

UNIVERSE OF DISCLOSURE RECIPIENTS

WAC 246-101-120

Handling of case reports and medical information. (1) All records and specimens containing or accompanied by patient identifying information are confidential.

(2) Health care providers who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(3) Health care providers with knowledge of a person with sexually transmitted disease, and following the basic principles of health care providers, which respect the human dignity and confidentiality of patients:

(a) May disclose identity of a person or release identifying information only as specified in RCW [70.24.105](#); and

(b) Shall under RCW [70.24.105](#)(6), use only the following customary methods for exchange of medical information:

(i) Health care providers may exchange medical information related to HIV testing, HIV test results, and confirmed HIV or confirmed STD diagnosis and treatment in order to provide health care services to the patient. This means that information shared impacts the care or treatment decisions concerning the patient; and the health care provider requires the information for the patient's benefit.

(ii) Health care providers responsible for office management are authorized to permit access to a patient's medical information and medical record by medical staff or office staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

(c) Health care providers conducting a clinical HIV research project shall report the identity of an individual participating in the project unless:

(i) The project has been approved by an institutional review board; and

(ii) The project has a system in place to remind referring health care providers of their reporting obligations under this chapter.

(4) Health care providers shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

WAC 246-101-230

Handling of case reports and medical information. (1) All records and specimens containing or accompanied by patient identifying information are confidential. The Washington state public health laboratories, other laboratories approved as public health referral laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient-identifying information shall maintain the confidentiality of identifying information accompanying submitted laboratory specimens.

(2) Laboratory directors shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

(3) Laboratory directors and personnel working in laboratories who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(4) Laboratory directors and personnel working in laboratories with knowledge of a person with sexually transmitted disease, and following the basic principles of health care providers, which respect the human dignity and confidentiality of patients:

(a) May disclose identity of a person or release identifying information only as specified in RCW [70.24.105](#); and

(b) Shall under RCW [70.24.105](#)(6), use only the following customary methods for exchange of medical information:

(i) Laboratory directors and personnel working in laboratories may exchange medical information related to HIV testing, HIV test results, and confirmed HIV or confirmed STD diagnosis and treatment in order to provide health care services to the patient. This means that information shared impacts the care or treatment decisions concerning the patient; and the laboratory director or personnel working in the laboratory requires the information for the patient's benefit.

(ii) Laboratory directors are authorized to permit access to a patient's medical information and medical record by laboratory staff or office staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

WAC 246-101-320

Handling of case reports and medical information.

(1) All records and specimens containing or accompanied by patient identifying information are confidential.

(2) Personnel in health care facilities who know of a person with a notifiable condition, other than a sexually transmitted disease, shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(3) Personnel in health care facilities with knowledge of a person with sexually transmitted disease, and following the basic principles of health care providers, which respect the human dignity and confidentiality of patients:

(a) May disclose identity of a person or release identifying information only as specified in RCW [70.24.105](#); and

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(ii) This means that information shared impacts the care or treatment decisions concerning the patient; and the health care provider requires the information for the patient's benefit.

(4) Personnel responsible for health care facility management are authorized to permit access to medical information as necessary to fulfill professional duties. Health care facility administrators shall advise those persons permitted access under this section of the requirement to maintain confidentiality of such information as defined under this section and chapter [70.24](#) RCW. Professional duties means the following or functionally similar activities:

(a) Medical record or chart audits;

(b) Peer reviews;

(c) Quality assurance;

- (d) Utilization review purposes;
- (e) Research as authorized under chapters [42.48](#) and [70.02](#) RCW;
- (f) Risk management; and
- (g) Reviews required under federal or state law or rules.

(5) Personnel responsible for health care facility management are authorized to permit access to a patient's medical information and medical record by medical staff or health care facility staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

(6) Health care facilities conducting a clinical HIV research project shall report the identity of an individual participating in the project unless:

(a) The project has been approved by an institutional review board; and

(b) The project has a system in place to remind referring health care providers of their reporting obligations under this chapter.

(7) Health care facilities shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

PERMITTED DISCLOSURES

RCW 70.24.105

Disclosure of HIV antibody test or testing or treatment of sexually transmitted diseases -- Exchange of medical information.

(1) No person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by this chapter.

(2) No person may disclose or be compelled to disclose the identity of any person upon whom an HIV antibody test is performed, or the results of such a test, nor may the result of a test for any other sexually transmitted disease when it is positive be disclosed. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection and for any other confirmed sexually transmitted disease. The following persons, however, may receive such information:

(a) The subject of the test or the subject's legal representative for health care decisions in accordance with RCW [7.70.065](#), with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;

(b) Any person who secures a specific release of test results or information relating to HIV or confirmed diagnosis of or treatment for any other sexually transmitted disease executed by the subject or the subject's legal representative for health care decisions in accordance with RCW [7.70.065](#), with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;

(c) The state public health officer, a local public health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;

(d) A health facility or health care provider that procures, processes, distributes, or uses:
(i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;

(e) Any state or local public health officer conducting an investigation pursuant to RCW [70.24.024](#), provided that such record was obtained by means of court ordered HIV testing pursuant to RCW [70.24.340](#) or [70.24.024](#);

(f) A person allowed access to the record by a court order granted after application showing good cause therefor. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of the order, the court, in determining the extent to which any disclosure of all or any part of the record of any such test is necessary, shall impose appropriate safeguards against unauthorized disclosure. An order authorizing disclosure shall: (i) Limit disclosure to those parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons whose need for information is the basis for the order; and (iii) include any other appropriate measures to keep disclosure to a minimum for the protection of the patient, the physician-patient relationship, and the treatment services, including but not limited to the written statement set forth in subsection (5) of this section;

(g) *Local law enforcement agencies to the extent provided in RCW [70.24.034](#);

(h) Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW [70.24.022](#), if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;

(i) A law enforcement officer, fire fighter, health care provider, health care facility staff person, department of correction's staff person, jail staff person, or other persons as defined by the board in rule pursuant to RCW [70.24.340](#)(4), who has requested a test of a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW [70.24.340](#)(4), if a state or local public health officer performs the test;

(j) Claims management personnel employed by or associated with an insurer, health care service contractor, health maintenance organization, self-funded health plan, state-administered health care claims payer, or any other payer of health care claims where such disclosure is to be used solely for the prompt and accurate evaluation and payment of medical or related claims. Information released under this subsection shall be confidential and shall not be released or available to persons who are not involved in handling or determining medical claims payment; and

(k) A department of social and health services worker, a child placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than fourteen years of age, has a sexually transmitted disease, and is in the custody of the department of social

and health services or a licensed child placing agency; this information may also be received **when authorized** by a person responsible for providing residential care for such a child when the department of social and health services or a licensed child placing agency determines that it is necessary for the provision of child care services.

(3) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (2) of this section may disclose the test results to another person except as authorized by that subsection.

(4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(e) of this section, shall be governed as follows:

(a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#) shall be made available by department of corrections health care providers and local public health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed. The information made available to the health care administrator or the infection control coordinator under this subsection (4)(a) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.

(b) The sexually transmitted disease status of a person detained in a jail who has had a mandatory test conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#) shall be made available by the local public health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (4)(b) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.

(c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW [70.24.080](#) or any other penalties as may be prescribed by law.

(d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#), shall be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to bloodborne pathogens.

Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment. Disclosure shall also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or detainee may result in disciplinary action, in addition to the penalties prescribed in RCW [70.24.080](#), and imposition of other penalties prescribed by law.

(e) The staff member shall also be informed whether the offender or detained person had any other communicable disease, as defined in RCW [72.09.251](#)(3), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.

(f) The test results of voluntary and anonymous HIV testing or HIV-related condition may not be disclosed to a staff person except as provided in subsection (2)(i) of this section and RCW [70.24.340](#)(4). A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or detainee's test results under subsection (2)(i) of this section and RCW [70.24.340](#)(4).

(5) Whenever disclosure is made pursuant to this section, except for subsections (2)(a) and (6) of this section, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days.

(6) The requirements of this section shall not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor shall they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties. However, follow Privacy regarding research.

(7) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter [9A.44](#) RCW shall be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such disclosure. Such disclosure shall be accompanied by appropriate counseling, including information regarding follow-up testing.

RCW 70.24.034

Detention -- Grounds -- Order -- Hearing.

(1) When the procedures of RCW [70.24.024](#) have been exhausted and the state or local public health officer, within his or her respective jurisdiction, knows or has reason to believe, because of medical information, that a person has a sexually transmitted disease and that the person continues to engage in behaviors that present an imminent danger to the public health as defined by the board by rule based upon generally accepted standards of medical and public health science, the public health officer may bring an action in superior court to detain the person in a facility designated by the board for a period of time necessary to accomplish a

program of counseling and education, excluding any coercive techniques or procedures, designed to get the person to adopt non-dangerous behavior. In no case may the period exceed ninety days under each order. The board shall establish, by rule, standards for counseling and education under this subsection. The public health officer shall request the prosecuting attorney to file such action in superior court. During that period, reasonable efforts will be made in a non-coercive manner to get the person to adopt non-dangerous behavior.

(2) If an action is filed as outlined in subsection (1) of this section, the superior court, upon the petition of the prosecuting attorney, shall issue other appropriate court orders including, but not limited to, an order to take the person into custody immediately, for a period not to exceed seventy-two hours, and place him or her in a facility designated or approved by the board. The person who is the subject of the order shall be given written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the factual bases therefore, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such behaviors in the absence of such an order, and notifying the person that if he or she refuses to comply with the order he or she may appear at a hearing to review the order and that he or she may have an attorney appear on his or her behalf in the hearing at public expense, if necessary. If the person contests testing or treatment, no invasive medical procedures shall be carried out prior to a hearing being held pursuant to subsection (3) of this section.

(3) The hearing shall be conducted no later than forty-eight hours after the receipt of the order. The person who is subject to the order has a right to be present at the hearing and may have an attorney appear on his or her behalf in the hearing, at public expense if necessary. If the order being contested includes detention for a period of fourteen days or longer, the person shall also have the right to a trial by jury upon request. Upon conclusion of the hearing or trial by jury, the court shall issue appropriate orders.

The court may continue the hearing upon the request of the person who is subject to the order for good cause shown for no more than five additional judicial days. If a trial by jury is requested, the court, upon motion, may continue the hearing for no more than ten additional judicial days. During the pendency of the continuance, the court may order that the person contesting the order remain in detention or may place terms and conditions upon the person which the court deems appropriate to protect public health.

(4) The burden of proof shall be on the state or local public health officer to show by clear and convincing evidence that grounds exist for the issuance of any court order pursuant to subsection (2) or (3) of this section. If the superior court dismisses the order, the fact that the order was issued shall be expunged from the records of the state or local department of health.

(5) Any hearing conducted by the superior court pursuant to subsection (2) or (3) of this section shall be closed and confidential unless a public hearing is requested by the person who is the subject of the order, in which case the hearing will be conducted in open court. Unless in open hearing, any transcripts or records relating thereto shall also be confidential and may be sealed by order of the court.

(6) Any order entered by the superior court pursuant to subsection (1) or (2) of this section shall impose terms and conditions no more restrictive than necessary to protect the public health.

WAC 246-100-072

Rules for notification of partners at risk of HIV infection.

(1) A health care provider may consult with the local health officer or an authorized representative about an HIV-infected individual.

(2) Only under the specific circumstances listed below, a principal health care provider shall report the identity of sex or injection equipment-sharing partners, including spouses, of an HIV-infected individual to the local health officer or an authorized representative:

(a) After being informed of the necessity to notify sex and injection-equipment sharing partners, including spouses, and confirm notification to the health care provider, the HIV-infected individual either refuses or is unable to notify partners that partners:

(i) May have been exposed to and infected with HIV; and

(ii) Should seek HIV-pretest counseling and consider HIV testing; and

(b) The HIV-infected individual neither accepts assistance nor agrees to referral to the local health officer or an authorized representative for assistance in notifying partners.

(3) Only in the specific circumstances listed below, shall a principal health care provider notify the local health officer or an authorized representative to directly contact the HIV-infected person for the purpose of partner notification:

(a) The HIV-infected person agrees to meet with the local health officer or authorized representative; or

(b) The principal health care provider provided pretest counseling as described in WAC [246-100-209](#)(1) before the individual was tested; and

(c) The principal health care provider made efforts, but was unable to meet face-to-face with the individual to notify the individual of the HIV-test result and to provide post-test counseling as required in WAC [246-100-209](#) in order to assure partner notification.

(4) A health care provider shall not disclose the identity of an HIV-infected individual or the identity of sex and injection equipment-sharing partners, including spouses, at risk of HIV infection, except as authorized in RCW [70.24.105](#), WAC [246-100-072](#), or [246-100-076](#).

(5) Local health officers and authorized representatives shall:

(a) Confirm conditions in subsections (2) and (3) of this section were met prior to initiating partner notification or receiving referral of identity of an HIV-infected individual; and

(b) Use identifying information, provided according to this section, on HIV-infected individuals only for contacting the HIV-infected individual to provide post-test counseling or to contact sex and injection equipment-sharing partners, including spouses; and

(c) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the HIV-infected individual and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first.

WAC 246-101-120

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(c) Health care providers conducting a clinical HIV research project shall report the identity of an individual participating in the project unless:

(i) The project has been approved by an institutional review board; and

(ii) The project has a system in place to remind referring health care providers of their reporting obligations under this chapter.

(4) Health care providers shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

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RESTRICTIONS ON REDISCLOSURE BY RECIPIENT

(3) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (2) of this section may disclose the test results to another person except as authorized by that subsection.

(5) Whenever disclosure is made pursuant to this section, except for subsections (2)(a) and (6) of this section, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days.

ACCESS FOR HOSPITAL INSPECTIONS

RCW 70.30.081

Annual inspections.

All hospitals established or maintained for the treatment of persons suffering from tuberculosis shall be subject to annual inspection, or more frequently if required by federal law, by agents of the department of health, and the medical director shall admit such agents into every part of the facility and its buildings, and give them access on demand to all records, reports, books, papers, and accounts pertaining to the facility.

DISCLOSURE OF NON-SEXUALLY TRANSMITTED COMMUNICABLE DISEASES

WAC 246-101-120

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(ii) This means that information shared impacts the care or treatment decisions concerning the patient; and the health care provider requires the information for the patient's benefit.

(4) Personnel responsible for health care facility management are authorized to permit access to medical information as necessary to fulfill professional duties. Health care facility administrators shall advise those persons permitted access under this section of the requirement to maintain confidentiality of such information as defined under this section and chapter [70.24](#) RCW. Professional duties means the following or functionally similar activities:

(a) Medical record or chart audits;

(b) Peer reviews;

(c) Quality assurance;

(d) Utilization review purposes;

(e) Research as authorized under chapters [42.48](#) and [70.02](#) RCW;

(f) Risk management; and

(g) Reviews required under federal or state law or rules.

(5) Personnel responsible for health care facility management are authorized to permit access to a patient's medical information and medical record by medical staff or health care

facility staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

(6) Health care facilities conducting a clinical HIV research project shall report the identity of an individual participating in the project unless:

(a) The project has been approved by an institutional review board; and

(b) The project has a system in place to remind referring health care providers of their reporting obligations under this chapter.

(7) Health care facilities shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

DISCLOSURE OF OFFENDER OR DETAINEE

(4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(e) of this section, shall be governed as follows:

(a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#) shall be made available by department of corrections health care providers and local public health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed. The information made available to the health care administrator or the infection control coordinator under this subsection (4)(a) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.

(b) The sexually transmitted disease status of a person detained in a jail who has had a mandatory test conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#) shall be made available by the local public health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (4)(b) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.

(c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW [70.24.080](#) or any other penalties as may be prescribed by law.

(d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been

substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW [70.24.340\(1\)](#), [70.24.360](#), or [70.24.370](#), shall be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to bloodborne pathogens. Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment. Disclosure shall also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or detainee may result in disciplinary action, in addition to the penalties prescribed in RCW [70.24.080](#), and imposition of other penalties prescribed by law.

(e) The staff member shall also be informed whether the offender or detained person had any other communicable disease, as defined in RCW [72.09.251\(3\)](#), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.

(f) The test results of voluntary and anonymous HIV testing or HIV-related condition may not be disclosed to a staff person except as provided in subsection (2)(i) of this section and RCW [70.24.340\(4\)](#). A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or detainee's test results under subsection (2)(i) of this section and RCW [70.24.340\(4\)](#).

MINORS

RCW 70.24.110

Minors -- Treatment, consent, liability for payment for care.

A minor fourteen years of age or older who may have come in contact with any sexually transmitted disease or suspected sexually transmitted disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

REPORTING OBLIGATIONS

RCW 70.05.090

Physicians to report diseases.

Whenever any physician shall attend any person sick with any dangerous contagious or infectious disease, or with any diseases required by the state board of health to be reported, he or she shall, within twenty-four hours, give notice thereof to the local health officer within whose jurisdiction such sick person may then be or to the state department of health in Olympia.

RCW 70.05.110

Local health officials and physicians to report contagious diseases.

It shall be the duty of the local board of health, health authorities or officials, and of physicians in localities where there are no local health authorities or officials, to report to the state board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or leprosy, and of such other contagious or infectious diseases as the state board may from time to time specify.

RCW 70.24.050

Diagnosis of sexually transmitted diseases -- Confirmation -- Anonymous prevalence reports.

Diagnosis of a sexually transmitted disease in every instance must be confirmed by laboratory tests or examinations in a laboratory approved or conducted in accordance with procedures and such other requirements as may be established by the board. Laboratories testing for HIV shall report anonymous HIV prevalence results to the department, for health statistics purposes, in a manner established by the board.

RCW 70.28.010

Health care providers required to report cases.

All practicing health care providers in the state are hereby required to report to the local health department cases of every person having tuberculosis who has been attended by, or who has come under the observation of, the health care provider within one day thereof.

WAC 246-100-211

Special diseases -- Tuberculosis.

(1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

(a) Report the case to the local health officer or local health department in accordance with the provisions of this chapter, and

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health department shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction;

(b) Maintain a tuberculosis control program including:

(i) Prophylaxis,

(ii) Treatment,

(iii) Surveillance,

(iv) Case finding,

(v) Contact tracing, and

(vi) Other aspects of epidemiologic investigation;

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

(i) Identification of patient,

(ii) Clinical condition,

(iii) Epidemiology of disease,

- (iv) Frequency of examinations;
 - (d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection;
 - (e) Designate the place of isolation when imposed;
 - (f) Release the person from isolation when appropriate;
 - (g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation; and
 - (h) Submit reports of all cases to the department in accordance with the provisions of this chapter.
- (3) When a person with tuberculosis requires hospitalization,
- (a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital, and
 - (b) The principal health care provider shall:
 - (i) Maintain responsibility for deciding date of discharge, and
 - (ii) Notify the local health officer of intended discharge in order to assure appropriate outpatient arrangements.

WAC 246-101-101

Notifiable conditions and the health care provider. This section describes the conditions that Washington's health care providers must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HC-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. Principal health care providers shall notify public health authorities of these conditions as individual case reports using procedures described throughout this chapter. Other health care providers in attendance shall notify public health authorities of the following notifiable conditions, unless the condition notification has already been made. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC [246-101-105](#), [246-101-110](#), [246-101-115](#), and [246-101-120](#) also include requirements for how notifications shall be made, when they shall be made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table HC-1 (Conditions Notifiable by Health Care Providers)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 work days	√	
Animal Bites	Immediately	√	
Asthma, occupational	Monthly		√
Birth Defects – Autism (Provisional through August, 2004)	Monthly		√
Birth Defects – Cerebral	Monthly		√

Palsy (*Provisional through August, 2004*)

Birth Defects – Fetal Alcohol Syndrome/Fetal Alcohol Effects (*Provisional through August, 2004*)

√

Botulism (foodborne, infant, and wound)	Immediately	√
Brucellosis (<i>Brucella</i> species)	Immediately	√
Campylobacteriosis	Within 3 work days	√
Chancroid	Within 3 work days	√
<i>Chlamydia trachomatis</i> infection	Within 3 work days	√
Cholera	Immediately	√
Cryptosporidiosis	Within 3 work days	√
Cyclosporiasis	Within 3 work days	√
Diphtheria	Immediately	√
Disease of suspected bioterrorism origin (including):	Immediately	√
• Anthrax		
• Smallpox		
Disease of suspected foodborne origin (communicable disease clusters only)	Immediately	√
Disease of suspected waterborne origin (communicable disease clusters only)	Immediately	√
Encephalitis, viral	Within 3 work days	√
Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection	Immediately	√
Giardiasis	Within 3 work days	√
Gonorrhea	Within 3 work days	√
Granuloma inguinale	Within 3 work days	√
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	√
Hantavirus pulmonary syndrome	Within 3 work days	√
Hemolytic uremic syndrome	Immediately	√
Hepatitis A (acute infection)	Immediately	√
Hepatitis B (acute infection)	Within 3 work days	√

Hepatitis B surface antigen + pregnant women	Within 3 work days	√	
Hepatitis B (chronic) – Initial diagnosis, and previously unreported prevalent cases (Provisional through August, 2004)	Monthly	√	
Hepatitis C – Acute and chronic (Provisional through August, 2004)	Monthly	√	
Hepatitis (infectious), unspecified	Within 3 work days	√	
Herpes simplex, neonatal and genital (initial infection only) (Provisional through August, 2004)	Within 3 work days	√	
Human immunodeficiency virus (HIV) infection	Within 3 work days	√	
Legionellosis	Within 3 work days	√	
Leptospirosis	Within 3 work days	√	
Listeriosis	Immediately	√	
Lyme Disease	Within 3 work days	√	
Lymphogranuloma venereum	Within 3 work days	√	
Malaria	Within 3 work days	√	
Measles (rubeola)	Immediately	√	
Meningococcal disease	Immediately	√	
Mumps	Within 3 work days	√	
Paralytic shellfish poisoning	Immediately	√	
Pertussis	Immediately	√	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		√
Pesticide poisoning (all other)	Within 3 work days		√
Plague	Immediately	√	
Poliomyelitis	Immediately	√	
Psittacosis	Within 3 work days	√	
Q Fever	Within 3 work days	√	
Rabies (Confirmed Human or Animal)	Immediately	√	
Rabies (Including use of post-exposure prophylaxis)	Within 3 work days	√	
Relapsing fever (borreliosis)	Immediately	√	
Rubella (including congenital rubella syndrome)	Immediately	√	
Salmonellosis	Immediately	√	
Serious adverse reactions to	Within 3 work days	√	

immunizations		
Shigellosis	Immediately	√
Streptococcus, Group A, Invasive (Indicated by blood, spinal fluid or other normally sterile site) (<i>Provisional through August, 2004</i>)	Within 3 work days	√
Syphilis	Within 3 work days	√
Tetanus	Within 3 work days	√
Trichinosis	Within 3 work days	√
Tuberculosis	Immediately	√
Tularemia	Within 3 work days	√
Typhus	Immediately	√
Vibriosis	Within 3 work days	√
Yellow fever	Immediately	√
Yersiniosis	Within 3 work days	√
Other rare diseases of public health significance	Immediately	√
Unexplained critical illness or death		

WAC 246-101-110

Means of notification.

(1) Conditions designated as:

(a) Immediately notifiable must be reported by telephone or by secure facsimile copy of a written case report to the local health officer or the department as specified in Table HC-1;

(b) Notifiable within three working days must be reported by written case report or secure facsimile copy to the local health officer or department as specified in Table HC-1; and

(c) Notifiable on a monthly basis must be reported by written case report or secure facsimile copy to the local health officer or the department as specified in Table HC-1.

(2) The local health officer may authorize notifications by telephone or secure electronic transmission for cases and suspected cases of notifiable conditions specified as notifiable to local health departments.

(3) The state health officer may authorize notifications by telephone or secure electronic transmission for cases and suspected cases of notifiable conditions specified as notifiable to the department.

WAC 246-101-115

Content of notifications.

(1) For each condition listed in Table HC-1, health care providers must provide the following information for each case or suspected case:

- (a) Name;
- (b) Address;
- (c) Telephone number;
- (d) Date of birth;

- (e) Sex;
- (f) Diagnosis or suspected diagnosis of disease or condition;
- (g) Pertinent laboratory data, if available;
- (h) Name and address or telephone number of the principal health care provider;
- (i) Name and address or telephone number of the person providing the report; and
- (j) Other information as the department may require on forms generated by the department.

(2) The local health officer or state health officer may require other information of epidemiological or public health value.

WAC 246-101-201

Notifiable conditions and laboratories.

This section describes the conditions about which Washington's laboratories must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table Lab-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. The board also finds that submission of specimens for many of these conditions will further prevent the spread of disease. Laboratory directors shall notify public health authorities of positive cultures and preliminary test results as individual case reports and provide specimen submissions using procedures described throughout this chapter. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC [246-101-205](#), [246-101-210](#), [246-101-215](#), [246-101-220](#), [246-101-225](#), and [246-101-230](#) also include requirements for how notifications and specimen submissions are made, when they are made, the content of these notifications and specimen submissions, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table Lab-1 (Conditions Notifiable by Laboratory Directors)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
Blood Lead Level	Elevated Levels – 2 Days Nonelevated Levels – Monthly		√	
Botulism (Foodborne)	Immediately	√		Serum and Stool - If available, submit suspect foods (2 days)
Botulism (Infant)	Immediately	√		Stool (2 days)
Botulism (Wound)	Immediately	√		Culture, Serum, Debrided tissue, or Swab sample (2 days)
Brucellosis (<i>Brucella</i> species)	2 days	√		Subcultures (2 days)
CD4+ (T4) lymphocyte counts less than 200 and/or	Monthly	Only when the local health department is	√	

CD4+ (T4) percents less than fourteen percent of total lymphocytes (patients aged thirteen or older)		designated by the Department of Health	
<i>Chlamydia trachomatis</i> infection	2 days	√	
Cholera	Immediately	√	Culture (2 days)
Cryptosporidiosis	2 days	√	
Cyclosporiasis	2 days	√	Specimen (2 days)
Diphtheria	2 days	√	Culture (2 days)
Disease of Suspected Bioterrorism Origin (examples):	Immediately	√	Culture (2 days)
• Anthrax			
• Smallpox			
Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection	2 days	√	Culture (2 days)
Gonorrhea	2 days	√	
Hepatitis A (IgM positive)	2 days	√	
Human immunodeficiency virus (HIV) infection (including positive Western Blot assays, P24 antigen or viral culture tests)	2 days	Only when the local health department is designated by the Department of Health	√ (Except King County)
Human immunodeficiency virus (HIV) infection (positive results on HIV nucleic acid tests (RNA or DNA))	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)
Listeriosis	2 days	√	
Measles (rubeola)	Immediately	√	Serum (2 days)
Meningococcal disease	2 days	√	Culture (Blood/CSF or other sterile sites) (2 days)
Pertussis	2 days	√	
Plague	Immediately	√	Culture or other appropriate clinical material (2 days)
Rabies (human or animal)	Immediately	√ (Pathology Report Only)	Tissue or other appropriate clinical material (Upon request only)
Salmonellosis	2 days	√	Culture (2 days)
Shigellosis	2 days	√	Culture (2 days)

Syphilis			Serum (2 days)
Tuberculosis	2 days	√	Culture (2 days)
Tuberculosis (Antibiotic sensitivity for first isolates)	2 days	√	
Tularemia			Culture or other appropriate clinical material (2 days)
Other rare diseases of public health significance	Immediately	√	

Additional notifications that are requested but not mandatory include:

(1) Laboratory directors may notify either local health departments or the department or both of other laboratory results including hepatitis B and hepatitis C through cooperative agreement.

(2) Laboratory directors may submit malaria cultures to the state public health laboratories.

WAC 246-101-205

Responsibilities and duties of the laboratory director.

Laboratory directors shall:

(1) Notify the local health department where the patient resides (in the event that patient residence cannot be determined, notify the local health department where the laboratory is located) regarding:

(a) Positive cultures and preliminary test results of notifiable conditions specified as notifiable to the local health department in Table Lab-1.

(b) Positive cultures and preliminary test results of conditions specified as notifiable by the local health officer within that health officer's jurisdiction.

(2) If the laboratory is unable to determine the local health department of the patient's residence, the laboratory director shall notify the local health department in which the health care provider that ordered the laboratory test is located.

(3) Notify the department of health of conditions designated as notifiable to the local health department when:

(a) A local health department is closed or representatives of the local health department are unavailable at the time a positive culture or preliminary test results of an immediately notifiable condition occurs;

(b) A local health department is closed or representatives of the local health department are unavailable at the time an outbreak or suspected outbreak of communicable disease occurs.

(4) Notify the department of positive cultures and preliminary test results for conditions designated notifiable to the department in Table Lab-1.

(5) Notify the department of nonelevated blood lead levels on a monthly basis.

(6) Submit specimens for conditions noted in Table Lab-1 to the Washington state public health laboratories or other laboratory designated by the state health officer for diagnosis, confirmation, storage, or further testing.

(7) Ensure that positive cultures and preliminary test results for notifiable conditions of specimens referred to other laboratories for testing are correctly notified to the correct local

health department or the department. This requirement can be satisfied by:

(a) Arranging for the referral laboratory to notify either the local health department, the department, or both; or

(b) Forwarding the notification of the test result from the referral laboratory to the local health department, the department, or both.

(8) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and

(b) An outbreak or suspected outbreak of disease.

(9) Laboratory directors may designate responsibility for working and cooperating with public health authorities to certain employees as long as designated employees are:

(a) Readily available; and

(b) Able to provide requested information in a timely manner.

WAC 246-101-210

Means of specimen submission.

Required laboratory specimen submissions as outlined in Table Lab-1 shall be forwarded within two days. Laboratories shall follow the procedures below in submitting specimens:

(1) Laboratories located in King County shall forward required specimen submissions (except tuberculosis cultures) to:

Public Health Seattle and King County - Laboratory
325 9th Avenue
Box 359973
Seattle, WA 98104-2499

(2) Laboratories located in King County shall forward required tuberculosis cultures to:

Washington State Public Health Laboratories
Washington State Department of Health
1610 NE 150th Street
Seattle, WA 98155

(3) Laboratories located outside of King County shall forward all required specimen submissions to:

Washington State Public Health Laboratories
Washington State Department of Health
1610 NE 150th Street
Seattle, WA 98155

(4) The state health officer may designate additional laboratories as public health referral laboratories.

WAC 246-101-215

Content of documentation accompanying specimen submission.

For each condition listed in Table Lab-1, laboratory directors must provide the following information with each specimen submission:

- (1) Type of specimen tested;
- (2) Name of reporting laboratory;
- (3) Telephone number of reporting laboratory;
- (4) Date specimen collected;
- (5) Requesting health care provider's name;
- (6) Requesting health care provider's phone number or address, or both;
- (7) Test result;
- (8) Name of patient (if available), or patient identifier otherwise;
- (9) Sex of patient (if available);
- (10) Date of birth of patient (if available);
- (11) Address of patient (if available);
- (12) Telephone number of patient (if available);
- (13) Other information of epidemiological value (if available).

WAC 246-101-220

Means of notification for positive cultures or preliminary test results.

(1) Conditions designated as:

(a) Notifiable within two days must be reported by written case report or secure facsimile copy to the local health officer or the department as specified in Table Lab-1 within two working days; and

(b) Notifiable on a monthly basis must be reported by written case report or secure facsimile copy to the local health officer or the department as specified in Table Lab-1.

(2) The local health officer may authorize notifications by telephone or secure electronic transmission for cases and suspected cases of notifiable conditions specified as notifiable to local health departments.

(3) The state health officer may authorize notifications by telephone or secure electronic transmission for cases and suspected cases of notifiable conditions specified as notifiable to the department.

WAC 246-101-225

Content of notifications for positive cultures or preliminary test results.

(1) For each condition listed in Table Lab-1, laboratory directors must provide the following information for each positive culture or suggestive test result:

- (a) Type of specimen tested;
- (b) Name of reporting laboratory;
- (c) Telephone number of reporting laboratory;
- (d) Date specimen collected;
- (e) Date specimen received by reporting laboratory;
- (f) Requesting health care provider's name;
- (g) Requesting health care provider's phone number or address, or both;
- (h) Test result;
- (i) Name of patient (if available), or patient identifier otherwise;
- (j) Sex of patient (if available);
- (k) Date of birth or age of patient (if available); and

(1) Other information of epidemiological value (if available).

(2) Local health officers and the state health officer may require laboratory directors to report other information of epidemiological or public health value.

WAC 246-101-301

Notifiable conditions and health care facilities.

This section describes the conditions that Washington's health care facilities must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HF-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction. Health care facilities are required to notify public health authorities of cases that occur in their facilities. Health care facilities may choose to assume the notification for their health care providers for conditions designated in Table HF-1. Health care facilities may not assume the reporting requirements of laboratories that are components of the health care facility. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC sections 246-101-305, 246-101-310, 246-101-315, and 246-101-320 also include requirements for how notifications shall be made, when they are made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table HF-1 (Conditions Notifiable by Health Care Facilities)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 work days		√
Animal Bites	Immediately	√	
Asthma, occupational	Monthly		√
Birth Defects – Abdominal Wall Defects (inclusive of gastroschisis and omphalocele) (<i>Provisional through August, 2004</i>)	Monthly		√
Birth Defects – Autism (<i>Provisional through August, 2004</i>)	Monthly		√
Birth Defects – Cerebral Palsy (<i>Provisional through August, 2004</i>)	Monthly		√
Birth Defects – Down Syndrome	Monthly		√
Birth Defects – Fetal Alcohol Syndrome/Fetal Alcohol Effects (<i>Provisional through August, 2004</i>)	Monthly		√

Birth Defects – Hypospadias	Monthly		√
Birth Defects – Limb reductions	Monthly		√
Birth Defects – Neural Tube Defects (inclusive of anencephaly and spina bifida)	Monthly		√
Birth Defects – Oral Clefts (inclusive of cleft lip with/without cleft palate)	Monthly		√
Botulism (foodborne, infant, and wound)	Immediately	√	
Brucellosis (<i>Brucella</i> species)	Immediately	√	
Cancer (<i>See chapter 246-430 WAC</i>)	Monthly		√
Chancroid	Within 3 work days	√	
<i>Chlamydia trachomatis</i> infection	Within 3 work days	√	
Cholera	Immediately	√	
Cryptosporidiosis	Within 3 work days	√	
Cyclosporiasis	Within 3 work days	√	
Diphtheria	Immediately	√	
Disease of suspected bioterrorism origin (including):	Immediately	√	
• Anthrax			
• Smallpox			
Disease of suspected foodborne origin (communicable disease clusters only)	Immediately	√	
Disease of suspected waterborne origin (communicable disease clusters only)	Immediately	√	
Encephalitis, viral	Within 3 work days	√	
Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection	Immediately	√	
Giardiasis	Within 3 work days	√	
Gonorrhea	Within 3 work days	√	
Granuloma inguinale	Within 3 work days	√	
Gunshot wounds (nonfatal)	Monthly		√
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	√	

Hantavirus pulmonary syndrome	Within 3 work days	√
Hemolytic uremic syndrome	Immediately	√
Hepatitis A (acute infection)	Immediately	√
Hepatitis B (acute infection)	Within 3 work days	√
Hepatitis B surface antigen+ pregnant women	Within 3 work days	√
Hepatitis B (chronic) – Initial diagnosis, and previously unreported prevalent cases (Provisional through August, 2004)	Monthly	√
Hepatitis C – Acute and chronic (Provisional through August, 2004)	Monthly	√
Hepatitis (infectious), unspecified	Within 3 work days	√
Human immunodeficiency virus (HIV) infection	Within 3 work days	√
Legionellosis	Within 3 work days	√
Leptospirosis	Within 3 work days	√
Listeriosis	Immediately	√
Lyme Disease	Within 3 work days	√
Lymphogranuloma venereum	Within 3 work days	√
Malaria	Within 3 work days	√
Measles (rubeola)	Immediately	√
Meningococcal disease	Immediately	√
Mumps	Within 3 work days	√
Paralytic shellfish poisoning	Immediately	√
Pertussis	Immediately	√
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately	√
Plague	Immediately	√
Poliomyelitis	Immediately	√
Psittacosis	Within 3 work days	√
Q Fever	Within 3 work days	√
Rabies (Confirmed Human or Animal)	Immediately	√
Rabies (Use of post-exposure prophylaxis)	Within 3 work days	√
Relapsing fever (borreliosis)	Immediately	√
Rubella (including congenital rubella syndrome)	Immediately	√
Salmonellosis	Immediately	√

Serious adverse reactions to immunizations	Within 3 work days	√
Shigellosis	Immediately	√
Streptococcus, Group A Invasive (Indicated by blood, spinal fluid or other normally sterile site) (<i>Provisional through August, 2004</i>)	Within 3 work days	√
Syphilis	Within 3 work days	√
Tetanus	Within 3 work days	√
Trichinosis	Within 3 work days	√
Tuberculosis	Immediately	√
Tularemia	Within 3 work days	√
Typhus	Immediately	√
Vibriosis	Within 3 work days	√
Yellow fever	Immediately	√
Yersiniosis	Within 3 work days	√
Other rare diseases of public health significance	Immediately	√
Unexplained critical illness or death	Immediately	√

WAC 246-101-305

Duties of the health care facility.

Health care facilities shall:

(1) Notify the local health department where the patient resides (in the event that patient residence cannot be determined, notify the local health department where the health care facility is located) regarding:

(a) Cases of notifiable conditions specified as notifiable to the local health department in Table HF-1 that occur or are treated in the health care facility.

(b) Cases of conditions specified as notifiable by the local health officer within that health officer's jurisdiction that occur or are treated in the health care facility.

(c) Suspected cases of notifiable conditions for conditions that are designated immediately notifiable that occur or are treated in the health care facility.

(d) Outbreaks or suspected outbreaks of disease that occur or are treated in the health care facility. These patterns include, but are not limited to, suspected or confirmed outbreaks of chickenpox, influenza, viral meningitis, nosocomial infection suspected due to contaminated products or devices, or environmentally related disease. Reports of outbreaks and suspected outbreaks of disease are to be made to the local health officer.

(e) Known barriers which might impede or prevent compliance with orders for infection control or quarantine; and

(f) Name, address, and other pertinent information for any case, suspected case or carrier refusing to comply with prescribed infection control measures.

(2) Notify the department of health of conditions designated as notifiable to the local health department when:

(a) A local health department is closed or representatives of the local health department are unavailable at the time a case or suspected case of an immediately notifiable condition occurs;

(b) A local health department is closed or representatives of the local health department are unavailable at the time an outbreak or suspected outbreak of communicable disease occurs.

(3) Notify the department as specified in Table HF-1 regarding cases of notifiable conditions specified as notifiable to the department.

(4) Notify the department of cancer incidence as required by chapter [246-430](#) WAC.

(5) Ensure that positive cultures and preliminary test results for notifiable conditions of specimens referred to laboratories outside of Washington for testing are correctly notified to the correct local health department as specified in Table Lab-1. This requirement can be satisfied by:

(a) Arranging for the referral laboratory to notify either the local health department, the department, or both; or

(b) Receiving the test result from the referral laboratory, and forwarding the notification to the local health department, the department, or both.

(6) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and

(b) An outbreak or suspected outbreak of disease.

(7) Provide adequate and understandable instruction in disease control measures to each patient who has been diagnosed with a case of a communicable disease, and to contacts who may have been exposed to the disease.

(8) Maintain an infection control program as described in WAC [246-320-265](#).

(9) Health care facilities may assume the burden of notification for health care providers practicing within the health care facility where more than one health care provider is in attendance for a patient with a notifiable condition.

(10) Health care facilities may not assume the burden of notification for laboratories within the health care facility. Laboratories within a health care facility must submit specimens to the Washington state public health laboratories and notify public health authorities of notifiable conditions as specified in Table Lab-1.

WAC 246-101-310

Means of notification.

(1) Conditions designated as:

(a) Immediately notifiable must be reported by telephone or by secure facsimile copy of a written case report to the local health officer or the department as specified in Table HF-1;

(b) Notifiable within three working days must be reported by written case report or secure facsimile copy to the local health officer or department as specified in Table HF-1; and

(c) Notifiable on a monthly basis must be reported by written case report or secure facsimile copy to the local health officer or the department as specified in Table HF-1.

(2) The local health officer may authorize notifications by telephone or secure electronic transmission for cases and suspect cases of notifiable conditions specified as notifiable to local health departments.

(3) The state health officer may authorize notifications by telephone or secure electronic

transmission for cases and suspected cases of notifiable conditions specified as notifiable to the department.

WAC 246-101-315

Content of notifications.

(1) For each condition listed in Table HF-1, health care facilities must provide the following information for each case or suspected case:

- (a) Name;
- (b) Address;
- (c) Telephone number;
- (d) Date of birth;
- (e) Sex;
- (f) Diagnosis or suspected diagnosis of disease or condition;
- (g) Pertinent laboratory data (if available);
- (h) Name and address or telephone number of the principal health care provider;
- (i) Name and address or telephone number of the person providing the report; and
- (j) Other information as the department may require on forms generated by the

department.

(2) The local health officer or state health officer may require other information of epidemiological or public health value.