report for a notifiable condition (~~or suspected case~~), excluding occupational traumatic injury hospitalizations:

(a) Patient first and last name;

(b) Patient physical address including zip code;

(c) (~~Patient telephone number~~;

~~d~~)) Patient date of birth;

(~~e~~)) (d) Patient sex;

(~~f~~)) (e) Patient pregnancyFor hepatitis B acute or chronic infection case reports, pregnancy status (pregnant/not pregnant/unknown), ~~for~~ of patients fourteen to fifty years of agehepatitis B acute and chronic infection for patients fourteen to fifty years of age only;

(f) Patient best contact telephone number;

(g) Name of the principal health care provider;

(h) Telephone number of the principal health care provider;

(i) Address where patient received care;

(j) Name and telephone number of the person providing the report;

(k) Telephone number of the person providing the report;

(\*l) Diagnosis or suspected diagnosis of disease or the condition; and

~~((g))~~ (l) Pertinent laboratory ~~((data))~~ results, if available ~~((~~

~~(h) Name of the principal health care provider;~~

~~(i) Telephone number of the principal health care provider;~~

~~(j) Address of the principal health care provider;~~

~~(k) Name and telephone number of the person providing the report) ; ~~and~~~~

~~((l)) (m) Other information as the department may require on forms generated by the department.~~

(2) The local health officer, ~~or~~ the state health officer, and the director of the department of labor and industries may ~~require request~~ other additional information of epidemiological or public health value when conducting a case investigation or for control of a notifiable condition.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-115, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545, 70.24.125, 70.28.010 and 70.104.030. WSR 00-23-120, § 246-101-115, filed 11/22/00, effective 12/23/00.]

NEW SECTION

WAC 246-101-118 Content of notification case reports for

occupational traumatic injury hospitalizations: health~~Health~~ care

~~facilities—Occupational traumatic injury hospitalizations.~~ When

~~reporting occupational traumatic injury hospitalizations as listed in~~

~~Table HC-1 of WAC 246-101-101, h(1)~~ Health care facilities shall

provide the following information for each case of an occupational

traumatic injury hospitalization:

(~~1~~a) Name of health care facility where worker is hospitalized;

(~~2~~b) Phone number of the health care facility where worker is hospitalized;

(~~3~~c) Name of hospitalized employee;

(~~4~~d) Phone number of hospitalized employee;

(~~5~~e) Name and industry of employer/business;

(~~6~~f) Date of the incident;

(~~7~~g) Time of the incident;

(~~8~~h) Address of the incident;

(~~9~~i) Description of the incident; and

(~~10~~j) Description of the injury.

(2) Health care facilities may provide health information, demographic information, or infectious or noninfectious condition

information in addition to the information required under this section.

(3) When a health care facility submits information under (2) of this section, they shall submit the information pursuant to the requirements of WAC 246-101-110.

(4) The department of labor and industries may request additional information of epidemiological or public health value when conducting a case investigation or for control of a notifiable condition.

[ ]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-120 ~~Handling of case reports and medical~~confidential information: Health care providers and health care facilities.** (1)

All records and specimens ~~containing~~related to a case that contain or are accompanied by patient identifying information are confidential, including, but not limited to, medical records, medical information, specimens, documentation accompanying specimens, notifications, case

reports, and presumptive and final laboratory test results. Patient identifying information includes information that can directly or indirectly identify a patient.

(2) Health care providers, health care facilities, and health care facility personnel shall maintain the confidentiality of patient medical and identifying information except as provided for under this section.

(3) Health care providers and health care facilities shall:

(a) Establish and implement policies and procedures to maintain confidentiality of patient medical and identifying information pursuant to this section, and chapters 70.02 and 70.24 RCW; and

(b) Provide the confidentiality policies and procedures to persons authorized to access patient identifying information under this section.

(24) For cases of notifiable conditions other than sexually transmitted infections, ~~Health~~ health care providers, health care facilities, and ~~personnel in~~ health care facility personnel facilities who know of a person with a notifiable condition, other than a sexually transmitted disease, shall may release patient medical and identifying information only to public health authorities and other individuals responsible for protecting the health and well-being of



the public through control of disease, ~~including the local health~~  
~~((department)) jurisdiction.~~

(35) ~~Health~~ For cases of sexually transmitted infection, health  
care providers, health care facilities, and personnel in health care  
facility personnel facilities with knowledge of a person with sexually  
~~transmitted disease, and following the basic principles of health care~~  
~~providers, which respect the human dignity and confidentiality of~~  
~~patients:~~

(a) May disclose the identity of a person or release patient  
identifying information only as specified in RCW chapter ((70.24.105))  
70.02.220 RCW; and

~~(b) Shall under RCW ((70.24.105(6))) 70.02.220, use only the~~  
~~following customary methods for exchange of medical information:~~

~~(i) Health care providers may exchange medical information~~  
~~related to HIV testing, HIV test results, and confirmed HIV or~~  
~~confirmed ((STD)) sexually transmitted disease diagnosis and treatment~~  
~~in order to provide health care services to the patient. This means~~  
~~that information shared impacts the care or treatment decisions~~  
~~concerning the patient; and the health care provider requires the~~  
~~information for the patient's benefit.~~

~~(ii) Health care providers responsible for office management and personnel responsible for health care facility management are authorized to permit access to a patient's medical information and medical record by medical staff or office staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.;~~

~~(eb) Health care providers and health care facilities conducting~~ When conducting a clinical HIV research project, shall report the identity of an individual participating in the project unless:

(i) The project has been approved by an institutional review board; and

(ii) The project has a system in place to remind referring health care providers of ~~their reporting obligations notification~~ requirements under this chapter.

~~(4) Health care providers and health care facilities shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information. (56)~~

~~Personnel responsible for health care facility management are authorized to permit~~ Health care facility administrators may authorize access to patient medical information as necessary to fulfill professional duties. Health care facility administrators shall advise

~~those persons permitted access under this section of the requirement to maintain confidentiality of such information as defined under this section and chapter 70.24 RCW.~~ Professional duties ~~means include only~~ the following activities or activities that are functionally similar:

- (a) Care and treatment of a patient;
- (b) Management of medical information;
- (c) Management of the patient's medical record;
- (d) Medical record or chart audits;
- (~~b~~e) Peer reviews;
- (~~e~~f) Quality assurance;
- (~~d~~g) Utilization review purposes;
- (~~e~~h) Research as authorized under chapters 42.48 and 70.02 RCW;
- (~~f~~i) Risk management; and
- (~~g~~j) Reviews required under federal or state law ~~or rules~~.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-120, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050 and 70.104.030. WSR 00-23-120, § 246-101-120, filed 11/22/00, effective 12/23/00.]

PART III: NOTIFIABLE CONDITIONS: ~~AND LABORATORIES~~ AND LABORATORY  
DIRECTORS

NEW SECTION

WAC 246-101-200 Rapid screening testing. An individual or entity, including, but not limited to health care providers and health care facilities, that has conducted an RST for any of the following conditions meets the definition of a laboratory under this chapter and shall comply with WAC 246-101-201 through WAC 246-101-230:

- (1) Blood lead level testing;
- (2) Hepatitis C (acute infection);
- (3) Hepatitis C (chronic infection); and
- (4) HIV infection.

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-201 Notifiable conditions: ~~and~~**  
**~~laboratories~~Laboratories.** ((This section describes the conditions about which Washington's laboratories must notify public health authorities of on a statewide basis. The board finds that the

~~conditions in Table Lab-1 of this section are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. The board also finds that submission of specimens for many of these conditions will further prevent the spread of disease.~~

~~(1) Laboratory directors shall notify public health authorities of positive preliminary test results and positive final test results of the conditions identified in Table Lab-1 of this section as individual case reports and provide specimen submissions following the requirements in WAC 246-101-205, 246-101-210, 246-101-215, 246-101-220, 246-101-225, and 246-101-230.~~

~~(2) Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.~~

~~Table Lab-1 (Conditions Notifiable by Laboratory Directors)~~

<del>Notifiable Condition</del>	<del>Time Frame for Notification</del>	<del>Notifiable to Local Health Department</del>	<del>Notifiable to Department of Health</del>	<del>Specimen Submission to Department of Health (Type &amp; Timing)</del>
<del>Arboviruses (West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, Powassan, California serogroup, Chikungunya) Acute: IgM positivity PCR positivity Viral isolation</del>	<del>2 business days</del>	<del>√</del>		<del>On request</del>

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
<i>Bacillus anthracis</i> (Anthrax)	Immediately	√		Culture (2 business days)
Blood Lead Level	Elevated Levels— 2 business days Nonelevated Levels— Monthly		√	
<i>Bordetella pertussis</i> (Pertussis)	Within 24 hours	√		Culture, when available (2 business days)
<i>Borrelia burgdorferi</i> (Lyme disease)	2 business days	√		On request
<i>Borrelia hermsii</i> or <i>recurrentis</i> (Relapsing fever, tick or louse-borne)	Within 24 hours	√		On request
<i>Brucella</i> species (Brucellosis)	Within 24 hours	√		Cultures (2 business days)
<i>Burkholderia mallei</i> and <i>pseudomallei</i>	Immediately	√		Culture (2 business days); additional specimens when available
<i>Campylobacter</i> species (Campylobacteriosis)	2 business days	√		On request
CD4 + (T4) lymphocyte counts and/or CD4 + (T4) (patients aged thirteen or older)	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)	
<i>Chlamydophila psittaci</i> (Psittacosis)	Within 24 hours	√		On request
<i>Chlamydia trachomatis</i>	2 business days	√		
<i>Clostridium botulinum</i> (Botulism)	Immediately	√		Serum and/or stool; any other specimens available (i.e., foods submitted for suspected foodborne case; debrided tissue submitted for suspected wound botulism) (2 business days)
<i>Corynebacterium diphtheriae</i> (Diphtheria)	Immediately	√		Culture (2 business days)
<i>Coxiella burnetii</i> (Q fever)	Within 24 hours	√		Culture (2 business days)
<i>Cryptococcus non v. neoformans</i>	N/A	N/A		Culture (2 business days) or other

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
				specimens upon request
<i>Cryptosporidium</i> (Cryptosporidiosis)	2 business days	√		On request
<i>Cyclospora cayentanensis</i> (Cyclosporiasis)	2 business days	√		Specimen (2 business days)
<i>E. coli</i> —Refer to "Shiga toxin-producing <i>E. coli</i> "	Immediately	√		
<i>Francisella tularensis</i> (Tularemia)	Immediately	√		Culture or other appropriate clinical material (2 business days)
<i>Giardia lamblia</i> (Giardiasis)	2 business days	√		On request
<i>Haemophilus influenzae</i> (children < 5 years of age)	Immediately	√		Culture, from sterile sites only, when type is unknown (2 business days)
Hantavirus	Within 24 hours	√		On request
Hepatitis A virus (acute) by IgM positivity (Hepatocellular enzyme levels to accompany report)	Within 24 hours	√		On request
Hepatitis B virus (acute) by IgM positivity	Within 24 hours	√		On request
Hepatitis B virus —HBsAg (Surface antigen) —HBeAg (E antigen) —HBV DNA	Monthly	√		
Hepatitis C virus	Monthly	√		
Hepatitis D virus	2 business days	√		On request
Hepatitis E virus	Within 24 hours	√		On request
Human immunodeficiency virus (HIV) infection (for example, positive Western Blot assays, P24 antigen or viral culture tests)	2 business days	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Human immunodeficiency virus (HIV) infection (I1 viral load detection test results—detectable and undetectable)	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
Influenza virus, novel or unsubtypeable strain	Immediately	✓		Isolate or clinical specimen (2 business days)
<i>Legionella</i> species (Legionellosis)	Within 24 hours	✓		Culture (2 business days)
<i>Leptospira</i> species (Leptospirosis)	Within 24 hours	✓		On request
<i>Listeria monocytogenes</i> (Listeriosis)	Within 24 hours	✓		Culture (2 business days)
Measles virus (rubeola) Acute: IgM positivity PCR positivity	Immediately	✓		Isolate or clinical specimen associated with positive result (2 business days)
Mumps virus Acute: IgM positivity PCR positivity	Within 24 hours	✓		Isolate or clinical specimen associated with positive result (2 business days)
<i>Mycobacterium tuberculosis</i> (Tuberculosis)	2 business days		✓	Culture (2 business days)
<i>Mycobacterium tuberculosis</i> (Tuberculosis) (Antibiotic sensitivity for first isolates)	2 business days		✓	
<i>Neisseria gonorrhoeae</i> (Gonorrhea)	2 business days	✓		
<i>Neisseria meningitidis</i> (Meningococcal disease)	Immediately	✓		Culture (from sterile sites only) (2 business days)
<i>Plasmodium</i> species (Malaria)	2 business days	✓		On request
Poliovirus Acute: IgM positivity PCR positivity	Immediately	✓		Isolate or clinical specimen associated with positive result (2 business days)
Rabies virus (human or animal)	Immediately	✓ (Pathology Report Only)		Clinical specimen associated with positive result (2 business days)
<i>Salmonella</i> species (Salmonellosis)	Within 24 hours	✓		Culture (2 business days)
SARS-associated coronavirus	Immediately	✓		Isolate or clinical specimen associated with positive result (2 business days)
Shiga toxin-producing <i>E. coli</i> (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	Immediately	✓		Culture (2 business days) or specimen if no culture is available



Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
<i>Shigella</i> species (Shigellosis)	Within 24 hours	√		Culture (2 business days)
<i>Treponema pallidum</i> (Syphilis)	2 business days	√		Serum (2 business days)
<i>Trichinella</i> species	2 business days	√		On request
Vancomycin-resistant <i>Staphylococcus aureus</i>	Within 24 hours	√		Culture (2 business days)
Variola virus (smallpox)	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
<i>Vibrio cholerae</i> O1 or O139 (Cholera)	Immediately	√		Culture (2 business days)
<i>Vibrio</i> species (Vibriosis)	Within 24 hours	√		Culture (2 business days)
Viral hemorrhagic fever: Arenaviruses Bunyaviruses Filoviruses Flaviviruses	Immediately	√		Isolate or clinical specimen associated with positive result (2 business days)
Yellow fever virus	Immediately	√		Serum (2 business days)
<i>Yersinia enterocolitica</i> or <i>pseudotuberculosis</i>	Within 24 hours	√		On request
<i>Yersinia pestis</i> (Plague)	Immediately	√		Culture or other appropriate clinical material (2 business days)

(√) Indicates which agency should receive case and suspected case reports.

~~(3) The local health department may request laboratory reporting of additional test results pertinent to an investigation of a notifiable condition (e.g., hepatocellular enzyme levels for hepatitis or negative stool test results on salmonellosis rescreening).~~

~~(4) Laboratory directors may notify the local health department, the department, or both of other laboratory results.)~~ (1) For a

~~laboratory that tests for agents (conditions) identified in Table Lab-1 of this section or designated by the local health officer as notifiable by laboratories within the health officer's jurisdiction, a laboratory director shall:~~

~~(a) Using individual case reports, notify the local health jurisdiction or the department as indicated in Table Lab-1, of presumptive and final test results for cases of the conditions:~~

~~(i) Identified in Table Lab-1 of this section; or~~

~~(ii) Designated by the local health officer as notifiable by laboratories within the health officer's jurisdiction; and~~

~~(b) Submit specimens identified in Table Lab-1 of this section and identified by the local health officer per (a)(ii) of this subsection, to the Washington state public health laboratories or other laboratory designated by the state health officer for diagnosis, confirmation, storage, or further testing.~~

~~(c) At least annually, using a format approved by the department, submit to the department all de-identified negative screening results for *Chlamydia trachomatis*, Hepatitis C virus, human immunodeficiency virus (HIV), *Neisseria gonorrhoeae* (Gonorrhea), and *Treponema pallidum* (Syphilis).~~ (1) The agents (conditions) in Table Lab-1 are notifiable by laboratory directors as indicated in Table Lab-1 and this chapter.

Table Lab-1 (Conditions Notifiable by Laboratory Directors) <sup>1,2,3</sup>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
<u>Amoebic meningitis</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Specimen associated with positive result, if available</u>	<u>Within 2 business days</u>
<u>Anaplasma species (Anaplasmosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result, if available</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Babesia species (Babesiosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result, if available</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Bacillus anthracis (Anthrax)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u> <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Bacillus cereus, biovar anthracis subspecies only</u>	<u>Confirmed positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Do not ship specimen</u>	<u>Do not ship specimen</u>
<u>Baylisascaris (Baylisascariasis)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Specimen associated with positive result, if available</u>	<u>Within 2 business days</u>
<u>Blood lead level</u> <u>See WAC 246-101-205 (3)(f) and 246-101-225 (1)(f)</u>	<u>Elevated results equal to or greater than 5 micrograms per deciliter for:</u> <u>RST</u> <u>Venous</u>	<u>Within 2 business days to DOH</u>	<u>N/A</u>	<u>N/A</u>
	<u>Non-elevated results less than 5 micrograms per deciliter for:</u> <u>RST</u> <u>Venous</u>	<u>Within 30 days to DOH</u>		
<u>Bordetella pertussis (Pertussis)</u>	<u>Positive results by:</u> <u>Culture</u> <u>Nucleic acid detection (nucleic acid testing (NAT) or nucleic acid</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u>	<u>Within 2 business days</u>
			<u>If no isolate available, specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
	<u>amplification (NAAT)</u>			
<u><i>Borrelia burgdorferi</i> or <i>Borrelia mayonii</i> (Lyme disease)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Borrelia hermsii</i>, <i>miyamotoi</i>, or <i>recurrentis</i> (Relapsing fever, tick- or louse- borne)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Brucella</i> species (Brucellosis)</u>	<u>Positive result by any method excluding Immunoglobulin G (IgG)</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate, excluding confirmed positive <i>B.</i> <i>melitensis</i>, <i>B.</i> <i>abortus</i>, or <i>B. suis</i> If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u><i>Burkholderia mallei</i> (Glanders)</u>	<u>Positive result by any method excluding IgG</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate  If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u><i>Burkholderia pseudomallei</i> (Meliodiosis)</u>	<u>Positive result by any method excluding IgG</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate  If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>California serogroup viruses, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Campylobacter</i> species (Campylobacteriosis)</u>	<u>Positive result by: Culture Nucleic acid detection (NAT or NAAT) Antigen detection</u>	<u>Within 2 business days to LHJ</u>	<u>Isolate  If no isolate available, specimen</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
			<u>associated with positive result</u>	
<u>Candida auris</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u>  <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Carbapenem-resistant Enterobacteriaceae:</u> <u>Klebsiella species</u> <u>E. coli</u> <u>Enterobacter species</u>	<u>Positive for known carbapenemase resistance gene (including, but not limited to, KPC, NDM, VIM, IMP, OXA-48) demonstrated by nucleic acid detection (NAT or NAAT), or whole genome sequencing</u>  <u>Positive on a phenotypic test for carbapenemase production including, but not limited to, Metallo-B-lactamase test, modified Hodge test (MHT) (for E. coli and Klebsiella species only), CarbaNP, Carbapenem Inactivation Method (CIM) or modified CIM (mCIM)</u>  <u>Resistant to any carbapenem including, but not limited to, doripenem, ertapenem, imipenem or meropenem</u>	<u>Within 2 business days to LHJ</u>	<u>Isolate</u>  <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>CD4 + lymphocyte counts and/or CD4 % (patients aged thirteen or older)</u>	<u>All results</u>	<u>Within 30 days to DOH except in King County where this is reportable to the LHJ</u>	<u>N/A</u>	<u>N/A</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
<u>Chikungunya virus, acute (Arbovirus)</u>	Positive result by any method excluding Immunoglobulin G (IgG)	Within 2 business days to LHJ	Specimen associated with positive result	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Chlamydia psittaci (Psittacosis)</u>	Positive result by any method excluding IgG	Within 24 hours to LHJ	Specimen associated with positive result	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Chlamydia trachomatis</u> <u>See WAC 246-101-201 (1)(e)</u>	Positive and indeterminate result by any method	Within 2 business days to LHJ	N/A	N/A
<u>Chlamydia trachomatis</u>	<u>De-identified negative screening result</u>	<u>At least annually to DOH</u>	N/A	N/A
<u>Clostridium botulinum (Botulism)</u>	Positive result by any method	Immediately to LHJ	Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result	Within 2 business days
<u>Coccidioides (Coccidioidomycosis)</u>	Positive result by any method	Within 2 business days to LHJ	Isolate	Within 2 business days
			Nonisolate specimen associated with positive result	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Coronavirus SARS-associated coronavirus</u> <u>MERS-associated coronavirus</u>	Positive result by any method	Immediately to LHJ	Presumptive positive isolate	Within 2 business days
			If no isolate available, specimen associated with presumptive positive result	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Corynebacterium diphtheriae (Diphtheria)</u>	Positive result by: Culture Nucleic acid detection (NAT or NAAT)	Immediately to LHJ	Isolate	Within 2 business days
			If no isolate available, specimen associated with positive result	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Coxiella burnetii (Q fever)</u>	Positive result by any method	Within 24 hours LHJ	Specimen associated with presumptive positive result	Within 2 business days

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
<u>Crimean-Congo hemorrhagic fever virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u>  <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)</u>	<u>Positive results by any method excluding cryptococcal antigen</u>	<u>Within 2 business days to LHJ</u>	<u>Isolate</u>  <u>If no isolate available, specimen associated with positive result (excluding serum)</u>	<u>Within 2 business days</u>
			<u>Serum</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Cryptosporidium (Cryptosporidiosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Cyclospora cayetanensis (Cyclosporiasis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Dengue, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>E. coli - Refer to "Shiga toxin-producing E. coli"</u>				
<u>Eastern and western equine encephalitis, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Ebola virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive specimen</u>	<u>Within 2 business days</u>
<u>Echinococcus granulosus or E. multilocularis (Echinococcosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
<u><i>Ehrlichia</i> species (Ehrlichiosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Francisella tularensis</i> (Tularemia)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u><i>Giardia duodenalis</i>, <i>G. lamblia</i>, <i>G. intestinalis</i> (Giardiasis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Guanarito virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u><i>Haemophilus influenzae</i> (children &lt; 5 years of age)</u>	<u>Positive result for specimen from a normally sterile site by: Culture Nucleic acid detection (NAT or NAAT)</u>	<u>Immediately to LHJ</u>	<u>Isolate If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Hantaviral infection including, but not limited to: <u>Andes virus</u> <u>Bayou virus</u> <u>Black Creek Canal virus</u> <u>Dobrava-Belgrade virus</u> <u>Hantaan virus</u> <u>Seoul virus</u> <u>Sin nombre virus</u></u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Hepatitis A virus</u>	<u>Positive results for: IgM</u>	<u>Within 24 hours to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>



<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
	<u>Nucleic acid detection (NAT or NAAT)</u>  <u>Hepatocellular enzyme levels to accompany report, if available, for positive IgM results</u>			
<u>Hepatitis B virus</u>	<u>Positive results for:</u> <u>IgM anti-HBc</u> <u>HBsAg</u> <u>HBeAg</u> <u>HBV Nucleic acid detection (NAT or NAAT) either qualitative or quantitative, for example PCR or genotyping</u>  <u>If associated with a positive result listed above, and available:</u> <u>Hepatocellular enzyme levels</u> <u>Pregnancy status</u> <u>Negative IgM anti- HBc result</u>	<u>Within 24 hours to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Hepatitis C virus</u> <u>See WAC 246-101-</u> <u>201-1(e)</u>	<u>Positive result by any method</u>  <u>Positive and nonpositive results for:</u> <u>HCV nucleic acid detection (NAT or NAAT) for qualitative, quantitative, and genotype tests</u>  <u>If associated with a positive result and available:</u> <u>Hepatocellular enzyme levels</u> <u>Pregnancy status</u> <u>Negative result for IgM anti-HAV</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
	Negative result for IgM anti-HBc			
<u>Hepatitis C virus</u>	<u>De-identified negative screening result</u>	<u>At least annually to DOH</u>	<u>N/A</u>	<u>N/A</u>
<u>Hepatitis D virus</u>	<u>Positive result by any method</u>  <u>If associated with a positive result and available: Hepatocellular enzyme levels</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Hepatitis E virus</u>	<u>Positive result by any method</u>  <u>If associated with a positive result and available: Hepatocellular enzyme levels</u>	<u>Within 24 hours to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Histoplasma capsulatum (histoplasmosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Isolate</u>	<u>Within 2 business days</u>
			<u>Serum</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Human immunodeficiency virus (HIV)</u> <u>See WAC 246-101- 201-1)(e)</u>	<u>Positive and indeterminate results and subsequent negative results associated with those positive or indeterminate results for the tests below: Antibody detection tests (including RST) Antigen detection tests (including RST) Viral culture All HIV nucleic acid detection (NAT or NAAT) tests: Qualitative and quantitative -Detectable and undetectable</u>	<u>Within 2 business days to DOH except in King County where this is reportable to the LHJ</u>	<u>N/A</u>	<u>N/A</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
	HIV antiviral resistance testing genetic sequences			
<u>Human immunodeficiency virus (HIV)</u>	<u>De-identified negative screening result</u>	<u>At least annually to DOH</u>	<u>N/A</u>	<u>N/A</u>
<u>Human prion disease</u>	<u>Positive result by any method excluding Tau protein</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Influenza virus, novel or unsubtype strain</u>	<u>Positive novel and unsubtype result</u>	<u>Immediately to LHJ</u>	<u>Isolate If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Japanese encephalitis, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Junin virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>La Crosse encephalitis, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Lassa virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Legionella species (Legionellosis)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate If no isolate available but respiratory specimen available and associated with a positive test (as in the case of a PCR</u>	<u>Within 2 business days</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
			positive), send respiratory specimen associated with positive result	
<u>Leptospira species (Leptospirosis)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u> <u>If no isolate available, specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Listeria monocytogenes (Listeriosis)</u>	<u>Positive result for specimen from a normally sterile site by:</u> <u>Culture</u> <u>Nucleic acid detection (NAT or NAAT)</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u> <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Lujo virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u> <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Machupo virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u> <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Marburg virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u> <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Measles virus - See "Rubeola (measles virus)"</u>				
<u>Mumps virus</u>	<u>Positive result for:</u> <u>Culture</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u> <u>If no isolate available, specimen</u>	<u>Within 2 business days</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report/Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
	<u>Nucleic acid detection (NAT or NAAT) IgM</u>		<u>associated with positive result</u>  <u>Specimen associated with positive IgM</u>	  <u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Mycobacterium tuberculosis complex (Tuberculosis)</u>	<u>Positive result for: Culture Nucleic acid detection (NAT or NAAT) Drug susceptibilities (molecular and culture based)</u>	<u>Within 2 business days to DOH</u>	<u>Mycobacterium tuberculosis complex positive isolate (earliest available isolate for the patient)</u>	<u>Within 2 business days</u>
<u>Neisseria gonorrhoeae (Gonorrhea) <del>See WAC 246-101- 201-1)(c)</del></u>	<u>Positive and indeterminate result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>N/A</u>	<u>N/A</u>
<u>Neisseria gonorrhoeae (Gonorrhea)</u>	<u>De-identified negative screening result</u>	<u>At least annually to DOH</u>	<u>N/A</u>	<u>N/A</u>
<u>Neisseria meningitidis (Meningococcal disease)</u>	<u>Positive result for specimen from a normally sterile site by any method</u>	<u>Immediately to LHJ</u>	<u>Isolate from a normally sterile site</u>  <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>  <u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Plasmodium species (Malaria)</u>	<u>Positive results for: Nucleic acid detection (NAT or NAAT) Malaria-specific antigens by rapid diagnostic test PCR Microscopy (thick or thin smear)</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Poliovirus (Poliomyelitis)</u>	<u>IgM positivity; PCR positivity</u>	<u>Immediately to LHJ</u>	<u>Isolate</u>  <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Powassan virus, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
				<u>request by LHJ or DOH</u>
<u>Rabies virus</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Rickettsia species including, but not limited to:</u> <u>Rickettsia rickettsii</u> <u>Rickettsia africae</u> <u>Rickettsia conorii</u> <u>Rickettsia typhi</u> <u>Rickettsia parkeri</u> <u>Rickettsia philipii</u>	<u>Positive results by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Rubella</u>	<u>Positive result by:</u> <u>Culture</u> <u>IgM</u> <u>Nucleic acid detection (NAT or NAAT)</u>	<u>Immediately to LHJ</u>	<u>Isolate</u> <u>If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
			<u>Other specimen</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Rubeola (measles virus)</u>	<u>Positive result by:</u> <u>Culture</u> <u>IgM</u> <u>Nucleic acid detection (NAT or NAAT)</u>	<u>Immediately to LHJ</u>	<u>Isolate and specimen associated with positive culture</u>  <u>Isolate and specimen association with positive NAT or NAAT result</u>	<u>Within 2 business days</u>
			<u>Specimen associated with positive IgM</u>  <u>Other specimen</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u>Sabia virus (Viral hemorrhagic fever)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Presumptive positive isolate</u>  <u>If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Salmonella species (Salmonellosis, typhoid fever)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u>  <u>If no isolate available, specimen</u>	<u>Within 2 business days</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report/Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report-Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
			associated with positive result	
<u>Shiga toxin-producing <i>E. coli</i>/enterohemorrhagic <i>E. coli</i> (STEC)</u>	<u>Positive result by any method</u>	<u>Immediately to LHJ</u>	<u>Isolate</u> <u>If no isolate</u> <u>available, specimen</u> <u>associated with</u> <u>positive result</u>	<u>Within 2 business days</u>
<u><i>Shigella</i> species (Shigellosis)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u> <u>If no isolate</u> <u>available, specimen</u> <u>associated with</u> <u>positive result</u>	<u>Within 2 business days</u>
<u>St. Louis encephalitis, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Taenia solium</i> (Taeniasis or Cysticercosis)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Treponema pallidum</i> (Syphilis) <u>See WAC 246-101- 201(1)(e)</u></u>	<u>Positive and indeterminate result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u><i>Treponema pallidum</i> (Syphilis)</u>	<u>De-identified negative screening result</u>	<u>At least annually to DOH</u>	<u>N/A</u>	<u>N/A</u>
<u><i>Trichinella</i> species (Trichinellosis)</u>	<u>Positive serologic test for <i>Trichinella</i></u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHJ or DOH</u>
<u><i>Trypanosoma brucei</i> (Sleeping sickness)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u><i>Trypanosoma cruzi</i> (Chagas disease)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHJ</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Vaccinia (vaccine- acquired smallpox)</u>	<u>Any request for testing associated with a suspect case</u>	<u>Immediately to LHJ</u>	<u>Any specimen collected from a suspect case</u>	<u>Immediately</u>
<u>Vancomycin-resistant <i>Staphylococcus aureus</i></u>	<u>Resistant-Resistance to vancomycin</u>	<u>Within 24 hours to LHJ</u>	<u>Isolate</u> <u>If no isolate</u> <u>available, specimen</u> <u>associated with</u> <u>positive result</u>	<u>Within 2 business days</u>

<u>Agent (Condition)</u>	<u>Notification of Results</u>		<u>Specimen Submission to the Department Washington state public health laboratory</u>	
	<u>What to Report Submit in a Case Report</u>	<u>When and Whom to Report and Where to Report Notify Upon Receiving Presumptive or Final Test Result</u>	<u>What to Submit</u>	<u>When to Submit</u>
<u>Variola virus (smallpox)</u>	<u>Any request for testing associated with a suspect case</u>	<u>Immediately to LHH</u>	<u>Specimen collected from a suspect case</u>	<u>Immediately</u>
<u>Vibrio cholerae O1 or O139 (Cholera)</u>	<u>Positive result by any method</u>	<u>Immediately to LHH</u>	<u>Isolate If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Vibrio species (Vibriosis) not including Vibrio cholerae O1 or O139 (Cholera) See "Vibrio cholerae O1 or O139 (Cholera)"</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHH</u>	<u>Isolate If no isolate available, specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>West Nile virus, acute (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Within 2 business days to LHH</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHH or DOH</u>
<u>Yellow fever virus (Arbovirus)</u>	<u>Positive result by any method excluding IgG</u>	<u>Immediately to LHH</u>	<u>Specimen associated with positive result</u>	<u>Within 2 business days</u>
<u>Yersinia enterocolitica, Y. pseudotuberculosis, Y. intermedia, Y. fredericksonii, or Y. kristensenii (Yersiniosis)</u>	<u>Positive result by any method</u>	<u>Within 24 hours to LHH</u>	<u>Isolate If no isolate available, specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHH or DOH</u>
<u>Yersinia pestis (Plague)</u>	<u>Positive result by any method</u>	<u>Immediately to LHH</u>	<u>Presumptive positive isolate If no isolate available, specimen associated with presumptive positive result</u>	<u>Within 2 business days</u>
<u>Zika virus, acute (Arbovirus)</u>	<u>Positive result by any method</u>	<u>Within 2 business days to LHH</u>	<u>Specimen associated with positive result</u>	<u>On request Within 2 business days of request by LHH or DOH</u>

<sup>1</sup>For the purposes of this table, local health jurisdiction means where the person resides, or, in the event that patient residence cannot be determined, the local health jurisdiction in which the ordering health care provider practices, or the local health jurisdiction in which the laboratory operates.

<sup>2</sup>A laboratory director only needs to report a case if it is identified as part of their normal testing protocols. Nothing in this chapter indicates that laboratories are required to test for certain conditions or speculate if that is not something the laboratory is already doing as part of its normal work.



~~<sup>3</sup>Specimens designated for submission on request may be requested by the local health jurisdictions or the department. The laboratory shall ship a requested specimen within two business days of receiving the request, provided the specimen is still available at the time of the request. This is not intended to require laboratories to save specimens indefinitely in anticipation of a request.~~

(1) For the purposes of Table Lab-1:

(a) "LHJ" means where the patient resides, or, in the event that patient residence cannot be determined, the local health jurisdiction in which the ordering health care provider practices, or the local health jurisdiction in which the laboratory operates; and

(b) "At least annually" means de-identified negative screening results may be submitted in a single report no less than once per year, but may be submitted more frequently as a single report or as individual screening results.

(c) "De-identified negative screening result" means an initial test result that indicates the absence of disease, and that has personally identifiable information removed from it using the Health Insurance Portability and Accountability Act of 1996 Safe Harbor Method defined in 45 CFR 164.514. For purposes of this rule, a de-identified negative screening result does not include a negative test result associated with a previous positive test result, such as a negative nucleic acid or viral load test that is performed after a positive antibody or antigen test.

(d) "Within two business days" means specimens must be in transit within two business days of:

(i) Completing a test and the specimen being ready for packaging;

or

(ii) Receiving a request from a local health jurisdiction or the department, provided the specimen is still available at the time of the request.

(2) This chapter does not require laboratories to:

(a) Test for agents (conditions) or speciate if the laboratory does not perform the test as part of its normal work. A laboratory director shall only report a case of a condition if it is identified as part of their normal testing protocols; and

(b) Retain specimens indefinitely in anticipation of a request from a local health jurisdiction or the department.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-201, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 70.24.125.

WSR 06-16-117, § 246-101-201, filed 8/1/06, effective 9/1/06.

Statutory Authority: RCW 43.20.050, 70.24.125. WSR 05-03-055, § 246-

101-201, filed 1/11/05, effective 2/11/05. Statutory Authority: RCW

43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-201,

filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-205** ~~Responsibilities and duties of the laboratory~~Duties:

Laboratory directors. (1) A laboratory director((s)) shall:

~~(a) ((Notify the local health department where the patient resides, or, in the event that patient residence cannot be determined, the local health department in which the ordering health care provider practices, or the local health department in which the laboratory operates, regarding:~~

~~(i) Positive preliminary test results and positive final test results of notifiable conditions specified as notifiable to the local health department in Table Lab-1.~~

~~(ii) Positive preliminary test results and positive final test results of conditions specified as notifiable by the local health officer within that health officer's jurisdiction.~~

~~(b))~~ Submit case reports:

(i) To the local health jurisdiction or the department as required in Table Lab-1 and pursuant to the requirements of WAC 246-101-220, 246-101-225, and this section; and

(ii) To the local health jurisdiction as required by the local health officer within that health officer's jurisdiction.

(b) Notify the department of conditions designated as notifiable to the local health ((department)) jurisdiction when:

(i) A local health ((department)) jurisdiction is closed or representatives of the local health ((department)) jurisdiction are unavailable at the time a ((positive preliminary test result or positive)) presumptive or final test result of an immediately notifiable condition occurs; or

~~(ii) ((A local health department is closed or representatives of the local health department are unavailable at the time an outbreak or suspected outbreak of communicable disease occurs.~~

~~(c) Notify the department of positive preliminary test results or positive final test results for conditions designated notifiable to the department in Table Lab-1.~~

~~(d) Notify the department of nonelevated blood lead levels on a monthly basis.~~

~~(e) Submit specimens for conditions noted in Table Lab-1 to the Washington state public health laboratories or other laboratory designated by the state health officer for diagnosis, confirmation, storage, or further testing.~~

~~(f)) The reportable-notifiable test result is from pertains to a patient who resides outside of and is visiting Washington state, as indicated by information showing that the specimen was sent from a provided by the requesting health care provider or health care facility in the state of Washington from a patient who resides outside of the state of Washington.~~

~~(b)(c) Submit specimens required in Table Lab-1 pursuant to the requirements of WAC 246-101-210, 246-101-215, and this section;~~

~~(d) Ensure that ((positive preliminary)) presumptive and final test results ((and positive final test results)) for notifiable conditions ((of)) specimens referred to ((other)) reference laboratories for testing are correctly notified to the correct local health ((department)) jurisdiction or the department. This requirement can be satisfied by:~~

~~(i) Arranging for the ((referral)) reference laboratory to notify either the local health ((department)) jurisdiction, the department, or both; or~~

~~(ii) ((Forwarding the notification of)) Reporting the test result from the ((referral)) reference laboratory to the local health ((department)) jurisdiction, the department, or both.~~

(~~(g)~~) Cooperate with public health authorities during investigation of:

(i) The Circumstances ~~circumstances~~ of a case (~~(or suspected case)~~) of a notifiable condition ~~or other communicable disease; and~~ or

(ii) An outbreak or suspected outbreak of disease.

(2) A laboratory director(~~s~~) may designate responsibility for working and cooperating with public health authorities to certain employees as long as designated employees are:

(a) Readily available; and

(b) Able to provide requested information in a timely manner.

(3) (~~By July 1, 2011,~~) A laboratory director may refer a specimen of a notifiable condition to another laboratory for testing and may delegate notification and specimen submission duties to the reference laboratory.

(4) When a laboratory director referring refers a specimen of a notifiable condition to another laboratory for a test for a notifiable condition testing, a the laboratory director(~~s~~) shall:

(a) Provide the reference laboratory with Table Lab-1, WAC 246-101-220, and WAC 246-101-225;

(b) provide Provide the reference laboratory with the following information for each ~~test referrals~~ specimen:

~~((a) Patient name;~~

~~(b) Full address of patient, or patient zip code at a minimum,  
when available in laboratory database;~~

~~(c) Date of birth or age of patient, when available in laboratory  
database;~~

~~(d) Sex of patient, when available in laboratory database;~~

~~(e) Name of the principal health care provider;~~

~~(f) Telephone number of the principal health care provider;~~

~~(g) Address of the principal health care provider, when  
available;~~

~~(h) Type of test requested;~~

~~(i) Type of specimen; and~~

~~(j) Date of specimen collection.~~

~~(4) By January 1, 2013, laboratory databases must have the  
ability to receive, store, and retrieve all of the data elements  
specified in subsection (3) (a) through (j) of this section.)~~

(ai) Patient first and last name;

(bii) Patient physical address including zip code;

(eiii) Patient date of birth;

(div) Patient sex;

(v) For hepatitis B virus case reports, pregnancy status (pregnant, not pregnant, or unknown) of patients fourteen to fifty years of age;

(~~evi~~) Patient best contact telephone number;

(~~fvi~~) Patient medicaid status, for blood lead ~~level~~ tests for patients less than seventy-two months of age only;

(~~gviii~~) Requesting health care provider's name;

(~~hix~~) Requesting health care provider's phone number;

(~~ix~~) Address where patient received care;

(~~jxi~~) Name of submitting laboratory;

(~~kxii~~) Telephone number of submitting laboratory;

(~~lxiii~~) ~~Type of specimen~~Specimen type;

(~~mxiv~~) Specimen collection date;

(~~nxv~~) Date laboratory received specimen; and

(~~oxvi~~) Test ~~type method~~ requested.

(c) Ensure the case report and specimen are submitted appropriately either by:

(i) Arranging for the reference laboratory to submit the case report and specimen pursuant to Table Lab-1 of this chapter, WAC 246-101-210, WAC 246-101-215, WAC 246-101-220, and WAC 246-101-225; or



(ii) Submitting the case report and specimen pursuant to Table Lab-1 of this chapter, WAC 246-101-210, WAC 246-101-215, WAC 246-101-220, and WAC 246-101-225.

(5) A laboratory director may provide health information, demographic information, or infectious or noninfectious condition information in addition to the information required under this chapter.

(6) When a laboratory director submits information under (5) of this section, they shall submit the information pursuant to the requirements of WAC 246-101-220.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-205, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-205, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-210 Means of specimen submission: Laboratory directors and laboratories.** (1) ~~When submitting specimens as~~

~~((indicated in Table Lab-1 of WAC 246-101-201)) required by this chapter, laboratories shall adhere to the following timelines and procedures:~~

~~(a) Specimens designated for submission within two business days must be in transit within two business days from the time the laboratory has completed testing and the specimen is ready for packaging;~~

~~(b) Specimens designated for submission on request may be requested by ~~((the))~~ any local health ((departments)) jurisdiction or the department. The laboratory shall ship a requested specimen within two business days of receiving the request, provided the specimen is still available at the time of the request. This is not intended to require laboratories to save specimens indefinitely in anticipation of a request. A laboratory director shall submit specimens pursuant to Table Lab-1 and this chapter.~~

(2) For test results notifiable to local health jurisdictions, ~~the~~ local local health jurisdiction officer may temporarily waive specimen submission requirements ~~for circumstances at their discretion by communication with individual laboratories and notify laboratories, including the Washington state public health laboratories, of which~~

requirements are being waived and how long the waiver will be in effect.

(3) Laboratories shall forward all required specimens ~~submissions~~ to:

Washington State Public Health Laboratories  
Washington State Department of Health  
1610 N.E. 150th Street  
Shoreline, WA 98155

(4) The state health officer may designate additional laboratories as public health (~~referral~~) reference laboratories.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-210, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-210, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-215 Content of documentation accompanying specimen submission: Laboratory directors.** (~~For each condition listed in~~

~~Table Lab-1 of WAC 246-101-201,)~~ A laboratory director(~~(s)~~) shall provide the following information with each specimen submission required under this chapter(~~(s)~~

- ~~(1) Type of specimen tested;~~
- ~~(2) Name of reporting laboratory;~~
- ~~(3) Telephone number of reporting laboratory;~~
- ~~(4) Date of specimen collection;~~
- ~~(5) Requesting health care provider's name;~~
- ~~(6) Requesting health care provider's phone number;~~
- ~~(7) Requesting health care provider's address, when available;~~
- ~~(8) Test result;~~
- ~~(9) Name of patient;~~
- ~~(10) Sex of patient, when available in laboratory database;~~
- ~~(11) Date of birth or age of patient, when available in laboratory database;~~
- ~~(12) Full address of patient, or patient zip code at a minimum, when available in laboratory database;~~
- ~~(13) Telephone number of patient, when available in laboratory database;~~

~~(14) Other information of epidemiological value, when available))~~

to the Washington state public health laboratories ~~required under this~~  
~~chapter:~~

(1) Patient first and last name;

(2) Patient physical address including zip code;

(3) Patient date of birth;

(4) Patient sex;

(5) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients fourteen to fifty years of age;

(56) Patient best contact telephone number;

(67) Requesting health care provider's name;

(78) Requesting health care provider's phone number;

(89) Address where patient received care;

(910) Name of submitting laboratory;

(1011) Telephone number of submitting laboratory;

(1112) ~~Type of specimen tested~~Specimen type;

(1213) Specimen collection date;

(1314) Date laboratory received specimen;

(1415) Test method used; and

(1516) Test result.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-215, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-215, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-220 Means of notification ~~for ((positive preliminary)) presumptive and final test results:~~ ((and positive final test results)) for laboratoryLaboratory directors. ~~(1) Until January 1, 2025, a~~ laboratory director((s)) shall: ((adhere to the following timelines and procedures:**

~~(1) Conditions designated as immediately notifiable must be reported to the local health officer or the department, as specified in Table Lab 1 of WAC 246-101-201, immediately at the time of positive preliminary test result or positive final test result. This applies twenty-four hours a day, seven days a week. Each local health jurisdiction, as well as the department, maintains after hours emergency telephone contacts for this purpose. A party sending notification by secure facsimile copy or secure electronic~~

~~transmission during normal business hours must confirm immediate receipt by a live person.~~

~~(2) Conditions designated as notifiable within twenty-four hours must be reported to the local health officer or the department, as specified in Table Lab-1 of WAC 246-101-201, within twenty-four hours of positive preliminary test result or positive final test result, seven days a week. Reports during normal public health business hours may be sent by secure electronic transmission, telephone, or secure facsimile copy of a case report. A party sending a report outside of normal public health business hours must use the after-hours emergency phone contact for the appropriate jurisdiction.~~

~~(3) Conditions designated as notifiable within two business days must be reported to the local health officer or the department, as specified in Table Lab-1 of WAC 246-101-201, within two business days. Notification may be sent by secure electronic transmission, telephone, or secure facsimile copy of a case report; and~~

~~(4) Conditions designated as notifiable on a monthly basis must be reported to the local health officer or the department, as specified in Table Lab-1 of WAC 246-101-201, on a monthly basis. Notification may be sent by written case report, secure electronic transmission, telephone, or secure facsimile copy of a case report))~~

(1) Submit case reports as required under this chapter report  
notifiable conditions as specified in WAC 246-101-201 by secure  
electronic data transmission, telephone, or secure facsimile copy of a  
case report. (2) Beginning January 1, 2025, a laboratory director shall  
report notifiable conditions as specified in WAC 246-101-201 by secure  
electronic transmission using one of the following formats and  
consistent with the requirements in Table Lab-1:

(a) HL7 Version 2.5.1 consistent with the "HL7 Version 2.5.1  
Implementation Guide: Electronic Laboratory Reporting to Public  
Health, Release 1 (US Realm)";

(b) HL7 Version 2.5.1 consistent with the "HL7 Version 2.5.1  
Implementation Guide: Electronic Laboratory Reporting to Public  
Health, Release 2 (US Realm);

(c) A web-submitter maintained by the department; or

(d) For rapid screening tests for blood lead tests only, a  
spreadsheet or similar electronic format using a template provided by  
the department.

(32) A laboratory director Call the local health jurisdiction in  
which the case occurred immediately and confirm receipt of a  
presumptive or final test result sending a report for a condition  
designated as:



~~(a) immediately~~ Immediately notifiable ~~as specified in WAC 246-101-201 shall call and confirm immediate receipt.; or~~

~~(4b) A laboratory director sending a report for a condition designated as notifiable~~ Notifiable within twenty-four hours ~~as specified in WAC 246-101-201 shall call and confirm receipt if when sending~~ submitting the ~~report~~ test result outside ~~of~~ the local health jurisdiction's normal business hours.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-220, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-220, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-225** Content of ~~notifications for ((positive preliminary test results and positive))~~ presumptive and final test results case reports: Laboratory directors. (1) ~~For each notifiable condition listed in Table Lab-1 of WAC 246-101-201, a~~ laboratory director ~~((s must))~~ shall provide the following information ~~for in~~

each ((~~positive culture or suggestive~~) presumptive and final test  
result case report required under this chapter:

- ~~((a) Type of specimen tested;~~
- ~~(b) Name of reporting laboratory;~~
- ~~(c) Telephone number of reporting laboratory;~~
- ~~(d) Date of specimen collection;~~
- ~~(e) Date specimen received by reporting laboratory;~~
- ~~(f) Requesting health care provider's name;~~
- ~~(g) Requesting health care provider's phone number;~~
- ~~(h) Requesting health care provider's address, when available;~~
- ~~(i) Test result;~~
- ~~(j) Name of patient;~~
- ~~(k) Sex of patient, when available in laboratory database;~~
- ~~(l) Date of birth or age of patient, when available in laboratory~~

~~database; and~~

~~(m) Full address of patient, or patient zip code at a minimum, when available in laboratory database.)~~ (a) Patient first and last

name;

(b) Patient physical address including zip code;

(c) Patient date of birth;

(d) Patient sex;

(e) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients fourteen to fifty years of age;

(ef) Patient best contact telephone number;

(fg) Patient medicaid status, for blood lead level tests for patients less than seventy-two months of age only;

(gh) Requesting health care provider's name;

(hi) Requesting health care provider's phone number;

(ij) Address where patient received care;

(jk) Name of submitting laboratory;

(kl) Telephone number of submitting laboratory;

~~(lm) Type of specimen tested~~Specimen type;

(mn) Specimen collection date;

(no) Date laboratory received specimen;

(op) Test method used; and

(pq) Test result.

(2) The local local health officer, s and the state health officer, and the director of the department of labor and industries may require request laboratory directors to report other additional information of epidemiological or public health value when conducting a case investigation or for control of a notifiable condition.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-225, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-225, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-230 Handling ~~of case reports and medical~~**

**confidential information: Laboratory directors.** (1) All records and specimens ~~containing~~ related to a case that contain or are accompanied by patient identifying information are confidential, including, but not limited to, medical records, medical information, specimens, documentation accompanying specimens, notifications, case reports, and presumptive and final laboratory test results. Patient identifying information includes information that can directly or indirectly identify a patient.

~~(2) The Washington state public health laboratories, other laboratories approved as public health ((referral)) reference laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient-identifying information~~

Laboratories shall maintain the confidentiality of patient medical and identifying information ~~accompanying submitted laboratory specimens~~ except as provided for under this section.

(23) A laboratory director ~~((s))~~ shall:

(a) ~~establish~~ Establish and implement policies and procedures to maintain confidentiality ~~related to~~ a patient's ~~medical~~ and identifying information pursuant to this section and chapters 70.02 and 70.24 RCW; ~~;~~

(b) Provide the confidentiality policies and procedures to persons authorized to access patient medical and identifying information under this section.

(34) For cases of notifiable conditions other than sexually transmitted infections, ~~Laboratory~~ laboratory directors and laboratory personnel ~~working in laboratories who know of a person with a notifiable condition, other than a sexually transmitted disease,~~ ~~shall~~ may release patient medical and identifying information only to public health authorities and other individuals responsible for protecting the health and well-being of the public through control of disease.

~~(45) For cases of sexually transmitted infection, Laboratory laboratory directors and personnel working in laboratories laboratory personnel with knowledge of a person with sexually transmitted disease, and following the basic principles of health care providers, which respect the human dignity and confidentiality of patients:~~

~~(a) May may disclose the identity of a person or release patient medical and identifying information only as specified in RCW chapter ((70.24.105)) 70.02.220 RCW; and~~

~~(b) Shall under RCW ((70.24.105(6))) 70.02.220, use only the following customary methods for exchange of medical information:~~

~~(i) Laboratory directors and personnel working in laboratories may exchange medical information related to HIV testing, HIV test results, and confirmed HIV or confirmed ((STD)) sexually transmitted disease diagnosis and treatment in order to provide health care services to the patient. This means that information shared impacts the care or treatment decisions concerning the patient; and the laboratory director or personnel working in the laboratory require the information for the patient's benefit.~~

~~(ii) Laboratory directors are authorized to permit access to a patient's medical information and medical record by laboratory staff or office staff to carry out duties required for care and treatment of~~

~~a patient, the management of medical information, and the management of the patient's medical record.~~

(6) Laboratory administrators may authorize access to medical and patient identifying information as necessary to fulfill professional duties. Professional duties include only the following activities or activities that are functionally similar:

(a) Care and treatment of a patient;

(b) Management of medical information;

(c) Management of the patient's medical record.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-230, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-230, filed 11/22/00, effective 12/23/00.]

PART IV: NOTIFIABLE CONDITIONS: ~~AND THE RESPONSIBILITIES AND~~

DUTIES OF OTHERS

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-405 ~~Responsibilities of veterinarians~~Duties:**

**Veterinarians and the state department of agriculture. (1) For the purposes of this section "New, emerging, or unusual animal diseases or**

disease clusters with potential public health significance" means zoonotic or potentially zoonotic diseases in animals that have never or rarely been observed in Washington state (new or emerging); or appear in a new species or show evidence of higher pathogenicity than expected (unusual); or appear in a higher than expected number of animals clustered in time or space (cluster).

(12) Veterinarians shall (÷

~~(a) Notify the local health officer of the jurisdiction in which the human resides of any suspected human case or suspected human outbreak based on the human's exposure to a confirmed animal case of any disease listed in Table V-1 of this section:~~

Table V-1 (Conditions Notifiable by Veterinarians)

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department
Anthrax	Immediately	√
Arboviral Disease	Within 24 hours	√
Brucellosis ( <i>Brucella</i> species)	Within 24 hours	√
<i>Burkholderia mallei</i> (Glanders)	Immediately	√
Disease of suspected bioterrorism origin (including but not limited to anthrax)	Immediately	√
<i>E. coli</i> Refer to "Shiga toxin producing <i>E. coli</i> "	Immediately	√
Emerging condition with outbreak potential	Immediately	√
Influenza virus, novel or unsubtypable strain	Immediately	√
Leptospirosis	Within 24 hours	√
Plague	Immediately	√
Psittacosis	Within 24 hours	√
Q-Fever	Within 24 hours	√
Rabies (suspected human or animal)	Immediately	√
Shiga toxin producing <i>E. coli</i> infections (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	Immediately	√
Tularemia	Immediately	√



(v) Indicates that the condition is notifiable to the local health department.

~~(b))~~ cooperate with public health authorities in the investigation and control of human and animal cases, ((suspected cases,)) outbreaks, and-suspected outbreaks, and clusters of zoonotic disease ((-

~~(c) Cooperate with public health authorities in the implementation of infection control measures)) including, but not limited to, isolation and quarantine ((-~~

~~((d) Comply with requirements in chapter 16-70 WAC for submitting positive specimens and isolates for specific diseases, and provide information requested by the department or local health jurisdiction)) of animals.~~

(23) The department of agriculture shall:

(a) ~~Provide-Submit~~ individual case reports for animal cases of the conditions in Table Agriculture-1 of this section to the department using secure electronic data transmission immediately upon being notified of the animal case.

~~(b) Confirm the immediate receipt when sending a report for cases of the following conditions:~~

~~(i) Anthrax (*Bacillus anthracis* or *B. cereus* biovar *anthracis*);~~

~~(ii) Influenza virus in swine, influenza H5 and H7 (avian);~~

~~(iii) Livestock exposed to toxic substances which may threaten~~

~~public health;~~

~~(iv) Plague (*Yersinia pestis*);~~

~~(v) Rabies (suspected human or animal);~~

~~(vi) Transmissible Spongiform Encephalopathy; and~~

~~(vii) Tularemia (*Francisella tularensis*).~~

Table Agriculture-1 (Conditions  
Notifiable by the Department of  
Agriculture)

<u>Notifiable Condition (Agent)</u>
<u>Anthrax (<i>Bacillus anthracis</i> or <i>B. cereus</i> biovar <i>anthracis</i>)</u>
<u>Arboviral Diseases</u>
<u>California serogroup</u>
<u>Chikungunya</u>
<u>Dengue</u>
<u>Eastern equine encephalitis</u>
<u>Japanese encephalitis</u>
<u>La Crosse encephalitis</u>
<u>Powassan</u>
<u>St. Louis encephalitis</u>
<u>Western equine encephalitis</u>
<u>West Nile virus</u>
<u>Zika</u>
<u>Brucellosis (<i>Brucella</i> species)</u>
<u>Coccidioidomycosis (<i>Coccidioides</i> species)</u>
<u><i>Cryptococcus gattii</i> or undifferentiated <i>Cryptococcus</i> species (i.e., <i>Cryptococcus</i> not identified as <i>C. neoformans</i>)</u>
<u>Cysticercosis (<i>Taenia solium</i>)</u>
<u>Echinococcosis (<i>Echinococcus</i> species)</u>
<u>Ehrlichiosis (<i>Ehrlichia</i> species)</u>

<u>Notifiable Condition (Agent)</u>
<u>Glanders (<i>Burkholderia mallei</i>)</u>
<u>Influenza virus in swine, influenza H5 and H7 (avian)</u>
<u>Leptospirosis (<i>Leptospira</i> species)</u>
<u>Livestock exposed to toxic substances which may threaten public health</u>
<u>Psittacosis (<i>Chlamydia psittaci</i>)</u>
<u>Plague (<i>Yersinia pestis</i>)</u>
<u>Q Fever (<i>Coxiella burnettii</i>)</u>
<u>Rabies (suspected human or animal)</u>
<u>Shiga toxin-producing <i>E. coli</i> infections/enterohemorrhagic <i>E. coli</i> infections</u>
<u>Transmissible Spongiform Encephalopathy</u>
<u>Trichinosis (<i>Trichinella spiralis</i>)</u>
<u>Tuberculosis</u>
<u>Tularemia (<i>Francisella tularensis</i>)</u>
<u>Vancomycin-resistant <i>Staphylococcus aureus</i></u>
<u>Zoonotic Viral Hemorrhagic Fever</u>
<u>New, emerging, or unusual animal diseases or disease clusters with potential public health significance.:</u>  <u>For the purposes of this table, "new, emerging, or unusual animal diseases or disease clusters with potential public health significance" means zoonotic or potentially zoonotic diseases in animals that have never or rarely been observed in Washington state (new or emerging); or appear in a new species or show evidence of higher pathogenicity than expected (unusual); or appear in a higher than expected number of animals clustered in time or space (cluster).</u>

(b) Call the department immediately and confirm receipt when sending an animal case report for the following conditions:

(i) Anthrax (*Bacillus anthracis* or *B. cereus* biovar *anthracis*);

(ii) Influenza virus in swine, influenza H5 and H7 (avian);

(iii) Livestock exposed to toxic substances which may threaten public health;

(iv) Plague (*Yersinia pestis*);

(v) Rabies (suspected human or animal);

(vi) Transmissible Spongiform Encephalopathy; and

(vii) Tularemia (*Francisella tularensis*).

(4) The department of agriculture may provide additional health information, demographic information, or infectious or noninfectious condition information than is required under this chapter to the department, local health jurisdiction, or both.

(5) When the department of agriculture submits information under (4) of this section, they shall submit the information using secure electronic data transmission.

~~(36)~~ The department (~~(of health)~~) shall (~~(+~~

~~(a) Coordinate with the state veterinarian at the department of agriculture to develop, maintain, and implement a procedure for notifying the department of animal cases of the conditions listed in Table V-1 of this section.~~

~~(b))~~ notify the local health jurisdiction of reported animal cases of the conditions in Table (~~(V-1 of this section)~~) Argriculture-1.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-405, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-405, filed 11/22/00, effective 12/23/00.]

NEW SECTION

**WAC 246-101-408 Content of ~~notification~~case reports: ~~for the state department~~ Department of agriculture.** (1) For each notifiable

condition listed in Table Agriculture-1 of ~~WAC 246-101-405~~this chapter, the state department of agriculture shall provide the following information for each animal case:

- (a) Animal species;
- (b) Animal county of current residence;
- (c) Diagnosis or suspected diagnosis of ~~disease or the~~ condition;
- (d) Veterinarian name;
- (e) Veterinarian practice address;
- (f) Veterinarian telephone number;
- (g) Pertinent laboratory data, if available; and
- (h) Other information of public health significance collected

~~from the reporting veterinary laboratory or veterinarian as required under~~pursuant to chapter 16-70 WAC.

(2) The local health officer or state health officer may ~~require request~~ other additional information of epidemiological or public health value when conducting a case investigation or for control of a notifiable condition.

(3) The state health officer and local health officer shall handle all information received under this chapter, including, but not limited to information collected under WAC 246-101-405 and information collected during case investigations or for investigation or control of a notifiable condition, consistent with WAC 246-101-515, WAC 246-101-610, and RCW 42.56.380.

[ ]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-410** ~~Responsibilities of food~~ Duties: Food ((~~service~~)) **establishments.** The person in charge of a food ((~~service~~)) establishment shall:

(1) Notify the local health ((~~department~~)) jurisdiction of potential foodborne disease as required in WAC ((~~246-215-260~~)) 246-215-02215.

(2) Cooperate with public health authorities in the investigation and control of cases, ((~~suspected cases,~~)) outbreaks, and suspected outbreaks ~~of foodborne or waterborne disease~~. This includes, but is not limited to, the release of the name and other pertinent

information about food handlers diagnosed with a notifiable condition or other communicable disease ~~as it relates to a foodborne or waterborne disease investigation.~~

(3) Not release information about food handlers with a notifiable condition or other communicable disease to other employees or the general public.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-410, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-410, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-415** ~~Responsibilities of child~~ Duties: Child ((day)) **care facilities.** Child ((day)) care facilities shall:

(1) Notify the local health ((department)) jurisdiction of cases, ((suspected cases,)) outbreaks, and suspected outbreaks of notifiable conditions in Table HC-1 of this chapter that may be associated with the child ((day)) care facility.

(2) Consult with a health care provider or the local health ((department)) jurisdiction for information about the control and prevention of infectious ~~or communicable disease~~ conditions, as necessary.

(3) Cooperate with public health authorities in the investigation and control of cases, ((suspected cases,)) outbreaks, and suspected outbreaks ~~of disease~~ that may be associated with the child ((day)) care facility.

(4) Establish and implement policies and procedures to maintain confidentiality ~~related to~~ of medical information in their possession.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-415, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-415, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-420 ~~Responsibilities of schools~~ Duties: Schools.**

Schools shall:



(1) Notify the local health ((department)) jurisdiction of cases, ((suspected cases,)) outbreaks, and suspected outbreaks of ~~disease~~ notifiable conditions in Table HC-1 of this chapter that may be associated with the school.

(2) Cooperate with the local health ((department)) jurisdiction in monitoring influenza.

(3) Consult with a health care provider or the local health ((department)) jurisdiction for information about the control and prevention of infectious ~~or communicable disease~~ conditions, as necessary.

(4) Cooperate with public health authorities in the investigation and control of cases, ((suspected cases,)) outbreaks, and suspected outbreaks ~~of disease~~ that may be associated with the school.

(5) Release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(6) ~~Schools shall establish~~ Establish and implement policies and procedures to maintain confidentiality ~~related to~~ of medical information in their possession.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-420, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-420, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-425** ~~Responsibilities of the~~ Duties: The general public. ~~((1))~~ (1) Members of the general public shall cooperate with:

~~((a))~~ (1a) ~~Cooperate with public~~ Public health authorities in the investigation and control of cases, ~~((suspected cases,))~~ outbreaks, and suspected outbreaks ~~of notifiable conditions~~ ~~((or other communicable diseases))~~; and

~~((b))~~ (2b) ~~Cooperate with the~~ The implementation of infection control measures ~~((, including isolation and quarantine))~~.

(2) Members of the general public may notify the local health department jurisdiction of any case, ~~suspected case,~~ outbreak, or potential outbreak ~~of communicable disease~~.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-425, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-425, filed 11/22/00, effective 12/23/00.]

PART V: NOTIFIABLE CONDITIONS AND LOCAL HEALTH JURISDICTIONS AND  
THE DEPARTMENT

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-505 Duties: ~~of the local~~Local health officer or the local health ((~~department~~)) jurisdiction.** (1) ~~Local~~A local health officers or ~~the~~ local health ((~~department~~)) jurisdiction shall:

(a) Review and determine appropriate action for:

(i) Each ~~reported~~ case ((~~or suspected case~~)) of a notifiable condition submitted to the local health jurisdiction;

(ii) Any ~~disease or~~ condition considered a threat to public health; and

(iii) Each ~~reported~~ outbreak or suspected outbreak of disease submitted to the local health jurisdiction, requesting and request assistance from the department in carrying out investigations when necessary.

(b) Establish a system at the local health ((department))  
jurisdiction for maintaining confidentiality of ~~written records and~~  
~~written and telephoned notifiable conditions case reports~~pursuant to  
WAC 246-101-515;

(~~eb~~) Notify health care providers, laboratories, and health care  
facilities within the ((~~jurisdiction of the~~)) local health  
((~~department~~)) jurisdiction of requirements in this chapter;

(d) Notify the department of cases of ~~any conditions~~ notifiable  
to the local health ((~~department (except animal bites)~~)) jurisdiction  
~~upon completion of the case investigation~~pursuant to WAC 246-101-510  
and WAC 246-101-512;

(e) Distribute appropriate ~~notification case report~~ forms to  
persons responsible for reporting;

(f) Notify the principal health care provider named in the case  
report, if possible, prior to initiating a case investigation ~~by the~~  
~~local health ((department))~~ jurisdiction;

~~(g) Carry out the HIV partner notification requirements of WAC~~  
~~246-100-072;~~

(h) Allow laboratories to contact the health care provider  
ordering the diagnostic test before initiating patient contact if  
requested and the delay is unlikely to jeopardize public health; and

(i) Conduct investigations and institute infection control measures in accordance with chapter 246-100 WAC.

(2) The local health ((~~department~~)) jurisdiction may:

(a) ~~adopt~~ Adopt alternate arrangements for meeting the reporting requirements under this chapter through cooperative agreement between the local health ((~~department~~)) jurisdiction and any health care provider, laboratory, or health care facility. The alternative must provide the same level of public health protection as the reporting requirement for which an alternative is sought;

(b) Receive health information, demographic information, and infectious or noninfectious condition information in addition to that required under this chapter from health care providers, health care facilities, laboratories, the department of agriculture, and the department of labor and industries.

(3) Each local health officer has the authority under chapter 70.05 RCW to:

(a) Carry out additional steps ((~~determined to be~~)) necessary to verify a diagnosis reported by a health care provider;

(b) Require any person suspected of having a notifiable condition to submit to examinations required-necessary to determine the presence or absence of the condition;

(c) Investigate any case (~~(or suspected case)~~) of a (~~(reportable disease or)~~) notifiable condition or other infectious or noninfectious condition~~illness, communicable or otherwise~~, if deemed necessary; and

(d) Require the notification of additional conditions of public health importance occurring within the jurisdiction of the local health officer.

(4) When the local health jurisdiction receives information under (2) of this section, the local health jurisdiction shall handle the information pursuant to the requirements of WAC 246-101-515.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-505, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-101-505, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 (2)(d), 70.05.050 and 70.05.060. WSR 03-06-003, § 246-101-505, filed 2/19/03, effective 2/19/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-505, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

WAC 246-101-510 Means of notification: Local health officer or

local health jurisdiction. (1) Local health ((departments))

jurisdictions shall:

(a) Maintain a twenty-four-hour telephone number to receive confirmation calls of case reports ~~of notifiable conditions~~ submitted under this chapter for:

(i) Immediately notifiable conditions; and

(ii) Conditions designated as notifiable within twenty-four hours.

(b) ~~Using the most rapid secure means available, notify~~ Notify the department immediately ((by telephone or secure electronic data transmission of any case or suspected case of:

~~(a) Botulism;~~

~~(b) Cholera;~~

~~(c) Diphtheria;~~

~~(d) Disease of suspected bioterrorism origin (including, but not limited to, anthrax);~~

~~(e) Emerging condition with outbreak potential;~~

~~(f) Influenza, novel strain;~~

~~(g) Measles;~~

~~(h) Paralytic shellfish poisoning;~~

~~(i) Plague;~~

~~(j) Poliomyelitis;~~

~~(k) Rabies, human;~~

~~(l) SARS;~~

~~(m) Smallpox;~~

~~(n) Tularemia;~~

~~(o) Viral hemorrhagic fever; and~~

~~(p) Yellow fever.~~

~~(2) Immediate notifications of cases and suspected cases shall~~

~~include:~~

~~(a) Patient name;~~

~~(b) Patient's notifiable condition; and~~

~~(c) Condition onset date.~~

~~(3) For each case of any condition notifiable to the local health~~

~~department, submit to the department case report either on a form~~

~~provided by the department or in a format approved by the department.~~

~~Case reports must be sent by secure electronic transmission or~~

~~telephone within seven days of completing the case investigation))~~

using either telephone or secure electronic data transmission:



(i) ~~upon~~ Upon receiving a case report ~~of a case of~~ for a condition that is immediately notifiable to the local health jurisdiction under this chapter; and

(eii) ~~Using telephone or secure electronic data transmission, notify the department immediately of~~Of an outbreak or suspected outbreak ~~within their jurisdiction of illness due to an infectious agent or toxin;~~

(dc) ~~Using a secure electronic disease surveillance system maintained by the department, notify~~Notify the department using a ~~secure electronic disease surveillance system~~ within three business days of receiving a ~~case report of a case of~~for a ~~notifiable~~ condition that is not immediately notifiable to the local health jurisdiction under this chapter;

(e) ~~If after submitting a notification to the department, the local health officer determines no further investigation is necessary, indicate in the secure electronic disease surveillance system that no further investigation is warranted within 3 business days of the determination.~~

(f) ~~Immediately reassign cases to the department upon determining the patient who is the subject of the case:~~

(i) ~~Is a resident of another local health jurisdiction; or~~

(ii) Resides outside Washington state.

(g) Using a secure electronic disease surveillance system maintained by the department, submit a case report to the department using a secure electronic disease surveillance system for each case report received by the local health jurisdiction for which the local health officer determined an investigation was necessary:

(i) within Within seven days of completing ~~a case~~ the investigation for any condition notifiable to the local health jurisdiction; or

(ii) Within twenty-one days of receiving the case report if the investigation is not complete. ~~If the case investigation is not complete within twenty-one days of notification, ((pertinent information collected from the case investigation must be sent to the department and shall include:~~

~~(a) Patient name;~~

~~(b) Patient's notifiable condition or suspected condition;~~

~~(c) Source or suspected source; and~~

~~(d) Condition onset date.~~

~~(4) Local health officials will report asymptomatic HIV infection cases to the department according to a standard code developed by the department.~~

~~(5) When notified of an outbreak or suspected outbreak of illness due to an infectious agent or toxin, the local health department shall:~~

~~(a) Notify the department immediately by telephone or secure electronic data transmission.~~

~~(b) Include in the initial notification:~~

~~(i) Organism or suspected organism;~~

~~(ii) Source or suspected source; and~~

~~(iii) Number of persons affected.~~

~~(c) Within seven days of completing the outbreak investigation, submit)) the local health jurisdiction shall submit the case report to the department at this time;~~

~~(f) Using a format approved by the department, submit Submit an outbreak report to the department using secure electronic data transmission in a format approved by the department ((a report on forms provided by the department or in a format approved by the department)) within seven days of completing an outbreak investigation. The department may waive this requirement if telephone or secure electronic data transmission provided ~~pertinent~~ sufficient information.~~

(2) The local health officer shall confirm that each case is based on clinical criteria, or laboratory criteria, or both prior to submitting the case report to the department. This criteria includes, but is not limited to, the Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System, Council of State and Territorial Epidemiologists case definitions.

~~(2) The notifications required under subsection (1) (b) and (d) of this section must include:~~

~~(a) Patient first and last name;~~

~~(b) Patient's notifiable condition;~~

~~(c) Date local health jurisdiction was notified;~~

~~(d) Condition symptom onset date (preferred) or alternatively diagnosis date;~~

~~(e) Patient date of birth; and~~

~~(f) Patient sex.~~

~~(3) The case reports required under subsection (1) (e) of this section must include:~~

~~(a) Patient first and last name;~~

~~(b) Patient date of birth;~~

~~(c) Patient race (if available);~~

~~(d) Patient ethnicity (if available);~~

~~(e) Investigation start date;~~

~~(f) Investigation complete date;~~

~~(g) Initial reporting source;~~

~~(h) Hospitalization status of patient;~~

~~(i) Did the patient die during this illness;~~

~~(j) Probable geographic region of exposure (i.e., county, state, or out-of-country);~~

~~(k) Travel out of the country (as applicable);~~

~~(l) Is this case associated with an ongoing outbreak or cluster investigation; and~~

~~(m) Additional information as required by the department.~~

~~(4) The outbreak report required under subsection (1)(f) of this section must include:~~

~~(a) Organism or suspected organism;~~

~~(b) Source or suspected source; and~~

~~(c) Number of persons infected and potentially exposed.~~

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-510, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-510, filed 11/22/00, effective 12/23/00.]

NEW SECTION

WAC 246-101-512 Content of notifications, case reports, and outbreak

reports: Local health officer. A local health officer shall provide the following information for each notification, case report, and outbreak report required under WAC 246-101-510:

(1) Notifications must include:

(a) Patient first and last name;

(b) Patient's notifiable condition;

(c) Date local health jurisdiction was notified;

(d) Condition symptom onset date (preferred), or alternatively, diagnosis date;

(e) Patient date of birth; and

(f) Patient sex.

(2) Case reports must include:

(a) Patient first and last name;

(b) Patient date of birth;

(c) Patient race (if available);

(d) Patient ethnicity (if available);

(e) For hepatitis B acute or chronic infection case reports, pregnancy status (pregnant, not pregnant, or unknown) of patients

fourteen to fifty years of age with hepatitis B acute or chronic infection only;

(f) Investigation start date;

(g) Investigation completion date;

(h) Initial reporting source;

(i) Hospitalization status of patient;

(j) Did the patient die during this illness;

(k) Probable geographic region of exposure (i.e., county, state, or country other than the United States of America);

(l) Travel out of the country (as applicable);

(m) Is this case associated with an ongoing outbreak investigation; and

(n) The data used to verify the case meets clinical criteria, or laboratory criteria, or both. This includes, but is not limited to, the Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System, Council of State and Territorial Epidemiologists case definitions.

(3) Outbreak reports must include:

(a) Organism or suspected organism;

(b) Source or suspected source; and

(c) Number of persons infected and potentially exposed.

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-515 Handling ~~of case reports and medical~~confidential information and information exempt from public disclosure: Local health officers and local health jurisdictions.** (1) All records and specimens related to a human, including animal case reports and specimens, that contain or are accompanied by human identifying information are confidential, including, but not limited to, medical records, medical information, specimens, documentation accompanying specimens, notifications, case reports, and presumptive and final laboratory test results. Human identifying information includes information that can directly or indirectly identify a human.

(2) Local health officers and local health jurisdiction employees shall maintain the confidentiality of human medical and human identifying information except as provided for under this chapter.

(3) Local health officers or local health ((departments)) jurisdictions shall establish and ~~maintain~~implement confidentiality policies and procedures related to employee handling of ~~all~~human



medical and identifying information pursuant to this section and chapters 70.02 and 70.04 RCW, ~~reports of~~ ((cases and suspected cases)) ~~notifiable conditions,~~ prohibiting disclosure of ~~report~~ human medical and identifying information ~~identifying an individual case~~ ((or suspected cases)) except to:

(a) ~~To employees~~ Employees of the local health ((department)) jurisdiction responsible for the case investigation, another local health ((department)) jurisdiction, or other ~~official~~ local, state, federal, or tribal agencies ~~needing to know~~ for the purpose of administering public health laws, ~~and these regulations~~ including this chapter; and

(b) ~~To health~~ Health care providers, ~~specific~~ designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case ((or suspected case)) as required for disease prevention and control((+)).

(24) Local health officers shall:

(a) ~~require and maintain signed confidentiality agreements with~~ Require all local health ((department)) jurisdiction employees with access to human identifying information ~~related to a case~~ ((or suspected case)) ~~of a person diagnosed with a notifiable condition.~~

~~The local health officer shall ensure that the agreements ((will be))  
are renewed to sign confidentiality agreements;~~

~~(b) Retain current signed confidentiality agreements;~~

~~(c) Reference in confidentiality agreements the criminal and  
civil penalties for violation of chapters 70.02 and 70.24 RCW and  
other administrative actions that may be taken by the local health  
((department)) jurisdiction if the confidentiality agreement is  
violated; and~~

~~(d) Renew confidentiality agreements at least annually and  
((will)) include reference to criminal and civil penalties for  
violation of chapters 70.02 and 70.24 RCW and other administrative  
actions that may be taken by the local health ((department))  
jurisdiction.~~

~~(35) Local health ((departments)) jurisdictions may release  
statistical summaries and epidemiological studies based on individual  
case reports if no individual is identified or identifiable human  
identifying information is not included.~~

~~(6) Until the reportable animal health investigation conducted by  
the department of agriculture under chapter 16.36 RCW is complete,  
local health officers shall exempt from public disclosure information  
contained in an animal case report submitted by the department of~~

agriculture under WAC 246-101-405 and 246-101-408 pursuant to the Public Records Act, chapter 42.45 RCW. The exemption applies to information submitted by an individual or business to the department of agriculture under the requirements of chapters 16.36, 16.57, and 43.23 RCW for the purpose of herd inventory management for animal disease traceability and includes:

(i) Animal ownership;

(ii) Numbers of animals;

(iii) Locations;

(iv) Contact information;

(v) Movements of livestock;

(vi) Financial information;

(vii) The purchase and sale of livestock;

(viii) Account numbers or unique identifiers issued by government to private entities;

(ix) Information related to livestock disease or injury that would identify an animal, a person, or location; and

(7) Local health officers shall exempt from public from public disclosure results of testing for animal diseases from samples submitted by or at the direction of the animal owner or his or her

designee that can be identified to a particular business or individual.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-515, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-515, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 06-16-117, filed 8/1/06, effective 9/1/06)

**WAC 246-101-520 Special conditions—AIDS and HIV: Local health officers and local health jurisdictions.** (1) The local health officer and local health ((department)) jurisdiction personnel shall maintain individual case reports for AIDS and HIV as confidential records consistent with the requirements of this section.

(2) The local health officer and local health ((department)) jurisdiction personnel ((~~must~~)) shall:

(a) Use identifying information ~~on~~ of HIV-infected individuals only:

(i) ~~For purposes of contacting~~To contact the HIV-positive individual to provide test results and post-test counseling or referring the individual to social and health services; or

(ii) To contact persons who have experienced substantial exposure, including sex and injection equipment-sharing partners, and spouses; or

(iii) To link with other name-based public health disease registries when doing so will improve ability to provide needed care services and counseling and disease prevention, provided that the identity or identifying information ~~on~~ of the HIV-infected person is not disclosed outside of the local health jurisdiction; or

(iv) As specified in WAC 246-100-072; ~~((or))~~ or

(v) To provide case reports to the ~~((state health))~~ department; or

(vi) To conduct investigations pursuant to RCW 70.24.022 or 70.24.024.

(b) Destroy case report identifying information on asymptomatic HIV-infected individuals received as a result of this chapter within ~~((three months))~~ ninety days of receiving a complete case report, or maintain HIV case reports in secure systems ~~that meet the following standards and are~~ consistent with the ~~((2006))~~ 2011 Data Security and

Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action developed-published by the Centers for Disease Control and Prevention+.

(3) The local health officer shall:

(ia) Secure-Describe the secure systems ~~must be described~~ in written policies ~~that are reviewed~~ and review the policies annually ~~by the local health officer;~~

(iib) Access-Limit access to case report information ~~must be limited~~ to local health ((department)) jurisdiction staff who need ~~it the information~~ to perform their job duties;

(c) Maintain-and a current list of these local health jurisdiction staff with access to case report information ~~must be maintained by the local health officer;~~

(iiid) All-Enclose physical locations containing electronic or paper copies of surveillance data ~~must be enclosed~~ in a locked, secured area with limited access and not accessible by window;

(ive) Paper-Store paper copies or electronic media containing surveillance information ~~must be housed~~ inside locked file cabinets that are in the locked, secured area;

(~~v~~f) Destroy information by either shredding it with Aa crosscut shredder ~~must be available for destroying information and or~~ appropriately sanitizing electronic media ~~must be appropriately~~ sanitized prior to disposal;

(~~v~~ig) Files Store files or databases containing confidential information ~~must reside~~ on either stand-alone computers with restricted access or on networked drives with proper access controls, encryption software, and firewall protection;

(~~v~~iih) Protect Electronic electronic communication of confidential information ~~must be protected~~ by encryption standards and ~~that are reviewed annually by the local health officer~~ review the standards annually;

(~~v~~iii) Make available Locking-locking briefcases ~~must be available~~ for transporting confidential information;

(4) The local health officer and local health jurisdiction staff shall:

(~~e~~a) If maintaining identifying information on asymptomatic HIV-infected individuals more than ninety days following receipt of a completed case report, cooperate with the department (~~of health~~) in biennial review of system security measures described in (2) (b) of this ~~sub~~section.

(~~db~~) Destroy documentation of referral information established in WAC 246-100-072 containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals ~~((immediately))~~ directly after notifying partners or within ~~((three months))~~ ninety days, whichever occurs first, unless such documentation is being used in an investigation of conduct endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.

(ec) Not disclose identifying information received as a result of this chapter unless:

(i) Explicitly and specifically required to do so by state or federal law; or

(ii) Authorized by written patient consent.

~~(2) ((Local health department personnel are authorized to use HIV identifying information obtained as a result of this chapter only for the following purposes:~~

~~(a) Notification of persons with substantial exposure, including sexual or syringe-sharing partners;~~

~~(b) Referral of the infected individual to social and health services;~~



~~(c) Linkage to other public health databases, provided that the identity or identifying information on the HIV-infected person is not disclosed outside of the health department; and~~

~~(d) Investigations pursuant to RCW 70.24.022 or 70.24.024.~~

~~(3)) Public health databases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or databases maintained by law enforcement officials.~~

~~((4) Local health officials will report HIV infection cases to the state health department.~~

~~(5) Local health officers must require and maintain signed confidentiality agreements with all health department employees with access to HIV identifying information. These agreements will be renewed at least annually and include reference to criminal and civil penalties for violation of chapter 70.24 RCW and other administrative actions that may be taken by the department.~~

~~(6))~~ (35) Local health officers ~~((must))~~ shall investigate potential breaches of the confidentiality of HIV identifying information by health ~~((department))~~ jurisdiction employees. The local health officer shall report all breaches of confidentiality ~~((must be~~

reported)) to the state health officer or ~~((their)) her or his~~their designee for review and appropriate action.

~~((7) Local health officers and local health department personnel must assist the state health department to reascertain the identities of previously reported cases of HIV infection.))~~

[Statutory Authority: RCW 70.24.125. WSR 06-16-117, § 246-101-520, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-101-520, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 and 70.24.125. WSR 00-23-120, § 246-101-520, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

**WAC 246-101-525 Special condition—Influenza: Local health jurisdictions.** Local health ~~((departments))~~ jurisdictions shall:

(1) Maintain a surveillance system for influenza during the ~~((appropriate))~~ influenza season which may include:

(a) Monitoring of excess school absenteeism;

(b) ~~Sample check with~~Requesting information from health care providers,~~clinics, nursing homes, and hospitals~~ and health care facilities regarding influenza-like illnesses; and

(c) Monitoring ~~of~~ workplace absenteeism and other mechanisms.

(2) ~~Encourage~~Request submission of appropriate clinical specimens from a sample of patients with influenza-like illness to the Washington state public health laboratories or other laboratory approved by the state health officer.

[Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-525, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-605 Duties: ~~of the department~~Department ((~~of health~~)).** (1) The department shall:

(a) Upon request, provide consultation and technical assistance to local health ((~~departments and~~)) jurisdictions, the department of labor and industries, and the department of agriculture investigating notifiable conditions ~~reports~~ ((~~upon request~~)).

(b) Upon request, provide consultation and technical assistance to health care providers, laboratories, health care facilities, and others required ~~((to make notifications to public health authorities of))~~ to report notifiable conditions to comply with this chapter ~~((upon request))~~ .

(c) Develop, maintain, and make available for local health ~~((departments))~~ jurisdictions guidance on investigation and control measures for notifiable ~~((communicable disease))~~ conditions.

(d) ~~((Develop and))~~ Make notifiable conditions reporting case report forms available ~~((forms for the submission of notifiable conditions data))~~ to local health ~~((departments))~~ jurisdictions, health care providers, laboratories, health care facilities, and others required to ~~((make notifications to public health authorities of))~~ report notifiable conditions.

(e) Maintain a twenty-four hour telephone number ~~for reporting notifiable conditionsto receive:~~

(i) Confirmation calls for immediately notifiable condition case reports, and

(ii) Notification of immediately notifiable case reports or of outbreaks and suspected outbreaks from local health jurisdictions.

(f) Develop routine data dissemination mechanisms that describe and analyze notifiable conditions case investigations and data (~~These may include annual and monthly reports and other mechanisms for data dissemination as developed by the department~~) in accordance with WAC 246-101-615.

(g) Conduct investigations and institute infection control measures as necessary.

(h) Document the known environmental, human, and other variables associated with a case (~~or suspected case~~) of pesticide poisoning.

(i) Report the results of the pesticide poisoning investigation to the principal health care provider named in the case report ~~form~~ and to the local health officer in whose jurisdiction the ~~exposure~~ has case occurred.

(2) The department may:

(a) Negotiate (~~alternate arrangements~~) alternatives for meeting ~~reporting~~ requirements under this chapter through cooperative agreement between the department and any health care provider, laboratory, (~~or~~) health care facility, or state agency. An alternative must provide the same level of public health protection as the reporting requirement for which an alternative is sought.

(b) ~~Consolidate reporting for notifiable conditions from any~~

Under an approved cooperative agreement, relieve a health care provider, laboratory, or health care facility, and relieve that health care provider, laboratory, or health care facility from reporting directly to each of the duty to notify a local health ((department)) jurisdiction, if the department can provide the report consolidate and submit notifications to the local health ((department)) jurisdiction within the ((same time as the local health department would have otherwise received it)) time frame for notification required under Table HC-1 and Table Lab-1 of this chapter.

(c) Receive health information, demographic information, and infectious or noninfectious condition information in addition to that required under this chapter from health care providers, health care facilities, laboratories, the department of agriculture, the department of labor and industries, and local health jurisdictions.

(3) When the department receives information under (2) of this section, the department shall handle the information pursuant to the requirements of WAC 246-101-610.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-605, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050,

43.70.545 and 70.104.030. WSR 00-23-120, § 246-101-605, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-610 Handling of ~~case reports and medical~~confidential information and information exempt from public disclosure: State health officer and department.** (1) All records and specimens related to a human, including animal case reports and specimens, that contain or are accompanied by human identifying information are confidential, including, but not limited to, medical records, medical information, specimens, documentation accompanying specimens, notifications, case reports, and presumptive and final laboratory test results. Human identifying information includes information that can directly or indirectly identify a human.

(2) The state health officer and department employees shall maintain the confidentiality of human medical and identifying information except as provided for under this chapter.

(3) The state health officer or designee shall establish and ~~maintain~~implement confidentiality policies and procedures related to

employee handling of ~~all reports of cases ((and suspected cases))~~ human medical and identifying information pursuant to this chapter and chapters 70.02 and 70.24 RCW, prohibiting disclosure of ~~report information~~ human identifying information ~~an individual case ((or suspected cases))~~ except to:

(a) ~~To employees~~ Employees of the local health ((department)) jurisdiction responsible for the case investigation, other local health ((departments)) jurisdictions, or other ~~official~~ local, state, federal, or tribal agencies ~~needing to know~~ for the purpose of administering public health laws, ~~and these regulations~~ including this chapter;

(b) ~~To health~~ Health care providers, ~~specific~~ designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case ((or suspected case)) as required for disease prevention and control; and

(c) A designated researcher ~~For~~ for a research approved by an institutional review board as indicated under chapter 42.48 RCW. ~~The institutional review board applies federal and state privacy laws to research requests for confidential information.~~

(24) The state health officer or department shall:



(a) Require All-all department employees, contractors, and others with access to human identifying information ~~related to a case ((or suspected case)) of a person diagnosed with a notifiable condition shall be required~~ to sign ~~a~~ confidentiality agreements~~s~~.;

(b) Retain current signed confidentiality agreements;

(c) Reference in confidentiality agreements the criminal and civil penalties for violation of chapters 70.02 and 70.24 RCW and other administrative actions that may be taken by the department if the confidentiality agreement is violated; and

(d) Renew ~~The~~ confidentiality agreements ~~shall be renewed at least annually and shall include reference to criminal and civil penalties for violation of chapters 70.02 and 70.24 RCW and other administrative actions that may be taken by the department.~~

(5) Until the reportable animal health investigation conducted by the department of agriculture under chapter 16.36 RCW is complete, the state health officer shall exempt from public disclosure information contained in an animal case report submitted by the department of agriculture under WAC 246-101-405 and 246-101-408 pursuant to the Public Records Act, chapter 42.45 RCW. The exemption applies to information submitted by an individual or business to the department of agriculture under the requirements of chapters 16.36, 16.57, and

43.23 RCW for the purpose of herd inventory management for animal

disease traceability and includes:

(i) Animal ownership;

(ii) Numbers of animals;

(iii) Locations;

(iv) Contact information;

(v) Movements of livestock;

(vi) Financial information;

(vii) The purchase and sale of livestock;

(viii) Account numbers or unique identifiers issued by government to private entities;

(ix) Information related to livestock disease or injury that would identify an animal, a person, or location; and

(7) The state health officer shall exempt from public disclosure the results of testing for animal diseases from samples submitted by or at the direction of the animal owner or his or her designee that can be identified to a particular business or individual.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-610, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050,

43.70.545 and 70.104.030. WSR 00-23-120, § 246-101-610, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

**WAC 246-101-615** ~~Requirements for data~~ Data dissemination and notification: Department. The department shall:

(1) Distribute periodic epidemiological summary reports and an annual review of public health issues to local health officers, ~~and~~ local health ((departments)) jurisdictions, and the department of labor and industries.

(2) ~~Upon execution of~~ Execute a data sharing agreements with local health officers and the department of labor and industries prior to implantation of this chapter.

(3) ~~make~~ Make available ~~any data or other~~ case investigation documentation ~~in its possession regarding~~ for notifiable conditions reported directly to the department to local health officers, ~~or their designees~~ or the department of labor and industries within two days of a request.

(~~34~~) Periodically distribute statistical summaries and epidemiological studies based on individual case reports if no individual is identified or identifiable.

[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-615, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545 and 70.104.030. WSR 00-23-120, § 246-101-615, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

~~WAC 246-101-620 Requirements for notification to the department of labor and industries. The department shall:~~

~~(1) Make notifiable conditions reports where the department of labor and industries has a lead role in conducting the case investigation available to the department of labor and industries within twenty-four hours of receipt by the department.~~

~~(2) Make other data necessary to conduct case investigations or epidemiological summaries available within two days of a request from the department of labor and industries.~~

~~(3) Execute a data sharing agreement with the department of labor and industries prior to implementation of this chapter.~~

~~[Statutory Authority: RCW 43.20.050, 43.70.545, 70.24.125, 70.28.010 and 70.104.030. WSR 00-23-120, § 246-101-620, filed 11/22/00, effective 12/23/00.]~~

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

**WAC 246-101-630 ~~Special condition—Antibiotic resistant disease:~~**

**Department.** The department shall:

~~(1) Maintain~~ maintain a surveillance system for monitoring antibiotic resistant disease ~~that may include, including, but not~~ limited to:

(~~a~~1) Development of a sentinel network of laboratories to provide information regarding antibiotic resistant disease; and

(~~b~~2) Sample checks with health care providers, ~~clinics, and~~ hospitals and health care facilities regarding antibiotic resistant disease.

(2) ~~Encourage Request~~ (~~(submission of)~~) health care providers and laboratories to submit appropriate (~~(clinical)~~) specimens from a

sample of patients with antibiotic resistant disease to the Washington state public health laboratories or other laboratory approved by the state health officer.

[Statutory Authority: RCW 43.20.050, 43.70.545 and 70.24.125. WSR 00-23-120, § 246-101-630, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 06-16-117, filed 8/1/06, effective 9/1/06)

**WAC 246-101-635 Special conditions—AIDS and HIV: Department.**

The following provisions apply ~~for to~~ the use of AIDS and HIV notifiable conditions case reports, related information, and data; and is in addition to the requirements established under WAC 246-101-610:

(1) Department personnel (~~must~~) shall not disclose identifying information ~~received as a result of receiving information regarding a notifiable conditions report of related to~~ a case of AIDS or HIV unless:

(a) Explicitly and specifically required to do so by state or federal law; or

(b) Authorized by written patient consent.

(2) Department personnel ~~are authorized to may~~ use HIV identifying information ~~received as a result of receiving information regarding a notifiable conditions related to a case report of a case~~ of AIDS or HIV only for the following purposes:

(a) Notification of persons with substantial exposure, including sexual or syringe-sharing partners;

(b) Referral of the infected individual to social and health services; and

(c) Linkage to other public health databases, provided that the identity or identifying information ~~on of~~ the HIV-infected person is not disclosed outside ~~of the health~~ department.

~~\_(3) For the purposes of this chapter, public health databases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or databases maintained by law enforcement officials.~~

(43) The state health officer ((~~must~~)) shall require and maintain signed confidentiality agreements with all department employees with access to HIV identifying information. The state health officer shall ensure these agreements ((will be)) are renewed at least annually and include reference to criminal and civil penalties for violation of

chapter 70.24 RCW and other administrative actions that may be taken by the department.

(54) The state health officer (~~((must))~~) shall investigate potential breaches of the confidentiality of HIV identifying information by department employees. All breaches of confidentiality shall be reported to the state health officer or their authorized representative for review and appropriate action.

(65) The department (~~((must))~~) shall maintain all HIV case reports in a name-based surveillance system solely for the purpose of complying with HIV reporting guidelines from the ~~federal~~ Centers for Disease Control and Prevention, and (~~((must))~~) shall not disclose or otherwise use any information contained in that system for any other purpose, except as expressly permitted by this section.

~~(76) ((Authorized representatives of the department must review available records to reascertain the identities of previously reported cases of asymptomatic HIV infection and retain those cases in a confidential name-based system.~~

~~(8))~~) The department (~~((must))~~) shall:

(a) maintain Maintain HIV case reports in secure systems that meet the following standards and are consistent with the ~~((2006))~~ 2011 Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis,



Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action ~~developed~~ published by the Centers for Disease Control and Prevention+;

(~~ab~~) Describe Secure ~~secure~~ systems ~~must be described~~ in written policies ~~that are reviewed~~ and review the policies annually ~~by the overall responsible party~~;

(~~bc~~) Access Limit access to case report information ~~must be limited~~ to ~~health~~ department staff who need it to perform their job duties;

(~~d~~) and Maintain a current list of ~~these~~ staff with access to case report information ~~must be maintained by the overall responsible party~~;

(~~ee~~) All Enclose all physical locations containing electronic or paper copies of surveillance data ~~must be enclosed~~ in a locked, secured area with limited access and not accessible by window;

(~~df~~) Paper Store paper copies or electronic media containing surveillance information ~~must be housed~~ inside locked file cabinets that are in the locked, secured area;

(~~eg~~) A Destroy information by either shredding it with a crosscut shredder ~~must be available for destroying information and~~ or

appropriately sanitizing electronic media ~~must be appropriately sanitized~~ prior to disposal;

(~~fh~~) Files Store files or databases containing confidential information ~~must reside~~ on either stand-alone computers with restricted access or on networked drives with proper access controls, encryption software, and firewall protection;

(~~gi~~) Electronic Protect electronic communication of confidential information ~~must be protected~~ by encryption standards ~~that are reviewed and review the standards~~ annually ~~by the overall responsible party~~;

(~~hj~~) Locking Use locking briefcases ~~must be available~~ for transporting confidential information.

((~~9~~)) (87) The state health officer or designee ((~~must~~)) shall conduct a biennial review of local health jurisdictions system security measures described in WAC 246-101-520 ~~(1)(b) at local health jurisdictions~~ that are maintaining records by name.

((~~10~~)) (98) When providing technical assistance to a local health ((~~department~~)) jurisdiction, authorized representatives of the department may temporarily, and subject to the time limitations in WAC 246-101-520, receive the names of reportable cases of HIV infection for the purpose of partner notification, or special studies. Upon

completion of the activities by representatives of the ((state health)) department, named information will be provided to the local health ((department)) jurisdiction subject to the provisions of WAC 246-101-520.

~~((11) By December 2007, the state health officer, in cooperation with local health officers, will report to the board on:~~

~~(a) The ability of the HIV reporting system to meet surveillance performance standards established by the federal Centers for Disease Control and Prevention;~~

~~(b) The cost of the reporting system for state and local health departments;~~

~~(c) The reporting system's effect on disease control activities;~~

~~(d) The impact of HIV reporting on HIV testing among persons at increased risk of HIV infection; and~~

~~(e) The availability of anonymous HIV testing in the state.~~

~~((12))~~ (109) The state health officer ((~~must~~)) shall provide a report to the state board of health if federal policy no longer requires that HIV surveillance systems be name-based.

[Statutory Authority: RCW 70.24.125. WSR 06-16-117, § 246-101-635, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 43.20.050,

70.24.125 and 70.28.010. WSR 00-23-120, § 246-101-635, filed 11/22/00, effective 12/23/00.]

PART VI: DEPARTMENT OF LABOR AND INDUSTRIES

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

**WAC 246-101-705 Duties: ~~of the department~~Department of labor and industries.** (1) The department of labor and industries shall:

(a) Be responsible for the investigation of cases identified as notifiable to the Department of Labor and Industries under this chapter;

~~(ab)~~ Provide consultation and technical assistance to local health ~~((departments))~~ jurisdictions and the department investigating ~~notifiable conditions reports~~cases;

~~(bc)~~ Upon request, provide consultation and technical assistance to health care providers, laboratories, health care facilities, and others required to ~~((make notifications to public health authorities of))~~ report notifiable conditions notify and cooperate with public health authorities under this chapter ~~((upon request))~~;

(~~ed~~) Provide technical assistance to businesses and labor organizations for understanding the use of notifiable conditions data collected and analyzed by the department of labor and industries; and

(~~de~~) Develop routine data dissemination mechanisms that describe and analyze notifiable conditions case investigations and data. These may include annual and monthly reports and other mechanisms for data dissemination as developed by the department of labor and industries.

(2) The department of labor and industries may:

(a) ~~receive~~ Receive data through ~~any~~ cooperative ~~relationship~~ agreement negotiated by the department of labor and industries and ~~any~~ a health care provider, laboratory, or health care facility~~;~~

(b) Receive health information, demographic information, and infectious or noninfectious condition information in addition to that required under this chapter from health care providers and health care facilities.

(3) When the department of labor and industries receives information under this section, the department of labor and industries shall handle the information pursuant to the requirements of WAC 246-101-710.

[Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-705,  
filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective  
12/23/00)

**WAC 246-101-710 Handling of ~~case reports and medical~~**

**information confidential information: Department of labor and**

**industries.** (1) All records and specimens related to a case that contain or are accompanied by patient identifying information are confidential, including, but not limited to, medical records, medical information, specimens, documentation accompanying specimens, notifications, case reports, and presumptive and final laboratory test results. Patient identifying information includes information that can directly or indirectly identify a patient.

(2) The director of the department of labor and industries and department of labor and industries employees shall maintain the confidentiality of patient medical and identifying information except as provided for under this chapter.

(3) The department of labor and industries shall establish and ~~maintain~~ implement confidentiality procedures related to employee

handling of ~~all reports of cases~~ patient medical and identifying information (~~and suspected cases~~) pursuant to this chapter and chapters 70.02 and 70.24 RCW, prohibiting disclosure of ~~report patient medical and identifying~~ information ~~identifying an individual case~~ (~~or suspected cases~~) except to:

(a) ~~To employees~~ Employees of the local health (~~department~~) jurisdiction responsible for the case investigation, the department, or other ~~official~~ local, state, federal, or tribal agencies ~~needing to know~~ for the purpose of administering public health laws, ~~and these regulations including this chapter~~; and

(b) ~~To health~~ Health care providers, ~~specific~~ designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case (~~or suspected case~~) as required for prevention and control of conditions related to occupational condition prevention and control occupational health and safety.

(24) The director of the department of labor and industries shall:

(a) ~~require and maintain signed confidentiality agreements with~~ Require all employees, contractors, and others with access to patient medical and identifying information, ~~related to a case~~ (~~or~~

~~suspected case)) of a person diagnosed with a notifiable condition to sign confidentiality agreements.;~~

(b) Retain signed confidentiality agreements;

(c) Reference in confidentiality agreements the criminal and civil penalties for violation of chapters 70.02 and 70.24 RCW and other administrative actions that may be taken by the department of labor and industries if the confidentiality agreement is violated; and

(d) ~~((Such)) The department of labor and industries shall ensure these agreements ((will be)) are renewed~~ Renew confidentiality agreements at least annually ~~and include reference to criminal and civil penalties for violation of chapter 70.02 RCW, other chapters of pertinent state law, and other administrative actions that may be taken by the department of labor and industries.~~

(35) The department of labor and industries may release statistical summaries and epidemiological studies based on individual case reports if no ~~individual is identified or identifiable~~patient identifying information is included.

[Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-710, filed 11/22/00, effective 12/23/00.]



AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

**WAC 246-101-715 ~~Requirements for data~~Data dissemination and notification: Department of labor and industries.** The department of labor and industries shall:

(1) Distribute periodic epidemiological summary reports and an annual review of public health issues to local health officers, ~~and local health ((departments))~~ jurisdictions, and the department.

(2) Execute data sharing agreements with local health officers and the department prior to implementation of this chapter.

(3) Upon execution of a data sharing agreement, make Make available case investigation documentation for notifiable conditions reported directly to the department of labor and industries to local health officers or ~~their designees~~ the department (~~upon execution of a data sharing agreement~~) within two days of a request.

[Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-101-715, filed 11/22/00, effective 12/23/00.]

AMENDATORY SECTION (Amending WSR 11-02-065, filed 1/4/11, effective 2/4/11)

~~WAC 246-101-725 Requirements for notification to the department~~

~~((of health)). The department of labor and industries shall:~~

~~(1) Make data necessary to conduct case investigations or epidemiological summaries available within two days of a request from the department.~~

~~(2) Execute a data sharing agreement with the department prior to implementation of this chapter.~~

~~[Statutory Authority: RCW 43.20.050. WSR 11-02-065, § 246-101-725, filed 1/4/11, effective 2/4/11; WSR 00-23-120, § 246-101-725, filed 11/22/00, effective 12/23/00.]~~

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-101-001	Provisions of general applicability.
WAC 246-101-301	Notifiable conditions and health care facilities.
WAC 246-101-305	Duties of the health care facility.
WAC 246-101-310	Means of notification.
WAC 246-101-315	Content of notifications.
WAC 246-101-320	Handling of case reports and medical information.
WAC 246-101-401	Notifiable conditions and the responsibilities and duties of others.
WAC 246-101-501	Notifiable conditions and local health departments.
WAC 246-101-601	Notifiable conditions and the department of health.
<u>WAC 246-101-620</u>	<u>Requirements for notification to the department of labor and industries.</u>
WAC 246-101-701	Notifiable conditions and the department of labor and industries.
WAC 246-101-720	Requirements for notification to local health departments.
<u>WAC 246-101-725</u>	<u>Requirements for notification to the department of health.</u>

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