

Chapter 246-101 WAC

NOTIFIABLE CONDITIONS

WAC

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WAC 246-101-001 Provisions of general applicability. WAC 246-101-005, 246-101-010, and 246-101-015 are applicable throughout this chapter.

[Statutory Authority: RCW 43.20.050 and 70.104.030. 00-23-120, § 246-101-001, filed 11/22/00, effective 12/23/00.]

WAC 246-101-005 Purpose of notifiable conditions reporting. The purpose of notifiable conditions reporting is

to provide the information necessary for public health 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 prevent and control the spread of diseases and other conditions. Public health officials take steps to protect the public, based on these notifications. Treating persons already ill, providing preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful health exposures are key ways public health officials protect the public. Public health workers also use these data to assess broader patterns, including historical trends and geographic clustering. By analyzing the broader picture, officials are able to take appropriate actions, including outbreak investigation, redirection of program activities, or policy development.

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

WAC 246-101-010 Definitions within the notifiable conditions regulations. The following definitions apply in the interpretation and enforcement of this chapter:

(1) "Associated death" means a death resulting directly or indirectly from the confirmed condition of influenza or varicella. There should be no period of complete recovery between the illness 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) "Carrier" means a person harboring a specific infectious agent and serving as a potential source of infection to others.

(5) "Case" means a person, alive or dead, diagnosed with a particular disease or condition by a health care provider with diagnosis based on clinical or laboratory criteria or both.

(6) "Child day care facility" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.

(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.

(8) "Communicable disease" means a disease caused by an infectious agent that can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission through an intermediate host or vector, food, water, or air.

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

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

(11) "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 25 micrograms per deciliter for persons aged fifteen years or older, or equal to or greater than 10 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.

(15) "Health care-associated infection" means an infection acquired in a health care facility.

(16) "Health care facility" means:

(a) Any boarding home 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 disease, other settings as defined in chapter 70.24 RCW.

(17) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care who is:

(a) 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) "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 WAC 246-100-207. 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) Monitoring previously diagnosed infection with HIV;

(b) Monitoring organ or bone marrow transplants;

(c) Monitoring chemotherapy;

(d) Medical research; or

(e) Diagnosis or monitoring of congenital immunodeficiency states or autoimmune states not related to HIV.

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

(21) "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 at the time of diagnosis or suspected diagnosis, twenty-four hours a day, seven days a week.

(22) "Infection control measures" means the management of infected persons, or of a person suspected to be infected, and others in a manner to prevent transmission of the infectious agent.

(23) "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 as defined in RCW 70.02.010.

(24) "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.

(25) "Laboratory" means any facility licensed as a medical test site under chapter 70.42 RCW.

(26) "Laboratory director" means the director or manager, by whatever title known, having the administrative responsibility in any licensed medical test site.

(27) "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.

(28) "Local health officer" means the individual having been appointed under chapter 70.05 RCW as the health officer for the local health department, 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) "Notifiable condition" means a disease or condition of public health importance, a case of which, and for certain diseases, a suspected case of which, must be brought to the attention of 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.

(33) "Outbreak" means the occurrence of cases or suspected cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

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

(35) "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) "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.

(37) "Public health authorities" means local health departments, the state health department, and the department of labor and industries personnel charged with administering provisions of this chapter.

(38) "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) "School" means a facility for programs of education as defined in RCW 28A.210.070 (preschool and kindergarten through grade twelve).

(40) "Sexually transmitted disease (STD)" 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) Gonorrhea;
- (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) "State health officer" means the person designated by the secretary of the department 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) "Unexplained critical illness or death" means cases of illness or death with infectious hallmarks but no known etiology, in previously healthy persons one to forty-nine years of age excluding those with chronic medical conditions (e.g., malignancy, diabetes, AIDS, cirrhosis).

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

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

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) The state health officer may:

(a) Request reporting of cases and suspected cases of disease and conditions in addition to those 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 when:

(i) The disease or condition is newly recognized or recently acknowledged as a public health concern;

(ii) Epidemiological investigation based on notification of cases may contribute to understanding of the disease or condition;

(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 local health officers and all laboratory directors explaining:

(A) Actions required; and

(B) Reason for the addition.

(2) Within forty months of the state health officer's designation of a condition as provisionally notifiable in subsec-

tion (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.

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

WAC 246-101-101 Notifiable conditions and the health care provider. 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) Principal health care providers shall notify public health authorities of the conditions 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	√	

Notifiable Conditions

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Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
<i>Burkholderia mallei</i> (Glanders) and <i>pseudomallei</i> (Meliodosis)	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	√	
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 unsubtypeable 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	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Poliomyelitis	Immediately	√	
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.

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

WAC 246-101-105 Duties of the health care provider. Health care providers 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) Notify the department of conditions designated as notifiable to the local health department when:

(a) A local health department is closed or representatives of the local health department 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 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:

(a) Arranging for the referral laboratory to notify either the local health department, the department, or both; or

(b) Forwarding the notification of the test result from the referral laboratory to the local health department, the department, or both.

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

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

(b) An outbreak or suspected outbreak of disease.

(7) 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.

(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.

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

WAC 246-101-110 Means of notification. 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.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-110, filed 11/22/00, effective 12/23/00.]

WAC 246-101-115 Content of notifications. (1) For each condition listed in Table HC-1 of WAC 246-101-101, health care providers shall provide the following information for each case or suspected case:

(a) Patient name;

(b) Patient address;

(c) Patient telephone number;

(d) Patient date of birth;

(e) Patient sex;

(f) Diagnosis or suspected diagnosis of disease or condition;

(g) Pertinent laboratory data, 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) Other information as the department may require on forms generated by the department.

(2) The local health officer or state health officer may require other information of epidemiological or public health value.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-115, filed 11/22/00, effective 12/23/00.]

WAC 246-101-120 Handling of case reports and medical information. (1) All records and specimens con-

taining or accompanied by patient identifying information are confidential.

(2) Health care providers who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease, including the local health department.

(3) Health care providers 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 identifying information only as specified in RCW 70.24.105; and

(b) Shall under RCW 70.24.105(6), 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 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 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.

(c) Health care providers 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 under this chapter.

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

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

WAC 246-101-201 Notifiable conditions and 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)

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
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	2 business days	√		On request
<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

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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>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>Chlamydomphila 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 specimens upon request
<i>Cryptosporidium</i> (Cryptosporidiosis)	2 business days	√		On request
<i>Cyclospora cayetanensis</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	√		

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
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 (II 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)	
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.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-201, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 70.24.125, 06-16-117, § 246-101-201, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 43.20.050, 70.24.125, 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, 00-23-120, § 246-101-201, filed 11/22/00, effective 12/23/00.]

WAC 246-101-205 Responsibilities and duties of the laboratory director. (1) Laboratory directors 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) Notify the department of conditions designated as notifiable to the local health department when:

(i) A local health department is closed or representatives of the local health department are unavailable at the time a

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

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

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

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

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

(ii) An outbreak or suspected outbreak of disease.

(2) Laboratory directors 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, when referring a specimen to another laboratory for a test for a notifiable condition, laboratory directors shall provide the laboratory with the following information for each test referral:
- (a) Patient name;
 - (b) Full address of patient, or patient zip code at a minimum, when available in laboratory data base;
 - (c) Date of birth or age of patient, when available in laboratory data base;
 - (d) Sex of patient, when available in laboratory data base;
 - (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 data bases must have the ability to receive, store, and retrieve all of the data elements specified in subsection (3)(a) through (j) of this section.

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

WAC 246-101-210 Means of specimen submission.

(1) When submitting specimens as indicated in Table Lab-1 of WAC 246-101-201, 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 specimen is ready for packaging;

(b) Specimens designated for submission on request may be requested by the local health departments 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.

(2) Local health jurisdictions may temporarily waive specimen submission for circumstances at their discretion by communication with individual laboratories.

(3) Laboratories shall forward all required specimen submissions to:

Washington State Public Health Laboratories
Washington State Department of Health
1610 NE 150th Street
Shoreline, WA 98155

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

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-210, filed 11/22/00, effective 12/23/00.]

WAC 246-101-215 Content of documentation accompanying specimen submission. For each condition listed in Table Lab-1 of WAC 246-101-201, laboratory directors shall provide the following information with each specimen submission:

- (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 data base;
- (11) Date of birth or age of patient, when available in laboratory data base;
- (12) Full address of patient, or patient zip code at a minimum, when available in laboratory data base;
- (13) Telephone number of patient, when available in laboratory data base;
- (14) Other information of epidemiological value, when available.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-215, filed 11/22/00, effective 12/23/00.]

WAC 246-101-220 Means of notification for positive preliminary test results and positive final test results. Laboratory directors 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.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-220, filed 11/22/00, effective 12/23/00.]

WAC 246-101-225 Content of notifications for positive preliminary test results and positive final test results.

(1) For each condition listed in Table Lab-1 of WAC 246-101-201, laboratory directors must provide the following information for each positive culture or suggestive test result:

- (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 data base;
- (l) Date of birth or age of patient, when available in laboratory data base; and
- (m) Full address of patient, or patient zip code at a minimum, when available in laboratory data base.

(2) Local health officers and the state health officer may require laboratory directors to report other information of epidemiological or public health value.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-225, filed 11/22/00, effective 12/23/00.]

WAC 246-101-230 Handling of case reports and medical information.

(1) All records and specimens containing or accompanied by patient identifying information are confidential. The Washington state public health laboratories, other laboratories approved as public health referral laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient-identifying information shall maintain the confidentiality of identifying information accompanying submitted laboratory specimens.

(2) Laboratory directors shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

(3) Laboratory directors and personnel working in laboratories who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(4) Laboratory directors and personnel working in laboratories 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 identity of a person or release identifying information only as specified in RCW 70.24.105; and

(b) Shall under RCW 70.24.105(6), 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 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.

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

WAC 246-101-301 Notifiable conditions and health care facilities.

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

(1) Health care facilities shall notify public health authorities of cases that occur in their facilities of the conditions identified in Table HF-1 of this section following the requirements in WAC 246-101-305, 246-101-310, 246-101-315, and 246-101-320. This is not intended to require health care facilities to confirm the absence of conditions listed in Table HF-1 in facility patients.

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

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

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

Table HF-1 (Conditions Notifiable by Health Care Facilities)

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 – Abdominal Wall Defects (inclusive of gastroschisis and omphalocele)	Monthly		√
Birth Defects – Autism Spectrum Disorders	Monthly		√
Birth Defects – Cerebral Palsy	Monthly		√
Birth Defects – Down Syndrome	Monthly		√
Birth Defects – Alcohol Related Birth Defects	Monthly		√
Birth Defects – Hypospadias	Monthly		√
Birth Defects – Limb reductions	Monthly		√
Birth Defects – Neural Tube Defects (inclusive of anencephaly and spina bifida)	Monthly		√
Birth Defects – Oral Clefts (inclusive of cleft lip with/without cleft palate)	Monthly		√
Botulism (foodborne, infant, and wound)	Immediately	√	
Brucellosis (<i>Brucella</i> species)	Within 24 hours	√	
<i>Burkholderia mallei</i> (Glanders) and <i>pseudomallei</i> (Meliodosis)	Immediately	√	
Cancer (<i>See chapter 246-430 WAC</i>)	Monthly		√
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	√	
Gunshot wounds (nonfatal)	Monthly		√
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	√	
Hantavirus pulmonary syndrome	Within 24 hours	√	
Hepatitis A (acute infection)	Within 24 hours	√	
Hepatitis B (acute infection)	Within 24 hours	√	
Hepatitis B surface antigen + pregnant women	Within 3 business days	√	

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Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
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	√	
Human immunodeficiency virus (HIV) infection	Within 3 business days	√	
Influenza, novel or unsubtypeable strain	Immediately	√	
Influenza-associated death (laboratory 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	√	
Outbreak of suspected foodborne origin	Immediately	√	
Outbreak of suspected waterborne origin	Immediately	√	
Paralytic shellfish poisoning	Immediately	√	
Pertussis	Within 24 hours	√	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		√
Plague	Immediately	√	
Poliomyelitis	Immediately	√	
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, acute disease only (including congenital rubella syndrome)	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	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
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.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-301, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125, 05-03-055, § 246-101-301, filed 1/11/05, effective 2/11/05. Statutory Authority: RCW 43.20.050, 43.70.545, 70.24.125, 70.28.010 and 70.104.030, 00-23-120, § 246-101-301, filed 11/22/00, effective 12/23/00.]

WAC 246-101-305 Duties of the health care facility.

(1) Health care facilities 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 where the health care facility is located, regarding:

(i) Cases of notifiable conditions specified as notifiable to the local health department in Table HF-1 of WAC 246-101-301 that occur or are treated in the health care facility.

(ii) Cases of conditions specified as notifiable by the local health officer within that health officer's jurisdiction that occur or are treated in the health care facility.

(iii) Suspected cases of notifiable conditions for conditions that are designated immediately notifiable in Table HF-1 of WAC 246-101-301 that occur or are treated in the health care facility.

(iv) Outbreaks or suspected outbreaks of disease that occur or are treated in the health care facility including, but not limited to, suspected or confirmed outbreaks of varicella, influenza, viral meningitis, health care-associated infection suspected due to contaminated products or devices, or environmentally related disease.

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

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

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

(i) A local health department is closed or representatives of the local health department are unavailable at the time a case or suspected case of an immediately notifiable condition as specified in Table HF-1 of WAC 246-101-301 occurs;

(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 as specified in Table HF-1 of WAC 246-101-301 regarding cases of notifiable conditions specified as notifiable to the department.

(d) Notify the department of cancer incidence as required by chapter 246-430 WAC.

(e) Ensure that positive preliminary 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 correct local health department as specified in Table Lab-1 of WAC 246-101-201. This requirement can be satisfied by:

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

(ii) Receiving the test result from the referral laboratory, and forwarding the notification to the local health department, the department, or both.

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

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

(ii) An outbreak or suspected outbreak of disease.

(g) 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 other persons who may have been exposed to the communicable disease.

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

(2) Health care facilities may assume the burden of notification for health care providers practicing within the health care facility where more than one health care provider is in attendance for a patient with a notifiable condition.

(3) Health care facilities may not assume the burden of notification for laboratories within the health care facility. Laboratories within a health care facility must submit specimens to the Washington state public health laboratories and notify public health authorities of notifiable conditions as specified in Table Lab-1 of WAC 246-101-201.

(4) By July 1, 2011, when ordering a laboratory test for a notifiable condition, health care facilities 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.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-305, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545 and 70.104.030, 00-23-120, § 246-101-305, filed 11/22/00, effective 12/23/00.]

WAC 246-101-310 Means of notification. Health care facilities 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 HF-1 immediately at 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 notification by secure facsimile copy or secure electronic transmission during normal public health 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 HF-1 of WAC 246-101-301, 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 telephone contact for the appropriate jurisdiction;

(3) Conditions designated as notifiable within three business days must be reported to the local health officer or the department as specified in Table HF-1 of WAC 246-101-301 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 HF-1 of WAC 246-101-301 on a monthly basis. Notification may be sent by written case report, secure electronic transmission, telephone, or secure facsimile copy of a case report.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-310, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 70.24.125, 70.28.010 and 70.104.030, 00-23-120, § 246-101-310, filed 11/22/00, effective 12/23/00.]

WAC 246-101-315 Content of notifications. (1) For each condition listed in Table HF-1, health care facilities must provide the following information for each case or suspected case:

- (a) Patient name;
- (b) Patient address including zip code;
- (c) Patient telephone number;
- (d) Patient date of birth;
- (e) Patient sex;
- (f) Diagnosis or suspected diagnosis of disease or condition;

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- (g) Pertinent laboratory data (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

(1) Other information as the department may require on forms generated by the department.

(2) The local health officer or state health officer may require other information of epidemiological or public health value.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-315, 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, 00-23-120, § 246-101-315, filed 11/22/00, effective 12/23/00.]

WAC 246-101-320 Handling of case reports and medical information. (1) All records and specimens containing or accompanied by patient identifying information are confidential.

(2) Personnel in health care facilities who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(3) Personnel in health care 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 identifying information only as specified in RCW 70.24.105; and

(b) Shall under RCW 70.24.105(6), 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 diagnosis and treatment in order to provide health care services to the patient.

(ii) 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.

(4) Personnel responsible for health care facility management are authorized to permit access to 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 the following activities or activities that are functionally similar:

- (a) Medical record or chart audits;
- (b) Peer reviews;
- (c) Quality assurance;
- (d) Utilization review purposes;
- (e) Research as authorized under chapters 42.48 and 70.02 RCW;
- (f) Risk management; and
- (g) Reviews required under federal or state law or rules.

(5) 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 health

care facility 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.

(6) Health care facilities conducting a clinical HIV research project shall report the identity of an individual participating in the project unless:

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

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

(7) Health care facilities shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-320, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 43.20.050, 43.70.545 and 70.104.030, 00-23-120, § 246-101-320, filed 11/22/00, effective 12/23/00.]

WAC 246-101-401 Notifiable conditions and the responsibilities and duties of others. WAC 246-101-405, 246-101-410, 246-101-415, 246-101-420, and 246-101-425 describe the responsibilities and duties of veterinarians, food service establishments, child day care centers, schools, and the general public regarding notifiable conditions and their obligations to cooperate with public health authorities during the investigation of cases, suspected cases, outbreaks and suspected outbreaks.

[Statutory Authority: RCW 43.20.050, 00-23-120, § 246-101-401, filed 11/22/00, effective 12/23/00.]

WAC 246-101-405 Responsibilities of veterinarians.

(1) 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 unsubtypeable 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	√

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

(b) Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of zoonotic disease.

(c) Cooperate with public health authorities in the implementation of infection control measures including 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.

(2) 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.

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

WAC 246-101-410 Responsibilities of food service establishments. The person in charge of a food service establishment shall:

(1) Notify the local health department of potential food-borne disease as required in WAC 246-215-260.

(2) Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of foodborne or waterborne disease. This includes the release of the name and other pertinent information about

food handlers diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.

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

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

WAC 246-101-415 Responsibilities of child day care facilities. Child day care facilities shall:

(1) Notify the local health department of cases, suspected cases, outbreaks, and suspected outbreaks of notifiable conditions that may be associated with the child day care facility.

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

(3) Cooperate with public health authorities in the investigation 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 medical information in their possession.

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

WAC 246-101-420 Responsibilities of schools. Schools shall:

(1) Notify the local health department of cases, suspected cases, outbreaks, and suspected outbreaks of disease that may be associated with the school.

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

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

(4) Cooperate with public health authorities in the investigation 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 and implement policies and procedures to maintain confidentiality related to medical information in their possession.

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

WAC 246-101-425 Responsibilities of the general public. (1) Members of the general public shall:

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

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

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

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

WAC 246-101-501 Notifiable conditions and local health departments. This section describes the authorities and responsibilities of local health officers and local health departments in collecting, analyzing, investigating and transmitting case information from notifiable conditions case reports.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-501, filed 11/22/00, effective 12/23/00.]

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

(a) Review and determine appropriate action for:

(i) Each reported case or suspected case of a notifiable condition;

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

(iii) Each reported outbreak or suspected outbreak of disease, requesting assistance from the department in carrying out investigations when necessary.

(b) Establish a system at the local health department for maintaining confidentiality of written records and written and telephoned notifiable conditions case reports;

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

(d) Notify the department of cases of any condition notifiable to the local health department (except animal bites) upon completion of the case investigation;

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

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

(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;

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

(2) The local health department may adopt alternate arrangements for meeting the reporting requirements under this chapter through cooperative agreement between the local health department and any health care provider, laboratory or health care facility;

(3) Each local health officer has the authority 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 to determine the presence of the condition;

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

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

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-505, filed 1/4/11, effective 2/4/11. Statutory Authority: RCW 70.24.130 and 70.24.380, 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, 03-06-003, § 246-101-505, filed 2/19/03, effective 2/19/03. Statutory Authority: RCW 43.20.050, 00-23-120, § 246-101-505, filed 11/22/00, effective 12/23/00.]

WAC 246-101-510 Means of notification. (1) Local health departments shall 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. 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 to the department a report on forms provided by the department or in a format approved by the department. The department may waive this requirement if telephone or secure electronic data transmission provided pertinent information.

[Statutory Authority: RCW 43.20.050, 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, 00-23-120, § 246-101-510, filed 11/22/00, effective 12/23/00.]

WAC 246-101-515 Handling of case reports and medical information. (1) Local health officers or local health departments shall establish and maintain confidentiality procedures related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:

(a) To employees of the local health department, another local health department, or other official agencies needing to know for the purpose of administering public health laws and these regulations;

(b) To 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;

(2) Local health officers shall require and maintain signed confidentiality agreements with all local health department employees with access to identifying information related to a case or suspected case of a person diagnosed with a notifiable condition. The agreements will be renewed 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.

(3) Local health departments may release statistical summaries and epidemiological studies based on individual case reports if no individual is identified or identifiable.

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

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

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

(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; 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;
or

(iv) As specified in WAC 246-100-072; or
(v) To provide case reports to the state health department.

(b) Destroy case report identifying information on asymptomatic HIV-infected individuals received as a result of this chapter within three months 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 *Security and Confidentiality Guidelines* developed by the Centers for Disease Control and Prevention:

(i) Secure systems must be described in written policies that are reviewed annually by the local health officer;

(ii) Access to case report information must be limited to health department staff who need it to perform their job duties and a current list of these staff must be maintained by the local health officer;

(iii) 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;

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

(v) A crosscut shredder must be available for destroying information and electronic media must be appropriately sanitized prior to disposal;

(vi) Files or data bases 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;

(vii) Electronic communication of confidential information must be protected by encryption standards that are reviewed annually by the local health officer;

(viii) Locking briefcases must be available for transporting confidential information;

(c) 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 (b) of this subsection.

(d) 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 after notifying partners or within three months, 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.

(e) 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 data bases, 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 data bases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or data bases 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) Local health officers must investigate potential breaches of the confidentiality of HIV identifying information by health department employees. All breaches of confidentiality must be reported to the state health officer or 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, 06-16-117, § 246-101-520, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 70.24.130 and 70.24.380, 05-11-110, § 246-101-520, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 and 70.24.125, 00-23-120, § 246-101-520, filed 11/22/00, effective 12/23/00.]

WAC 246-101-525 Special condition—Influenza.

Local health departments shall:

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

(a) Monitoring of excess school absenteeism;

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

(c) Monitoring of workplace absenteeism and other mechanisms.

(2) Encourage 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, 00-23-120, § 246-101-525, filed 11/22/00, effective 12/23/00.]

WAC 246-101-601 Notifiable conditions and the department of health. This section describes the authorities and responsibilities of the department of health in collecting, analyzing, investigation and transmitting case information from notifiable conditions case reports.

[Statutory Authority: RCW 43.20.050, 00-23-120, § 246-101-601, filed 11/22/00, effective 12/23/00.]

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

(a) Provide consultation and technical assistance to local health departments and the department of labor and industries investigating notifiable conditions reports upon request.

(b) Provide consultation and technical assistance to health care providers, laboratories, health care facilities, and others required to make notifications to public health authorities of notifiable conditions upon request.

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

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

(e) Maintain a twenty-four hour telephone number for reporting notifiable conditions.

(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.

(g) Conduct investigations and institute 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 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 occurred.

(2) The department may:

(a) Negotiate alternate arrangements for meeting reporting requirements under this chapter through cooperative agreement between the department and any health care provider, laboratory, or health care facility.

(b) Consolidate reporting for notifiable conditions from any health care provider, laboratory, or health care facility, and relieve that health care provider, laboratory, or health care facility from reporting directly to each local health department, if the department can provide the report to the local health department within the same time as the local health department would have otherwise received it.

[Statutory Authority: RCW 43.20.050. 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. 00-23-120, § 246-101-605, filed 11/22/00, effective 12/23/00.]

WAC 246-101-610 Handling of case reports and medical information. (1) The state health officer or designee shall establish and maintain confidentiality procedures related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:

(a) To employees of the local health department, other local health departments, or other official agencies needing to know for the purpose of administering public health laws and these regulations.

(b) To 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.

(c) For 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.

(2) All department employees, contractors, and others with access to identifying information related to a case or suspected case of a person diagnosed with a notifiable condition shall be required to sign a confidentiality agreement. The confidentiality agreements shall be renewed 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.

[Statutory Authority: RCW 43.20.050. 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. 00-23-120, § 246-101-610, filed 11/22/00, effective 12/23/00.]

WAC 246-101-615 Requirements for data dissemination. 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.

(2) Upon execution of a data sharing agreement, make available any data or other documentation in its possession regarding notifiable conditions reported directly to the department to local health officers or their designees within two days of a request.

(3) 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. 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. 00-23-120, § 246-101-615, 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 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. 00-23-120, § 246-101-620, filed 11/22/00, effective 12/23/00.]

WAC 246-101-625 Content of notifications to the department of labor and industries. Unless otherwise prohibited by law, the department shall make available any data described in WAC 246-101-615 and 246-101-620 in its possession to the department of labor and industries.

[Statutory Authority: RCW 43.20.050, 11-02-065, § 246-101-625, filed 1/4/11, effective 2/4/11; 00-23-120, § 246-101-625, filed 11/22/00, effective 12/23/00.]

WAC 246-101-630 Special condition—Antibiotic resistant disease. The department shall:

(1) Maintain a surveillance system for monitoring antibiotic resistant disease that may include:

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

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

(2) Encourage submission of 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. 00-23-120, § 246-101-630, filed 11/22/00, effective 12/23/00.]

WAC 246-101-635 Special conditions—AIDS and HIV. The following provisions apply for the use of AIDS and HIV notifiable conditions case reports and data:

(1) Department personnel must not disclose identifying information received as a result of receiving information regarding a notifiable conditions report of 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 use HIV identifying information received as a result of receiving information regarding a notifiable conditions 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 data bases, provided that the identity or identifying information on the HIV-infected person is not disclosed outside of the health department.

(3) For the purposes of this chapter, public health data bases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or data bases maintained by law enforcement officials.

(4) The state health officer must require and maintain signed confidentiality agreements with all 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.

(5) The state health officer must 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.

(6) The department must 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 not disclose or otherwise use any information contained in that system for any other purpose, except as expressly permitted by this section.

(7) 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 maintain HIV case reports in secure systems that meet the following standards and are consistent with the 2006 *Security and Confidentiality Guidelines* developed by the Centers for Disease Control and Prevention:

(a) Secure systems must be described in written policies that are reviewed annually by the overall responsible party;

(b) Access to case report information must be limited to health department staff who need it to perform their job duties and a current list of these staff must be maintained by the overall responsible party;

(c) 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;

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

(e) A crosscut shredder must be available for destroying information and electronic media must be appropriately sanitized prior to disposal;

(f) Files or data bases 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;

(g) Electronic communication of confidential information must be protected by encryption standards that are reviewed annually by the overall responsible party;

(h) Locking briefcases must be available for transporting confidential information.

(9) The state health officer or designee must conduct a biennial review of system security measures described in WAC 246-101-520 (1)(b) at local health jurisdictions that are maintaining records by name.

(10) When providing technical assistance to a local health department, 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 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) The state health officer must 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. 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. 00-23-120, § 246-101-635, filed 11/22/00, effective 12/23/00.]

WAC 246-101-640 Special condition—Birth defects.

The department shall enter into a data sharing agreement with the office of the superintendent of public instruction to access data from data bases maintained by the superintendent containing student health information for the purpose of identifying cases of autism or other conditions of public health interest.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-640, filed 11/22/00, effective 12/23/00.]

WAC 246-101-701 Notifiable conditions and the department of labor and industries. WAC 246-101-701 through 246-101-730 describes the authorities and responsibilities of the department of labor and industries in collecting, analyzing, investigating and transmitting case information from notifiable conditions case reports.

[Statutory Authority: RCW 43.20.050. 11-02-065, § 246-101-701, filed 1/4/11, effective 2/4/11; 00-23-120, § 246-101-701, filed 11/22/00, effective 12/23/00.]

WAC 246-101-705 Duties of the department of labor and industries. (1) The department of labor and industries shall:

(a) Provide consultation and technical assistance to local health departments and the department investigating notifiable conditions reports;

(b) Provide consultation and technical assistance to health care providers, laboratories, health care facilities, and others required to make notifications to public health authorities of notifiable conditions upon request;

(c) 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

(d) 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 receive data through any cooperative relationship negotiated by the department of labor and industries and any health care provider, laboratory, or health care facility.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-705, filed 11/22/00, effective 12/23/00.]

WAC 246-101-710 Handling of case reports and medical information. (1) The department of labor and industries shall establish and maintain confidentiality procedures

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related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:

(a) To employees of the local health department, the department, or other official agencies needing to know for the purpose of administering public health laws and these regulations; and

(b) To 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 occupational condition prevention and control.

(2) The department of labor and industries shall require and maintain signed confidentiality agreements with all employees, contractors, and others with access to identifying information related to a case or suspected case of a person diagnosed with a notifiable condition. Such agreements will be renewed 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.

(3) 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.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-710, filed 11/22/00, effective 12/23/00.]

WAC 246-101-715 Requirements for data dissemination. 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.

(2) Make available case investigation documentation for notifiable conditions reported directly to the department to local health officers or their designees upon execution of a data sharing agreement.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-715, filed 11/22/00, effective 12/23/00.]

WAC 246-101-720 Requirements for notification to local health departments. The department of labor and industries shall make data and other pertinent information described in WAC 246-101-715 available to local health departments within two days of a request.

[Statutory Authority: RCW 43.20.050. 00-23-120, § 246-101-720, filed 11/22/00, effective 12/23/00.]

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. 11-02-065, § 246-101-725, filed 1/4/11, effective 2/4/11; 00-23-120, § 246-101-725, filed 11/22/00, effective 12/23/00.]

WAC 246-101-730 Special condition—Hospitalized burns. The department of labor and industries shall maintain a surveillance system for monitoring hospitalized burns that may include:

(1) Development of a sentinel network of burn treatment centers and hospitals to provide information regarding hospitalized burns; and

(2) Sample checks with health care providers, clinics, and hospitals regarding hospitalized burns.

[Statutory Authority: RCW 43.20.050, 00-23-120, § 246-101-730, filed 11/22/00, effective 12/23/00.]