# COMMUNICABLE DISEASES

## What must a physician do to prevent the spread of communicable diseases?

A physician must provide adequate and understandable instructions in control measures designed to prevent the spread of a communicable disease to the following people:

* Each patient with a communicable disease under the physician’s care.[[1]](#footnote-1)
* Contacts who may have been exposed to the disease.[[2]](#footnote-2)
* Others as appropriate to prevent the spread of the disease.[[3]](#footnote-3)

A physician must also ensure notification of the local health department concerning:

* Cases or suspected cases of notifiable conditions specified as notifiable to local health departments.[[4]](#footnote-4) See **NOTIFIABLE CONDITIONS**.
* Outbreaks or suspected outbreaks of disease, including, but not limited to, suspected or confirmed outbreaks of varicella, influenza, viral meningitis, health care associated infection suspected to be due to contaminated food products or devices, or environmentally related diseases.[[5]](#footnote-5)
* Known barriers which might impede or prevent compliance with orders for infection control or quarantine.[[6]](#footnote-6)
* Name, address, and other pertinent information for any case, suspected case or carrier refusing to comply with prescribed infection control measures.[[7]](#footnote-7)

A physician must notify the Washington State Department of Health (DOH) concerning:

* Cases of notifiable conditions designated as notifiable to the DOH.[[8]](#footnote-8) See **NOTIFIABLE CONDITIONS**.
* Conditions designated as notifiable to the local health department when the local health department is closed or its representatives are unavailable at the time that a case or suspected case of an immediately notifiable condition or an outbreak or suspected outbreak of a communicable disease occurs.[[9]](#footnote-9) See **NOTIFIABLE CONDITIONS**.
* Any pesticide poisoning that is fatal, causes hospitalization or occurs in a cluster.[[10]](#footnote-10)

A physician also must:

* Assure that positive preliminary and final test results for notifiable conditions of specimens referred to laboratories outside Washington State for testing are correctly reported to the local health department of the patient’s residence, to the DOH, or both, by either:
  + Arranging for the referral laboratory to notify either the local health department, the DOH, or both; or
  + Forwarding the notification of the test result from the referral laboratory to the local health department, the DOH, or both.[[11]](#footnote-11)
* Cooperate with public health authorities during investigation of:
  + Circumstances of a case or suspected case of a notifiable condition or other communicable disease.
  + An outbreak or suspected outbreak of disease.[[12]](#footnote-12)
* Maintain responsibility for deciding the date of discharge for hospitalized tuberculosis patients.[[13]](#footnote-13)
* Notify the local health officer of the intended discharge of tuberculosis patients in order to assure that appropriate outpatient arrangements are made.[[14]](#footnote-14)
* When ordering a laboratory test for a notifiable condition, physicians must provide the laboratory with the following information for each test ordered:
  + The patient’s name;
  + The patient’s address, including zip code;
  + The patient’s date of birth;
  + The patient’s sex;
  + Name of the principal health care provider;
  + Type of test ordered;
  + Type of specimen; and
  + Date of ordering the specimen collection.[[15]](#footnote-15)

Additional duties are imposed on physicians who diagnose patients with AIDS, HIV, STDs or tuberculosis. See **AIDS/HIV/STD**; and **TUBERCULOSIS**.

## What is the time requirement for reporting outbreaks or suspected outbreaks of disease?

A physician must immediately report to the local health officer any cluster or pattern of cases, suspected cases, deaths, or increased incidence of any disease or condition beyond that expected in a given period that may indicate an outbreak, epidemic, or related public health hazard. Such patterns include, but are not limited to, suspected or confirmed outbreaks of food-borne or water-borne disease, varicella, influenza, viral meningitis, health care associated infection suspected due to contaminated products or devices, or environmentally related disease.[[16]](#footnote-16) This reporting requirement applies twenty-four hours a day, seven days a week. A physician sending a report by secure facsimile copy or electronic transmission during normal business hours must confirm immediate receipt by a live person.[[17]](#footnote-17) A list of local health department numbers can be found at [www.doh.wa.gov/Portals/1/Documents/1200/phsd-LHJ.pdf](http://www.doh.wa.gov/Portals/1/Documents/1200/phsd-LHJ.pdf).

## What if the local health department cannot be contacted?

Each local health jurisdiction maintains after-hours emergency phone contacts for the purpose of reporting immediately notifiable conditions, diseases, and outbreaks.[[18]](#footnote-18) A list of these emergency numbers can be found at [www.doh.wa.gov/Portals/1/Documents/1200/phsd-LHJ.pdf](http://www.doh.wa.gov/Portals/1/Documents/1200/phsd-LHJ.pdf). If, however, the local health department cannot be reached, the DOH’s office of Communicable Disease Epidemiology also has a 24-hour hotline number for these kinds of reports: toll free insider Washington only: (877) 539-4344(206). Consultations and technical assistance for reporting reportable diseases and conditions, outbreaks or suspected outbreaks is also available by telephone at: (206) 418-5500 (24 hour contact) and secure facsimile (206) 418-5515.[[19]](#footnote-19)

## What must the physician include in a communicable disease report?

A physician must include the following information for each case or suspected case of a notifiable communicable disease:

* Name, address, telephone number, date of birth, and sex of the patient.
* Diagnosis or suspected diagnosis of disease or condition.
* Pertinent laboratory data, if available.
* Name, address, and telephone number of the principal health care provider.
* Name and telephone number of the person providing the report.
* Any other information that the DOH may require on forms it generates.
* Any other information of epidemiological or public health value that the local or state health officer may require.[[20]](#footnote-20)

## Must birth defects be reported?

Yes. See **BIRTH DEFECTS**.

## Are there penalties for failing to file a required report?

Yes. Failure to file a required report can constitute unprofessional conduct, which may result in disciplinary action.[[21]](#footnote-21) See **UNPROFESSIONAL CONDUCT**. Also, if the failure to file a required communicable disease report is the proximate cause of an actionable injury, it could subject the physician to civil liability.

1. WAC 246-100-021(1)(a); WAC 246-101-105(7). [↑](#footnote-ref-1)
2. WAC 246-101-105(7). [↑](#footnote-ref-2)
3. WAC 246-100-021(1)(b). [↑](#footnote-ref-3)
4. WAC 246-101-105(1)(a) (referring to table of notifiable conditions in WAC 246-101-101); WAC 246-101-105(1)(b) (designated notifiable by local health officer). [↑](#footnote-ref-4)
5. WAC 246-101-105(1)(c). [↑](#footnote-ref-5)
6. WAC 246-101-105(1)(d). [↑](#footnote-ref-6)
7. WAC 246-101-105(1)(e). [↑](#footnote-ref-7)
8. WAC 246-101-105(4) (referring to table of notifiable conditions in WAC 246-101-101). [↑](#footnote-ref-8)
9. WAC 246-101-105(2). [↑](#footnote-ref-9)
10. WAC 246-101-105(3). [↑](#footnote-ref-10)
11. WAC 246-101-105(5). [↑](#footnote-ref-11)
12. WAC 246-101-105(6); WAC 246-100-021(2). [↑](#footnote-ref-12)
13. WAC 246-101-105(8). [↑](#footnote-ref-13)
14. WAC 246-101-105(9). [↑](#footnote-ref-14)
15. WAC 246-101-105(10). [↑](#footnote-ref-15)
16. WAC 246-101-110(1); WAC 246-101-101 Table HC-1; WAC 246-101-105(1)(c). [↑](#footnote-ref-16)
17. WAC 246-101-110(1). [↑](#footnote-ref-17)
18. WAC 246-101-110(1). [↑](#footnote-ref-18)
19. See <http://www.doh.wa.gov/Portals/1/Documents/5100/210-001-Poster-HCP.pdf>. See also <http://www.doh.wa.gov/AboutUs/ProgramsandServices/DiseaseControlandHealthStatistics/CommunicableDiseaseEpidemiology.aspx>. [↑](#footnote-ref-19)
20. WAC 246-101-115. [↑](#footnote-ref-20)
21. RCW 18.130.180(11). [↑](#footnote-ref-21)