



Date: November 9, 2020

To: Washington State Board of Health Members

From: John Wiesman, DrPH, MPH, Secretary of Health

Subject: Chapter 246-101 WAC – Notification and Reporting Requirements of Novel Coronavirus (SARS-CoV-2)

Background and Summary:

Novel Coronavirus (SARS-CoV-2), also known as Coronavirus Disease 2019 (COVID-19), is a respiratory illness caused by a new or “novel” coronavirus that was not identified in humans before December 2019. The first confirmed case of COVID-19 reported in the United States was in Washington State in January 2020. Since that time, there have been more than 8.6 million confirmed cases reported in the United States.¹

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law by President Trump on March 27, 2020, is intended to address the economic effects of the COVID-19 pandemic. Included in the law is a requirement for every laboratory that performs or analyzes a test intended to detect or diagnose a possible case of COVID-19 to report the results to the U.S. Department of Health and Human Services (HHS) through existing reporting channels through state and local public health departments until the end of the public health emergency declaration.

On June 4, 2020, HHS released guidance that specifies the additional data that must be reported by laboratories along with COVID-19 test results. Of these requirements, demographic information such as the patient’s age, race, ethnicity, and sex must be collected and reported to state or local public health departments using existing reporting channels in accordance with state law or policies. The guidance standardizes reporting to ensure that public health officials have access to comprehensive and nearly real-time data to inform decision-making in their response to COVID-19.

The Board has the authority under RCW 43.20.050(f) to adopt rules for the prevention and control of infectious and noninfectious diseases, as well as authority to adopt rules that govern reporting information that is necessary for public health officials to protect the public's health by tracking communicable diseases and other conditions.

On July 30, 2020, the State Board of Health (Board) adopted an emergency rule that explicitly designates COVID-19 as a notifiable condition and requires health care providers, health care facilities, and laboratories to report demographic data with COVID-19 test results. This emergency rule expires on November 28, 2020.

The Board’s emergency rule contains additional reporting requirements that go beyond HHS’s June 4, 2020 guidance. These include: the patient’s complete contact information, including the phone number of the patient’s emergency contact; the

¹ Centers for Disease Control and Prevention, [CDC COVID Data Tracker](#), October 27, 2020

patient's race and ethnicity, using disaggregated reporting categories; the patient's primary language; and responses to "ask on order entry" questions. These requirements are essential to curb the pandemic, protect public health, and promote equity.

Complete demographic information is key to understanding which communities are impacted by the pandemic. Per the Department of Health (Department), race and ethnicity data is unknown for 33 percent of confirmed COVID-19 cases and 30 percent of hospitalizations.² Understanding which specific groups are being disproportionately impacted also enables public health to build partnerships with community-based organizations to develop community-led prevention strategies. Primary language assists in outreach and prevention strategies and helps assure that contact tracing and case investigation are conducted in the appropriate language. Access to the patient's emergency contact phone number can help contact tracing efforts in the event the patient's phone number is incorrect or disconnected.

After adoption of the emergency rule, the Department experienced unforeseen staffing changes as well as system limitations that prevented full implementation of the emergency rule requirements. The collection of data components outside of what is federally required (as described in the June 4, 2020 HHS guidance), including detailed race, ethnicity, and language data, as well as the patient's emergency contact information, is not feasible at this time.

While we are unable to implement all provisions of the emergency rule, I believe we must continue to designate COVID-19 as a notifiable condition and maintain reporting requirements consistent with HHS guidance. The requirement to report these data with COVID-19 test results will continue to enable the public health system to accurately determine the burden of infection on vulnerable groups and identify appropriate public health interventions.

Therefore, I recommend the Board adopt a revised, second emergency rule to continue compliance with the CARES Act to help assure that demographic and other essential data is reported by health care providers, health care facilities, laboratories, and local health jurisdictions. I believe the immediate adoption of this rule is necessary for the preservation of the public health, safety and general welfare of the State of Washington.

I have invited Kaitlyn Donahoe, Policy Advisor to the Board, to provide a summary of the proposed revisions to the emergency rule.

Recommended Board Action:

The Board may wish to consider, amend if necessary, and adopt the following motion:

The Board adopts a second emergency rule to extend the designation COVID-19 as a notifiable condition and require health care providers, health care facilities, laboratories, and local health jurisdictions to report demographic and other essential data for COVID-19 cases in accordance with the CARES Act and subsequent HHS guidance. The

² Washington State Department of Health, [COVID-19 Data Dashboard](#), October 27, 2020

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Board directs staff to file a second CR-103E to extend WAC 246-101-017 without lapse, effective on November 29, 2020.

Staff

Kaitlyn Donahoe

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