

**Donahoe, Kaitlyn N (SBOH)**

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**From:** Susan O'Neil <susone@gmail.com>  
**Sent:** Saturday, February 27, 2021 12:06 AM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** proposed changes

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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External Email

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To Whom This May Concern,

Recently I have become aware of the BOH desire to make changes to the Notifiable Conditions list. It is apparent that these desired changes are being made to create an opportunity to use legalese to further reduce or eliminate citizens liberties related to the COVID so called "pandemic".

Corona virus Sars2, is completely a treatable condition with therapeutics modalities. Experts agree that the PCR test mistakenly used to diagnose the viral condition is flawed and known to produce false positives.

It's up to you.....stop these changes now or face criminal charges and imprisonment later.

Sincerely yours,

--

Susan O'Neil  
1212 Queen Anne Ave N

Seattle, WA

206-679-0211

## Donahoe, Kaitlyn N (SBOH)

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**From:** Rebecca Oshiro <rebecca.oshiro@protonmail.com>  
**Sent:** Friday, February 26, 2021 11:59 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** COVID as reportable

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Hello,

I am very concerned about the proposed addition of COVID-19 cases as a permanently reportable illness. Among other things, it provides for the inclusion of "suspected" cases in to the total case count, redefining a "case" solely from PCR testing, which has been proven to be faulty and generates an enormous amount of false positive results, and changing the definition of "quarantine" to "limitation of freedom of movement of persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent . . . In a way to prevent effective contact with those not exposed."

If we are to have legitimate data on which to base decisions and policies, words like "suspected" have no place in case definitions. The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated. This could lead to the involuntary quarantine of healthy people who test "positive" with the useless PCR tests and even people not tested for the virus who are deemed "suspected cases".

Please reconsider this proposed change.

Thank you,  
Rebecca Oshiro

Sent with [ProtonMail](#) Secure Email.

## Donahoe, Kaitlyn N (SBOH)

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**From:** Lizzy Overlund <loverlund@gmail.com>  
**Sent:** Thursday, February 25, 2021 10:00 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Proposed Changes to Notifiable Conditions reporting

**Follow Up Flag:** Follow up  
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### External Email

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Team,

It's come to my attention that the Washington State Board of Health has proposed permanent changes to the Notifiable Conditions List.

This message is to express concerns with several of the proposed DoH/BoH changes, particularly the following:

1. Change the definition of "quarantine" to "limitation of freedom of movement of persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent... in a way to prevent effective contact with those not exposed". - *This is a presumptive act by the government body. "Suspect" is far too broad and imposes on human / universal rights, particularly those who may be healthy.*
2. Redefining "case" to include a suspected diagnosis. *Same as above. This will impact data integrity and is the first step in inaccurate reporting, with subsequent actions such as "limitation of freedom of movement of persons or domestic animals". We have a responsibility for our younger generations to provide honest, quality information that is produced ethically and to the best of our ability, so that history as taught in the books is trustworthy. Rolling "suspected cases" into "case" category is masking the truth and creating more fear in the general public, which always leads to poor and often irreversible choices.*

Required Isolation has been extended repeatedly this last year for a virus with a very high recovery rate - a high recovery rate even despite the thousands of unreported cases by those who recovered without ever having seen a licensed medical professional. It is imperative that we must look at the facts before implementing permanent changes that impact future generations' sacrosanct liberties.

There are other changes that I have read are being proposed however I understand that you all need these comments by tomorrow, and time is limited so I will leave this where it is.

Thank you for your time.

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Elizabeth (Lizzy) Overlund  
P 206-484-5444  
E: [loverlund@gmail.com](mailto:loverlund@gmail.com)



## Donahoe, Kaitlyn N (SBOH)

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**From:** barbara pender <barbpender@comcast.net>  
**Sent:** Friday, February 26, 2021 5:45 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Cc:** Barbara Pender  
**Subject:** Written Opposition on proposed changes to Notifiable conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Hello BOH,

I was made aware today of the proposal to include SARS-COV2 as a notifiable condition, which carries with it a cascade of events that would greatly hinder our Washington state's ability to recover from the devastating financial, social and political events of 2020 and further limit personal freedoms from pre-covid times.

I am outraged by the continued pursuit of fraudulent claims that have been made in the name of the disease Covid-19 by the virus SARS-COV-2. I wholeheartedly disagree with the idea of rolling "suspected cases" into the "cases" category. Currently, the number of 'cases' is being fraudulently over-reported by contract tracers assigning suspected or potentially exposed people as 'cases' who have never been clinically tested or confirmed as SARS-COV-2 qPCR positive by our current qualitative testing methods. Continuing in this deceitful theme, the faulty qPCR test results with a high degree of false positives due to the Ct counts being set at 40 to 45 rep cycles (I am a researcher who has generated qualitative and quantitative qPCR tests for clinical trial reporting), this blatant exploitation of technology should NEVER be used to diagnose anything. And the continued UNSTANDARDIZED global testing scheme is SHAMEFUL beyond any reasonable doubt. **The faulty qPCR SOP is the causative agent of this global pandemic which has been driven by the endless mainstream media propaganda spewing incorrect false positive case numbers and deaths by by symptom only as COVID POSITIVE deaths.** Furthermore, this unapproved qPCR test should never have been used in the political arena as it has for the past year. Any given leader can end a pandemic by simply dialing down the Ct rep number and create a pandemic by dialing up the number (as it is currently is being and run applied in our state).

Blatantly redefining "cases" to include laboratory diagnosis is also erroneous as people get repeat tests and that would add in undesired redundancy to artificially keep the "case" count inflated. All the designed 'renaming' is meant to keep the population of Washington state enslaved to lies and deception without any review or voice for those who are unaware of scientific testing design and are 'having faith in their scientists'. Well this scientist says, the current state of affairs is repulsive and I have never been so ashamed of those who are directing our scientific reporting to the public.

The proposal to change the definitions of "isolation" and "quarantine" is severely infringing on the personal liberties and the rights of individuals to rely on the support system that they desperately need to overcome this. Now is not the time to introduce continued methods of enslavement. There are many treatment options that don't get even a fraction of the mention that they deserve, for

example, L-Lysine, Vitamin D, Vitamin C, Vitamin B-12, Ivermectin, Quercetin, nebulized H<sub>2</sub>O<sub>2</sub>, or nebulized colloidal silver as well as basic hand hygiene that has been repeatedly demonstrated to be effective at containment of the virus without the proposed "restriction of activities" and "limitation of freedom of movement of persons" suspected to have been exposed.

If we are to have legitimate data on which to base scientific decisions and governmental policies affecting the population, words like "suspected" have no place in case definitions. And a "case" cannot be defined by a nonstandardized, qualitative "positive" qPCR test, regardless of symptoms, because experts agree that the qPCR test is flawed and produces, depending on the dial settings at least eight different avenues for false positives. The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated. It is further a violation of our inalienable rights to even begin to consider any of these changes without directly addressing the faulty system for reporting any kind of SARS-COV-2 and COVID-19 data. The depravity of humanity in this time is clearly seen through the lens of truth. It is particularly clear how corrupt the system has become when a death report can be made based on symptoms alone, symptoms which can be attributed to a very long list of diseases and never be confirmed by testing for particles of SARS-COV-2.

The question is, are you willing to speak the truth and stand up for yourself and your fellow humans?

I strongly oppose all the above-proposed changes to Notifiable conditions, which could result in the involuntary quarantine of healthy people who test "positive" with the useless qPCR tests.

The BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms.

Sincerely,  
Barb Pender  
Project Manager II  
Fred Hutchinson Cancer Research Center  
Seattle, WA  
206-667-4260

## Donahoe, Kaitlyn N (SBOH)

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**From:** Natalie Perry <nlperry@protonmail.com>  
**Sent:** Friday, February 26, 2021 9:18 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Concerns about notifiable conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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External Email

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Dear Members of the Board of Health,

I am looking at the proposed changes to the criteria for notifiable conditions in regards to SARScoV-2 and I am concerned that there is too loose of a standard for determining a case.

With the World Health Organization stating that the PCR test has been producing many false positives, and the extremely high survival rate data from the CDC for those who do contract the virus, it seems illogical, not to mention, bad medical practice, to flood our case numbers with quite potentially faulty data and misplaced intuition, and surrender our freedom of movement and way of life for a sickness that virtually every age group has a higher than 95% chance of surviving. I do not want to minimize the threat of SARScoV-2 for those more vulnerable, but these proposed constraints and tracking of individuals are disproportionate to the illness and distract us from focusing our efforts in making effective treatments more readily known and available to whoever may need them i.e. Ivermectin, HCQ, Vitamins D,C,E & A, HBOT, and the list goes on.

Please consider how these constraints will suppress the well and the ill alike long after the surge of this virus has passed, and focus your energies on solutions that will promote good health and living in the long run.

Sincerely,

-Natalie Perry

[https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864\\_8979940e4aed4fd9a62eb3554a59cd5f.pdf](https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_8979940e4aed4fd9a62eb3554a59cd5f.pdf)

<https://covid19criticalcare.com/>

Sent from ProtonMail Mobile

**Donahoe, Kaitlyn N (SBOH)**

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**From:** Steve and Tami Peterson <peterson117@comcast.net>  
**Sent:** Friday, February 19, 2021 12:50 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Aspergillosis comment from native of Seattle

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**External Email**

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Good Afternoon, It has been brought to my attention that public input has been asked regarding the add of Apergillosis as a notifiable condition for health care facilities. Being witness to what this disease can do, it should most surly be added to the list.

Thank you for asking for the publics input. This can not stay the silent killer that it is.  
Tamara Peterson, Issaquah, Wa.

## Donahoe, Kaitlyn N (SBOH)

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**From:** Chad Pierce <cpierce2286@yahoo.com>  
**Sent:** Thursday, February 25, 2021 9:43 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** We are against keeping SARS-CoV-2 a "notifiable condition"

**Follow Up Flag:** Follow up  
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### External Email

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Dear Members of the BOH and DOH,

My wife, a registered nurse, and myself, as concerned citizens, taxpayers and constituents are against keeping SARS-Cov-2 a notifiable condition.

If we are to have legitimate data on which to base decisions and policies, words like "suspected" have no place in case definitions. And a "case" cannot be defined by a "positive" PCR test, regardless of symptoms, because [experts agree that the PCR test is flawed and produces false positives](#). The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated.

My husband and I are against the above proposed changes, which could result in the involuntary quarantine of healthy people who test "positive" with the useless and flawed PCR tests and even people not tested for the virus who are deemed "suspected cases".

We are against this permanent change, given the possible implications on personal freedom and bodily autonomy, particularly in this case, where the survival rate is so high and there are many effective treatments available.

We also believe that the BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms in the name of public health.

Thank you for your time.

Chad Pierce and Fabiana Oliveira Pierce, RN

Redmond, WA

## Donahoe, Kaitlyn N (SBOH)

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**From:** Fabiana Pierce <fab306@gmail.com>  
**Sent:** Thursday, February 25, 2021 9:38 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** We are against keeping SARS-CoV-2 a "notifiable condition"

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Dear Members of the BOH and DOH,

As Registered Nurse myself and my husband, and as concerned citizens, taxpayers and constituents, we are against keeping SARS-Cov-2 a notifiable condition.

If we are to have legitimate data on which to base decisions and policies, words like "suspected" have no place in case definitions. And a "case" cannot be defined by a "positive" PCR test, regardless of symptoms, because [experts agree that the PCR test is flawed and produces false positives](#). The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated.

My husband and I are against the above proposed changes, which could result in the involuntary quarantine of healthy people who test "positive" with the useless and flawed PCR tests and even people not tested for the virus who are deemed "suspected cases".

We are against this permanent change, given the possible implications on personal freedom and bodily autonomy, particularly in this case, where the survival rate is so high and there are many effective treatments available.

We also believe that the BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms in the name of public health.

Thank you for your time.

Fabiana Oliveira Pierce and Chad Pierce,

Redmond, WA

**Donahoe, Kaitlyn N (SBOH)**

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**From:** GALINA POGOSOV <gpogosov82@gmail.com>  
**Sent:** Friday, February 26, 2021 8:59 PM  
**To:** DOH WSBOH Notifiable Conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

External Email

I oppose! I have worked in a molecular laboratory conducting PCR assay for 13.5 years and this proposal is as unscientific as it gets. In science there is no suspected results! We call that poor science! The PCR assay is flawed and everyone knows that (citizens and many officials) to then take such flawed assay and classify them as suspected cases and count them as cases—just plain unethical!

Please consider what you are proposing to do! Please consider the implications of your decision—how much more of this?? Everyone keeps yelling “science”...this is NOT science. Please consider ALL that would be harmed by such unscientific proposal!

Sincerely,

Galina Pogosov  
A teacher and a retired molecular oncology technician!  
Sent from my iPhone

## Donahoe, Kaitlyn N (SBOH)

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**From:** era pogosova <era.pogosova@gmail.com>  
**Sent:** Friday, February 26, 2021 4:21 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Written Comment (Opposition) on proposed changes to Notifiable conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Hello!

I recently became aware of the proposal to include SARS-COV2 as a notifiable condition, which carries with it a cascade of events that would greatly hinder our states ability to recover from the events of 2020 and further limit personal freedoms from pre-covid times.

I strongly disagree with the idea of rolling "suspected cases" into "cases" category. Given the faulty PCR test results with high degree of false positives (and I am a researcher who performs quantitative PCR as a daily task, so I can write an essay about what's wrong with the covid test as it stands, however, that is not the purpose of my email), this would artificially inflate the "cases" handicapping our lives, livelihood and economy. Redefining "cases" to include laboratory diagnosis is also erroneous as people get repeat tests and that would add in undesired redundancy to artificially keep the "case" count inflated.

The proposal to change the definitions of "isolation" and "quarantine" is severely infringing on the personal liberties and the rights of individuals to rely on the support system that they desperately need to overcome this. Now is not the time to introduce barbaric methods of containment. There are many treatment options that don't get even a fraction of the mention that they deserve (Vitamin B-12, lysine, ivermectin) as well as basic hand hygiene that has been repeatedly demonstrated to be effective at containment of the virus without the proposed "restriction of activities" and "limitation of freedom of movement of persons" suspected to have been exposed.

If we are to have legitimate data on which to base decisions and policies, words like "suspected" have no place in case definitions. And a "case" cannot be defined by a "positive" PCR test, regardless of symptoms, because experts agree that the PCR test is flawed and produces false positives. The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated.

I strongly oppose the above proposed changes, which could result in the involuntary quarantine of healthy people who test "positive" with the useless PCR tests and even people not tested for the virus who are deemed "suspected cases".

The BOH and the DOH would better serve Washingtonians by focusing their resources to publicize existing treatments rather than to expand their ability to artificially inflate case counts and gain more power to limit our freedoms.

Sincerely,

Era Pogosova  
Project Manager  
Fred Hutchinson Cancer Research Center  
Renton, WA



425.208.6483

## Donahoe, Kaitlyn N (SBOH)

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**From:** Brunnells <brunnells@yahoo.com>  
**Sent:** Friday, February 26, 2021 10:31 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Changes to Notifiable Condition Rules

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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To: The Washington Department of Health and Board of Health.

I am writing to oppose permanent addition of any currently identified coronavirus (SARS, MERS, or SARS-CoV-2) or influenza-like infections to the notifiable conditions list.

Assuming these sicknesses would be diagnosed using a PCR test, the high number of false positives detecting viral fragments would more often than not result in a paperwork exercise and not indicate any actual epidemic. The large number of false outbreak alarms will tarnish the already-waning trust in Public Health departments.

Many public health scholars have agreed the Public Health's currency is trust. As more people become aware of the actual, relatively-low rates of death, and high rates of recovery, this trust will be severely challenged in the coming year. Overreach by politically-driven departments will be obvious, and no one will listen to public health when it really matters someday.

Further, the case definition being proposed uses suspected exposure to warrant quarantine and isolation of healthy people. This cannot be the case in a free society. Only positive and clinically-diagnosed cases could feasibly warrant voluntary isolation; but even then, it is hardly warranted for highly-recoverable infections from the coronavirus family.

Washington public health resources would be better used to explore and acknowledge existing treatments to avoid severe cases, rather than change operating definitions that will only inflate case counts, create work, and unnecessarily constrain the freedom of the citizenry.

Sincerely

Robert Runnells

Vancouver, WA

## Donahoe, Kaitlyn N (SBOH)

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**From:** Ken Sahlstrom <kensahlstrom@gmail.com>  
**Sent:** Thursday, February 18, 2021 4:58 PM  
**To:** DOH WSBOH Notifiable Conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Dear Sirs/Ma'am's;

I am a retired Law Enforcement Officer and resident of Washington State, with my wife of 44 years. We both have college degrees and raised our children here in Washington. Our youngest son is currently in the US Army and based in New Mexico. Our eldest daughter has two children and a master's degree from Seattle University. She and her husband now live in Oregon. Our eldest son was stricken with Acute lymphoblastic leukemia in 2004. He was treated at Seattle Children's hospital and went into remission, a year or so the cancer returned and he went back into treatment at hospital. While there he was infected with a fungus, aspergillus, and within a few months it killed him.

This fungus must be treated with extremest caution and be an immediately reported substance by any healthcare facility. As much as is known about this terrible fungus and the very serious threat it is to anyone with compromised immune systems leaves no other option. I urge you to be wise and cognizant of your responsibility. Make this a recognized and reportable health concern, because it is. It is deadly to children. It killed our son. Do all you can to keep this from happening to anyone else.

Sincerely, Kenneth Sahlstrom.

## Donahoe, Kaitlyn N (SBOH)

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**From:** Jeb Shepard <jeb@wsma.org>  
**Sent:** Friday, February 26, 2021 3:30 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** WSMA comment on proposed rules  
**Attachments:** SBOH\_notifiable conditions\_WSMA\_02262021.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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External Email

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Dear Kaitlyn,

Please see attached WSMA comments on the notifiable conditions rulemaking. Please let me know if you have any questions.

Best,  
Jeb

Jeb Shepard  
Director of Policy  
Washington State Medical Association (WSMA)  
Email: [jeb@wsma.org](mailto:jeb@wsma.org)  
Phone: (360) 791-9374



February 26, 2021

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Kaitlyn Donahoe  
Department of Health  
State Board of Health  
P.O. Box 47990  
Olympia, WA 98504-7990

*Delivered electronically*

Dear Ms. Donahoe,

On behalf of the Washington State Medical Association (WSMA) thank you for the opportunity to provide feedback on WSR 21-04-136 regarding notifiable conditions. While acknowledging the need to revise Chapter 246-101 WAC regarding notifiable conditions to reflect updated terminology, technology, and best practices, the WSMA requests the significant changes outlined in the proposed rule not be considered until some point in time after the current public health emergency is declared over.

Over the last year, physicians and other health care providers practicing in hospitals and other settings have been consumed with planning for and responding to the surge of COVID-19 patients needing critical care during the pandemic. Outpatient physician practices have also gone to great lengths to ensure routine care continues to be provided to our communities in environments where patients and staff feel safe, implementing social distancing, outfitting practices with preventive screens and purchasing more PPE at higher costs. Some practices have implemented telemedicine programs to continue to safely provide care in our communities. Despite these efforts, patient volumes remain lower than pre-pandemic levels, resulting in decreased revenues. At a time when many practices are struggling to keep their doors open, we are opposed to implementing rulemaking that would impose “more than minor costs” (per the CR-102) on businesses in the industry.

Over the last several months, physician practices have pivoted to provide COVID-19 vaccines to our communities. These activities require additional expenses and administrative requirements. For instance, vaccine providers are required to report data to four state systems. And in October of this year, the Department of Health is implementing mandates from SB 5380 that will require physician practices to 1) purchase and implement technology to facilitate electronic prescribing and 2) integrate electronic health records (EHR) with the state prescription drug monitoring program (PMP).

**While understanding the need for this rulemaking, the WSMA requests it not be promulgated until the public health emergency has been declared over. The previous year has (and the foreseeable future will have) taken an unprecedented toll on Washington’s health care system, and we ask you to provide Washington’s clinicians the flexibility needed to focus on getting through this difficult time before implementing significant changes in the way notifiable conditions are reported.**

**Seattle Office**  
2001 Sixth Avenue, Suite 2700  
Seattle, WA 98121  
o / 206.441.9762 fax / 206.441.5863  
email / wsma@wsma.org

**Olympia Office**  
1800 Cooper Point Road SW  
Building 7, Suite A  
Olympia, WA 98502  
o / 360.352.4848 fax / 360.352.4303

The State Board of Health should also consider re-surveying regulated entities, as we do not believe the 11 responses received (out of 5,000 businesses that would be impacted) are sufficient to make conclusions about the financial impact on physician practices. Low response rates to the survey in 2020 may be due to the competing priorities created by the pandemic, just a handful of which are outlined in this letter.

The WSMA looks forward to discussing these concerns and others at the March 10 hearing. In the meantime, please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeb Shepard". The signature is fluid and cursive, with the first name "Jeb" and last name "Shepard" clearly distinguishable.

Jeb Shepard  
Director of Policy  
Washington State Medical Association

**Donahoe, Kaitlyn N (SBOH)**

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**From:** Laurie Schultz <laurieschultz516@gmail.com>  
**Sent:** Tuesday, March 2, 2021 2:17 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Addition of Aspergillus fungus as a notifiable condition

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**External Email**

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To whom it may concern:

It is my understanding that Aspergillus Fungus is not currently listed as a "notifiable condition". As a parent of a child who contracted this fungus during a hospital stay in the state of Washington, I strongly urge you to change the ruling on this and add it. It is so important for the well being of immune suppressed individuals. This fungus as you should know can have a high fatality rate if not diagnosed in early stages.

Please consider adding it as a notifiable condition, and help honor all those who have contacted this fungus.

Sincerely,

Laurie Schultz

## Donahoe, Kaitlyn N (SBOH)

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**From:** Chris Spitters <cspitters@snohd.org>  
**Sent:** Tuesday, February 9, 2021 10:45 AM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** RE: Comment on CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

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### External Email

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Hi, Sierra.

Well, what a big difference the word “or” can make. I can most definitely live with the privileges and responsibilities set forth in WAC 246-101-520(2)(b)(ii) that you highlighted below. Your response resolves my concern and I agree that the current wording is preferable to the additional language I suggested and that now upon further reading could indeed be more trouble than help.

Thank you for taking the time to respond, clarify and reassure me about this provision in the proposed code revision.

Sincerely,  
Chris Spitters

**Christopher Spitters, MD, MPH** | Health Officer | Snohomish Health District  
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.5210**

**Public Health: Always working for a safer & healthier Snohomish County**

*NOTICE: All emails and attachments sent to and from the Snohomish Health District are public records and may be subject to disclosure pursuant to the Public Records Act (RCW 42.56).*

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**From:** DOH WSBOH Notifiable Conditions <notifiableconditions@sboh.wa.gov>  
**Sent:** Monday, February 8, 2021 12:16 PM  
**To:** DOH WSBOH Notifiable Conditions <notifiableconditions@sboh.wa.gov>; Chris Spitters <cspitters@snohd.org>  
**Subject:** RE: Comment on CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

Dr. Spitters,

Thank you so much for your comments. We have a follow-up question for you. WAC 246-101-520(2)(b) would require the LHJ to destroy all HIV case reports, laboratory reports, investigation reports, and other data and supporting information within 90 days **OR** to maintain this information in a secure system consistent with 2011 CDC standards (see WAC 246-101-520(2)(b)(ii) highlighted below). Does this language which would allow the LHJ to store this information address your concern or would you still want the additional language you proposed below? My concern would be that the addition language may actually make the rules more restrictive with regard to what an LHJ can maintain and for how long. Just let me know if you want to find a time to talk more about this.

Best,



~Sierra

(b) Within ninety days of completing an investigation report, or of receiving a complete investigation report from another public health authority:

(i) Destroy case reports, laboratory reports, investigation re-ports, and other data and supporting identifying information on individuals tested, diagnosed, or reported with HIV received as a result of this chapter. If an investigation is not conducted for a case, then the identifying information for that case shall be destroyed within ninety days of receiving a complete HIV case report or laboratory re-port; **or**

(ii) Maintain HIV case reports, laboratory reports, investigation reports, and other data and supporting information in secure systems consistent with the 2011 *Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* published by the Centers for Disease Control and Prevention.

**Sierra Rotakhina, MPH**

Health Policy Advisor

Disease Control and Health Statistics (DCHS)

Washington State Department of Health

[Sierra.Rotakhina@doh.wa.gov](mailto:Sierra.Rotakhina@doh.wa.gov)

360-236-4238 | [www.doh.wa.gov](http://www.doh.wa.gov)



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**From:** DOH WSBOH Notifiable Conditions <[notifiableconditions@sboh.wa.gov](mailto:notifiableconditions@sboh.wa.gov)>

**Sent:** Wednesday, February 3, 2021 4:28 PM

**To:** Spitters, Christopher (DOHi) <[cspitters@snohd.org](mailto:cspitters@snohd.org)>

**Subject:** RE: Comment on CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

Thank you for your comments on the proposed rules for chapter 246-101 WAC, Notifiable Conditions.

Your comments will be included in the official rulemaking file and provided to State Board of Health members for their consideration. The Board will hold a public rules hearing on March 10, 2021. More information on how to participate in the rules hearing can be found on our [Notifiable Conditions webpage](#). Staff will provide you with a summary of all comments received and the Board's decision following the rules hearing.

If you have any questions, please don't hesitate to reach out.

Best,

**Kaitlyn Donahoe, MPA** (she/her)

Health Policy Advisor

Washington State Board of Health

[kaitlyn.donahoe@sboh.wa.gov](mailto:kaitlyn.donahoe@sboh.wa.gov)

360-584-6737

[Website](#) | [Facebook](#) | [Twitter](#)

---

**From:** Chris Spitters <[cspitters@snohd.org](mailto:cspitters@snohd.org)>  
**Sent:** Wednesday, February 3, 2021 2:42 PM  
**To:** DOH WSOH Notifiable Conditions <[notifiableconditions@sboh.wa.gov](mailto:notifiableconditions@sboh.wa.gov)>  
**Subject:** Comment on CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

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External Email

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Dear SBOH/Code Reviser Staff:

I offer the following comment regarding WAC 246-101-520(2)(b)(i): *"Destroy case reports, laboratory reports, investigation reports, and other data and supporting identifying information on individuals tested, diagnosed, or reported with HIV received as a result of this chapter."*

Proposed addition:

*"However, the following information is excluded from this requirement and may be retained securely at the discretion of the health officer for up to three years after resolution of the matter:*

- health officer orders served under authority of RCW 70.24.024, and*
- any investigative notes or other evidence supporting the order, and*
- any attorney-client privileged correspondence and documents related to the order, and*
- any court documents related to the order."*

Respectfully,  
Chris Spitters

**Christopher Spitters, MD, MPH** | Health Officer | Snohomish Health District

3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.5210**

**Public Health: Always working for a safer & healthier Snohomish County**

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**From:** Do Not Reply <[donotreply@wsalpho.net](mailto:donotreply@wsalpho.net)>  
**Sent:** Wednesday, February 3, 2021 12:55 PM  
**To:** [elc@wsalpho.net](mailto:elc@wsalpho.net) <[elc@wsalpho.net](mailto:elc@wsalpho.net)>; [comdisease@wsalpho.net](mailto:comdisease@wsalpho.net) <[comdisease@wsalpho.net](mailto:comdisease@wsalpho.net)>; Chris Spitters <[cspitters@snohd.org](mailto:cspitters@snohd.org)>  
**Subject:** HOC- FW: Subject: CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

Forwarding onto Executive Leadership, Communicable Disease, and Health Officer Committees.

You may submit written comments or feedback to Kaitlyn at [Kaitlyn.donahoe@sboh.wa.gov](mailto:Kaitlyn.donahoe@sboh.wa.gov)

Thanks!

Jaime Bodden, MPH, MSW

Managing Director

Washington State Association of Local Public Health Officials

360-489-3011 (direct)

360-280-5301 (mobile)

[jbodden@wsac.org](mailto:jbodden@wsac.org)

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**From:** DOH WSBOH <[WSBOH@SBOH.WA.GOV](mailto:WSBOH@SBOH.WA.GOV)>

**Sent:** Wednesday, February 3, 2021 12:47 PM

**Subject:** Subject: CR-102 Proposed Rule Alert: Notifiable Conditions (Chapter 246-101 WAC)

[External Sender]

The Washington State Board of Health, in collaboration with the Washington State Department of Health, has filed a [CR-102, Proposed Rule, for chapter 246-101 WAC - Notifiable Conditions](#). This chapter outlines requirements for information that health care providers, health care facilities, laboratories, and other entities must report that is necessary for public health officials to protect the public's health by tracking communicable diseases and other conditions. The CR-102 announces to the public that a rule is being proposed and includes the proposed rule language.

**You may provide your comments on the proposed rule through the following ways:**

- Submit written comments through February 26, 2021 using one of the following options:
  1. The Department of Health [online rules comment web page](#)
  2. The State Board of Health Notifiable Conditions Rule email:  
[notifiableconditions@sboh.wa.gov](mailto:notifiableconditions@sboh.wa.gov)
  3. The U.S. Mail:
    - Washington State Board of Health  
PO Box 47990  
Olympia, WA 98504-7990
- Attend an online [rules hearing open to the public](#) on March 10, 2021 at 1:30 p.m.
  1. Access the rules hearing online using the GoToWebinar application:
    - Registration URL:  
<https://attendee.gotowebinar.com/register/2317880874509776139>
  - a. Access the rules hearing using your phone to dial-in and listen only:
    - Call-in: +1 (631) 992-3221, Access Code: 137-802-389

Important Information for the Rules Hearing:

- The Board will hold the rules hearing online during its March 10 virtual public meeting.
- In order to give verbal testimony during the rules hearing, you will need to access the meeting using your computer, laptop, or device. Your computer, laptop, or device must have speakers, microphone and a camera in order to give verbal testimony.
- If you select to use only your phone, the GoToWebinar will automatically enter you into the meeting in 'listen-only' mode. The application cannot unmute individual callers who select to use only their phone to access the meeting.

Please visit the [Notifiable Conditions rulemaking web page](#) or email [Kaitlyn Donahoe](#) at the State Board of Health for more information.



Phone: (360) 236-4110

Mailing Address: P.O. Box 47990, Olympia, WA 98504-7990

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Please send us an email with the subject "unsubscribe" if you no longer wish to receive communications from us.

Please excuse any duplication. This email was also sent to the Notifiable Conditions Rule interested parties list.

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**Donahoe, Kaitlyn N (SBOH)**

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**From:** Cheyenne Stettler <c.stettler5@gmail.com>  
**Sent:** Thursday, March 4, 2021 10:09 AM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Notable condition

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

External Email

Hello,

My name is Cheyenne Stettler and i am proposing that aspergillosis be added to the list of notable conditions.

Parents, physicians but most importantly patients deserve this to be added. Coming from someone who has personally had this fungus, i beg you to add this to the list.

Thank you for your consideration.

Cheyenne

Sent from my iPhone

## Donahoe, Kaitlyn N (SBOH)

---

**From:** LaLena Stewart <lalenastewart@icloud.com>  
**Sent:** Thursday, February 25, 2021 10:03 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Questions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

External Email

Hello, I truly hope you answer these questions as they are quite concerning to me. I noticed in one sentence you talked about taking away the words 'suspected cases' and lumping them in with confirmed cases. Which to me sounds like you're manipulating the numbers. But I would like to know how you could go from that in topic one to removing a persons freedoms in topic 4? If someone has measles, they can still go outside their house they can still go for walks. For you to say that you're going to 'limit a persons freedoms' because they have an illness really bothers me that you think you're representing me not only as a Clark County and Vancouver resident, a Washington resident, but as an American. Our whole nation is founded on freedom's and you don't have the right to take somebody's freedom away. So please explain how you think that this is not in violation of somebody's constitutional rights? The wording of this topic is very, very worrying. In addition, please explain why you feel that you need to change the definition of quarantine? And please explain why and how you could possibly think suspected cases should be listed with confirmed cases? Because if you don't know if somebody has some thing you shouldn't say that they do, and you should not be able to count that number as a person that does have some thing.

Thank You,  
LaLena Stewart

Sent from my iPhone

## Donahoe, Kaitlyn N (SBOH)

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**From:** David Streeter <DavidS@wsha.org>  
**Sent:** Friday, February 26, 2021 4:32 PM  
**To:** DOH WSBOH Notifiable Conditions; DOH WSBOH Notifiable Conditions  
**Subject:** WSHA Comments on Notifiable Conditions Rule Proposal  
**Attachments:** WSHA Notifiable Conditions Comments 022621.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Good Afternoon,

I am writing to submit comments from the Washington State Hospital Association on the proposed notifiable conditions rules. The document is attached. Please feel free to contact me with any questions.

Thank you very much,

David Streeter

**David Streeter**

Policy Director, Clinical and Data  
Washington State Hospital Association  
999 Third Ave, Suite 1400  
Seattle, WA 98104  
Email: [davids@wsha.org](mailto:davids@wsha.org) | Phone: (206) 216-2508



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February 26, 2021

Washington Department of Health and State Board of Health  
ATTN: Kaitlyn Donahoe  
PO Box 47990  
Olympia, WA 98504-7990

*Submitted Via Email*

**RE: Notifiable Conditions CR-102**

Dear Ms. Donahoe,

Thank you for the opportunity to comment on the proposed joint rules to update Washington state's notifiable conditions regulations. On behalf of our state's hospitals, we respectfully submit the following comments and our addendum with specific recommendations for the CR-102 proposal.

We applaud your work to modernize Washington state's notifiable conditions rules. The rule changes and the addition of expanded race, ethnicity, and language reporting will help ensure the state has sufficient data to inform equitable public health policies. Hospitals have been making significant strides to collect this demographic information to be able to analyze patient outcomes. However, as hospitals continue to respond to the COVID-19 pandemic, now is not the time to make changes to hospital data reporting requirements. We would recommend postponing this update and look to align efforts with HB 1272 that is poised to pass the legislature this year. We urge you to ensure these rules align to minimize the number of changes that hospitals are asked to make in their electronic health record (EHR) systems.

Throughout the past year, the COVID-19 pandemic exacerbated hospitals' reporting burden. There is significant hospital reporting required for COVID-19 at both the state and federal levels. Daily, hospitals must report information on beds, occupancy, equipment, PPE, staffing, COVID positive and suspected cases, vaccines, therapeutics, testing and more. Throughout the course of the pandemic, new reporting requirements and elements continue to be added resulting in duplicative reporting and additional dedicated staff time.

The CR-102 cover sheet acknowledges the notifiable conditions rules have not been updated since 2011. However, the proposal does not contain an explicit connection to the current pandemic to justify the rules' adoption at this time. It does not make sense to permanently change data reporting requirements now given the pandemic and HB 1272. Hospitals will likely need to change their EHR systems to meet the new requirements.

According to specifications from the Comprehensive Hospital Abstracting Reporting System (CHARS) manual, the current race, ethnicity, and language data elements are a fraction of what is being requested in the notifiable conditions proposal. Moreover, HB 1272 to require any disability, preferred language and gender identity reporting by hospitals is currently working its way through the legislature. The bill, as currently drafted, also requires DOH to conduct rulemaking to standardize this data collection and reporting by hospitals. With additional time and stakeholder involvement, there could be more alignment across systems to reflect these proposed rules and the pending legislation. This could yield greater data consistency, reduce the reporting burden for hospitals, and avoid disjointed systems



and data elements of updating EHR systems that can be costly, especially to meet variations of reporting requirements.

WSHA is concerned that some rural hospitals may be unable to meet this request or meet it in a timely manner. WSHA is aware of at least 8-10 rural hospitals that are currently unable to update their EHR systems because the technology is not supported. This complicates their ability to implement the expanded race, ethnicity, and language data fields, which are far more detailed than current requirements.

Additionally, section 5 in the Significant Legislative Rules Analysis document says that the cost-benefit analysis was informed by surveys sent in 2019 and 2020 to regulated entities. According to the table in section 2 of the Small Business Economic Impact Statement, there are over 5,000 businesses that would be impacted by this rule change. But the combined total of unique responses to the 2019 and 2020 surveys is 11, according to the Significant Legislative Rules Analysis. This response rate is far too low to make conclusions about the financial impact of this rule on regulated entities. Moreover, hospitals have expressed concerns about the additional costs these rules will require, such as additional staff time and software upgrades. The Department of Health and the Board of Health should re-survey regulated entities until they have received a statistically valid number of responses from which to make cost assessments.

For these reasons, we respectfully request DOH and the Board temporarily halt new data reporting requirements until after the COVID-19 pandemic.

Thank you again for your work to modernize our state's notifiable conditions rules. Should you have any questions about our recommendations, please contact David Streeter at [DavidS@wsa.org](mailto:DavidS@wsa.org) or (408) 505-6606.

Sincerely,



Chelene Whiteaker, MHA  
Senior Vice President,  
Government Affairs



David Streeter, MPA  
Policy Director, Clinical and Data  
Washington State Hospital Association

## **ADDENDUM: WSHA Comments on WSR 21-04-136**

### **WAC 246-101-010- Definitions**

#### *Definition of "Business day"*

The proposed definition of "business day" is "any day the department is open for business." This is an idiosyncratic definition and not consistent with the common understanding of this term. The term "business day" is used to mean Monday through Friday, excluding weekends and holidays (as opposed to "calendar days" which include weekends and holidays). The proposed definition in the draft rule would leave it to the department's discretion to determine which days are or are not a "business day" and thus would not be readily discernable to others. WSHA recommends changing the definition to align with common understanding and existing definitions in other state regulations. We suggest this type of language:

"Business day" means Monday through Friday, excluding official federal and state holidays.

### **WAC 246-101-011- Reporting of patient ethnicity, race, and preferred language information**

The expanded race, ethnicity, and language data collection will be helpful for ensuring more equitable public health policies. However, hospitals have observed that this information is often difficult to collect from patients who may be uncomfortable providing it to hospital staff. We appreciate the inclusion of categories for "Patient declined to respond" and "Unknown," which will likely be used in circumstances where the patient does not provide the information. However, a high volume of those responses could diminish the utility of the collected data. We recommend DOH and the Board continue working with stakeholders to account for this challenge.

Additionally, the proposed data fields are well beyond the specifications required by the CHARS manual, which will require updates to EHR systems to ensure successful implementation. One hospital noted to us that this section will require at least \$115,000 in software improvements for their EHR and laboratory information systems. However, the cost assessments for this section in both the Significant Legislative Rules Analysis and the Small Business Economic Impact Statement are not very detailed. Hospitals recommend DOH and the Board further evaluate the costs associated with this section, including the technical costs and time costs for hospital staff.

### **WAC 246-101-015- Requests for additional information or provisional notification and submission of specimen**

The proposed section appears to remove the current requirement for DOH to justify additional data collection requests. Hospitals believe strongly that any request for additional information must be clearly justified since the requests require hospitals to expend resources and time to collect the data. Keeping the justification requirement would also help alleviate confusion that results from the supplemental data request.

### **WAC 246-101-101 Notifiable conditions - Health care providers and health care facilities**

Thank you for revising the notifiable condition tables. The tables are generally clear and understandable. However, the "Who Must Report: Health Care Providers (Providers) or Health Care Facilities (Facilities)" column may cause confusion for hospitals that report on behalf of their providers. Please add an explanatory note to the table that states providers only report if their hospital does not report on their behalf, per WAC 246-101-105.

**WAC 246-101-105- Duties- Health care providers and health care facilities**

One rural hospital noted that the allowance for hospitals to report on behalf of their providers may cause confusion for instances in which an independent provider orders a test at a hospital. Please clarify this section to state the independent provider bears the reporting responsibility, not the hospital or its laboratory, since they will be the provider diagnosing the patient.

###

## Donahoe, Kaitlyn N (SBOH)

---

**From:** Lisa Templeton <lisa.templeton@outlook.com>  
**Sent:** Friday, February 26, 2021 11:30 AM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Public comment for March 10 Rules Hearing for Notifiable Conditions, Ch. 246-110 WAC

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Dear Board,

I have several concerns regarding the proposed rule regarding notifiable conditions. Following are a few.

COVID-19 is an infection with a very high recovery rate, especially when prophylactic measures such as vitamin D are utilized (as Dr. Fauci mentioned) and when the illness is treated early. Upgrading the BOH's temporary rule that designated COVID-19 as a reportable condition to a permanent rule simply seems unnecessary now that we have much more real-life data regarding this infection.

I am especially concerned that the proposed changes could result in the involuntary quarantine of healthy people who test "positive" with the problematic PCR test, which is notorious for not having a uniform cycle threshold standard (or even disclosure thereof) and for its false positive results. Even more worrisome is that the proposed change could result in the "limitation of freedom of movement" for people who are merely suspected of having been exposed. The use of such subjective and arbitrary standards to remove a citizen's right to freedom of movement is ripe for abuse and should alarm any person who values their free agency.

Now that we know which portion of our population is at highest risk, the very low death rate of COVID-19, and how to mitigate the infection, I respectfully implore you to allow the temporary rule to expire. Rather than continue the practices required under the temporary rule, please utilize our public health resources instead to educate the public on how to support their immune health against all pathogens and regarding the effective COVID treatments already available, such as [ivermectin](#). These initiatives would have the most lasting and positive impact on our communities and their members. Thank you.

Lisa Templeton  
Wife, mother, community member  
Covington, Washington

## Donahoe, Kaitlyn N (SBOH)

---

**From:** Jean <ejeanrandolph@yahoo.com>  
**Sent:** Thursday, February 25, 2021 10:43 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Proposed changes

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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If we are to have legitimate data on which to base decisions and policies, words like “suspected” have no place in case definitions. And a “case” cannot be defined by a “positive” PCR test, regardless of symptoms, because experts agree that the PCR test is flawed and produces false positives. The attempt to disguise isolation and quarantine behind softer words such as “separation” and “limitation” seems to be politically motivated.

Jean

## Donahoe, Kaitlyn N (SBOH)

---

**From:** MsFashionista23 <shannonmarie5@gmail.com>  
**Sent:** Friday, February 26, 2021 9:59 PM  
**To:** DOH WSOH Notifiable Conditions  
**Subject:** Oppose changes to Covid as a reportable illness

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

External Email

Dear BOH,

"It is my understanding that The Washington State Department of Health is in collaboration with the ten-member Washington State Board of Health and you maintain a notifiable conditions list.

This list includes illnesses you deem to be of public health importance, such as vaccine-targeted infections like measles and tetanus, as well as rare diseases like Ebola.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FForPublicHealthandHealthcareProviders%2FNotifiableConditions%2FListOfNotifiableConditions&data=04%7C01%7CNotifiableConditions%40sboboh.wa.gov%7C624ebb50a642ef298e08d8dae4c64c%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637500023847426869%7CUnknown%7CTWFpbGZsb3d8eyJWljoImMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000&sdata=i0EMKcng0f0huJaJHpOGEQFE59YPJJoL0ioVPZRNMIQ%3D&reserved=0>

Last year, coronavirus was temporarily added to the list, and now the board is proposing permanent changes. I AM OPPOSED TO THIS DECISION.

These changes will not improve public health in fact just the opposite will occur. I believe this will lead to unreliable data!

The proposal includes the following:

Roll "suspected" cases into the "case" category (by redefining "case" to include even a suspected diagnosis (p.118) and deleting the now-separate "suspected case" definition (p.120)); Redefine "case" to include even laboratory diagnosis (without seeing a provider) (p. 118); Change "isolation", which currently includes restriction of activities of the infected or suspected infected person or animal, to solely the separation of that individual from others (p. 119); Change the definition of "quarantine" to "limitation of freedom of movement of persons or domestic animals that have been exposed to, or are suspected to have been exposed to, an infectious agent . . . In a way to prevent effective contact with those not exposed." (p.120; emphasis added); and Permanently add all positive coronavirus tests (SARS, MERS, COVID-19) as an immediately notifiable condition for health care providers and facilities (p. 124, 128) and laboratory directors (p. 136, 142), as well as SARS-CoV-2 for the Department of Agriculture (for animals) (p.164 et seq.).

1. If we are to have legitimate data on which to base decisions and policies, words like "suspected" have no place in case definitions.
2. And a "case" cannot be defined by a "positive" PCR test, regardless of symptoms, because the scientific consensus all agree that the PCR test is flawed and produces false positives.

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2Fnews%2Fexternal-peer-review-of-the-rt-pcr-test-to-detect-sars-cov-2-reveals-10-major-scientific-flaws%2F&data=04%7C01%7CNotifiableConditions%40sboboh.wa.gov%7C624ebb50a642ef298e08d8dae4c64c%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637500023847436827%7CUnknown%7CTWFpbGZsb3d8eyJWljoImMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000&sdata=i0EMKcng0f0huJaJHpOGEQFE59YPJJoL0ioVPZRNMIQ%3D&reserved=0>

MC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCI6Mn0%3D%7C3000&data=AqNVEHBy9v8NDR6vTCO9D%2B7pxaonEpO26Px8MnsEs6g%3D&reserved=0

10 major scientific flaws? WOW! This I have personally witnessed with my husbands profession (movie & entertainment) where they have to test multiple times a week (as per the union) Many times we have seen re-tests happen and they then test negative but are still refused employment, have to quarantine EVEN THOUGH the positive test has been found to be FLAWED AND INCORRECT!

3. The attempt to disguise isolation and quarantine behind softer words such as "separation" and "limitation" seems to be politically motivated.

#WA I am OPPOSED to the above proposed changes, which could result in the involuntary quarantine of healthy people who test "positive" with the useless PCR tests and even people not tested for the virus who are deemed "suspected cases".

I HAVE SEEN THIS AND IT'S MAKING WORKING LIFE UNTENABLE, I have seen 1 person tested 2 different times 1 positive 1 negative and then an independent test concluded to the negative test! YET the man was not allowed to work, a POSITIVE test TRUMPS all results.

How on earth can you make policy with a fluid process and faulty tests? I think PAUSE AND WAIT SEEM very important at this time!

4. Can someone please address the enormous amounts of scientific data that can be found on treatments please! It's beyond disturbing how ignored this is and it could SAVE

LIVES:<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthyimmunitynow.org%2F&data=04%7C01%7CNotifiableConditions%40sboh.wa.gov%7Cad624ebb50a642ef298e08d8dae4c64c%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637500023847436827%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCI6Mn0%3D%7C3000&data=7vh%2F767Oym47D%2B5RIAVyWghSxhRLjDWJXvEqUhNPB2A%3D&reserved=0>

Would it not be better for you to serve Washingtonians by focusing resources and publicizing existing treatments? Because it's getting rather obvious that you have instead tried to expand your ability to artificially inflate case counts and gain more power to limit our freedoms based on bad data and lies! We the public demand truth and transparency! "#WA

Thank you,  
Shannon

## Donahoe, Kaitlyn N (SBOH)

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**From:** Stefan ® <stefan2@msn.com>  
**Sent:** Tuesday, February 16, 2021 3:44 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Aspergillus as a 'Notifiable Condition.'

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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Good Day,

Please, add  
Aspergillus as a 'Notifiable Condition.' to be legally required, in view of current serious Aspergillus events at Seattle Children's, resulting in grave results, including sick children losing their lives !

My own daughter was affected by Aspergillus there few years ago and we almost lost her because of it, it's deadly effect on humans body, especially young kids !

I am sure that this Father's call for compassion and common sense will find great understanding, so no more children and people in our State will get hurt or lose their lives !

Thank you,

Stefan®

Shoreline, WA

2069799706



## Donahoe, Kaitlyn N (SBOH)

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**From:** RM <roma@potc.net>  
**Sent:** Friday, February 26, 2021 11:53 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** regarding proposed changes to notifiable conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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As a Washington state citizen, I object to the changes currently being proposed for the notifiable conditions list. Please see below for my reasons.

How can anybody in good conscience redefine "suspected" as an actual "case"? The notion is not only absurd, it is unconscionable. In effect, it would inform policy based on a purely subjective (not scientific) interpretation of circumstances. Health policy and public health decisions should be based on unbiased, provable, scientific situations - not speculations of "suspected" cases. Shame on DOH and BOH for even considering this absurd redefinition.

The same absurdity applies to redefining a "case" as a laboratory diagnosis. What is the role of a personal health care provider if not to be the interpreter of a person's health condition? Do not dismiss the role of a health care provider in defining a "case".

These redefinitions do absolutely NOTHING to help in understanding the actual extent of a society dealing with outbreaks of illness. In fact, the redefinitions would exaggerate reality and lead to overreaction and unintended, negative consequences for a populace.

If the lockdown response to SARS-CoV-2 has taught us anything about the unintended consequences of broad-sweeping policies, it should be that people need compassion, contact, service, and social interaction more than we need economic destruction and isolation. Before redefining "isolation" as solely the "separation of that individual from others", please have a copious amount of reliable scientific evidence that this type of isolation has more benefits than risks for a species of beings which require social interaction and contact to thrive.

How much emotional, psychological, and spiritual damage has quarantining people for COVID-related purposes caused? Please fully investigate and research this question before changing the definition of "quarantine", especially if it will inform policy for "suspected" exposures. Has treating people like lepers ever done anything productive or useful for a civilization?

The survivability rate for coronaviruses is incredibly high. We have therapeutics to help people successfully recover from the illness. What is driving such an insane level of fear and paranoia to justify making positive coronavirus tests immediately notifiable conditions? If you are going to take this step, at least find a valid and reliable test for determining a positive case. Listen to Kary Mullis who developed the PCR test and specifically said it cannot be used to diagnose disease.

Most public health policies and precautions surrounding COVID have been entirely destructive. They have NOT saved lives - they have caused unnecessary deaths. The CDC changed definitions, and the changes justified economic warfare on a population. We the people who pay attention are not deceived. When the CDC said deaths from COVID would also include deaths of people with COVID, it created a misleading situation. We the people who pay attention were not deceived. Changing definitions and parameters in the ways DOH and BOH are currently considering only leads to ill-informed and speculative data. Please maintain the integrity of science, and decline to adopt the proposed changes.

Thank you.

## Donahoe, Kaitlyn N (SBOH)

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**From:** Jennie Vaughn-Campbell <theartofcure@sbcglobal.net>  
**Sent:** Friday, February 26, 2021 6:08 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** notifiable conditions

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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It is my understanding that The Washington State Department of Health is in collaboration with the ten-member Washington State Board of Health and you maintain a notifiable conditions list.

This list includes illnesses you deem to be of public health importance, such as vaccine-targeted infections like measles and tetanus, as well as rare diseases like Ebola.

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions>

Last year, coronavirus was temporarily added to the list, and now the board is proposing permanent changes.

I AM OPPOSED TO THIS DECISION.

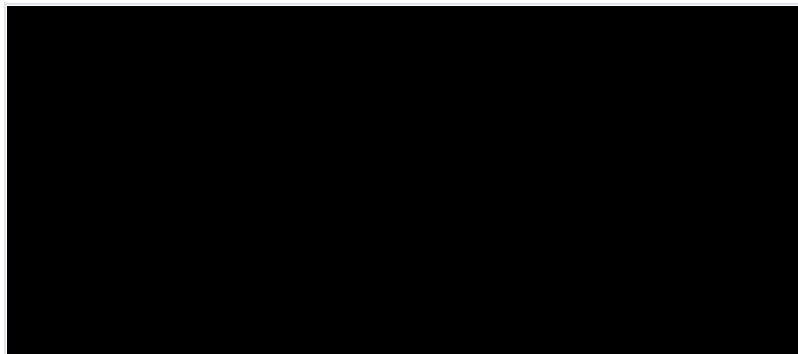
These changes will not improve public health in fact just the opposite will occur. I believe this will lead to unreliable data!

The proposal includes the following:

- Roll “suspected” cases into the “case” category (by redefining “case” to include even a suspected diagnosis (p.118) and deleting the now-separate “suspected case” definition (p.120));
- Redefine “case” to include even laboratory diagnosis (without seeing a provider) (p. 118);
- Change “isolation”, which currently includes *restriction of activities* of the infected or suspected infected person or animal, to solely the *separation* of that individual from others (p. 119);
- Change the definition of “quarantine” to “limitation of freedom of movement of persons or domestic animals that have been exposed to, or are **suspected** to have been exposed to, an infectious agent . . . In a way to prevent effective contact with those not exposed.” (p.120; emphasis added); and
- Permanently add all positive coronavirus tests (SARS, MERS, COVID-19) as an immediately notifiable condition for health care providers and facilities (p. 124, 128) and laboratory directors (p. 136, 142), as well as SARS-CoV-2 for the Department of Agriculture (for animals) (p.164 et seq.).

1. If we are to have legitimate data on which to base decisions and policies, words like “suspected” have no place in case definitions.

2. And a “case” cannot be defined by a “positive” PCR test, regardless of symptoms, because the scientific consensus all agree that the PCR test is flawed and produces false positives. [External peer review of the RT-PCR test to detect SARS-CoV-2 reveals 10 major scientific flaws - Informed Choice Washington](#)



UPDATE since first posting: The World Health Organization (WHO) has acknowledged the many complaints and letters...

10 major scientific flaws? WOW! This I have personally witnessed with my husbands profession (movie & entertainment) where they have to test multiple times a week (as per the union) Many times we have seen re-tests happen and they then test negative but are still refused employment, have to quarantine EVEN THOUGH the positive test has been found to be FLAWED AND INCORRECT!

3. The attempt to disguise isolation and quarantine behind softer words such as “separation” and “limitation” seems to be politically motivated.

I am OPPOSED to the above proposed changes, which could result in the involuntary quarantine of healthy people who test “positive” with the useless PCR tests and even people not tested for the virus who are deemed “suspected cases”.

I HAVE SEEN THIS AND IT'S MAKING WORKING LIFE UNTENABLE, I have seen 1 person tested 2 different times 1 positive 1 negative and then an independent test concluded to the negative test! YET the man was not allowed to work, a POSITIVE test TRUMPS all results.

How on earth can you make policy with a fluid process and faulty tests? I think PAUSE AND WAIT SEEM very important at this time!

4. Can someone please address the enormous amounts of scientific data that can be found on treatments please! It's beyond disturbing how ignored this is and it could SAVE LIVES: [Healthy Immunity Now - Covid-19 Treatments, Natural Immunity](#)

#### **Healthy Immunity Now - Covid-19 Treatments, Natural Immunity**

You can achieve healthy immunity now with existing Covid-19 treatments! By supporting your immune system, you ca...

Would it not be better for you to serve Washingtonians by focusing resources and publicizing existing treatments? Because it's getting rather obvious that you have instead tried to expand your ability to

artificially inflate case counts and gain more power to limit our freedoms based on bad data and lies!  
We the public demand truth and transparency!

**Donahoe, Kaitlyn N (SBOH)**

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**From:** Kelly West <kellywest1982@gmail.com>  
**Sent:** Friday, February 26, 2021 5:08 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Covid 19

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**External Email**

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Dear Sirs and Madams,

I do not support the proposed changes to the notifiable conditions regarding Covid-19.

It's not a good idea to label suspected cases as cases and therefore infringe on people's rights by unconstitutionally limiting their freedom.

Covid 19 has an extremely high survival rate. And for those people who get very ill from it, there's an incredibly successful treatment for it, hydrochloroquine and zinc.

Thank you for your time and attention.

Sincerely,

Mrs. Kelly West

## Donahoe, Kaitlyn N (SBOH)

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**From:** Courtney Wilkinson <wilkinson.courtney@gmail.com>  
**Sent:** Friday, February 26, 2021 11:32 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Notifiable conditions change concerns...

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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### External Email

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I am emailing regarding the proposed changes to the Notifiable Conditions. Rolling "suspected cases" into "cases" by redefining what a case is, and allowing a laboratory diagnosis without the consultation of a doctor to define what a case is does not seem to allow for legitimate data to be gathered regarding actual illness. These "cases," are determined by laboratory tests that are not always reliable or under circumstances where a patient cannot meet with their doctor to determine the actual cause of their condition. Changing the definitions of "isolation" and "quarantine" following these possible inaccurate case counts could lead to the involuntary and unnecessary separation of healthy individuals from others. This type of isolation is already proving to be extremely detrimental to the mental and emotional health of our communities. Changing labels and categories does nothing but cause confusion when it seems that energy would be better spent distributing treatment such as Ivermectin. It is a well-known, tested and proven medicine that has been shown to have a tremendous impact on those with Covid-19. Please use your resources and time to find and utilize treatments, rather than just changing the way the infection is categorized.

Thank you for your time,

Courtney Wilkinson  
Wenatchee, WA

Sent from my iPhone

## Donahoe, Kaitlyn N (SBOH)

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**From:** DOH WSBOH  
**Sent:** Friday, February 26, 2021 9:40 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Cc:** Donahoe, Kaitlyn N (SBOH)  
**Subject:** FW: Notifiable conditions change

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

FYI. This came into the Board's inbox on Friday.

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**From:** BWilkinson <dbwilkinson@flymail.net>  
**Sent:** Friday, February 26, 2021 8:33 PM  
**To:** DOH WSBOH <WSBOH@SBOH.WA.GOV>  
**Subject:** Notifiable conditions change

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External Email

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I am emailing regarding the proposed changes to Notifiable Conditions Reporting. I am concerned that the changes will confuse the data and prolong the "pandemic as an emergency situation" rather than let the data show that the infection is slowly getting better. Rolling "suspected cases" into "cases" by redefining what a case is, and allowing a laboratory diagnosis without the consultation of a doctor to define what a case is does not allow for legitimate data to be gathered regarding actual illness. Rather, these "cases," are determined at the mercy of laboratory tests that are not always reliable or under circumstances where a patient cannot meet with their doctor to determine the actual cause of their condition. Changing the definitions of "isolation" and "quarantine" following these possible inaccurate case counts could lead to the involuntary separation of healthy individuals from others. This type of isolation is already proving to be extremely detrimental to the mental health of our communities. Changing labels and categories does nothing but muddy the information waters when the energy would be better spent distributing treatment such as Ivermectin. It is a well-known, tested and proven medicine that has been shown to have a tremendous impact on the symptoms of those with Covid-19. Please use your resources and time to find and utilize treatments, rather than just changing the way the infection is categorized

Thank you,

Rebecca Wilkinson  
Leavenworth, Washington  
[509-670-5048](tel:509-670-5048)



Sent with [ProtonMail](#) Secure Email.

Sent from my iPhone

**Donahoe, Kaitlyn N (SBOH)**

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**From:** Amber Wood <mrsamberwood@gmail.com>  
**Sent:** Thursday, February 25, 2021 8:58 PM  
**To:** DOH WSBOH Notifiable Conditions  
**Subject:** Feedback

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**External Email**

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To whom it may concern,

Over the last year, our freedoms have been seized in the name of public health. The data used for this task has been questioned over and over. In order for health departments to have the respect of the public quality data must be kept.

I urge you not to include "suspected cases" in your case count. Likewise, cases with a flawed testing system do not instill confidence from the public. I urge you not to make these changes.

Thank you for your time,  
Amber

## Donahoe, Kaitlyn N (SBOH)

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**From:** Donahoe, Kaitlyn N (SBOH)  
**Sent:** Wednesday, February 24, 2021 11:41 AM  
**To:** DOH WSBOH Notifiable Conditions; Rotakhina, Sierra D (DOH); Huynh, LinhPhung (DOH)  
**Subject:** FW: Public comments on Chapter 246-101 WAC State Board of Health and Department of Health joint rulemaking on Notifiable Conditions  
**Attachments:** Data collected for notifiable conditions 02-23-20.docx

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**From:** Wysen, Kirsten <Kirsten.Wysen@kingcounty.gov>  
**Sent:** Wednesday, February 24, 2021 11:40 AM  
**To:** Donahoe, Kaitlyn N (SBOH) <kaitlyn.donahoe@sboh.wa.gov>  
**Cc:** Bereket Kiros <bereketkiros@hotmail.com>; Jodilyn Owen <jodilyno@myrvcc.org>; Kimberly Meck <kimberly@disabilitypride.org>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>; tara@myrvcc.org; Yordanos Teferi <yordanosteferi@gmail.com>; Evans, Aselefech <asevans@kingcounty.gov>  
**Subject:** Public comments on Chapter 246-101 WAC State Board of Health and Department of Health joint rulemaking on Notifiable Conditions

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### External Email

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Hello Kaitlyn,

Thank you for the opportunity to provide public comments on proposed changes to the new section of the Washington Administrative Code (WAC) 246-101-011 "Reporting of patient ethnicity, race, and preferred language information," and for the revisions adding "Patient's ethnicity", "Patient's race", and "Patient's preferred language" to WAC 246-101-105 Duties: Health care providers and health care facilities, 246-101-115, Content of case reports: Health care providers and health care facilities, WAC 246-101-205, Duties: Laboratory directors, WAC 246-101-215, Content of documentation accompanying specimen submission: Laboratory directors, 246-101-225, Content of laboratory reports: Laboratory directors.

Here are comments from the Steering Committee of the Pandemic and Racism Community Advisory Group on behalf of the group.

With appreciation,  
Kirsten

Kirsten Wysen, MHSA (she/her pronouns)  
Policy Analyst, Health Policy and Planning  
Director's Office, Public Health – Seattle & King County  
401 5<sup>th</sup> Ave, Suite 1300  
Seattle, WA 98104  
206-263-8757, c: 206-399-6993

February 23, 2021

Dear State Board of Health,

Thank you for the work to update the Notifiable Conditions rules. The Pandemic and Racism Community Advisory Group strongly supports the proposed new requirements for health care providers, facilities, and laboratory directors to add ethnicity, race, and preferred language data when they report notifiable conditions and requests that disability status data be added to these rules.

The requirement to report data by ethnicity, race and language is a vital first step for delivering services and developing policies that are racially fair and just. We agree with your analysis that these new data requirements will allow the public health system and its community partners to tailor public health approaches to specific impacted populations. As you note, the COVID-19 pandemic has highlighted and exacerbated existing and longstanding inequities in the public health system and health care systems and the collection and reporting of race, ethnicity and language data is a necessary first step to identify and design needed culturally-specific strategies.

Our advisory group urges you to also include a requirement to report disability status for notifiable conditions. As community leaders, we see that when data is not collected, it sends a signal that people with disabilities are invisible and expendable. People with disabilities are routinely put on the back burner, and the delays to communicable disease data collection are costly. We ask you how inclusion and representation can move forward now?

The World Health Organization (WHO) recognizes that disability disproportionately affects people of color, women, older people, and poor people. Because Indigenous, Black, and Brown people bear more of the social and health costs of poverty-creating policies and systems, they experience increased rates of disability compared to White peers. The intersection of disability with other oppressed identities compounds the harms of inter-personal, organizational, and systemic racism and other forms of discrimination and creates even greater barriers in achieving health equity.

People with disabilities are often left out of current systems, even though 13% of young people in the school system have disabilities and 25% of the King County population has a form of disability. Centers for Disease Control and Prevention has acknowledged that COVID-19 poses an especially high risk for people with Down syndrome. Research in the UK found that people with Down syndrome were four times more likely than others to be hospitalized due to COVID-19 and 10 times more likely to die from the virus. Adults with dementia may also be at higher risk for COVID-19 according to the CDC. It is important to collect disability status data for infectious diseases.

We see disproportionate burdens of communicable diseases for people who are transgender/LGBTQ + and we ask you to add sexual orientation and gender identity data for notifiable conditions as well. The Feb 5, 2021 MMWR demonstrates that transgender data is often uncollected and when it is that transgender people experience higher rates of health conditions that put them at greater risk of poor COVID-19 outcomes. States such as California, Illinois, Pennsylvania, and DC and several other jurisdictions are collecting or making plans to collect voluntary sexual orientation and gender identity data for COVID-19.

Collecting race, ethnicity, language, disability status, sexual orientation, and gender identity data is called for in the “key equity indicators” sections of the January 2021 Executive Order on “Ensuring a

Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats” and in other sections of the 2021 *National Strategy for the COVID-19 Response and Pandemic Preparedness*. We call upon the State Board of Health and Department of Health to improve data collection for high risk groups as soon as possible.

Some members of our group ask you to consider collecting additional data on where the person was born, and housing status/characteristics such as crowding, and to consult with tribes about how to collect American Indian tribal data.

We urge you to resist pressure from those who may weigh in and voice not to collect detailed race, ethnicity, language preference, disability status, sexual orientation, and gender identity. The proposed data elements are necessary to understand communicable diseases and will save lives. The value of these saved lives outweighs the administrative costs of making procedural changes to collect critical data elements. Hospitals in Washington have reported race and ethnicity data for hospital discharges for decades and the notifiable condition reporting system participants can do the same.

Thank you for considering our recommendations.

Sincerely,

Steering Committee members on behalf of the Pandemic and Racism Community Advisory Group:

Bereket Kiros  
COVID-19 Community Response Alliance

Kimberly Meck  
Alliance of People with disAbilities

Tara Lawal  
Rainier Valley Midwives

Yordanos Teferi  
Community Health Board Coalition

More information about the Pandemic and Racism Community Advisory group is here:  
[www.kingcounty.gov/PARCAG](http://www.kingcounty.gov/PARCAG)