


Notifiable to the [local health jurisdiction](#) (LHJ) of the patient's residence
unless otherwise designated

If unable to reach the LHJ of the patient's residence, please call: 1-877-539-4344
(If patient residence is unknown, notify the LHJ of the health care provider that ordered the diagnostic test)

IMMEDIATELY NOTIFIABLE

Requires a phone call to reach a live person at the local health jurisdiction, 24/7. **Must be reported as soon as clinically suspected.**

Amebic meningitis

 Anthrax (*Bacillus anthracis* and confirmed *Bacillus cereus* biovar *anthracis* only - Do not report all *Bacillus cereus*)

Botulism, foodborne, infant, and wound

 Cholera (*Vibrio cholerae* O1 or O139)

Coronavirus infection (severe communicable)

 SARS-associated coronavirus
MERS-associated coronavirus
Novel coronavirus (COVID-19)

Diphtheria

Domoic acid poisoning

E. coli (See "*Shiga toxin-producing E. coli*")

 Glanders (*Burkholderia mallei*)

 *Haemophilus influenzae* (invasive disease, children under 5 years of age)

Influenza, novel or unsubtypeable strain

Measles (rubeola) - Acute disease only


 Melioidosis (*Burkholderia pseudomallei*)

Meningococcal disease, invasive

Monkeypox (Mpox)

Outbreaks and suspected outbreaks

Paralytic shellfish poisoning

 Pesticide poisoning (hospitalized, fatal, or cluster):
1-800-222-1222


Plague

Poliomyelitis

 Rabies (suspect or laboratory confirmed human cases and laboratory confirmed animal cases)

Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)

Rubella, acute disease only (including congenital rubella syndrome)

 Shiga toxin-producing *E. coli* (STEC) infections/
enterohemorrhagic *E. coli* infections

Smallpox

Tularemia

Vaccinia transmission

Viral hemorrhagic fever

Yellow fever

NOTIFIABLE WITHIN 24 HOURS

Requires a phone call if reporting after normal public health business hours.


Baylisascariasis

Brucellosis

Candida auris infection or colonization

Hantaviral infection


 Hepatitis A (acute infection)

 Hepatitis B (acute infection)*

 Hepatitis C (acute infection)

 Hepatitis C (perinatal) - Initial diagnosis, and previously unreported cases

 Hepatitis D (acute and chronic infection)

 Hepatitis E (acute infection)

Legionellosis

Leptospirosis

Listeriosis

Mumps, acute disease only

Pertussis

Psittacosis

Q fever

Salmonellosis

Shigellosis

Tuberculosis disease (confirmed or highly suspicious, i.e., initiation of empiric treatment)

 Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin-intermediate)

 Vibriosis (*Vibrio* species not including *Vibrio cholerae* O1 or O139)

Yersiniosis

Unexplained critical illness or death

LEGEND

 Laboratory Confirmation Required Before Submitting Case Report

 Notifiable to Department of Health

Notifiable Conditions: HEALTH CARE PROVIDERS/FACILITIES

NOTIFIABLE WITHIN 3 BUSINESS DAYS

Acquired immunodeficiency syndrome (AIDS)

Notifiable to: DOH (for facilities) and LHJ (for providers)

Anaplasmosis

Arboviral disease (acute disease only) including, but not limited to:

- Chikungunya
- Dengue
- Eastern and western equine encephalitis
- Japanese encephalitis
- La Crosse encephalitis
- Powassan virus infection
- St. Louis encephalitis
- West Nile virus infection
- Zika virus infection
- See also "Yellow fever"

Babesiosis

Campylobacteriosis

 Carbapenem-resistant Enterobacteriaceae infections limited to:


- Klebsiella* species
- E. coli*
- Enterobacter* species

Chagas disease

Chancroid

 *Chlamydia trachomatis* infection

Coccidioidomycosis

 *Cryptococcus gattii* or undifferentiated *Cryptococcus* species (i.e., *Cryptococcus* not identified as *C. neoformans*)

Cryptosporidiosis

Cyclosporiasis

Cysticercosis

Echinococcosis

Ehrlichiosis


Giardiasis

Gonorrhea

Granuloma inguinale

 Hepatitis B, report pregnancy in hepatitis B virus infected patients (including carriers)*

 Hepatitis B (chronic infection) - Initial diagnosis, and previously unreported prevalent cases*

 Hepatitis B (perinatal) - Initial diagnosis, and previously unreported cases*

 Hepatitis C (chronic infection)

Herpes simplex, neonatal and genital (initial infection only)
(Providers)

Histoplasmosis

Human immunodeficiency virus (HIV) infection

Human prion disease

 Influenza-associated death (laboratory confirmed)

Lyme disease

Lymphogranuloma venereum

Malaria

 Pesticide poisoning (all other)

Relapsing fever (borreliosis)

Rickettsia infection

Serious adverse reactions to immunizations

Syphilis

Taeniasis

Tetanus


Tick paralysis

Trichinosis

Typhus

Varicella-associated death


NOTIFIABLE WITHIN 30 DAYS

 Birth defects (Alcohol related, Autism spectrum disorders and Cerebral palsy)


Cancer ([See chapter 246-102 WAC](#)) wscr@doh.wa.gov

Facilities only

 Birth defects - Abdominal wall defects (inclusive of gastroschisis and omphalocele)

 Birth defects (Down syndrome, Hypospadias and Limb reductions)

 Birth defects - Neural tube defects (inclusive of anencephaly and spina bifida)

 Birth defects - Oral clefts (inclusive of cleft lip with/without cleft palate)

 Gunshot wounds (nonfatal)

For birth defects listed above, call 360-236-3533

Notifiable to L&I – 360-902-5669

Asthma, occupational

Hypersensitivity pneumonitis, occupational

Silicosis

[L&I: Washington state Department of Labor and Industries](#)

RAPID SCREENING TESTS

Providers and facilities performing blood lead level RST shall report as a laboratory and comply with the requirements of WAC 246-101-201 through 246-101-230.

Blood lead level**

RST results (See WAC 246-101-200)

Coronavirus infection (severe communicable)

Novel coronavirus (COVID-19)

RST results (See WAC 246-101-200)

Hepatitis C (acute infection)

RST results (See WAC 246-101-200)

Hepatitis C (chronic infection)

RST results (See WAC 246-101-200)

Human immunodeficiency virus (HIV) infection

RST results (See WAC 246-101-200)

The conditions listed above are notifiable to public health authorities in Washington in accordance with [WAC 246-101](#). The following information is required when reporting a condition that occurs in or is treated by health care providers and facilities:

Patient's: first and last name, physical address including zip code, date of birth, sex, ethnicity, race, preferred language, best contact telephone number, requesting healthcare provider's name, requesting health care provider's phone number; address where patient received care, name of submitting laboratory, telephone number of submitting laboratory, specimen type, specimen collection date, date laboratory received specimen, test method used, and test result.

*For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patient twelve to fifty years of age

**For blood lead level, Medicaid status of patient less than seventy-two months of age

Note: This poster does not include information about provisional reporting notifications, for more information please visit:

<https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions>



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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.