

# Laboratories

Notifiable to the local health jurisdiction (LHJ) of the patient's residence unless otherwise designated



If Whitman County or unknown please call or fax per requirements below:

Fax – 509.397.6239  
Pullman Office – 509.332.6752  
Colfax Office – 509.397.6280  
On-Duty WCPH Officer – 509.595.4834

If patient residence is not Whitman County, please notify the LHJ of the health care provider that ordered the diagnostic test

## LEGEND

- Notify Immediately**  
Requires a phone call to reach a live person at the LHJ, 24/7
- Report deidentified negative screening result at least annually**
- Notify within 24 hours**  
Requires phone call if reporting after normal business hours
- Specimen submission to the Public Health Laboratories required (upon request for all others)**
- Notify within 2 business days**
- Call Public Health Lab to ensure regulations are met (206-418-5562)**
- Notify within 30 days**

## BACTERIA














- Anaplasma species (Anaplasmosis)*
- Bacillus anthracis (Anthrax)*
- Bacillus cereus, biovar anthracis only*
- Bordetella pertussis (Pertussis)*
- Borrelia burgdorferi or Borrelia mayonii (Lyme disease)*
- Borrelia hermsii, B. parkeri, B. turicatae, B. miyamotoi, or B. recurrentis (Relapsing fever, tick or louse-borne)*
- Brucella species (Brucellosis)*
- Burkholderia mallei (Glanders)*
- Burkholderia pseudomallei (Melioidosis)*
- Carbapenem-resistant Enterobacteriaceae (CRE)*
- Campylobacter species (Campylobacteriosis)*
- Chlamydia psittaci (Psittacosis)*
- Chlamydia trachomatis (4)*
- Clostridium botulinum (Botulism)*
- Corynebacterium diphtheriae (Diphtheria)*
- Coxiella burnetii (Q fever)*
- E. coli – Refer to "Shiga toxin-producing E. coli"*
- Ehrlichia species*
- Francisella tularensis (Tularemia)*
- Haemophilus influenzae (children < 5 years of age)*
- Legionella species (Legionellosis)*
- Leptospira species (Leptospirosis)*
- Listeria monocytogenes*
- Neisseria gonorrhoeae (Gonorrhea) (4)*
- Neisseria meningitidis (Meningococcal disease)*
- Rickettsia species including, but not limited to:*
  - Rickettsia rickettsii*
  - Rickettsia africae*
  - Rickettsia conorii*
  - Rickettsia typhi*
  - Rickettsia parkeri*
  - Rickettsia philipii*
- Salmonella species (Salmonellosis, typhoid fever)*
- Shiga toxin-producing E. coli /enterohemorrhagic E. coli (STEC)*
- Shigella species (Shigellosis)*
- Treponema pallidum (Syphilis) (4)*
- Vancomycin-resistant Staphylococcus aureus*
- Vibrio cholerae O1 or O139 (Cholera)*
- Vibrio species (Vibriosis) not including Vibrio cholerae O1 or O139 (Cholera)*
- Yersinia enterocolitica, Y. pseudotuberculosis, Y. intermedia, Y. fredericksonii, or Y. kristensenii (Yersiniosis)*
- Yersinia pestis (Plague)*

## VIRUSES









- Arboviruses, acute, (California serogroup viruses, Chikungunya virus, Dengue virus, Eastern and western equine encephalitis virus, Japanese encephalitis virus, La Crosse encephalitis virus, Powassan virus, St. Louis encephalitis virus, West Nile virus, Zika virus)*
- Coronavirus (SARS-associated Coronavirus, MERS-associated Coronavirus, Novel Coronavirus [SARS-Cov-2]) (3)*
- Hantavirus including, but not limited to: Andes virus, Bayou virus, Black Creek Canal virus, Dobrava-Belgrade virus, Hantaan virus, Seoul virus, Sin nombre virus*
- Hepatitis A virus*
- Hepatitis B virus (1)*
- Hepatitis C virus (1) (3) (5)*
- Hepatitis D virus*
- Hepatitis E virus*
- Influenza virus, novel or unsubtypable strain*
- Measles virus – See "Rubeola (Measles virus)"*
- Mumps virus*
- Poliovirus (Poliomyelitis)*
- Rabies virus*
- Rubella*
- Rubeola (Measles virus)*
- Vaccinia [Submit specimen collected from a suspect case immediately]*
- Variola virus (Smallpox) [Submit specimen collected from a suspect case immediately]*
- Viral hemorrhagic fever (Crimean-Congo virus, Ebola virus, Guanarito virus, Junin virus, Lassa virus, Lujo virus, Machupo virus, Marburg virus, Sabia virus)*
- Yellow Fever Virus*

# DOH NOTIFIABLE CONDITIONS | Laboratories

## PARASITES

-   Amebic meningitis
-  Babesia species (Babesiosis)
-   Baylisascaris (Baylisascariasis)
-  Cryptosporidium (Cryptosporidiosis)
-  Cyclospora cayetanensis (Cyclosporiasis)
-  Echinococcus granulosus or E.multilocularis (Echinococcosis)
-  Giardia duodenalis, G. lamblia, G. intestinalis (Giardiasis)
-  Plasmodium species (Malaria)
-  Taenia solium (Taeniasis or Cysticercosis)
-  Trichinella species (Trichinellosis)
-  Trypanosoma cruzi (Chagas disease)

## FUNGI








-   Candida auris
-   Coccidioides (Coccidioidomycosis)
-   Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)
-   Histoplasma capsulatum (histoplasmosis)

## OTHER

-   Human prion disease

## NOTIFIABLE TO DEPARTMENT OF HEALTH (DOH)

### Condition:

-  Blood lead level (elevated:  $\geq 5\mu\text{g}/\text{dL}$ ) (2) (3)
-  Blood lead level (non-elevated:  $< 5\mu\text{g}/\text{dL}$ ) (2) (3)
-  CD4 + count 1, or CD4 + percent 2, or both (patients aged thirteen or older)\*
-   Human immunodeficiency virus (HIV)\* (for example, positive antibody and antigen tests and all NAAT tests) (3) (5)
-   Mycobacterium tuberculosis complex (Tuberculosis)

\* Notify DOH (except King County where this is notifiable to LHJ)

### Notifiable to:

DOH Lead Program: **360-236-4280**

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DOH Office of Infectious Disease: **360-236-3464**

DOH Tuberculosis Program – Fax: **206-364-1060**

DOH Office of Infectious Disease: **360-236-3464**

The conditions listed above are notifiable to public health authorities in Washington in accordance with 246-101. The following information is required when reporting a condition that occurs in or is treated by health care providers/facilities:

**Patient's: first and last name, physical address including zip code, date of birth, sex, ethnicity, race, preferred language, best contact telephone number; requesting healthcare provider's name, requesting health care provider's phone number, address where patient received care, name of submitting laboratory, telephone number of submitting laboratory, specimen type, specimen collection date, date laboratory received specimen, test method used, and test result.**

(1) For positive hepatitis B or hepatitis C result, if available: Pregnancy status, Hepatocellular enzyme levels (e.g., ALT, total bilirubin), and/or Negative result for IgM anti-HBc. (For positive HCV: Negative result for IgM anti-HAV, as well).

(2) For blood lead level, Medicaid status of patient less than seventy two months of age.

(3) Includes rapid screening test (RST) results for HIV, hepatitis c virus, blood lead level and COVID.

(4) For Chlamydia trachomatis, HIV, Neisseria gonorrhoeae (gonorrhea), and Treponema pallidum (syphilis) as follows: Both positive and indeterminate results by any method.

(5) Includes non-positive/undetectable NAT/NAAT and genotype tests for HIV and hepatitis C virus.

Per WAC 246-101-225(2), The local health officer or the state health officer may request additional information of epidemiological or public health value when conducting a case investigation or otherwise for prevention and control of a specific notifiable condition.

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

Information was adapted from WADOH's Notifiable Conditions: [doh.wa.gov/public-health-provider-resources/notifiable-conditions/list-notifiable-conditions](https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/list-notifiable-conditions)