# NOTIFIABLE CONDITIONS

## What is the purpose of notifiable conditions reporting?

The purpose of notifiable conditions reporting is to provide the information necessary for public health officials to protect the public’s health by tracking communicable diseases and other conditions and taking appropriate measures to prevent and control their spread.[[1]](#footnote-1)

## What is a notifiable condition?

A notifiable condition means a disease or condition of public health importance, a case of which, and, for certain diseases, a suspected case of which, must be brought to the attention of the local health officer or the state health officer.[[2]](#footnote-2)

**What is an “immediately notifiable condition”?**

An immediately notifiable condition is a notifiable condition of urgent public health importance, a case or suspected case of which must be reported immediately at the time of diagnosis or suspected diagnosis.[[3]](#footnote-3)

## What notifiable conditions must physicians report?

Physicians must notify public health authorities of the following notifiable conditions as follows:[[4]](#footnote-4)

| **Notifiable Condition** | **Time Frame for Notification** | **Notifiable to Whom** |
| --- | --- | --- |
| Acquired Immunodeficiency Syndrome (AIDS) | Within 3 work days | Local Health Department |
| Animal Bites | Immediately | Local Health Department |
| Anthrax | Immediately | Local Health Department |
| Arboviral Disease | Within 3 work days | Local Health Department |
| Asthma, occupational | Monthly | State Department of Health |
| Birth Defects — Autism Spectrum Disorders | Monthly | State Department of Health |
| Birth Defects — Cerebral Palsy | Monthly | State Department of Health |
| Birth Defects — Alcohol-related Birth Defects | Monthly | State Department of Health |
| Botulism (foodborne, infant, and wound) | Immediately | Local Health Department |
| Brucellosis (*Brucella* species) | Within 24 hours | Local Health Department |
| *Burkholderia mallei* (Glanders) and *pseudomallei* (Melioidosis) | Immediately | Local Health Department |
| Campylobacterosis | Within 3 work days | Local Health Department |
| Chancroid | Within 3 work days | Local Health Department |
| *Chlamydia trachomatis* infection | Within 3 work days | Local Health Department |
| Cholera | Immediately | Local Health Department |
| Cryptosporidiosis | Within 3 work days | Local Health Department |
| Cyclosporiasis | Within 3 work days | Local Health Department |
| Diphtheria | Immediately | Local Health Department |
| Disease of suspected bioterrorism origin | Immediately | Local Health Department |
| Domoic acid poisoning | Immediately | Local Health Department |
| *E. coli* Refer to “Shiga toxin-producing *E. coli*” | Immediately | Local Health Department |
| Emerging condition with outbreak potential | Immediately | Local Health Department |
| Giardiasis | Within 3 work days | Local Health Department |
| Gonorrhea | Within 3 work days | Local Health Department |
| Granuloma inguinale | Within 3 work days | Local Health Department |
| *Haemophilius influenzae* (invasive disease, children under age 5) | Immediately | Local Health Department |
| Hantavirus pulmonary syndrome | Within 24 hours | Local Health Department |
| Hepatitis A (acute infection) | Within 24 hours | Local Health Department |
| Hepatitis B (acute infection) | Within 24 hours | Local Health Department |
| Hepatitis B surface antigen pregnant women | Within 3 work days | Local Health Department |
| Hepatitis B (chronic infection) – Initial diagnosis, and previously unreported prevalent cases | Monthly | Local Health Department |
| Hepatitis C – (Acute infection) | Within 3 work days | Local Health Department |
| Hepatitis C – (Chronic infection) | Monthly | Local Health Department |
| Hepatitis D – (Acute and chronic infections) | Within 3 work days | Local Health Department |
| Hepatitis E – (acute infection) | Within 24 hours | Local Health Department |
| Herpes simplex, neonatal and genital (initial infection only) | Within 3 work days | Local Health Department |
| Human immunodeficiency virus (HIV) infection | Within 3 work days | Local Health Department |
| Influenza, novel or unsubtypable strain) | Immediately | Local Health Department |
| Influenza-associated death (lab confirmed) | Within 3 work days | Local Health Department |
| Legionellosis | Within 24 hours | Local Health Department |
| Leptospirosis | Within 24 hours | Local Health Department |
| Listeriosis | Within 24 hours | Local Health Department |
| Lyme Disease | Within 3 work days | Local Health Department |
| Lymphogranuloma venereum | Within 3 work days | Local Health Department |
| Malaria | Within 3 work days | Local Health Department |
| Measles (rubeola) – acute disease only | Immediately | Local Health Department |
| Meningococcal disease (invasive) | Immediately | Local Health Department |
| Monkeypox | Immediately | Local Health Department |
| Mumps (acute disease only) | Within 24 hours | Local Health Department |
| Outbreaks of suspected foodborne origin | Immediately | Local Health Department |
| Paralytic shellfish poisoning | Immediately | Local Health Department |
| Pertussis | Immediately | Local Health Department |
| Pesticide poisoning (hospitalized, fatal, or cluster) | Immediately | State Department of Health |
| Pesticide poisoning (all other) | Within 3 work days | State Department of Health |
| Plague | Immediately | Local Health Department |
| Poliomyelitis | Immediately | Local Health Department |
| Prion disease | Within 3 work days | Local Health Department |
| Psittacosis | Within 24 hours | Local Health Department |
| Q Fever | Within 24 hours | Local Health Department |
| Rabies (confirmed human or animal) | Immediately | Local Health Department |
| Relapsing fever (borreliosis) | Within 24 hours | Local Health Department |
| Rubella (including congenital rubella syndrome) (acute disease only) | Immediately | Local Health Department |
| Salmonellosis | within 24 hours | Local Health Department |
| SARS | Immediately | Local Health Department |
| Serious adverse reactions to immunizations | Within 3 work days | Local Health Department |
| Shiga toxin-producing *E. coli* infections (enterohemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7) | Immediately | Local Health Department |
| Shigellosis | Within 24 hours | Local Health Department |
| Smallpox | Immediately | Local Health Department |
| Syphilis | Within 3 work days | Local Health Department |
| Tetanus | Within 3 work days | Local Health Department |
| Trichinosis | Within 3 work days | Local Health Department |
| Tuberculosis | Immediately | Local Health Department |
| Tularemia | Immediately | Local Health Department |
| Vaccinia transmission | Immediately | Local Health Department |
| Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin-intermediate) | Within 24 hours | Local Health Department |
| Varicella-associated death | Within 3 work days | Local Health Department |
| Vibriosis | Within 24 hours | Local Health Department |
| Viral hemorrhagic fever | Immediately | Local Health Department |
| Yellow fever | Immediately | Local Health Department |
| Yersiniosis | Within 24 hours | Local Health Department |
| Other rare diseases of public health significance | Within 24 hours | Local Health Department |
| Unexplained critical illness or death | Within 24 hours | Local Health Department |

**How must reports of notifiable conditions be made?**

Conditions listed as immediately notifiable must be reported by telephone or by secure facsimile copy or secure electronic transmission of a written case report. A party sending information by facsimile or electronic transmission during business hours must confirm immediate receipt by a live person.[[5]](#footnote-5)

Conditions designated as notifiable within 24 hours must be reported to the local health officer or the Department of Health (as specified in the above list) within 24 hours of diagnosis or suspected diagnosis. Reports during normal business hours may be sent by secure electronic transmission, telephone, or secure facsimile copy.[[6]](#footnote-6)

Conditions listed as notifiable within three work days must be reported by written case report, secure electronic transmission, or secure facsimile copy.[[7]](#footnote-7)

Conditions listed as notifiable on a monthly basis must also be reported by written case report, secure electronic transmission, or secure facsimile copy.[[8]](#footnote-8)

For conditions designated as notifiable to the local health department, a physician must notify the state Department of Health when the local health department is closed or its representatives are unavailable at the time a case or suspected case of an immediately notifiable condition or an outbreak or suspected outbreak of a communicable disease occurs.[[9]](#footnote-9) The Department of Health has a 24-hour hotline number, (206) 418-5500 or (877) 539-4344 (Toll-free), for reporting notifiable conditions, outbreaks, or suspected outbreaks.

**What must a report of a notifiable condition contain?**

For each notifiable condition, physicians must provide the following information for each case or suspected case:[[10]](#footnote-10)

* Patient name, address, telephone number, date of birth, and sex.
* Diagnosis or suspected diagnosis of disease or condition.
* Pertinent laboratory data, if available.
* Name and address or telephone number of the principal health care provider.
* Name and address or telephone number of the person providing the report.
* Any other information the Department of Health may require on forms it generates.
* Any other information of epidemiological or public health value the local health officer or state health officer may require.[[11]](#footnote-11)

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

See **Communicable Diseases**.

**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.[[12]](#footnote-12) See **UNPROFESSIONAL CONDUCT**. Also, if the failure to file a required report is the proximate cause of an actionable injury, it could subject the physician to civil liability.

1. WAC 246-101-005. [↑](#footnote-ref-1)
2. WAC 246-101-010(31). [↑](#footnote-ref-2)
3. WAC 246-101-010(21). [↑](#footnote-ref-3)
4. WAC 246-101-101, Table HC-1. [↑](#footnote-ref-4)
5. WAC 246-101-110(1). [↑](#footnote-ref-5)
6. WAC 246-101-110(2). [↑](#footnote-ref-6)
7. WAC 246-101-110(3). [↑](#footnote-ref-7)
8. WAC 246-101-110(4). [↑](#footnote-ref-8)
9. WAC 246-101-105(2). [↑](#footnote-ref-9)
10. WAC 246-101-115(1). [↑](#footnote-ref-10)
11. WAC 246-101-115(2). [↑](#footnote-ref-11)
12. RCW 18.130.180(11). [↑](#footnote-ref-12)