Local, state, and federal agencies rely upon case reporting to assist in surveillance and control of conditions of public health importance. This activity contributes to achieving the goal of limiting disease transmission, morbidity, and mortality. Notifiable condition reporting supports the following key disease control functions:

- ensuring cases’ adherence to isolation, activity restriction, and treatment (when indicated);
- identifying, evaluating, and educating exposed individuals and offering them biomedical interventions to prevent or treat infection (when indicated);
- identifying food, water, animal, and insect vectors of transmission;
- recognizing, investigating, and controlling outbreaks or emerging diseases; and
- characterizing demographics, risk factors, and temporal trends for planning, monitoring, and evaluation of prevention and control efforts.

Washington’s Notifiable Conditions Rule (Washington Administrative Code 246-101) has been updated and adopted by the State Board of Health; the revised rule became effective February 4, 2011. This article summarizes changes affecting the expectations for healthcare providers and facilities, laboratories, and veterinarians. Updated summaries of reporting requirements in poster format can be downloaded from [http://www.doh.wa.gov/notify/forms/] (see left side-bar under “Posters”). A copy of the posters are also included as Bulletin inserts.

### Healthcare Providers and Facilities

Animal bites: animal bites will no longer be uniformly reportable. Instead, the new language asks providers and facilities to only report bites when there is a suspected human exposure to rabies. The intent is to minimize calls about situations without a risk of rabies, including:

- provoked bites from healthy, vaccinated dogs, cats, and ferrets that survive a 10-day observation period;
- bites from caged pet rodents; and
- bites from non-mammals.

As a practical application of the rule change, YHD requests reporting or discussion of the following scenarios with us:

- intent to administer rabies post-exposure immunoprophylaxis, or
- exposures to bats,
- or bites or scratches from other terrestrial animals associated with rabies transmission (raccoons, skunks, foxes), or
- unprovoked bites or scratches from domestic carnivores or from other animals demonstrating neurologic abnormalities.

An algorithm for evaluating animal bites and potential rabies exposures can be downloaded at [http://www.doh.wa.gov/notify/other/rabiesalg.pdf](http://www.doh.wa.gov/notify/other/rabiesalg.pdf)

### Influenza-associated deaths: a new requirement

This is the reporting of laboratory-confirmed influenza-associated deaths. This requirement will assist the development of a better understanding of risk factors for severe or fatal disease, facilitate early recognition of novel strains, and enable more precise estimation of the total number of influenza cases that occur each year.

### New conditions: several new conditions were added.

These include arboviral infections (e.g., West Nile virus, equine encephalitides), *Burkholderia*, domoic acid poisoning (amnesic shellfish poisoning), novel influenza, SARS, smallpox, vaccinia transmission, vancomycin-resistant *S. aureus* (VRSA), varicella-associated deaths, and viral hemorrhagic fever. Also, emerging conditions not otherwise specified in the WAC that have outbreak potential or other public health significance will be reportable.

### STEC: Enterohemorrhagic E. coli has been renamed “Shiga toxin producing E. coli” (STEC) to account for non-O157:H7 strains that can cause the same syndromes of hemorrhagic colitis and hemolytic uremic syndrome associated with O157:H7 strains. As a corollary, hemolytic uremic syndrome (HUS) has been deleted as a separate condition; such cases should be
Viral hepatitides: along with chronic hepatitis B and chronic hepatitis C, acute and chronic hepatitis D and acute hepatitis E infections are now specified as notifiable.

Reporting timelines: the timelines for reporting these conditions to YHD have changed to “immediate”, “24 hours”, “3 business days”, and “monthly”. “Immediate” reporting means telephoning YHD as soon as the 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, severe acute respiratory syndrome (SARS), domoic acid (amnesic) or paralytic shellfish poisoning, smallpox, tularemia, viral hemorrhagic fever, yellow fever, and outbreaks of food borne or waterborne illness. “Within 24 hours” is a new category that allows the reporter to wait until the next working day to notify YHD rather than pursuing after-hours notification for conditions that do not merit emergent intervention.

**Clinical Laboratories**

Organisms (not syndromes): laboratory-reportable conditions are now listed by organism (e.g., *M. tuberculosis* complex) as opposed to the disease or syndrome (e.g., tuberculosis) that would require a diagnosis by a healthcare provider. Almost all notifiable conditions have a corresponding laboratory result that should be reported to YHD.

Forwarding of isolates: in addition to previous requirements for forwarding of isolates of certain organisms to the Washington State Public Health Laboratories (PHL), added to the list are: *Brucella*, measles, *Cryptococcus* (other than known var. neoformans), novel influenza, *Listeria*, mumps, *Neisseria meningitidis* (from normally sterile samples), *Bordetella pertussis*, STEC, *Francisella tularensis*, VRSA, and *Vibrio spp*.

Information for sample submission: all reports to YHD should include patient sex and date of birth, patient address or zip code, and healthcare provider name and telephone. Healthcare facilities also should provide this information to laboratories when samples are submitted for testing.

Please note that, although not a part of the reporting law, the PHL does require that all clinical specimens be submitted with two patient identifiers—a name and a second identifier (e.g., date of birth)—both on the specimen label and on the submission form. Due to requirements set forth in laboratory accreditation standards, specimens will be rejected for testing if not so identified. Specimen source and collection date should also be included.

**Veterinarians**

Human exposures: animal illnesses are to be reported to the Washington State Department of Agriculture (http://agr.wa.gov/FoodAnimal/AnimalHealth/ReportableDiseases.aspx). Veterinarians need only report directly to YHD suspicion of human illness after exposure to zoonotic conditions. For example, a veterinarian diagnosing brucellosis, influenza, or plague in animals may realize the owner or handler has evidence of disease, as well; such suspicion should lead to notification of YHD.

**YHD Contact Phone Numbers**

To report a notifiable condition, to discuss management of patients or their exposed contacts, or to obtain other consultation related to communicable diseases, please contact the following numbers:

- *Tuberculosis* (509) 249-6532
- *Sexually Transmitted Diseases* (509) 249-6531
- *Human Immunodeficiency Virus* (509) 249-6541
- *All other conditions* (509) 249-6541

After hours all calls must go to (509) 575-4040 @ prompt #1

**Resources**


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**Reminders About Pertussis Testing**

In 2010, 11 cases of pertussis were reported to YHD. To date in 2011, 1 has been reported. Approximately 67% of these cases are confirmed by either PCR or culture; the remaining are classified as “probable” or “suspect” depending on clinical and epidemiologic criteria.

The standard of clinical and public health practice in laboratory testing for pertussis has evolved to emphasize BOTH (1) submission of a specimen for polymerase chain reaction testing (PCR) and (2) continued simultaneous submission of a specimen for culture. Due to limitations in both sensitivity and specificity, direct fluorescent antibody (DFA) testing should generally not be pursued. While the availability and use of PCR increases the sensitivity of laboratory testing for pertussis, several caveats do merit attention:

- Treatment of suspected cases, ideally with a five-day course of azithromycin or a seven-day course of clarithromycin, should not be delayed while waiting for laboratory results. Negative test results should neither dissuade consideration of chemoprophylaxis nor completion of therapy for vulnerable close contacts (e.g., infants, pregnant women) in clinically compatible cases.
- Only patients with signs and symptoms suggestive of pertussis (including upper respiratory symptoms followed...
by violent fits or paroxysms of cough often followed by vomiting) should be tested by PCR to confirm the diagnosis. Use of PCR in asymptomatic cases reduces the positive predictive value of the test (i.e., testing asymptomatic patients increases the false positive rate).

- Testing of household or other close contacts should not be used for post-exposure prophylaxis decisions. Chemoprophylaxis decisions should be based solely on epidemiologic grounds.

- When possible, you should test patients for pertussis during the first 3 weeks of cough when bacterial DNA is still present in the nasopharynx.

- PCR testing after 5 days of antibiotic use is unlikely to be of benefit, because PCR testing following antibiotic therapy also can result in falsely-negative findings, although the exact duration of positivity following antibiotic use is not well understood.

- Obtain specimens for PCR by aspiration or swabbing the posterior nasopharynx, rather than by throat swabs or anterior nasal swabs which both have unacceptably low rates of DNA recovery.

- Some pertussis vaccines have been found to contain PCR-detectable *B. pertussis* DNA. Environmental sampling has identified *B. pertussis* DNA from these

- Pre-term Delivery

Pre-term delivery is defined as birth prior to the 37th week of pregnancy. Prematurity is the leading cause of death among newborns and carries high risk of infectious and non-infectious conditions in the neonatal period, along with post-neonatal sequelae such as developmental disabilities, cerebral palsy, breathing and respiratory problems, vision and hearing loss, and feeding and digestive problems.

Known medical risk factors for pre-term birth include carrying multiple fetuses, previous history of preterm birth, incompetent cervix and other primary gynecological anomalies, short spacing of births, male gender of the fetus, hypertension, diabetes, clotting disorders, pre-pregnancy obesity or under nutrition, a variety of infectious conditions, cigarette smoking or exposure to second hand smoke, alcohol use, and illicit drug use during pregnancy.

Proposed socio-economic risk factors for pre-term delivery include mother’s age (<15 or >35), race, poverty, late-or-no prenatal care, domestic violence, lack of social support, stress, single marital status, and long working hours with long periods of standing.

In Yakima County, 12% of singleton deliveries were born pre-term during 2006-08, ranking sixth highest among Washington counties. This relatively high rate of pre-term delivery in Yakima County occurred despite low tobacco use among pregnant women (6%, 5th lowest county; statewide average: 8%), better-than-average access to obstetric care (51 versus 57 deliveries per provider in Yakima County and Washington State, respectively), and rates of participation in early pre-natal care (77%) that were no different than the statewide average.

Statewide, 9% of singleton deliveries were pre-term, up from 7-8% two decades ago. Delivery of a pre-term infant in Washington State during this period was more common among women at the extremes of reproductive age (<20 years, or >35-40 years); of Native American, African American or Latina race/ethnicity; carrying a male fetus; receiving public assistance; or being without U.S. citizenship.

Several of these socio-economic factors may explain much of the variance of Yakima County’s pre-term delivery rate from the statewide average. Yakima’s adolescent pregnancy rate (56 per 1,000 women 15-17 years of age) is twice the statewide average, ranking third highest behind Adams and Franklin Counties. Nearly 80% of Yakima County's 4,460 births in 2008 were to women receiving public assistance (statewide figure: 48%) and 24% were among undocumented women. While these socio-economic factors do not directly impact fetal health and gestation, they presumably do so indirectly either through biological pathways connected to physical and emotional stress or because they are associated with yet-to-be-specified behaviors or exposures that directly impact risk of pre-term delivery.

Consequently, allocation of scarce resources for reducing pre-term delivery in Yakima County should incorporate deferral of childbearing beyond the adolescent years, reducing unintended pregnancy, and improving the general health and welfare of women of all ages in these high-risk
socioeconomic groups.

The Washington State Department of Health’s (DOH’s) Family Planning and Reproductive Health section provides federal funds to Planned Parenthood clinics in Yakima and Sunnyside through Title X of the Public Health Services Act and state general funds. In addition to contraceptive services, these clinics provide patient education and counseling; breast and pelvic examinations; cervical cancer screening; STD and HIV screenings; and pregnancy diagnosis and counseling. Men and women, both citizens and non-citizens of all income brackets, are eligible.

TAKE CHARGE, a Medicaid research and demonstration project implemented by the Washington Department of Social and Health Services provides pre-pregnancy family planning services to low-income men and women at no cost to the client. Women who are Medicaid-eligible solely because of pregnancy continue to have Medicaid coverage for medical services (including post-pregnancy contraceptive services) for two months after the end of their pregnancy. After two months, those women who were Medicaid-eligible solely because of pregnancy receive a ten-month extension of eligibility for family planning services only. At the end of the ten-month extension, women who are U.S. citizens, legal permanent residents or otherwise “qualified” aliens (WAC 388-424) may be enrolled in the TAKE CHARGE program, if they apply and otherwise meet the eligibility criteria. Undocumented individuals are not eligible for TAKE CHARGE. Women whose Medicaid eligibility is unrelated to pregnancy continue to be eligible for full-scope Medicaid coverage, including family planning services, as long as they are Medicaid eligible. Eligible candidates may apply at DSHS Community Service Offices in Yakima, Wapato, or Sunnyside. Funding for TAKE CHARGE during 2011-2013 may be affected negatively by the state’s budget crisis.

Other individuals, including non-citizen immigrants, can receive contraceptive services through subsidized community health centers (e.g., Yakima Valley Farmworkers Clinic, Yakima Neighborhood Health Services, Central Washington Family Medicine). Fees are based on a sliding scale for those with incomes at or below 200% of the federal poverty level (FPL).

The data cited above, however, suggests that these clinical and social services are necessary but not sufficient in turning the tide of pre-term delivery and other untoward reproductive health outcomes that are well documented in Yakima County. The nature of additional elements needed remains to be described and implemented, preferably through a community-wide process that involves public health and social service agencies, clinical care providers and systems, educators, and the broader civic society that serves Yakima County residents.

References


YAKIMA HEALTH DISTRICT CENTENNIAL

100 Years of Service to the people of Yakima County! In 1911 the City Council of Yakima City and the Yakima County Board of Commissioners joined together to address the annual epidemic of typhoid fever in Yakima County. They sent a request to Washington for help. Washington responded by sending help from the United States Public Health Service.

This forward looking partnership resulted in the formation of the first combined City-County Health District in the United States. It was also the first time that the Federal Government, through the United States Public Health Service, participated in a joint operation at the request of local government.

Please help us celebrate this “partnership for health” and the continued dedication of the Yakima Public Health District. On June 18th, please join the District Staff and Board of Health at a Community Health Fair at the Health District Facility from 10 am until 2 pm. Healthy food, drinks, snacks and other goodies will be provided. Many of our community partners will be at the fair, displaying a variety of healthy activities for the whole family. The health District will also display some of the “tools” of Public Health for visitors. Please come and join our celebration of the past 100 years and our launch of the next 100 years or service to Yakima.

Dennis Klukan, MSEPH, Administrator
Yakima Health District
## Notifiable Conditions Year End Summary 2010 & 1st Quarter 2011

<table>
<thead>
<tr>
<th>Condition (includes confirmed and probable cases)</th>
<th>Cases</th>
<th>Total Cases by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacteriosis</td>
<td>15</td>
<td>20</td>
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<tr>
<td>Chlamydia</td>
<td>311</td>
<td>299</td>
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<tr>
<td>Cryptosporidiosis</td>
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<td>0</td>
</tr>
<tr>
<td>Enterohemorrhagic E. coli (STEC)</td>
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<td>0</td>
</tr>
<tr>
<td>Genital Herpes - Initial</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Gonorrhea</td>
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<td>4</td>
</tr>
<tr>
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<td>0</td>
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<tr>
<td>Hepatitis B acute</td>
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<td>0</td>
</tr>
<tr>
<td>Hepatitis B chronic</td>
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<tr>
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<td>Hepatitis C chronic</td>
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<tr>
<td>HIV/AIDS Cumulative Living</td>
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<tr>
<td>HIV/AIDS Deaths</td>
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<td>HIV/AIDS New</td>
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<tr>
<td>Meningococcal</td>
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<td>Pertussis</td>
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<tr>
<td>Salmonellosis</td>
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<td>Shigellosis</td>
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<tr>
<td>Syphilis - Primary and Secondary</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
National Infant Immunization Week
Vaccine Safety & Program Issues
2nd Annual Seminar
Featuring:

National Autism Expert
Alison Singer
Topics on Autism

Friday, April 29, 2011
7:30—9:30 a.m.
Yakima Regional Auditorium
Video Conferencing Available @ Sunnyside Community Hospital

Intended Audience
This conference is for physicians, physician assistants, nurses, nurse practitioners, as well as other allied healthcare professionals.

No Cost!
Registration Required!
Great Refreshments!

Questions? Contact Ruth Rosenkranz
Community Health Specialist
Immunization Program, Yakima Health District
Phone: 509-249-6506
Email: ruth.rosenkranz@co.yakima.wa.us

Alison Tepper Singer is Founder and President of the Autism Science Foundation. In 2007, she was appointed by the Secretary of Health and Human Services to serve on the federal Interagency Autism Coordinating Committee (IACC) where she played a key role in developing the new federal strategic plan for autism research. She has a daughter and an older brother with autism. She serves on many boards of autism-related organizations. The Autism Science Foundation’s mission is premised on the following facts and principles: 1) Autism is known to have a strong genetic component. 2) Early diagnosis and early intervention are critical to helping people with autism reach their potential, but educational, vocational and support services must be applied across the lifespan. 3) Vaccines save lives; they do not cause autism.

Bonus Presentation!
Chris Halsell—Washington DOH Immunization Program CHILD Profile
“EOQ & Troubleshooting Storage & Handling Issues with Larger Inventory”

Come Early and Visit with Exhibitors!
Great Ideas on Storage & Handling/Free Articles on: Vaccine Hesitancy, Vaccine Refusal, Etc.
ARRA Project Awards

Online Registration Only:
http://www.yakimahealthdistrict.org/niiw

Yakima Regional Hospital - live limit 150
Sunnyside Community Hospital - video limit 45

*Certificates of Attendance will be provided for those who would like to submit for CME2s/CEs/CEUs.
This class is for those who are responsible for administering TB skin testing or decides who should be tested. You will learn the basics of tuberculosis infection and disease. We will discuss who needs skin testing and why, as well as how to administer, read, and interpret a TB skin test. What needs to happen once you have a positive test will also be discussed. This class will include hands on practice of TB skin tests, so be prepared to administer and receive saline injections. Class size will be limited. To sign up please complete the attached form and e-mail or fax it by May 6th. Fax: (509) 249-6632 Email: David.Miller@co.yakima.wa.us
Join us for a
COMMUNITY
HEALTH FAIR
10 AM – 2 PM June 18th, 2011
YHD Parking Lot
1210 Ahtanum Ridge Drive
Union Gap 98903

Did you know:
The Yakima Health District is the oldest city/county health department in the United States AND that we’re turning 100 in 2011?!!
We want YOU to help us celebrate! Please join us and our community partners for fun, food, activities and information on how to keep yourself and your family healthy. Everyone is welcome!

FREE admission!
FREE food and drinks!
FREE goody bags!
FREE digital thermometer!*
(*for the first 1,000 households, while supplies last)

OUTBREAK!
The year: 1911
The place: Yakima County
An explosive outbreak of Typhoid fever is ravaging the county. Local officials request help to stop the potentially fatal illness. The U.S. Public Health Service and Marine Hospital Service respond. An investigation is performed. Investigators link the outbreak to poor sanitation leading to contamination of shallow wells.
Lead investigator Dr. Leslie Lumsden makes recommendations to ward off future outbreaks. One of them is the formation of a single agency to oversee sanitation, sewage disposal, and well location and construction.
The Yakima County Health District was formed.

It is the first city/county health department in the United States.
In June 2011, the Yakima Health District turns 100.

www.yakimapublichealth.org

Regular bus service to the Health District is available through Union Gap Transit.
Notifiable Conditions & the Health Care Provider

The following conditions are notifiable to public health authorities in Washington in accordance with WAC 246-101. Contact the local health jurisdiction of the patient’s residence, except for the conditions followed by a reporting phone number. Timeframes for notification are indicated in the footnotes. Immediately notifiable conditions in bold should be reported when suspected or confirmed.

Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) *Mo 3d*

Animal bites (when human exposure to rabies is suspected) *Imm*

Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, St Louis encephalitis, and Powassan) *3d*

Asthma, occupational (suspected or confirmed) *Mo 1-888-66SHARP 3d 60-236-3533*

Birth Defects: Autism spectrum disorders, Cerebral palsy, Alcohol related birth defects *Mo 360-236-3533*

Botulism (foodborne, wound and infant) *Imm*

Brucellosis (Brucella species) *24h*

Burkholderia mallei (Glanders) and pseudomallei (Meliodosis) *Imm*

Campylobacteriosis *3d*

Chancroid *Imm*

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 24h*

Hepatitis B, surface antigen positive pregnant women *3d*

Hepatitis C, acute & chronic (initial diagnosis only) *3d*

Hepatitis D (acute & 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 unsubtypeable 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*

Pesticide poisoning (hospitalized, fatal, or cluster) *Imm* (pesticide poisoning, all other) *3d 1-800-222-1222*

Plague *Imm*

Polioymelitis *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 (enterohemorrhagic E. coli 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*

Yersinios *24h*

Other rare disease of public health significance *24h*

Unexplained critical illness or death *24h*

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**CODE LEGEND**

<table>
<thead>
<tr>
<th>IMM</th>
<th>Immediately - Requires a phone call to reach a live person at the local health jurisdiction, 24 / 7</th>
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</thead>
<tbody>
<tr>
<td>24h</td>
<td>Within 24 hours - Requires a phone call if reporting after normal public health business hours</td>
</tr>
<tr>
<td>3d</td>
<td>Within 3 business days</td>
</tr>
<tr>
<td>Mo</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**REPORT TO YAKIMA HEALTH DISTRICT**

By FAX  (509) 249-6628
By PHONE  (509) 249-6541 (800) 535-5016 ext 541

Public Health Emergencies:
After business hours  (509) 575-4040 @ prompt #1
During business hours  (509) 952-7976

For more information, please see WAC 246-101 or [http://www.doh.wa.gov/notify](http://www.doh.wa.gov/notify)

Last Updated March 22, 2011

www.yakimapublichealth.org

DOH 210-001 (Rev 2/11)
Notifiable Conditions & Washington’s Health Care Facilities

In accordance with WAC 246-101, the following conditions are notifiable by health care facilities to public health authorities when they occur in or are treated in the health care facility. Contact the local health jurisdiction of the patient’s residence, except for the conditions followed by a reporting phone number. Timeframes for notification are indicated in the footnotes.

Immediately notifiable conditions are indicated in bold should be reported when suspected or confirmed. Hospital laboratories should refer to Notifiable Conditions & Washington’s Laboratories.

- Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) 3d
- Animal bites (when human exposure to rabies is suspected) 3d
- Anthrax 3mm
- Arboviral disease 3d (acute disease only; West Nile virus, dengue, Eastern & Western equine encephalitis, etc)
- Asthma, occupational (suspected or confirmed) Mo 1-888-66SHARP
- Birth Defects 3d: 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
- Botulism 3mm (foodborne, infant and wound) Brucellosis 24h
- Burholderia mallei (Glanders) and pseudomallei (Meliodosis) 3mm
- Campylobacteriosis 3d
- Chancroid 3d
- Chlamydia trachomatis 3d
- Cholera 3mm
- Cryptosporidiosis 3d
- Cyclostomiasis 3d
- Diphtheria 3mm
- Disease of suspected bioterrorism origin 3mm
- Domoic acid poisoning 3mm
- E. coli - Refer to “Shiga toxin producing E. coli” 3mm
- Emerging condition with outbreak potential 3mm
- Giardiasis 3d
- Gonorrhea 3d
- Granuloma inguinale 3d
- Gunshot Wounds Mo 360-236-2867
- Haemophilus influenzae (invasive disease, children < age 5) 3mm
- Hantavirus pulmonary syndrome 24h
- Hepatitis A, acute 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 3d
- Hepatitis E, acute 24h
- HIV infection 3d
- Immunization reactions 3d (severe, adverse)
- Influenza, novel or unsubtypable strain 3mm
- 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 3mm
- Meningococcal disease (invasive) 3mm
- Monkeypox 3mm
- Mumps - acute disease only 24h
- Outbreaks of disease that occur or are treated in the health care facility 3mm
- Outbreaks of suspected foodborne origin 3mm
- Outbreaks of suspected waterborne origin 3mm
- Paralytic shellfish poisoning 3mm
- Pertussis 24h
- Pesticide poisoning (hospitalized, fatal, or cluster) 3mm
- (pesticide poisoning, all other) 3d 1-800-222-1222
- Plague 3mm
- Poliomyelitis 3mm
- Prion disease 3d
- Psittacosis 24th
- Q fever 24h
- Rabies (confirmed human or animal) 3mm
- Rabies, suspected human exposure 3mm
- Relapsing fever (borreliosis) 3d
- Rubella, acute disease only (including congenital) 3mm
- Salmonellosis 24h
- SARS 3mm
- Shiga toxin-producing E. coli infections (enterohemorrhagic E. coli including, but not limited to, E. coli 0157:H7) 3mm
- Shigellosis 24h
- Smallpox 3mm
- Syphilis 3d (including congenital)
- Tetanus 3d
- Trichinosis 3d
- Tuberculosis 3mm
- Tularemia 3mm
- Vaccinia transmission 3mm
- Vancomycin-resistant Staphylococcus aureus 24h
- Varicella-associated death 3d
- Vibriosis 24h
- Viral hemorrhagic fever 3mm
- Yellow fever 3mm
- Yersiniosis 24h
- Other rare disease of public health significance 24h
- Unexplained critical illness or death 24h

CODE LEGEND

3mm Immediately - Requires a phone call to reach a live person at the local health jurisdiction, 24 / 7
24h Within 24 hours - Requires a phone call if reporting after normal public health business hours
3d Within 3 business days
Mo Monthly

REPORT TO YAKIMA HEALTH DISTRICT

By FAX (509) 249-6628
By PHONE (509) 249-6541 (800) 535-5016 ext 541
Public Health Emergencies:
After business hours (509) 575-4040 @ prompt #1
During business hours (509) 952-7976

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

Yakima Public Health
Last Updated March 22, 2011
www.yakimapublichealth.org

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 level (elevated) 2d &i
Blood level (non-elevated) Mo &i
Bordetella pertussis (Pertussis) 24h *
Borreliella burgdorferi (Lyme disease) 2d *
Borreliella 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
(509) 236-3591
Chlamydia psittaci (Psittacosis) 24h *
Chlamydia trachomatis 2d *
Clostridium botulinum (Botulism) Imm *
Corynebacterium diphtheria (Diphtheria) Imm *
Coxiella burnetii (Q fever) 24h *
Cryptococcus non v.neofor mans 2d *
Cryptosporidium (Cryptosporidiosis) 2d *
Cyclospora cayetanensis (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 &i
(II viral load detection test results - detectable and undetectable)
Influenza virus, novel or unsubtypable 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 *
Mycoplasma pneumoniae (Tuberculosis) 2d &ii @
Neisseria gonorrhoeae (Gonorrhea) 2d *
Neisseria meningitidis (Meningococcal disease) Imm *
Plasmodium species (Malaria) 2d *
Poliomyelitis 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 0157:H7)
Shigella species (Shigellosis) 24h *
Treponema pallidum (Syphilis) 2d *
Trichinella species 2d *
Vancomycin-resistant Staphylococcus aureus 24h *
Vibriosis virus (smallpox) Imm *
Vibrio cholerae 01 or 0139 (Cholera) Imm *
Vibrio species (Vibriosis) 24h *
Viral hemorrhagic fever Imm *
Arenaviruses, Bunyaviruses, Filoviruses, Flaviviruses
Yellow fever virecs Imm *
Yersinia enterocolitica or pseudotuberculosis 24h *
Yersinia pestis (Plague) Imm *

CODE LEGEND

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imm</td>
<td>Immediately notifiable</td>
</tr>
<tr>
<td>24h</td>
<td>Notifiable within 24 hours</td>
</tr>
<tr>
<td>2d</td>
<td>Notifiable within 2 business days</td>
</tr>
<tr>
<td>Mo</td>
<td>Notifiable on a monthly basis</td>
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<tr>
<td>*</td>
<td>Notifiable to the local health jurisdiction of the patient’s residence</td>
</tr>
<tr>
<td>&amp;i</td>
<td>Notifiable to DOH Lead Program</td>
</tr>
<tr>
<td>&amp;ii</td>
<td>Notifiable to DOH IDRH Assessment</td>
</tr>
<tr>
<td>@</td>
<td>Antibiotic sensitivity testing (first isolates only)</td>
</tr>
<tr>
<td>360-236-3359</td>
<td>Notifiable to DOH TB Reporting Line</td>
</tr>
<tr>
<td>360-236-3397</td>
<td>Or TB Reporting Fax Line</td>
</tr>
</tbody>
</table>

For more information, please see WAC 246-101 or [http://www.doh.wa.gov/notify/forms/](http://www.doh.wa.gov/notify/forms/)

Updated March 25, 2011

www.yakimapublichealth.org

DOH 210-002 (Rev 2/11)