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).

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). 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

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

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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) 3d

**Animal bites (when human exposure to rabies is suspected)** IMM

Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, St Louis encephalitis, and Powassan) 3d

**Botulism (foodborne, wound and infant)** IMM

Brucellosis (B. abortus) 24h

**Burkholderia mallei** (Glanders) and **Pseudomonas aeruginosa** (Meliodosis) IMM

Campylobacteriosis 3d

Chancroid 3d

**Chlamydia trachomatis** infection 3d

**Cholera** IMM

Cryptosporidiosis 3d

Cyclosporiasis 3d

**Diphtheria** IMM

**Disease of suspected bioterrorism origin** IMM

**E. coli - Refer to “Shiga toxin producing E. coli” IMM**

**Emerging condition with Outbreak potential** IMM

Giardiasis 3d

**Gonorrhea** IMM

Granuloma inguinale 3d

**Haemophilus influenzae** (invasive disease, children < age 5) IMM

Hantavirus pulmonary syndrome 24h

Hepatitis A, acute infection 24h

Hepatitis B, acute 24h

Hepatitis B, chronic (initial diagnosis/previouly unreported cases) Mo

Hepatitis B, surface antigen positive pregnant women 3d

Hepatitis C, acute 3d and chronic Mo (initial diagnosis only)

Hepatitis D (acute and chronic infections) 3d

Hepatitis E (acute infection) 24h

Herpes simplex, neonatal and genital (initial infection only) 3d

HIV infection 3d

Immunization reactions 3d (severe, adverse)

**Influenza, novel or untypable strain** IMM

Influenza-associated death (lab confirmed) 3d

Legionellosis 24h

Leptospirosis 24h

Listeriosis 24h

Lyme disease 3d

Lymphogranuloma venereum 3d

Malaria 3d

Measles (rubeola) acute disease only IMM

Meningococcal disease (invasive) IMM

Monkeypox IMM

Mumps (acute disease only) 24h

Outbreaks of suspected foodborne origin IMM

Outbreaks of suspected waterborne origin IMM

Paralytic shellfish poisoning IMM

Pertussis 24h

**Plague** IMM

Poliomyelitis IMM

Prion disease 3d

Psittacosis 24h

Q fever 24h

**Rabies (confirmed human or animal)** IMM

**Rabies, suspected human exposure** IMM

Relapsing fever (borreliosis) 24h

Rubella (including congenital rubella syndrome) (acute disease only) IMM

Salmonellosis 24h

**SARS** IMM

**Shiga toxin-producing E. coli infections (including but not limited to E. coli 0157:H7)** IMM

Shigellosis 24h

Smallpox IMM

Syphilis (including congenital) 3d

Tetanus 3d

Trichinosis 3d

**Tuberculosis** IMM

**Tuileremia** IMM

**Vaccinia transmission** IMM

Vancomycin-resistant Staphylococcus aureus (not to include vancomycin intermediate) 24h

Varicella-associated death 3d

Vibriosis 24h

**Viral hemorrhagic fever** IMM

Yellow fever IMM

**Yersiniosis** 24h

Other rare diseases of public health significance 24h

Unexplained critical illness or death 24h

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

Asthma, occupational (suspected or confirmed) Mo

Birth Defects Mo (autism spectrum disorder, cerebral palsy, and alcohol related birth defects)

**Pesticide poisoning (hospitalized, fatal, or cluster)** IMM

Pesticide Poisoning (all other) 3d

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To report a notifiable condition in King County:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>Sexually Transmitted Diseases (STDs) must be reported via fax or mail on a specific STD Confidential Case Report form</td>
<td>(206) 744-5622</td>
<td></td>
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<tr>
<td>Tuberculosis (daytime and after hours)</td>
<td>(206) 744-4579</td>
<td>(206) 744-4350</td>
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<tr>
<td>HIV/AIDS All other Notifiable Communicable Diseases (daytime and after hours)</td>
<td>(206) 263-2000</td>
<td>(206) 296-4774</td>
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<tr>
<td>Voice mail line for reporting <strong>ONLY</strong> non-immediately notifiable conditions (24 hours a day)</td>
<td>(206) 296-4782</td>
<td></td>
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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)