

epiTRENDS

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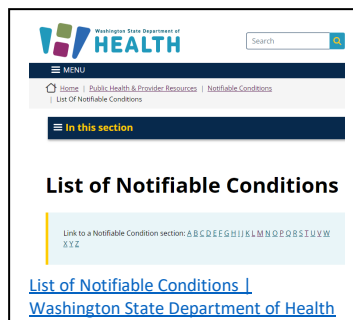
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Notifiable Conditions in Washington

Notifiable condition reporting is regulated at the state or local level. National and international lists of conditions are recommendations rather than requirements. Like other states, Washington's notifiable conditions list includes most but not all of the conditions recommended for national as well as international reporting.

Notifiable Conditions

Communicable conditions are made notifiable to track cases with the ultimate goal of preventing additional cases. Notifiable conditions may possess a combination of contagiousness, severity, or frequency. Various reasons for mandated reporting may include: to identify exposed or contagious persons for treatment, prophylaxis, or restriction of activities; to identify and remove a source of exposure such as a contaminated food item; to detect an outbreak; or to expedite testing only available through public health. Conditions that are never or are only rarely transmitted within the United States may be included as notifiable so that each case can thoroughly investigated for the source of exposure, for example a single case of anthrax.



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One representative from each state or territory has a vote at the annual meeting of the Council of State and Territorial Epidemiologists on proposed changes to the recommended nationally notifiable conditions, whether adding or deleting conditions or changing criteria for case definitions. Conditions are formally adopted in January at the beginning of a reporting year. The Centers for Disease Control and Prevention (CDC) maintains the National Notifiable Diseases Surveillance System (NNDSS) which includes a list of the conditions and case definitions. State reporting of cases to CDC, typically with identifiers removed, is voluntary.

The Washington State Board of Health conducts rulemaking addressing reporting of notifiable conditions required for healthcare providers, healthcare facilities, and clinical laboratories. The Washington State Department of Health (DOH) can propose changes. The process in this state must engage the public in rule development and also must consider the impact of the rules on small businesses. In addition to Board of Health rules, either DOH or local health officers can declare other reporting requirements during emergency situations such as when there is an emerging condition, as was done for the 2009 H1N1 pandemic and for SARS-CoV-2.

Board of Health does hereby declare the following diseases reportable by telegraph or telephone immediately upon diagnosis:	
1. Anthrax	9. Meningococcus meningitis—W
2. CHOLERA	10. PLAGUE
3. DIPHTHERIA	11. Poliomyelitis—W
4. Encephalitis, infectious—W	12. Psittacosis—W
5. Food infections and poisonings	13. Rocky Mountain spotted fever
6. Glanders	14. TYPHUS FEVER
7. Gonorrhoe; 1 Ophthalmia	15. Yellow fever—W
8. Leprosy—W	
The State Board of Health does hereby declare the following diseases dangerous to public health and they are hereby, according to law, strictly reportable within twenty-four hours, on proper blanks to the jurisdictional health officer.	
Reportable Diseases	
16. Actinomycosis	40. Mumps—W
17. Ancylostomiasis	41. Pneumonia, acute lobar
18. Ascariasis	42. Puerperal infection
19. Avitaminosis	43. Rabies (Human)
20. Chancroid	44. Rat-bite fever
21. Chicken pox—W	45. Relapsing fever
22. Coccidioidal granuloma	46. Ring worm
23. Conjunctivitis, acute infectious	47. SCARLET FEVER
24. Dengue—W	48. Schistosomiasis
25. Dysentery, amebic	49. Septic sore throat—W
26. Dysentery, bacillary	50. Silicosis
27. Echinococcus	51. SMALLPOX
28. Enterocolitis	52. Syphilis
29. Erysipelas	53. Tetanus
30. Favus	54. Trachoma
31. Filariasis	55. Trichinosis
32. German measles	56. Tuberculosis, pulmonary
33. Gonorrhoea	57. Tuberculosis, other than pulmonary
34. Ictero-hemorrhagic jaundice	58. Tularemia
35. Impetigo contagiosa	59. Typhoid fever group—W
36. Influenza	60. Undulant fever
37. Lymphogranuloma venereum	61. Vincent's infection—W
38. Malaria	62. Whooping cough—W
39. Measles—W	
Washington State Board of Health, 1939	

Notifiable conditions reporting has changed over time, with modifications of both conditions and urgency of reporting. The 1939 list for Washington required immediate reporting “by telegraph or telephone” of 15 conditions including anthrax, diphtheria [*sic*], glanders, influenza leprosy, and typhus fever. Disease reporting within 24 hours applied to ancylostomiasis (hookworm), scarlet fever, smallpox, puerperal infection (childbed fever), schistosomiasis, and favus (severe ringworm). Diseases listed with capital letters required isolation of the infected person.

Laboratory assays were limited in 1939. Lacking specific distinguishing tests, viral hepatitis cases were grouped under reporting of inter-hemorrhagic jaundice. All acute pneumonias were reported as a single entity.

The categories dysentery (amebic and bacillary) and enterocolitis would likely have included multiple viral, bacterial, and parasitic causes of diarrhea. Of interest, coccidioidomycosis (Valley fever) and echinococcus were both originally included, were later dropped from Washington’s requirements because of no endemic cases, and then were recently added as notifiable.

Additional Conditions Notifiable in Washington

There are conditions notifiable in Washington that do not occur on the national list. Some of these conditions are rare diseases that are geographically limited (e.g., shellfish poisoning [paralytic, domoic, diarrhetic], tick paralysis, baylisascariasis). Other diseases such as Chagas disease and echinococcosis are expected to result from exposures outside of the state, but these conditions have been rarely identified in other areas of the United States; surveillance allows identification of possible exposures within the country or Washington which would prompt further investigation.

In addition to reporting hepatitis B and C, other viral hepatitis cases in Washington that must be reported include hepatitis D and hepatitis E, as well as reporting each pregnancy for a person with hepatitis B virus, whether acute or more typically chronic infection. Yersiniosis is included as reportable in Washington although not nationally, with over 100 cases reported some years, and the interest may reflect a large outbreak in 1982 associated with contaminated tofu. Also reportable are vaccinia transmission, which has been transmitted from military personnel receiving the vaccine against smallpox to their close contacts, a severe reaction to any vaccine, and all rickettsioses.

National Conditions Not Notifiable in Washington

At the decision of the State Epidemiologist, a condition newly added to the national recommended list may not be proposed to the Washington State Board of Health for addition as notifiable in Washington. The State Epidemiologist can also suggest that a condition already on the state's list be dropped. Reasons for not including a condition listed nationally include: absence of cases or of the agent in Washington, lack of risk to others (either from the initial source or through person-to-person transmission) so without indication for public health actions, or a large reporting burden without a clear public health gain. Some conditions not currently notifiable, such as invasive *Cronobacter* among infants and alpha-gal syndrome (allergy to red meat associated with bites from certain ticks), will potentially be proposed for addition to the state's list at the next revision.

Conditions with national case definitions not currently notifiable in Washington

Alpha-gal syndrome
Amebiasis
Blastomycosis
Chickenpox
Congenital CMV
Congenital toxoplasmosis
Hansen disease (leprosy)
Hemolytic uremic syndrome
Invasive *Cronobacter* among infants
Invasive group A streptococcal infection
Invasive pneumococcal disease
Kawasaki disease
Toxic shock syndrome (including streptococcal)
Vancomycin-intermediate *Staphylococcus aureus*

Notifiable conditions reporting is intended to improve the public's health. In Washington the local health jurisdictions have authority over public health surveillance and disease control. Prompt reporting of cases or outbreaks by healthcare providers, healthcare facilities, and clinical laboratories can expedite investigations and interventions to prevent additional cases.

Resources

Washington notifiable conditions: <https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/list-notifiable-conditions>

Washington notifiable conditions regulation (Washington Administrative Code 246-101: <https://apps.leg.wa.gov/wac/default.aspx?cite=246-101>

Washington communicable disease annual summaries: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports>

Washington's local health jurisdictions: <https://doh.wa.gov/about-us/washingtons-public-health-system/washington-state-local-health-jurisdictions>

National Notifiable Diseases Surveillance System: <https://www.cdc.gov/nndss/>

NNDSS guidance for determining residency when reporting notifiable conditions: <https://ndc.services.cdc.gov/wp-content/uploads/2021/02/11-SI-04.pdf>