



NOTIFIABLE CONDITIONS

Washington State Board of Health Meeting
April 10, 2024
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Notifiable Conditions Rules

- **WAC 246-101-005** The purpose of this chapter is to provide information to public health authorities that will aid them in protecting and improving the public health through prevention and control of infectious and noninfectious conditions.
- **WAC 246-101-011** Reporting of patient ethnicity, race, and preferred language information. (1) Health care providers and health care facilities shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when: (a) Ordering a laboratory test for a notifiable condition under WAC 246-101-105 (6)(a); and (b) Submitting a case report under WAC 246-101-115.
- **WAC 246-101-220** Means of notification—Laboratory directors. A laboratory director shall: (1) Submit laboratory reports as required under this chapter by secure electronic data transmission. (2) Call the local health jurisdiction in which the case occurred immediately and confirm receipt of a presumptive or final test result for a condition designated as: (a) Immediately notifiable; or (b) Notifiable within twenty-four hours when submitting the test result outside the local health jurisdiction's normal business hours.

Recent Changes January 1, 2023

What's changed?

- New or revised requirements for 74 new or existing conditions
- Revised reporting periods for some conditions
- New or revised reporting contacts for some conditions
- Revised demographic collection requirements with new reporting categories
- New requirement for reporting pregnancy status (for Hep B)
- New requirement for reporting Medicaid status (for blood lead in patients less than 72 months of age)
- Revised criteria for collecting contact information
- Clarifying notification, investigation report, and outbreak report content requirements

Recent Changes *continued*

WAC 246-101-011

Reporting of patient ethnicity, race, and preferred language information.

(1) Health care providers and health care facilities shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when:

- (a) Ordering a laboratory test for a notifiable condition under WAC [246-101-105](#) (6)(a); and
- (b) Submitting a case report under WAC [246-101-115](#).

(2) Laboratory directors shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when:

- (a) Referring a specimen of a notifiable condition to reference laboratory for testing under WAC [246-101-205](#)
- (b) Submitting a specimen to the Washington state public health laboratories under WAC [246-101-215](#); and
- (c) Submitting a laboratory report under WAC [246-101-225](#).

Recent Changes *continued*

(3) A local health officer shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when submitting an investigation report under WAC [246-101-513](#).

(4) Patient's ethnicity shall be identified by the patient and reported using one of the following categories:

- (a) Hispanic, Latino/a, Latinx;
- (b) Non-Hispanic, Latino/a, Latinx;
- (c) Patient declined to respond; or
- (d) Unknown.

(5) Patient's race shall be identified by the patient and reported using one or more of the following categories; if the patient self-identifies as more than one race, each race shall be reported:

Recent Changes *continued*

- (a) Afghan;
- (b) Afro-Caribbean;
- (c) Alaska Native;
- (d) American Indian;
- (e) Arab;
- (f) Asian;
- (g) Asian Indian;
- (h) Bamar/Burman/Burmese;
- (i) Bangladeshi;
- (j) Bhutanese;
- (k) Black or African American;
- (l) Central American;
- (m) Cham;
- (n) Chicano/a or Chicanx;
- (o) Chinese;
- (p) Congolese;
- (q) Cuban;
- (r) Dominican;
- (s) Egyptian;
- (t) Eritrean;
- (u) Ethiopian;
- (v) Fijian;
- (w) Filipino;

Recent Changes *continued*

- (x) First Nations;
- (y) Guamanian or Chamorro;
- (z) Hmong/Mong;
- (aa) Indigenous-Latino/a or Indigenous-Latinx;
- (bb) Indonesian;
- (cc) Iranian;
- (dd) Iraqi;
- (ee) Japanese;
- (ff) Jordanian;
- (gg) Karen;
- (hh) Kenyan;
- (ii) Khmer/Cambodian;
- (jj) Korean;
- (kk) Kuwaiti;
- (ll) Lao;
- (mm) Lebanese;
- (nn) Malaysian;
- (oo) Marshallese;
- (pp) Mestizo;
- (qq) Mexican/Mexican American;
- (rr) Middle Eastern;
- (ss) Mien;
- (tt) Moroccan;
- (uu) Native Hawaiian;
- (vv) Nepalese;
- (ww) North African;

Recent Changes *continued*

- (xx) Oromo;
- (yy) Pacific Islander;
- (zz) Pakistani;
- (aaa) Puerto Rican;
- (bbb) Romanian/Rumanian;
- (ccc) Russian;
- (ddd) Samoan;
- (eee) Saudi Arabian;
- (fff) Somali;
- (ggg) South African;
- (hhh) South American;
- (iii) Syrian;
- (jjj) Taiwanese;
- (kkk) Thai;
- (lll) Tongan;
- (mmm) Ugandan;
- (nnn) Ukrainian;
- (ooo) Vietnamese;
- (ppp) White;
- (qqq) Yemeni;
- (rrr) Other race;
- (sss) Patient declined to respond; and
- (ttt) Unknown.

(6) Patient's preferred language shall be identified by the patient and reported using one of the following categories:

- (a) Amharic;
- (b) Arabic;
- (c) Balochi/Baluchi;
- (d) Burmese;
- (e) Cantonese;
- (f) Chinese (unspecified);
- (g) Chamorro;
- (h) Chuukese;
- (i) Dari;
- (j) English;
- (k) Farsi/Persian;
- (l) Fijian;
- (m) Filipino/Pilipino;
- (n) French;
- (o) German;
- (p) Hindi;
- (q) Hmong;
- (r) Japanese;
- (s) Karen;
- (t) Khmer/Cambodian;
- (u) Kinyarwanda;
- (v) Korean;
- (w) Kosraean;
- (x) Lao;

Preferred Language *continued*

- (y) Mandarin;
- (z) Marshallese;
- (aa) Mixteco;
- (bb) Nepali;
- (cc) Oromo;
- (dd) Panjabi/Punjabi;
- (ee) Pashto;
- (ff) Portuguese;
- (gg) Romanian/Rumanian;
- (hh) Russian;
- (ii) Samoan;
- (jj) Sign languages;
- (kk) Somali;
- (ll) Spanish/Castilian;
- (mm) Swahili/Kiswahili;
- (nn) Tagalog;
- (oo) Tamil;
- (pp) Telugu;
- (qq) Thai;
- (rr) Tigrinya;
- (ss) Ukrainian;
- (tt) Urdu;
- (uu) Vietnamese;
- (vv) Other language;
- (ww) Patient declined to respond; or
- (xx) Unknown.

Completeness of Data

- (a) Patient's first and last name;
- (b) Patient's physical address including zip code;
- (c) Patient's date of birth;
- (d) Patient's sex;
- (e) Patient's ethnicity, as required in WAC 246-101-011(4);
- (f) Patient's race, as required in WAC 246-101-011(5);
- (g) Patient's preferred language, as required in WAC 246-101-011(6);
- (h) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients twelve to fifty years of age;
- (i) Patient's best contact telephone number;
- (j) For blood lead level, medicaid status of patients less than seventy-two months of age;
- (k) Requesting health care provider's name;
- (l) Requesting health care provider's phone number;
- (m) Address where patient received care;
- (n) Name of submitting laboratory;
- (o) Telephone number of submitting laboratory;
- (p) Specimen type;
- (q) Specimen collection date;
- (r) Date laboratory received specimen;
- (s) Test method used; and
- (t) Test result

WAC 246-101-225 (1)	Count of Missing Data	Count of Messages/Results#	% Missing Data
(a) Patient's first and last name	3	98123	0.003%
(b) Patient's physical address	4314	98123	4.397%
Patient's physical ZIP code	3904	98123	3.979%
(c) Patient's date of birth	62	98123	0.063%
(d) Patient's sex	4	98123	0.004%
(e) Patient's ethnicity, as required in WAC 246-101-011(4)	4585	98123	4.673%
(f) Patient's race, as required in WAC 246-101-011(5)	12145	98123	12.377%
(g) Patient's preferred language, as required in WAC 246-101-011(6)	47056	98123	47.956%
(h) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients twelve to fifty years of age	12954	15221	85.106%
(i) Patient's best contact telephone number	11831	98123	12.057%
(j) For blood lead level, medicaid status of patients less than seventy-two months of age	9676	9819	98.544%
(k) Requesting health care provider's name	14103	98123	14.373%
(l) Requesting health care provider's phone number	21643	98123	22.057%
(m) Address where patient received care	9290	98123	9.468%
(n) Name of submitting laboratory*	-	-	-
(o) Telephone number of submitting laboratory*	-	-	-
(p) Specimen type	27967	188147	14.864%
(q) Specimen collection date	2	188147	0.001%
(r) Date laboratory received specimen	3197	188147	1.699%
(s) Test method used and	18	188147	0.010%
(t) Test result	303	188147	0.161%

Data source: WELRS and WDRS database; Time frame: 1/27/2024-3/27/2024.

* Submitter's information are collected by onboarding process, saved in the system, and attached to records when they are received. Percentage of missing values are expected to be low.

Change Considerations

Addition, edits and deletions of conditions

- Examples include Hansen's disease (*Mycobacterium leprae*), RSV hospitalizations/death, influenza hospitalizations/deaths, COVID-19 hospitalizations/death

Current COVID-19 Requirements

- The Washington State Board of Health (Board) has the authority under RCW 43.20.050 to adopt rules for the prevention and control of infectious and noninfectious diseases. The purpose of chapter 246- 101 WAC, Notifiable Conditions, is to provide critical information to public health authorities to aid them in protecting and improving public health through prevention and control of disease. The Board adopted revisions to chapter 246-101 WAC in March 2021. Of the many revisions, COVID-19 was **designated as a notifiable condition permanent basis**. These revisions went into effect January 1, 2023.
- **WAC 246-101-200**
- **Rapid screening testing.**
 - An individual or entity including, but not limited to, health care providers and health care facilities, that conduct an RST for any of the following conditions, meets the definition of a laboratory under this chapter, and shall comply with WAC [246-101-201](#) through [246-101-230](#):
 - (1) Blood lead level testing;
 - (2) Hepatitis C (acute infection);
 - (3) Hepatitis C (chronic infection);
 - (4) HIV infection; or
 - **(5) Novel coronavirus (COVID-19)**
- The Pandemic has now been declared over and the fact of it is, many providers and patients are not testing nor reporting COVID-19.

Respiratory Activity Levels

Respiratory Disease Activity Levels In Emergency Department Visits



This report shows thresholds of disease activity levels for COVID-19, Respiratory Syncytial Virus (RSV), and influenza (flu) in Washington state calculated using emergency department (ED) visits from October 01, 2023 through March 16, 2024. This report is updated weekly.

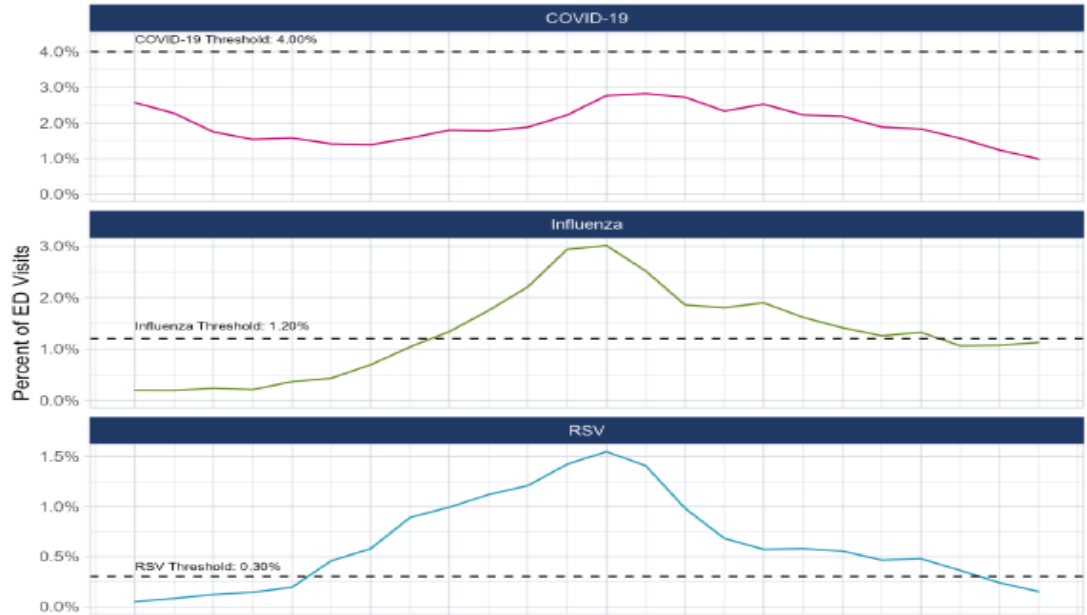
When the percent of ED visits for a virus is above its activity level threshold, it is a sign that there is increased spread of that virus.

Status of Viral Respiratory Condition Activity Levels

Condition	Status	Current Week	Disease Activity Level Threshold*
COVID-19	Low	0.99%	4.00%
Influenza	Low	1.13%	1.20%
RSV	Low	0.15%	0.30%

*Current percentages and thresholds are the percent of ED visits.

Percent of ED Visits for Viral Respiratory Conditions October 01, 2023 through March 16, 2024



Change Considerations

- **Definition of a Notifiable Condition**

- Surprisingly undefined at both national and state level

- **Purpose and scope**

(1) The purpose of this chapter is to provide critical information to public health authorities to aid them in protecting and improving the public's health through prevention and control of infectious and noninfectious conditions. Public health authorities use the information gathered under this chapter to take appropriate action including, but not limited to:

- (a) Treating ill persons;
- (b) Providing preventive therapies for individuals who came into contact with infectious agents;
- (c) Investigating and halting outbreaks;
- (d) Removing harmful health exposures from the environment;
- (e) Assessing broader health-related patterns, including historical trends, geographic clustering, and risk factors; and
- (f) Redirecting program activities and developing policies based on broader health-related patterns.

Other Aspects of Notifiable Conditions

WAC 246-101-420 Duties—Schools. A school shall:

- (1) Notify the local health jurisdiction of cases, outbreaks, and suspected outbreaks of notifiable conditions in Table HC-1 of WAC 246-101-101 that may be associated with the school.
- (2) Cooperate with the local health jurisdiction in monitoring influenza.
- (3) Consult with a health care provider or the local health jurisdiction for information about the control and prevention of infectious conditions, as necessary.
- (4) Cooperate with public health authorities in their investigation and control of cases, outbreaks, and suspected outbreaks that may be associated with the school.
- (5) Release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
- (6) Establish and implement policies and procedures to maintain confidentiality related to health care information in their possession.

Other Aspects of Notifiable Conditions

Duties—Child care facilities.

(1) For the purposes of this section "child care facility" means an agency that regularly provides early childhood education and early learning services for a group of children for less than twenty-four hours a day and is subject to licensing under chapter 74.15 or 43.216 RCW, or both.

(2) A child care facility shall:

- (a) Notify the local health jurisdiction of cases, outbreaks, and suspected outbreaks of notifiable conditions in Table HC-1 of WAC 246-101-101 that may be associated with the child care facility.
- (b) Consult with a health care provider or the local health jurisdiction for information about the control and prevention of infectious conditions, as necessary.
- (c) Cooperate with public health authorities in their investigation and control of cases, outbreaks, and suspected outbreaks that may be associated with the child care facility.
- (d) Establish and implement policies and procedures to maintain confidentiality related to health care information in their possession.

Other Aspects of Notifiable Conditions

- **Temporary Worker Housing Rules**
- **WAC 246-358-175**
- **Disease prevention and control**

The operator shall:

- (1) Cooperate with the local health jurisdiction and department of health in the investigation and control of cases, suspected cases, outbreaks, and suspected outbreaks of communicable diseases or notifiable conditions.
- (2) Report immediately to the local health jurisdiction the name and address of any occupant or occupants known to have or suspected of having:
 - (a) Any communicable diseases made notifiable by emergency rule or emergency declaration;
 - (b) An outbreak of foodborne or waterborne illness; or
 - (c) Any occurrence of the following symptoms in two or more occupants:
 - (i) Fever, diarrhea, sore throat, vomiting, or jaundice; or
 - (ii) Coughing up blood or a cough lasting three weeks or longer.



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