

Notifiable Conditions & Washington's Laboratories



The following laboratory results (preliminary or confirmed) are notifiable to local public health authorities in Washington in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes.

Immediately notifiable results are indicated in bold. Information provided must include: specimen type; name and telephone number of laboratory; date specimen collected; date specimen received; requesting health care provider's name and telephone number or address; test result; name of patient (if available) or patient identifier; sex and date of birth or age of patient (if available).

Arboviruses ^{2d *}

(West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, Powassan, California serogroup, Chikungunya)

Acute: IgM positivity, PCR positivity, viral isolation

Bacillus anthracis (Anthrax) ^{Imm * !}

Blood lead level (elevated) ^{2d & i}

Blood lead level (non-elevated) ^{Mo & i}

Bordetella pertussis (Pertussis) ^{24h * !}

Borrelia burgdorferi (Lyme disease) ^{2d *}

Borrelia hermsii or *recurrentis* (Relapsing fever, tick- or louseborne) ^{24h *}

Brucella species (Brucellosis) ^{24h * !}

Burkholderia mallei and pseudomallei ^{Imm * !}

Campylobacter species (Campylobacteriosis) ^{2d *}

CD4 + (T4) lymphocyte counts and/or CD4 + (T4) ^{Mo & i}
(patients aged thirteen or older)

Chlamydia psittaci (Psittacosis) ^{24h *}

Chlamydia trachomatis ^{2d *}

Clostridium botulinum (Botulism) ^{Imm * !}

Corynebacterium diphtheriae (Diphtheria) ^{Imm * !}

Coxiella burnetii (Q fever) ^{24h * !}

Cryptococcus non *v.neoformans* !

Cryptosporidium (Cryptosporidiosis) ^{2d *}

Cyclospora cayetanensis (Cyclosporiasis) ^{2d * !}

E. coli ^{Imm * !} (refer to "Shiga toxin-producing *E. coli*")

Francisella tularensis (Tularemia) ^{Imm * !}

Giardia lamblia (Giardiasis) ^{2d *}

Haemophilus influenzae (children < 5 years) ^{Imm * !}

Hantavirus ^{24h *}

Hepatitis A virus (acute) by IgM positivity ^{24h *}
(Hepatocellular enzyme levels to accompany report)

Hepatitis B virus (acute) by IgM positivity ^{24h *}

Hepatitis B virus, by:

HBsAg (Surface antigen); HBeAg (E antigen);
HBV DNA ^{Mo *}

Hepatitis C virus ^{Mo *}

CODE LEGEND

^{Imm} Immediately notifiable

^{24h} Notifiable within 24 hours

^{2d} Notifiable within 2 business days

^{Mo} Notifiable on a monthly basis

* Notifiable to the local health jurisdiction of the patient's residence

&i Notifiable to DOH Lead Program **360-236-3359**

&ii Notifiable to DOH IDRH Assessment **360-236-3419**

&iii Notifiable to DOH TB Reporting Line **360-236-3397**
or TB Reporting Fax Line **360-236-3405**

! Specimen submission required

@ Antibiotic sensitivity testing (first isolates only)

Hepatitis D virus ^{2d *}

Hepatitis E virus ^{24h *}

Human immunodeficiency virus (HIV) infection ^{2d &ii}
(for example, positive Western blot assays, P24 antigen or viral culture tests)

Human immunodeficiency virus (HIV) infection ^{Mo &ii}
(II viral load detection test results - detectable and undetectable)

Influenza virus, novel or unsubtypable strain ^{Imm * !}

Legionella species (Legionellosis) ^{24h * !}

Leptospira species (Leptospirosis) ^{24h * !}

Listeria monocytogenes (Listeriosis) ^{24h * !}

Measles virus (rubeola) ^{Imm * !}, acute, by: IgM positivity, PCR positivity

Mumps virus, acute, by IgM positivity; PCR positivity ^{24h * !}
Mycobacterium tuberculosis (Tuberculosis) ^{2d &iii ! @}

Neisseria gonorrhoeae (Gonorrhea) ^{2d *}

***Neisseria meningitidis* (Meningococcal disease) ^{Imm * !}**

Plasmodium species (Malaria) ^{2d *}

Poliovirus ^{Imm * !}, acute, by: IgM positivity, PCR positivity

Rabies virus (human or animal) ^{Imm * !}

Salmonella species (Salmonellosis) ^{24h * !}

SARS-associated coronavirus ^{Imm * !}

Shiga toxin-producing *E. coli* ^{Imm * !} (enterohemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7) ^{24h * !}

Shigella species (Shigellosis) ^{24h * !}

Treponema pallidum (Syphilis) ^{2d * !}

Trichinella species ^{2d *}

Vancomycin-resistant *Staphylococcus aureus* ^{24h * !}

Variola virus (smallpox) ^{Imm * !}

***Vibrio cholerae* O1 or O139 (Cholera) ^{Imm * !}**

Vibrio species (Vibriosis) ^{24h * !}

Viral hemorrhagic fever ^{Imm * !}

Arenaviruses, Bunyaviruses, Filoviruses, Flaviviruses

Yellow fever virus ^{Imm * !}

Yersinia enterocolitica or *pseudotuberculosis* ^{24h *}

***Yersinia pestis* (Plague) ^{Imm * !}**

To report a Notifiable Condition

**Call Kitsap Public Health District 24/7
(360) 337-5235**

unless the condition is reportable directly to a DOH program. See phone numbers on the left.

If the patient's local health jurisdiction is unknown, please notify the local health jurisdiction of the health care provider that ordered the diagnostic test.

If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call 1-877-539-4344

For more information, please see WAC 246-101 or <http://www.doh.wa.gov/notify/forms/>