

**Communicable Disease Epidemiology  
and Immunization Section**

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[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

## **Health Care Provider and Notifiable Conditions Reporting Frequently Asked Questions**

**Why are some conditions notifiable?** As a health care provider, you are the eyes and ears of Public Health. Reporting notifiable conditions makes it possible for us to detect outbreaks, prevent secondary transmission, and conduct disease surveillance. For some diseases, timely reporting can help prevent illness and death.

**Does HIPAA (Health Insurance Portability and Accountability Act) allow reporting of protected health information (PHI) to Public Health?** Yes. HIPAA allows health care providers, health care facilities, and health plans to disclose protected health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability [45 CFR § 164.512(b)]. Patient consent is not required. More information on HIPAA and notifiable conditions reporting is available from the Centers for Disease Control and Prevention ([www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm)).

**What conditions are health care providers required to report?** A list of notifiable conditions is on the back of this page and available on our website (see below).

**Are only specifically listed notifiable conditions reportable to Public Health?** No. Notifiable conditions also include “unexplained critical illness or death,” “rare diseases of public health significance” (such as a case of *Cryptococcus gattii* infection) and disease clusters of suspected foodborne or waterborne origin (for example, a single sporadic case of gastroenteritis due to norovirus is not reportable, but a cluster of ill children with vomiting and diarrhea after returning from camp would be).

**Should I await laboratory confirmation before reporting to public health?** Not necessarily. Immediately notifiable conditions (for example, tuberculosis, measles, hepatitis A, pertussis, meningococcal disease, and suspected bioterrorism agents), should be reported as soon as they are clinically suspected, preferably while you are still with the patient. These are listed in **bold**. “If in Doubt, Report it Out.”

**What information should I include about the patient when I report a case to Public Health?** Provide the patient’s notifiable condition, demographic and contact information, your name and phone number, relevant clinical and laboratory data (such as liver transaminases for patients with hepatitis), risk factors/suspect exposure sources (e.g., a history of injection drug use for hepatitis B or C), travel history, information on ill family members or other contacts, and whether the patient is in a sensitive occupation (such as a restaurant worker or child care provider with *E. coli* O157:H7). Please indicate if the patient is aware of the diagnosis, as we prefer to do interviews after the patient is informed.

**How do I report a case?** Report cases of tuberculosis, sexually transmitted diseases, and HIV/AIDS to their respective programs in Public Health. For all other conditions, contact the Communicable Disease Epidemiology and Immunization Section at (206) 296-4774. See the “To Report a Notifiable Condition in King County” box on the other side of this page for contact information, or refer to our website or the notifiable condition pocket card.

**If a notifiable condition is reportable by the laboratory, do I still need to report a case?** Yes. Don’t assume that a laboratory has reported a condition. Laboratories don’t report suspected cases, clinically diagnosed cases, or clusters of illness that are not laboratory-confirmed.

**If I am not the patient’s primary care provider, do I still need to report?** Yes. Unless you know that a case of a notifiable condition has already been reported, you are legally required to report it to Public Health.

**For more information, report forms, and contact information, please see:**  
[www.kingcounty.gov/healthservices/health/communicable/providers/reporting](http://www.kingcounty.gov/healthservices/health/communicable/providers/reporting)

**Health care providers may subscribe to the Communicable Disease Listserv (PHSKC INFO-X) at:**  
<http://mailman2.u.washington.edu/mailman/listinfo/phskc-info-x>

# Notifiable Conditions & the Health Care Provider

The following conditions are notifiable to Public Health – Seattle & King County in accordance with WAC 246-101. Timeframes for notification are footnoted. **Immediately notifiable conditions in bold** should be reported when suspected or confirmed.

- Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) <sup>3d</sup>
- Animal bites (when human exposure to rabies is suspected)** <sup>Imm</sup>
- Anthrax** <sup>Imm</sup>
- Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, St Louis encephalitis, and Powassan) <sup>3d</sup>
- Botulism (foodborne, wound and infant)** <sup>Imm</sup>
- Brucellosis (*Brucella* species) <sup>24h</sup>
- Burkholderia mallei (Glanders) and pseudomallei (Meliodiosis)** <sup>Imm</sup>
- Campylobacteriosis <sup>3d</sup>
- Chancroid <sup>3d</sup>
- Chlamydia trachomatis* infection <sup>3d</sup>
- Cholera** <sup>Imm</sup>
- Cryptosporidiosis <sup>3d</sup>
- Cyclosporiasis <sup>3d</sup>
- Diphtheria** <sup>Imm</sup>
- Disease of suspected bioterrorism origin** <sup>Imm</sup>
- Domestic acid poisoning** <sup>Imm</sup>
- E. coli - Refer to "Shiga toxin producing E. coli"** <sup>Imm</sup>
- Emerging condition with Outbreak potential** <sup>Imm</sup>
- Giardiasis <sup>3d</sup>
- Gonorrhea <sup>3d</sup>
- Granuloma inguinale <sup>3d</sup>
- Haemophilus influenzae (invasive disease, children < age 5)** <sup>Imm</sup>
- Hantavirus pulmonary syndrome <sup>24h</sup>
- Hepatitis A, acute infection <sup>24h</sup>
- Hepatitis B, acute <sup>24h</sup>
- Hepatitis B, chronic (initial diagnosis/previously unreported cases) <sup>Mo</sup>
- Hepatitis B, surface antigen positive pregnant women <sup>3d</sup>
- Hepatitis C, acute <sup>3d</sup> and chronic <sup>Mo</sup> (initial diagnosis only)
- Hepatitis D (acute and chronic infections) <sup>3d</sup>
- Hepatitis E (acute infection) <sup>24h</sup>
- Herpes simplex, neonatal and genital (initial infection only) <sup>3d</sup>
- HIV infection <sup>3d</sup>
- Immunization reactions <sup>3d</sup> (severe, adverse)
- Influenza, novel or untypable strain** <sup>Imm</sup>
- Influenza-associated death (lab confirmed) <sup>3d</sup>
- Legionellosis <sup>24h</sup>
- Leptospirosis <sup>24h</sup>
- Listeriosis <sup>24h</sup>
- Lyme disease <sup>3d</sup>

- Lymphogranuloma venereum <sup>3d</sup>
- Malaria <sup>3d</sup>
- Measles (rubeola) acute disease only** <sup>Imm</sup>
- Meningococcal disease (invasive)** <sup>Imm</sup>
- Monkeypox** <sup>Imm</sup>
- Mumps (acute disease only) <sup>24h</sup>
- Outbreaks of suspected foodborne origin** <sup>Imm</sup>
- Outbreaks of suspected waterborne origin** <sup>Imm</sup>
- Paralytic shellfish poisoning** <sup>Imm</sup>
- Pertussis <sup>24h</sup>
- Plague** <sup>Imm</sup>
- Poliomyelitis** <sup>Imm</sup>
- Prion disease <sup>3d</sup>
- Psittacosis <sup>24h</sup>
- Q fever <sup>24h</sup>
- Rabies (confirmed human or animal)** <sup>Imm</sup>
- Rabies, suspected human exposure** <sup>Imm</sup>
- Relapsing fever (borreliosis)** <sup>24h</sup>
- Rubella (including congenital rubella syndrome) (acute disease only)** <sup>Imm</sup>
- Salmonellosis <sup>24h</sup>
- SARS** <sup>Imm</sup>
- Shiga toxin-producing E. coli infections (including but not limited to E. coli 0157:H7)** <sup>Imm</sup>
- Shigellosis <sup>24h</sup>
- Smallpox** <sup>Imm</sup>
- Syphilis (including congenital) <sup>3d</sup>
- Tetanus <sup>3d</sup>
- Trichinosis <sup>3d</sup>
- Tuberculosis** <sup>Imm</sup>
- Tularemia** <sup>Imm</sup>
- Vaccinia transmission** <sup>Imm</sup>
- Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin intermediate) <sup>24h</sup>
- Varicella-associated death <sup>3d</sup>
- Vibriosis <sup>24h</sup>
- Viral hemorrhagic fever** <sup>Imm</sup>
- Yellow fever** <sup>Imm</sup>
- Yersiniosis <sup>24h</sup>
- Other rare diseases of public health significance <sup>24h</sup>
- Unexplained critical illness or death <sup>24h</sup>

<sup>Imm</sup>Immediately - report when suspected or confirmed    <sup>24</sup>Within 24 hours    <sup>3d</sup> Within 3 business days    <sup>Mo</sup>Monthly

## Conditions Notifiable to the Washington State Department of Health:

- Asthma, occupational (suspected or confirmed) <sup>Mo</sup> 1-888-66-SHARP
- Birth Defects <sup>Mo</sup> (autism spectrum disorder, cerebral palsy, and alcohol related birth defects) 360-236-3533
- Pesticide poisoning (hospitalized, fatal, or cluster)** <sup>Imm</sup> 1-800-222-1222
- Pesticide Poisoning (all other) <sup>3d</sup> 1-800-222-1222

TO REPORT A NOTIFIABLE CONDITION IN KING COUNTY		
	Phone	Fax
Sexually Transmitted Diseases (STDs) must be reported via fax or mail on a specific STD Confidential Case Report form		(206) 744-5622
Tuberculosis ( <i>daytime and after hours</i> )	(206) 744-4579	(206) 744-4350
HIV/AIDS	(206) 263-2000	
All other Notifiable Communicable Diseases ( <i>daytime and after hours</i> )	(206) 296-4774	(206) 296-4803
Voice mail line for reporting <u>ONLY</u> non-immediately notifiable conditions ( <i>24 hours a day</i> )	(206) 296-4782	

For more information, report forms, and mailing addresses please see:

[www.kingcounty.gov/healthservices/health/communicable/providers/reporting.aspx](http://www.kingcounty.gov/healthservices/health/communicable/providers/reporting.aspx)