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Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Advisory

Please deliver a copy of the accompanying alert to each provider in your organization.

Thank you

Questions regarding this alert may be directed to the office of:

Alan Melnick, MD, MPH
Health Officer

Jennifer Vines, MD, MPH
Deputy Health Officer

Clark County Public Health
Cowlitz County Health Department
Skamania County Health Department
Wahkiakum County Department of Health and Human Services

(360) 397-8412

Please Distribute

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for specific incident for situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



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HEALTH ADVISORY

February 14, 2011

TO: Health care providers, health care facilities, veterinarians, clinical laboratories
FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Jennifer Vines, MD, MPH, Deputy Health Officer
RE: **Changes to Washington's notifiable conditions rule**

We are writing to advise you about changes to Washington's notifiable conditions rule, Chapter 246-101 WAC, which took effect February 5, 2011. The rule revision was necessary to address new conditions and laboratory methods. For a complete list of notifiable conditions that health care providers, health care facilities, veterinarians and clinical laboratories are required to report, please see WAC 246-101 at <http://www.doh.wa.gov/notify/other/legal.htm>.

Updated notifiable conditions posters for health care providers, health care facilities, veterinarians and clinical laboratories are attached to this document and posted at <http://www.doh.wa.gov/notify/forms/>. Updated Public Health Investigation Guidelines are also posted on this website.

The following is a summary of key changes made to the rule:

For health care providers and facilities, a significant change occurred related to the reporting of animal bites. *Providers and facilities will now only report animal bites when there is suspected human exposure to rabies.* No longer are animal bites reportable unless they are from a potentially rabid animal (such as a bat, fox or other wild animal or a domestic animal that is displaying behavior suspected to be related to rabies). A few notifiable conditions have been added (prion disease, lab-confirmed influenza-associated death, and varicella-associated death). Two conditions have been removed (typhus and hemolytic uremic syndrome, to be addressed by reporting of shiga-toxin producing E. coli). Rare diseases that must be reported immediately are listed individually (e.g. anthrax, *Burkholderia*, smallpox, etc).

Reporting timeframes have been modified. The timeframes for reporting conditions to local health jurisdictions (LHJs) have changed. The categories are: immediate, 24 hours, 3 business days, and monthly. "Immediate" reporting means telephoning the local health jurisdiction as soon as the immediately notifiable condition is suspected. Immediately notifiable conditions are: anthrax, botulism, *Burkholderia*, diphtheria, STEC, invasive *H. influenzae* in a person < 5-years-old, novel influenza, measles, invasive meningococcal disease, plague, polio, human or animal rabies, suspected human exposure to rabies, rubella, SARS, domoic or paralytic shellfish poisoning, smallpox, tularemia, viral hemorrhagic fever, yellow fever, and outbreaks of foodborne or waterborne illness. "Within 24 hours" is a new category and allows the reporter to wait until daylight to telephone the LHJ. When reporting immediately notifiable conditions, please call the number listed below for your jurisdiction and **ask to speak to the duty officer.**

The system for locating reported cases has been improved. The revisions to the rule specify that health care providers and facilities must provide patient identifying information, including at least zip code of residence, to clinical laboratories when ordering lab tests for a notifiable condition. By January 1, 2013, laboratories must have databases capable of storing and retrieving this information.

For clinical laboratories, the list of notifiable conditions is now consistent with the list of notifiable conditions for health care providers and facilities. Some specimen submission requirements have been added (most notably, any available cultures of pertussis, *Listeria*, and *Cryptococcus* other than known *v. neoformans*).

For veterinarians, reporting requirements have been coordinated between the Department of Health and the Department of Agriculture. Veterinarians are to report only suspected human cases of specific zoonotic diseases, based on the human's exposure to a confirmed animal case of the disease, to local public health. Animal cases of these diseases are to be reported to the Department of Agriculture, which will then share information with public health.

We have attached posters that update notifiable conditions requirements under the rule change for the following groups:

- Notifiable Conditions & the Health Care Provider
- Notifiable Conditions & the Health Care Facility
- Notifiable Conditions & the Laboratory
- Notifiable Conditions & the Veterinarian

Again, these forms are also available at <http://www.doh.wa.gov/notify/forms/>.

To report notifiable conditions or if you have questions, please call:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

If you call to report an immediately notifiable condition and you do not reach an actual person at the number listed above, the voice message will direct you on how to contact the duty officer.

Notifiable Conditions & Washington's Health Care Facilities



The following conditions are notifiable to local public health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed. These notifications are for conditions that occur or are treated in the hospital. Hospital laboratories should use the *Notifiable Conditions & Washington's Laboratories* poster.

Acquired immunodeficiency syndrome (AIDS) ^{3d} (including AIDS in persons previously reported with HIV infection)

Animal bites (when human exposure to rabies is suspected) ^{Imm}

Anthrax ^{Imm}

Arboviral disease ^{3d} (acute disease only; West Nile virus, dengue, Eastern & Western equine encephalitis, etc.)

Botulism ^{Imm} (foodborne, infant, and wound)

Brucellosis ^{24h}

Burkholderia mallei (Glanders) and pseudomallei (Melioidosis) ^{Imm}

Campylobacteriosis ^{3d}

Chancroid ^{3d}

Chlamydia trachomatis ^{3d}

Cholera ^{Imm}

Cryptosporidiosis ^{3d}

Cyclosporiasis ^{3d}

Diphtheria ^{Imm}

Disease of suspected bioterrorism origin ^{Imm}

Domoic acid poisoning ^{Imm}

E. coli – Refer to “Shiga toxin-producing E. coli ^{Imm}

Emerging condition with outbreak potential ^{Imm}

Giardiasis ^{3d}

Gonorrhea ^{3d}

Granuloma inguinale ^{3d}

Haemophilus influenzae invasive disease ^{Imm}

(under age five years, excluding otitis media)

Hantavirus pulmonary syndrome ^{24h}

Hepatitis A, acute ^{24h}

Hepatitis B, acute ^{24h}; chronic ^{Mo} (initial diagnosis only)

Hepatitis B, surface antigen positive pregnant women ^{3d}

Hepatitis C, acute ^{3d}; chronic ^{Mo} (initial diagnosis only)

Hepatitis D, acute and chronic ^{3d}

Hepatitis E, acute ^{24h}

HIV infection ^{3d}

Immunization reactions ^{3d} (severe, adverse)

Influenza, novel or unsubtypeable strain ^{Imm}

Influenza-associated death (laboratory confirmed) ^{3d}

Legionellosis ^{24h}

Leptospirosis ^{24h}

Listeriosis ^{24h}

Lyme disease ^{3d}

Lymphogranuloma venereum ^{3d}

Malaria ^{3d}

Measles (rubeola) – acute disease only ^{Imm}

Meningococcal disease (invasive) ^{Imm}

Monkeypox ^{Imm}

Mumps – acute disease only ^{24h}

Outbreaks of disease that occur or are treated in the hospital ^{Imm}

Outbreak of suspected foodborne origin ^{Imm}

Outbreak of suspected waterborne origin ^{Imm}

Paralytic shellfish poisoning ^{Imm}

Pertussis ^{24h}

Plague ^{Imm}

Poliomyelitis ^{Imm}

Prion disease ^{3d}

Psittacosis ^{24h}

Q fever ^{24h}

Rabies ^{Imm}

Rabies, suspected human exposure ^{Imm}

Relapsing fever (borreliosis) ^{24h}

Rubella, acute disease only (including congenital) ^{Imm}

Salmonellosis ^{24h}

SARS ^{Imm}

Shiga toxin-producing E. coli infections ^{Imm}

Shigellosis ^{24h}

Smallpox ^{Imm}

Syphilis ^{3d} (including congenital)

Tetanus ^{3d}

Trichinosis ^{3d}

Tuberculosis ^{Imm}

Tularemia ^{Imm}

Vaccinia transmission ^{Imm}

Vancomycin-resistant *Staphylococcus aureus* ^{24h}

Varicella-associated death ^{3d}

Vibriosis ^{24h}

Viral hemorrhagic fever ^{Imm}

Yellow fever ^{Imm}

Yersiniosis ^{24h}

Unexplained critical illness or death ^{24h}

Rare diseases of public health significance ^{24h}

The following diagnoses are notifiable to the Washington State Department of Health in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed.

Asthma, occupational (suspected or confirmed) ^{Mo}	888-66-SHARP
Birth Defects ^{Mo} : Abdominal wall defects, Autism spectrum disorders, Cerebral palsy, Down syndrome, Alcohol related birth defects, Hypospadias, Limb reductions, Neural tube defects, Oral clefts	360-236-3533
Gunshot Wounds ^{Mo}	360-236-2867
Pesticide Poisoning (hospitalized, fatal, or cluster) ^{Imm}	800-222-1222
Pesticide Poisoning (all other) ^{3d}	800-222-1222

Notification time frames: ^{Imm} **Immediately**,
^{24h} Within 24 hours, ^{3d} Within 3 business days,
^{Mo} Within one month

If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call 1-877-539-4344

For more information, please see WAC 246-101 or
<http://www.doh.wa.gov/notify/forms/>
Effective Date February 5, 2011 DOH 420-027 (2/11)

Notifiable Conditions & Washington's Laboratories



The following laboratory results (preliminary or confirmed) are notifiable to local public health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes.

Immediately notifiable results are indicated in bold. Information provided must include: specimen type; name and telephone number of laboratory; date specimen collected; date specimen received; requesting health care provider's name and telephone number or address; test result; name of patient (if available) or patient identifier; sex and date of birth or age of patient (if available).

- Arboviruses^{2d*}
 - (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
- Bacillus anthracis (Anthrax)**^{Imm*!}
- Blood lead level (elevated)^{2d & i}
- Blood lead level (non-elevated)^{Mo & i}
- Bordetella pertussis* (Pertussis)^{24h*!}
- Borrelia burgdorferi* (Lyme disease)^{2d*}
- Borrelia hermsii* or *recurrentis* (Relapsing fever, tick- or louseborne)^{24h*}
- Brucella* species (Brucellosis)^{24h*!}
- Burkholderia mallei* and *pseudomallei***^{Imm*}
- Campylobacter* species (Campylobacteriosis)^{2d*}
- CD4 + (T4) lymphocyte counts and/or CD4 + (T4)^{Mo & i}
 - (patients aged thirteen or older)
- Chlamydia psittaci* (Psittacosis)^{24h*}
- Chlamydia trachomatis*^{2d*}
- Clostridium botulinum* (Botulism)**^{Imm*!}
- Corynebacterium diphtheriae* (Diphtheria)**^{Imm*!}
- Coxiella burnetii* (Q fever)^{24h*!}
- Cryptococcus non v. neoformans*[!]
- Cryptosporidium* (Cryptosporidiosis)^{2d*}
- Cyclospora cayentanensis* (Cyclosporiasis)^{2d*!}
- E. coli***^{Imm*!} (refer to "Shiga toxin-producing *E. coli*")
- Francisella tularensis* (Tularemia)**^{Imm*!}
- Giardia lamblia* (Giardiasis)^{2d*}
- Haemophilus influenzae* (children < 5 years)**^{Imm*!}
- Hantavirus^{24h*}
- Hepatitis A virus (acute) by IgM positivity^{24h*}
 - (Hepatocellular enzyme levels to accompany report)
- Hepatitis B virus (acute) by IgM positivity^{24h*}
- Hepatitis B virus, by:
 - HBsAg (Surface antigen); HBeAg (E antigen);
 - HBV DNA^{Mo*}
- Hepatitis C virus^{Mo*}
- Hepatitis D virus^{2d*}
- Hepatitis E virus^{24h*}
- Human immunodeficiency virus (HIV) infection^{2d & ii}
 - (for example, positive Western blot assays, P24 antigen or viral culture tests)
- Human immunodeficiency virus (HIV) infection^{Mo & ii}
 - (II viral load detection test results - detectable and undetectable)
- Influenza virus, novel or unsubtypeable strain**^{Imm*!}
 - Legionella* species (Legionellosis)^{24h*!}
 - Leptospira* species (Leptospirosis)^{24h*}
 - Listeria monocytogenes* (Listeriosis)^{24h*!}
- Measles virus (rubeola)**^{Imm*!}, acute, by: **IgM positivity, PCR positivity**
- Mumps virus, acute, by IgM positivity; PCR positivity^{24h*!}
- Mycobacterium tuberculosis* (Tuberculosis)^{2d & iii! @}
- Neisseria gonorrhoeae* (Gonorrhea)^{2d*}
- Neisseria meningitidis* (Meningococcal disease)**^{Imm*!}
- Plasmodium* species (Malaria)^{2d*}
- Poliovirus**^{Imm*!}, acute, by: **IgM positivity, PCR positivity**
- Rabies virus (human or animal)**^{Imm*!}
- Salmonella* species (Salmonellosis)^{24h*!}
- SARS-associated coronavirus**^{Imm*!}
- Shiga toxin-producing *E. coli***^{Imm*!} (enterohemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7)
- Shigella* species (Shigellosis)^{24h*!}
- Treponema pallidum* (Syphilis)^{2d*!}
- Trichinella* species^{2d*}
- Vancomycin-resistant *Staphylococcus aureus*^{24h*!}
- Variola virus (smallpox)**^{Imm*!}
- Vibrio cholerae* O1 or O139 (Cholera)**^{Imm*!}
- Vibrio* species (Vibriosis)^{24h*!}
- Viral hemorrhagic fever**^{Imm*!}
 - Arenaviruses, Bunyaviruses, Filoviruses, Flaviviruses**
- Yellow fever virus**^{Imm*!}
 - Yersinia enterocolitica* or *pseudotuberculosis*^{24h*}
 - Yersinia pestis* (Plague)**^{Imm*!}

CODE LEGEND

- ^{Imm} **Immediately notifiable**
- ^{24h} Notifiable within 24 hours
- ^{2d} Notifiable within 2 business days
- ^{Mo} Notifiable on a monthly basis
- * Notifiable to the local health jurisdiction of the patient's residence
- ^{&i} Notifiable to DOH Lead Program **360-236-3359**
- ^{&ii} Notifiable to DOH IDRH Assessment **360-236-3419**
- ^{&iii} Notifiable to DOH TB Reporting Line **360-236-3397**
or TB Reporting Fax Line **360-236-3405**
- [!] Specimen submission required
- [@] Antibiotic sensitivity testing (first isolates only)

To report a Notifiable Condition, contact the local health jurisdiction of the patient's residence, unless the condition is reportable directly to DOH. If the patient's local health jurisdiction is unknown, please notify the local health jurisdiction of the health care provider that ordered the diagnostic test.

If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call
1-877-539-4344

For more information, please see WAC 246-101 or <http://www.doh.wa.gov/notify/forms/>

Effective Date February 5, 2011

DOH 210-002 (Rev 2/11)

Notifiable Conditions & the Veterinarian



Veterinarians, including those working in private practices, laboratories, academic settings, zoos, wildlife centers, animal shelters and government agencies, have an important public health role in the identification and control of zoonotic and vector-borne diseases.

The Washington State Administrative Code (WAC 246-101-405) outlines these responsibilities for veterinarians:

- 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
- 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 Washington State Department of Health or local health jurisdiction.

Notifiable Condition (report suspected human cases)	Report Immediately	Report within 24 hours
Anthrax	X	
Arboviral disease		X
Brucellosis (<i>Brucella</i> species)		X
<i>Burkholderia mallei</i> (Glanders)	X	
Disease of suspected bioterrorism origin (including but not limited to anthrax)	X	
<i>E. coli</i> – Refer to "Shiga toxin-producing <i>E. coli</i> "	X	
Emerging condition with outbreak potential	X	
Influenza virus, novel or unsubtypable strain	X	
Leptospirosis		X
Plague	X	
Psittacosis		X
Q Fever		X
Rabies (suspected human case or exposure or animal case)	X	
Shiga toxin-producing <i>E. coli</i> infections (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	X	
Tularemia	X	

IMPORTANT NOTE: Selected animal diseases, especially in livestock and poultry, must be reported to the Washington State Department of Agriculture, State Veterinarian's Office. These include eradicated diseases (e.g., tuberculosis, brucellosis), suspected foreign animal diseases (e.g., foot and mouth disease, exotic Newcastle disease, hog cholera) and certain domestic diseases (e.g., anthrax, rabies). See: <http://apps.leg.wa.gov/WAC/default.aspx?cite=16-70>.

*A list of local health departments can be found at <http://www.doh.wa.gov/LHJMap/LHJMap.htm>.

Notifiable Conditions & the Health Care Provider



The following conditions are notifiable to local public health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed.

- Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) ^{3d}
- Animal bites (when human exposure to rabies is suspected)** ^{Imm}
- Anthrax** ^{Imm}
- Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, St Louis encephalitis, and Powassan) ^{3d}
- Botulism (foodborne, wound and infant)** ^{Imm}
- Brucellosis (*Brucella* species) ^{24h}
- Burkholder mallei (Glanders) and pseudomallei (Meliodosis)** ^{Imm}
- Campylobacteriosis ^{3d}
- Chancroid ^{3d}
- Chlamydia trachomatis* infection ^{3d}
- Cholera** ^{Imm}
- Cryptosporidiosis ^{3d}
- Cyclosporiasis ^{3d}
- Diphtheria** ^{Imm}
- Disease of suspected bioterrorism origin** ^{Imm}
- Domoic acid poisoning** ^{Imm}
- E. coli - Refer to "Shiga toxin producing E. coli"** ^{Imm}
- Emerging condition with Outbreak potential** ^{Imm}
- Giardiasis ^{3d}
- Gonorrhea ^{3d}
- Granuloma inguinale ^{3d}
- Haemophilus influenzae (invasive disease, children < age 5)** ^{Imm}
- Hantavirus pulmonary syndrome ^{24h}
- Hepatitis A, acute infection ^{24h}
- Hepatitis B, acute ^{24h}
- Hepatitis B, chronic (initial diagnosis/previously unreported cases) ^{Mo}
- Hepatitis B, surface antigen positive pregnant women ^{3d}
- Hepatitis C, acute ^{3d} and chronic ^{Mo} (initial diagnosis only)
- Hepatitis D (acute and chronic infections) ^{3d}
- Hepatitis E (acute infection) ^{24h}
- Herpes simplex, neonatal and genital (initial infection only) ^{3d}
- HIV infection ^{3d}
- Immunization reactions ^{3d} (severe, adverse)
- Influenza, novel or untypable strain** ^{Imm}
- Influenza-associated death (lab confirmed) ^{3d}
- Legionellosis ^{24h}
- Leptospirosis ^{24h}
- Listeriosis ^{24h}
- Lyme disease ^{3d}
- Lymphogranuloma venereum ^{3d}
- Malaria ^{3d}
- Measles (rubeola) acute disease only** ^{Imm}
- Meningococcal disease (invasive)** ^{Imm}
- Monkeypox** ^{Imm}
- Mumps (acute disease only) ^{24h}
- Outbreaks of suspected foodborne origin** ^{Imm}
- Outbreaks of suspected waterborne origin** ^{Imm}
- Paralytic shellfish poisoning** ^{Imm}
- Pertussis ^{24h}
- Plague** ^{Imm}
- Poliomyelitis** ^{Imm}
- Prion disease ^{3d}
- Psittacosis ^{24h}
- Q fever ^{24h}
- Rabies (confirmed human or animal)** ^{Imm}
- Rabies, suspected human exposure** ^{Imm}
- Relapsing fever (borreliosis)** ^{24h}
- Rubella (including congenital rubella syndrome) (acute disease only)** ^{Imm}
- Salmonellosis ^{24h}
- SARS** ^{Imm}
- Shiga toxin-producing E. coli infections (including but not limited to E. coli 0157:H7)** ^{Imm}
- Shigellosis ^{24h}
- Smallpox** ^{Imm}
- Syphilis (including congenital) ^{3d}
- Tetanus ^{3d}
- Trichinosis ^{3d}
- Tuberculosis** ^{Imm}
- Tularemia** ^{Imm}
- Vaccinia transmission** ^{Imm}
- Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin intermediate) ^{24h}
- Varicella-associated death ^{3d}
- Vibriosis ^{24h}
- Viral hemorrhagic fever** ^{Imm}
- Yellow fever** ^{Imm}
- Yersiniosis ^{24h}
- Other rare diseases of public health significance ^{24h}
- Unexplained critical illness or death ^{24h}

The following diagnoses are notifiable to the Washington State Department of Health in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed.

- Asthma, occupational (suspected or confirmed) ^{Mo} **1-888-66SHARP**
- Birth Defects: Autism spectrum disorders, Cerebral palsy, Alcohol related birth defects ^{Mo} **360-236-3533**
- Pesticide Poisoning (hospitalized, fatal, or cluster)** ^{Imm} **1-800-222-1222**
- Pesticide Poisoning (all other) ^{3d} **1-800-222-1222**

Notification time frame:

- ^{Imm} **Immediately**, ^{24h} Within 24 hours,
- ^{3d} Within 3 business days, ^{Mo} Monthly

If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call 1-877-539-4344

For more information, please see WAC 246-101 or <http://www.doh.wa.gov/notify>

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