

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 & ii}

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 & ii}

(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 cayatanensis (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}

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 unsubtypeable 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**

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} * !

DOH 210-002 (Rev 2/11) Effective Date March 25, 2011

The following diagnoses are notifiable to the Washington State Department of Health in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions are indicated in bold** and should be reported when suspected or confirmed. **If no one is available at the local health jurisdiction and a condition is immediately notifiable, please call 1-877-539-4344.**

&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)

24 Hour Reporting Line: 425.339.5235

TB: Phone #425/339.5225
Fax: #425/339.5217

CD: Phone #425/339.5278
Fax: #425/339.8706

STD: Phone #425/339.5298
Fax: #425/339.8707

AFTER HOURS EMERGENCY ONLY: 425.339.5295
Snohomish Health District

Notification timeframe: ^{Imm} **Immediately;** ^{24h} Within 24 hours; ^{3d} Within 3 business days; ^{Mo} Monthly