



Health Care Providers & Facilities

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



Laboratory Confirmation Required Before Submitting Case Report



Notifiable to Department of Health
1.877.539.4344

IMMEDIATELY NOTIFIABLE

Requires a phone call to reach a live person at the local health jurisdiction, 24/7.
Must be reported as soon as clinically suspected.

Amebic meningitis



Anthrax (Bacillus Anthracis and confirmed Bacillus cereus biovar anthracis only - Do not report all Bacillus cereus)

Botulism, foodborne, infant, and wound



Cholera (Vibrio cholerae O1 or O139)

Coronavirus infection (severe communicable)



SARS-associated coronavirus
MERS-associated coronavirus
Novel coronavirus (COVID-19)

Diphtheria

Domoic acid poisoning

E. coli (See "Shiga toxin-producing E. coli")



Glanders (Burkholderia mallei)



Haemophilus influenzae (invasive disease, children under 5 years of age)

Influenza, novel or unsubtypeable strain

Measles (Rubeola) - Acute disease only



Melioidosis (Burkholderia pseudomallei)

Meningococcal disease, invasive

Monkeypox (Mpox)

Outbreaks and suspected outbreaks

Paralytic shellfish poisoning



Pesticide poisoning (hospitalized, fatal, or cluster):
1- 800 -222-1222

Plague

Poliomyelitis



Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases)

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)

Rubella, acute disease only (including congenital rubella syndrome)



Shiga toxin-producing E. coli (STEC) infections/enterohemorrhagic E. coli infections

Indication to call early hospital administration due to severe illness or known exposure to STEC

Smallpox

Tularemia

Vaccinia transmission

Viral hemorrhagic fever

Yellow fever

NOTIFIABLE WITHIN 24 HOURS

Requires a phone call if reporting after normal public health business hours.

Baylisascariasis

Brucellosis

Candida auris infection or colonization

Hantaviral infection



Hepatitis A (acute infection)



Hepatitis B (acute infection)*



Hepatitis C (acute infection)



Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases



Hepatitis D (acute and chronic infection)



Hepatitis E (acute infection)

Legionellosis

Leptospirosis

Listeriosis

Mumps, acute disease only

Pertussis Psittacosis

Q Fever

Salmonellosis

Shigellosis

Tuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment)



Vancomycin-resistant Staphylococcus aureus (not to include vancomycin-intermediate)



Vibriosis (Vibrio species not including Vibrio cholerae O1 or O139)

Yersiniosis

Unexplained critical illness or death

DOH NOTIFIABLE CONDITIONS | Health Care Providers & Facilities

NOTIFIABLE WITHIN 3 BUSINESS DAYS

Acquired immunodeficiency syndrome (AIDS)
Notifiable to: DOH (for facilities) and LHJ (for providers)


Anaplasmosis

Arboviral disease (acute disease only) including, but not limited to:

- Chikungunya
- Dengue
- Eastern and western equine encephalitis
- Japanese encephalitis
- La Crosse encephalitis
- Powassan virus infection
- St. Louis encephalitis
- West Nile virus infection
- Zika virus infection
- See also "Yellow fever"

Babesiosis

Campylobacteriosis


 Carbapenem-resistant Enterobacteriaceae infections limited to:
Klebsiella species
E. coli
Enterobacter species

Chagas disease

Chancroid

 Chlamydia trachomatis infection

Coccidioidomycosis

 Cryptococcus gattii or undifferentiated Cryptococcus species (i.e., Cryptococcus not identified as C. neoformans)

Cryptosporidiosis

Cyclosporiasis

Cysticercosis

Echinococcosis

Ehrlichiosis

Giardiasis

Gonorrhea

Granuloma inguinale

 Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)*

 Hepatitis B (chronic infection) – Initial diagnosis, and previously unreported prevalent cases*

 Hepatitis B (perinatal) – Initial diagnosis, and previously unreported cases*

 Hepatitis C (chronic infection)

Herpes simplex, neonatal and genital (initial infection only)
(Providers)

Histoplasmosis

Human immunodeficiency virus (HIV) infection

Human prion disease

 Influenza-associated death (laboratory confirmed)

Lyme disease

Lymphogranuloma venereum

Malaria

 Pesticide poisoning (all other)

Relapsing fever (borreliosis)

Rickettsia infection

Serious adverse reactions to immunizations

Syphilis

Taeniasis


Tetanus

Tick paralysis

Trichinosis Typhus


Varicella-associated death


NOTIFIABLE WITHIN 30 BUSINESS DAYS


 Birth defects (Alcohol-related, Autism spectrum disorders and Cerebral palsy)


Cancer (See chapter 246-102 WAC)
wscr@doh.wa.gov

Facilities Only

 Birth defects – Abdominal wall defects (inclusive of gastroschisis and omphalocele)

 Birth defects (Down syndrome, Hypospadias and Limb reductions)

 Birth defects – Neural tube defects (inclusive of anencephaly and spina bifida)

 Birth defects – Oral clefts (inclusive of cleft lip with/without cleft palate)
Gunshot wounds (nonfatal)

For birth defects listed above, call 360 -236 -3533

Notifiable to L&I – 360-902-5669

Asthma, occupational
Hypersensitivity pneumonitis, occupational
Silicosis

RAPID SCREENING TESTS

Providers and facilities performing blood lead level RST shall report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.

Blood lead level**
RST results (See WAC 246-101-200)

Coronavirus infection (severe communicable)
Novel coronavirus (COVID-19)
RST results (See WAC 246-101-200)

Hepatitis C (acute infection)
RST results (See WAC 246-101-200)

Hepatitis C (chronic infection)
RST results (See WAC 246-101-200)

Human immunodeficiency virus (HIV) infection
RST results (See WAC 246-101-200)

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

*For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patient twelve to fifty years of age

**For blood lead level, Medicaid status of patient less than seventy-two months of age

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



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.