Washington State Board of Health

Briefing: Chapter 246-101, Notifiable Conditions

January 13, 2021
Overview

• Background
• Rule Development
• Draft Rules
• Next Steps
Background
Notifiable Conditions; Rulemaking Timeline
Purpose of Notifiable Conditions Reporting

• Key public health tool
• Identify outbreaks and clusters early
  o Examples: measles, mumps, pertussis, hepatitis
• Case investigations and contact tracing
• Data-driven policy decisions

Image Source: https://www.sciencenews.org/article/ticks-lyme-disease-testing-new-approaches
Types of Notifiable Conditions

- Diseases that spread from person to person
- Diseases that spread from animals or insects to humans
- Diseases that are noncommunicable (e.g., caused by environmental exposures)
Primary Reporters

- Laboratories
- Health Care Providers
- Health Care Facilities
- Local Health Jurisdictions

Complex system of information flow
Chapter 246-101 WAC Rulemaking Timeline

May 2018: Pre-Proposal Statement of Inquiry (CR-101) Filed*

Rule Development, Partner Engagement, TAC Meetings, Informal Comment

March 2020: Proposed Rulemaking (CR-102) Filed

Formal Public Comment Period

April 2020: Public Hearing; Board Delays Decision to Adopt Rule

June 2020: Supplemental CR-102 Filed

Formal Public Comment Period

August 2020: Public Hearing; Board Delays Decision to Adopt Rule

November 2020: Board Directs Staff to Include Race, Ethnicity, and Language

December 2020: Supplemental CR-102 Withdrawn; Informal Comment

January 2021: Board Briefing

*Original CR-101 filed in April 2017; current CR-101 filed in May 2018 after internal work with subject matter experts.
Rule Development
Partner Engagement & Collaboration
Early Collaboration

- Department of Agriculture
- Department of Labor & Industries
- Technical Advisory Committee
- WSALPHO, Communicable Disease Leadership Committee
- Local Health Officers
- American Indian Health Commission
- Informal Comment
Formal Public Comment

Requested reportable data components:

• Race
• Ethnicity
• Primary Language
• Gender Identity
• Sexual Orientation
• Disability Status
Information & Listening Sessions: Key Insights

Session #1 (October)

• Importance of using disaggregated data
• Inclusion of sexual orientation, gender identity, and disability status
• Guidance to staff, community partner priorities

Session #2 (December)

• Feedback on draft race, ethnicity, and language reporting categories
• Inclusion of various additional demographic variables
Informal Comment

• Interested parties lists
• Health care providers & facilities licensed by DOH & DSHS
• Licensed laboratories
• Local health jurisdictions
• State agencies impacted by rules

Chapter 246-101 WAC outlines requirements for reporting information that is necessary for public health officials to protect the public’s health by tracking communicable diseases and other conditions.

We are seeking feedback on the current working draft of the rule language for the Notifiable Conditions chapter. Review the draft rule (document also attached). Email Kaitlyn Donahoe with comments on the draft rule by Friday, December 18, 2020.

More information can be found on the Board’s rulemaking web page. Please feel free to share this working draft with others. For more information on the Notifiable Conditions rule email Kaitlyn Donahoe, State Board of Health Policy Advisor, or call 360-584-6737.

Thank you,

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Cost Surveys

- Health Care Providers & Facilities
- Laboratories
- Enhanced Service Facilities
Draft Rules

Summary of Key Proposed Revisions
Key Proposed Revisions

New Conditions

• 74 conditions added or modified
• Removed “other rare diseases of public health significance” and “disease of suspected bioterrorism origin”

Existing Conditions

• Revised notification timeframes
• Narrowed test results for laboratories
• Clarified specimen submission requirements
• De-identified negatives for five conditions
Key Proposed Revisions (continued)

**Administrative Changes**

- Consistent data components and means of notification between reporters (no hand-written or mailed reports)
- Test results for out of state patients to Department of Health

**Department of Agriculture**

- Removed requirements for veterinarians
- State Department of Agriculture requirements added
- Consultation between Department of Health and Department of Agriculture
Key Proposed Revisions (continued)

Local Health Jurisdictions

• Washington Disease Reporting System (WDRS)
• Added 24-hour phone number
• Added immediately notifiable conditions and 3-day response for all other conditions
• Added 3-day response for cases that do not need investigation
• Local Health Officer diagnosis confirmation
Additional Proposed Revisions (June 2020)

- Inclusion of SARS-CoV-2 (COVID-19)
- Inclusion of patient race and ethnicity reporting
- Other administrative changes and clarifications
Additional Proposed Revisions (December 2020)

• Description of reporting categories for patient race and ethnicity
• Addition of patient preferred language reporting
• Additions consistent with COVID-19 Emergency Rule
  • Reporting by Enhanced Service Facilities (all conditions)
  • Reporting by Department of Agriculture (COVID-19)
• Further editorial changes for clarity/usability
  • Definitions for animal case report, case report, laboratory report, investigation report, and outbreak report
• Revisions consistent with statutory changes in ESHB 1551 (2020; STD Modernization)
Draft Rules

Feedback & Considerations
Informal Comment Feedback

- Continued refinement of race, ethnicity, preferred language reporting categories
- Feedback specific to SARS-CoV-2 (COVID-19)
- Feedback related to isolation & quarantine definitions
- Supplemental cost survey results
- Editorial changes for clarity
Continued Requests for Additional Demographic Data

- Sexual Orientation
- Gender Identity
- Disability Status
- Housing Status
- Tribal Affiliation
- Birth Country
- Veteran Status
- Occupation
Community Health Board Coalition Demands

1: Add question about patient’s birthplace

Where were you (patient) born?

2: Add question about patient’s indigenous identity

Do you (patient) have ties or relationship to an indigenous tribe or community?

- Cambodian/Khmer
- Cham
- Marshallese
- Middle Eastern
- North African
- Oromo
- Other (specify)

3: Add the following race categories

- Cambodian/Khmer
- Cham
- Marshallese
- Middle Eastern
- North African
- Oromo
- Other (specify)

4: Add the following language categories

- Cambodian/Khmer
- Chuukese
- Fijian
- Kosraean
- Marshallese
- Oromo
- Samoan
- Swahili
- Other (specify)

5: Add questions about patient’s housing

- Do you (patient) live in a multi-generational home?
- How many people live in your (patient) home including yourself?
- How many bedrooms does your (patient) home have?
Considerations

- Lack of state & national data standards
- Data system limitations & implementation requirements
- Understanding where data should be collected and how
- Need for Tribal consultation & coordination
- Understanding how this data can be protected
- Staff and partner resources
- Need for community-informed process
Next Steps
Next Steps

January 2021:
Board Briefing

February 2021:
Anticipated CR-102 Filing;
Formal Public Comment Period

March 2021:
Anticipated Rules Hearing
THANK YOU

To request this document in an alternate format, please contact Kelie Kahler, Washington State Board of Health Communication Manager, at 360-236-4102, or by email at kelie.kahler@sboh.wa.gov. TTY users can dial 711.
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