

Draft

Significant Legislative Rule Analysis (SA) Rules Concerning Notifiable Conditions September 20, 2010

WAC-246-101-010,	Definitions within the notifiable conditions regulations
WAC 246-101-101,	Notifiable conditions and the health care provider
WAC-246-101-105,	Duties of the health care provider
WAC-246-101-110,	Means of notification
WAC-246-101-120,	Handling of case reports and medical information
WAC 246-101-201,	Notifiable conditions and laboratories
WAC-246-101-205,	Responsibilities and duties of the laboratory director
WAC-246-101-210,	Means of specimen submission
WAC 246-101-215,	Content of documentation accompanying specimen submission
WAC-246-101-220,	Means of notification for positive cultures or preliminary test results
WAC 246-101-225,	Content of notifications for positive cultures or preliminary test results
WAC 246-101-301,	Notifiable conditions and health care facilities
WAC-246-101-305,	Duties of the health care facility
WAC-246-101-310,	Means of notification
WAC-246-101-405,	Responsibilities of veterinarians
WAC-246-101-505,	Duties of the local health officer or the local health department
WAC-246-101-510,	Means of notification
WAC-246-101-515,	Handling of case reports and medical information
WAC-246-101-605,	Duties of the department
WAC-246-101-610,	Handling of case reports and medical information

Section 1. What is the scope of the rule?

The notifiable conditions rule, chapter 246-101 WAC, specifies the health conditions that are to be reported by health care providers, health care facilities, veterinarians, and laboratories to public health entities. With the exception of AIDS and HIV (WAC 246-101-520 and WAC 246-101-635) and animal bites, the proposed rule amendments address the reporting of communicable diseases only. They do not include other non-infectious notifiable conditions. The rule describes who must report which conditions, within what timeframe, and with what information. The rule also describes appropriate use and protection of case information.

The notifiable conditions rule falls under the statutory authority of the State Board of Health (SBOH). The SBOH is proposing this rule revision to keep the rule current with recently

identified diseases, new technology, awareness of best practices, and national and international guidelines.

The existing rules were last revised in 2005. Since then, there have been a number of advances and developments which need to be addressed in the rule. The proposed amendments to the existing rule include:

- Changing how to report notifiable conditions, including what should be reported and by whom;
- Adding new communicable diseases that should be reported, including national and international reporting requirements;
- Adding new laboratory methods which require specimen testing at the state level;
- Changing how to report communicable diseases to more effectively manage public health activities: and
- Updating existing rule language which is unclear or incomplete.

In addition, on June 11, 2009, an emergency rule was adopted by the Washington State Department of Health (DOH) for the provisional reporting of novel influenza A (H1N1) for hospitalized or deceased patients. This rulemaking also analyzes the need to permanently adopt into rule the reporting of novel influenza. The proposed rule includes the reporting of influenza, novel or a strain that cannot be subtyped, as a notifiable condition.

Section 2. What are the general goals and specific objectives of the proposed rule's authorizing statute?

The general goal of RCW 43.20.050 is to ensure that policies for specific public health protections are developed and implemented with input from the citizens and businesses of Washington State.

The rule implements the following objective from RCW 43.20.050: "Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness."

The objectives of the proposed rules are to provide the information necessary for public health officials to protect the public's health by tracking communicable diseases. The data is critical to local health departments and the department of health and others tasked with preventing and controlling the spread of diseases. Public health workers also use the data to assess broader patterns, including historical trends and geographic clustering of diseases. Based on these analyses, officials are able to take appropriate actions including conducting outbreak investigations, redirecting program activities, or developing new policies to prevent and control infectious and noninfectious diseases.

Section 3. What is the justification for the proposed rule package?

Notifiable conditions surveillance enables health departments and others to evaluate the effectiveness of prevention activities and treatment, and develop and target new prevention programs. Notifiable conditions surveillance also alerts public health authorities to community health threats and gives them the necessary information to reduce and prevent the transmission of disease, mitigate the effects of disease, and manage cases of disease that threaten public health.

Since the last revision of the notifiable condition rule, new communicable diseases such as *Cryptococcus gattii*, West Nile virus, and SARS have been identified in Washington State, the United States or internationally, and public health agencies as well as the general public have recognized the need to make them notifiable. The proposed rule adds them as notifiable conditions in Washington State.

Also since the last revision of the notifiable conditions rule, new laboratory methods have become available which have improved the speed and accuracy of disease detection. The proposed rule amends terminology and timelines associated with laboratory reporting to reflect these developments.

The existing rule needs revision to be current with national and international guidelines. The proposed rule will: 1) address reporting of pediatric influenza deaths as part of making all confirmed influenza deaths notifiable, 2) include reporting of molecular typing information from vibriosis cases, and 3) strengthen the ability of the rule to support detection and reporting of events specified in the International Health Regulations 2005.

Finally, the existing rule language needs clarification in sections that have proven to be confusing to stakeholders, and the list of notifiable conditions needs to be re-evaluated for conditions whose reporting is no longer serving public health goals.

The SBOH assessed and determined that there are no feasible alternatives to rulemaking, because RCW 43.20.050 requires the SBOH to adopt rules to require reporting that will result in the prevention and control of infectious and noninfectious diseases.

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package?

1. Identification of total number of rules in package: 23

2. Non-Significant Rule Identification Table

Table 1: Non-Significant Rule Identification

#	WAC	Section Title	Section Subject	Reason
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	Section			
1	WAC-246-101-010	Definitions within the notifiable conditions regulations.	Defines terms used within the chapter	This section presents definitions only. Any significant changes related to a definition are addressed in the section where the new concept is implemented. This section does not set new standards.
2	WAC-246-101-105	Duties of the health care provider.	Specifies details of case reporting by providers to public health	Revisions to this section clarify language without changing its effect.
3	WAC-246-101-110	Means of notification.	Specifies timelines and methods for sending notifications	Revisions to this section describe reporting timeframes whose implementation is addressed in WAC 246-101-101.
4	WAC-246-101-120	Handling of case reports and medical information.	Describes appropriate use and protection of patient information	Revisions to this section clarify language without changing its effect.
5	WAC-246-101-205	Responsibilities and duties of the laboratory director.	Specifies details of case reporting by clinical laboratories to public health	Revisions to this section clarify language without changing its effect.
6	WAC-246-101-210 ¹	Means of specimen submission.	Specifies timelines and methods for sending clinical specimens	Revisions to this section describe specimen submission procedures, the implementation of which is addressed in WAC 246-101-201.
7	WAC-246-101-215	Content of documentation accompanying specimen submission	Specifies information that must be included with specimen submissions from clinical laboratories to public health laboratories	Revisions to this section clarify language without changing its effect.

¹ The Department sought input from impacted parties about making changes in the timeframe for reporting. Although laboratories will have to change their processes, they indicated that the change in timeframe will not impact them, due to the fact that they felt that the rule is not creating “new” work, just changing when they have to report.

8	WAC-246-101-220	Means of notification for positive cultures or preliminary test results.	Specifies timelines and methods for sending notifications	Revisions to this section describe reporting timeframes, the implementation of which is addressed in WAC 246-101-201.
9	WAC-246-101-215	Content of notification for positive preliminary and positive final test results	Specifies information that must be included in case reports from clinical laboratories to public health	Revisions to this section clarify language without changing its effect.
10	WAC-246-101-305	Duties of the health care facility.	Specifies details of case reporting by health care facilities	Revisions to this section clarify language without changing its effect.
11	WAC-246-101-310	Means of notification.	Specifies timelines and methods for sending notifications	Revisions to this section describe reporting timeframes, the implementation of which is addressed in WAC 246-101-301.
12	WAC-246-101-505	Duties of the local health officer or the local health department.	Specifies details of public health response and patient data protection by local health jurisdictions	Revisions to this section clarify language without changing its effect.
13	WAC-246-101-510	Means of notification.	Specifies details of reporting by local health jurisdictions to the State Department of Health	A significant analysis is not required on rules that relate only to internal governmental operations that are not subject to violation by a nongovernment party.
14	WAC-246-101-515	Handling of case reports and medical information.	Specifies procedures for maintaining confidentiality of patient information	Revisions to this section clarify language without changing its effect.
15	WAC-246-101-605	Duties of the department.	Specifies responsibilities of the State Department of Health for supporting case reporting systems	A significant analysis is not required on rules that relate only to internal governmental operations that are not subject to violation by a nongovernment party.
16	WAC-246-	Handling of case	Specifies	Revisions to this section

	101-610	reports and medical information.	procedures for maintaining confidentiality of patient information	describe the role of the institutional review boards in approving the use of medical information for research purposes, and thus describe only intergovernmental operations.
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3. Significant Rule Analysis

The proposed rule requires health care providers, laboratories, health care facilities and veterinarians to report specific notifiable conditions. The rule identifies a time frame for reporting and the entity that must be notified for each specific condition.

The SBOH and DOH assembled an ad hoc advisory panel to establish criteria to determine 1) which conditions are of public health significance and therefore should remain reportable, 2) which conditions may need to be revised, including changing the reporting time frame, 3) which conditions should be added, and 4) which conditions could be removed. The ad hoc advisory panel met four times and used the criteria in Appendix A when making their recommendation.

After considering the ad hoc committee’s recommended changes, as well as input from local health officers and laboratory representatives, the SBOH and DOH advisory panel co-chairs proposed the following amendments. These amendments may have a significant impact:

I. WAC 246-101-101

A. Notifiable conditions and the health care provider.

B. Rule Overview

This rule specifies which conditions health care providers must report to public health. Table HC-1 (Conditions Notifiable by Health Care Providers) specifies the time frame within which each condition must be reported, as well as whether the report goes to a local health department or the State Department of Health. Appendix B shows the proposed amendments to Table HC-1. In summary, the proposed changes:

- Remove three notifiable conditions (animal bites, hemolytic uremic syndrome, and typhus)
- Clarify the category “rare diseases of public health significance” by individually listing the most urgently notifiable of this group (anthrax, burkholderia, domoic acid poisoning, emerging condition with outbreak potential, novel or unsubtypable influenza, monkeypox, SARS, smallpox, vaccinia transmission, vancomycin-resistant *Staphylococcus aureus*, and viral hemorrhagic fever)

- Clarify the category “Hepatitis C – Acute and chronic infection” by separating into “Hepatitis C (acute infection)” and “Hepatitis C (chronic infection)”
- Clarify the category “Hepatitis (infectious), unspecified” by separating into “Hepatitis D infection” and “Hepatitis E (acute infection)”
- Clarify wording for some conditions (i.e. adding examples of arboviral diseases)
- Modify reporting timeframes for some conditions
- Add three new notifiable conditions:
 - Influenza-associated death
 - Prion disease
 - Varicella-associated death

C. Rule Cost/Benefit Analysis

Of the rule revisions listed above, only the last three are new notifiable conditions and are considered to have associated costs. Influenza-associated death and varicella-associated death are by definition only notifiable after a death. Prion disease is rarely recognized before death. Because of this, healthcare providers (outside of hospitals and other healthcare facilities, covered in WAC 246-101-301) will rarely be the primary reporter of any of these conditions. We anticipate fewer than ten reports per year from healthcare providers for these three conditions combined.

Cost

Based on experience and stakeholder feedback, Department of Health staff estimate that it takes a health care provider about 15 minutes to complete a report. Based on the anticipated range of fewer than ten reports per year, the total burden for these conditions together would be less than three hours of time per year for all health care providers collectively.

Benefits

Reports of these deaths establish a system of case-based surveillance that allows public health to 1) determine if the death rate is rising and 2) identify the risk factors of the deceased. This information assists public health in determining when to increase prevention efforts and how to most effectively target those prevention efforts. The State Board of Health has also received a public request to add prion disease to the notifiable conditions rule.

II. WAC 246-101-105

A. Duties of the health care provider.

B. Rule Overview

This rule describes responsibilities of health care providers for notifying local health departments of cases of notifiable conditions and outbreaks, as well as other procedural responsibilities related to notifiable conditions.

Revisions to this section specify information that must accompany clinical laboratory test orders for notifiable conditions:

- Patient name
- Patient address
- Patient date of birth
- Patient sex
- Name and telephone number of the principal health care provider
- Type of test requested
- Type of specimen
- Date of specimen collection

C. Rule Cost/Benefit Analysis

The proposed required data elements are necessary to identify a case, determine the appropriate local health jurisdiction of the case, and initiate public health action. These data elements also constitute information that is generally expected by laboratory businesses to accompany test orders from physicians, health care facilities, and referring laboratories. Some of these data elements are already required with test orders under CAP certification guidelines. Other listed data elements are generally requested by laboratories, but not always provided.

Cost

The cost of the proposed revision is considered minimal, as much of the proposed required information is already required by regulatory frameworks unrelated to Chapter 246-101 WAC. Additionally, the proposed rule allows six months for providers to adjust to the requirement. Ensuring that additional identifying data elements are included along with existing requirements is expected to pose a minimal burden.

Benefits

By requiring physicians to provide these data elements to laboratories for notifiable condition test orders, the laboratory will have the information available to report to public health upon finding a positive test result. The data elements of patient name, patient date of birth, and patient sex are necessary for public health to determine the identity of a case. The name and telephone number of the principal health care provider is necessary for public health to contact the provider to begin planning the necessary public health intervention. The type of test requested, type of specimen, and date of specimen collection are necessary for determining if the reported test result meets standardized case definition criteria. Finally, patient address is necessary for determining the appropriate local health jurisdiction to receive the case report and begin public health interventions.

Clinical laboratories have a unique and important role in the success of notifiable conditions reporting. They are generally the first entities to have confirmation of the presence of a

notifiable condition in a patient, but are also a step removed from the patient, and thus depend on the primary care provider, facility, or referring laboratory for the necessary public health information. The proposed revisions will support efficient flow of information from providers and facilities to laboratories, then in turn to public health, for more rapid and effective public health protection.

III. WAC 246-101-201

A. Notifiable conditions and laboratories

B. Rule Overview

This rule specifies which conditions clinical laboratories must report to public health. Table Lab-1 (Conditions Notifiable by Laboratory Directors) specifies the time frame within which each condition must be reported, whether the report goes to a local health department or the State Department of Health, whether a specimen must be submitted as well, and if so, which type of specimen. Appendix B shows the proposed amendments to Table Lab-1. In summary, the proposed changes:

- Clarify wording for condition names (change to scientific names), clarify tests indicative of positive results, clarify specimen descriptions
- Clarify “other rare disease of public health significance” to individually specify anthrax, burkholderia, novel or unsubtypeable influenza, poliovirus, SARS, vancomycin-resistant *Staphylococcus aureus*, Variola virus (smallpox), viral hemorrhagic fever, and yellow fever
- Modify reporting timeframes for some conditions
- Add 18 new notifiable conditions:
 - Campylobacter
 - Giardia
 - *Haemophilus influenzae* (<5 yr olds)
 - Hantavirus
 - Acute hepatitis B
 - Hepatitis D
 - Hepatitis E
 - Legionella
 - Leptospira
 - Lyme disease
 - Malaria
 - Mumps
 - Q fever
 - Relapsing fever
 - Rubella
 - Trichinella
 - Vibrio
 - Yersinia

- Add specimen submission for the following conditions:
 - Cryptococcus
 - *Haemophilus influenzae* (<5 yr olds)
 - Listeria
 - Legionella
 - Mumps
 - Pertussis
 - Q fever
 - Rubella
 - Vibrio

C. Rule Cost/Benefit Analysis

Reporting and specimen submission of these conditions makes the clinical laboratory section consistent with the health care provider and health care facility sections, as well as with requirements of clinical laboratories in Oregon. This benefits laboratories that serve both states. The cost and benefit sections below group the conditions by public health functions to facilitate description of the public health benefits to reporting these conditions.

Cost

The conditions being added to the laboratory section can be grouped into three general categories, based on the role public health plays in their control: (1) finding and controlling a physical source of exposure, (2) protecting individuals who came in contact with a highly communicable disease, and (3) determining the degree of risk for a condition in specific geographic areas or group of people, and communicating this information to the public so they may better protect themselves.

Table 2. Expected number of reports (and specimen submissions) per condition per year

Find and control source	Protect contacts	Determine and communicate risk
Campylobacter: 1000 (0)	<i>H. influenzae</i> (<5 yrs): 5 (5)	Hantavirus: 2 (0)
Giardia: 500 (0)	Hepatitis B, acute: 70 (0)	Lyme disease: 15 (0)
Legionella: 20 (20)	Hepatitis D: 5 (0)	Malaria: 30 (0)
Leptospirosis: 3 (0)	Hepatitis E: 5 (0)	Relapsing fever: 5 (0)
Listeria: <i>n/a</i> * (25)	Mumps: 20 (20)	Cryptococcus: <i>n/a</i> ** (25)
Q fever: 1 (1)	Rubella: 1 (1)	Pertussis: <i>n/a</i> * (50)
Trichinella: 1 (0)		
Vibrio: 30 (30)		
Yersinia: 25 (0)		
Group totals	Group totals	Group totals
1580 reports, 76 specimens	106 reports, 26 specimens	52 reports, 75 specimens
Estimated at \$12,368	Estimated at \$1,624	Estimated at \$3,162

* The designation of *n/a* for number of reports expected is used for listeria and pertussis because the existing rule already requires reporting of these cases. The new requirement is specimen submission.

** The designation of *n/a* for number of reports expected is used for cryptococcus because reporting will not be required, only specimen submission

The dollar values estimated in the table above were calculated as follows:

- Each new required report was estimated to have a cost of \$6 based on 10 minutes working time at a staff cost of \$36/hour
- Each new required specimen submission was estimated to have a cost of \$38 based on 35 minutes working time at a staff cost of \$36/hour, plus shipping costs of \$17.
- Based on cost information provided by two laboratories, the above values represent the higher of the two estimates.

The total annual cost for all reporting and specimen submission activities is estimated to be **\$17,154**, statewide.

Benefits

Reports of positive laboratory results indicative of notifiable conditions are valuable because they are often the earliest indicator of a situation needing public health action.

Campylobacter, giardia, legionella, leptospirosis, Listeria, Q fever, trichinella, vibrio, and yersinia fall into the category of conditions that generally occur when individuals consume contaminated food or are exposed to a particular place or animal with high levels of the disease agent. These circumstances have the potential to transmit disease to many more individuals. Prompt reporting to public health, often accompanied by detailed laboratory testing of an accompanying specimen, is critical for public health to locate the source and prevent additional

exposures, thus preventing illness, hospitalizations, and sometimes deaths that may result from these diseases.

Haemophilus influenzae, acute hepatitis B, hepatitis D, hepatitis E, mumps, and rubella are serious illnesses which are highly communicable in specific circumstances, but for which there are effective ways to prevent illness in individuals who are at risk because of contact with an ill individual. Reports of these conditions enable public health to find the individuals at risk in order to administer vaccine or other prophylactic measures. The sooner public health receives the report, the better the chances that these prophylactic measures will be successful in preventing illness, hospitalizations, and deaths in vulnerable individuals.

Hantavirus, Lyme disease, malaria, relapsing fever, Cryptococcus, and pertussis are conditions for which ongoing monitoring and information gathering are required to provide effective public information for disease prevention. For hantavirus, Lyme disease, malaria, and relapsing fever, it is important to know where disease exposures occur and communicate this to the public so that individuals who spend time in these locations can protect themselves. In the case of Cryptococcus, the condition is still too poorly understood for public health to determine who is most at risk; submission of specimens will assist in determining who is getting this disease and the possible sources of this disease. Finally, for pertussis, poor vaccine efficacy is an ongoing challenge for controlling this disease. Submission of pertussis specimens will assist public health in determining whether pertussis in Washington is changing over time in a way that is making vaccine less effective. In all of these cases, disease reports and specimen submissions provide information that enables public health departments to help Washington citizens protect themselves from these serious illnesses.

IV. WAC 246-101-205

A. Responsibilities and duties of the laboratory director.

B. Rule Overview

This rule describes responsibilities of laboratory directors for notifying local health departments of cases of notifiable conditions and outbreaks, as well as other procedural responsibilities related to notifiable conditions.

Revisions to this section:

(1) Specify information that must accompany specimen referrals from one clinical laboratory to another for a test for a notifiable condition:

- Patient name
- Patient address
- Patient date of birth
- Patient sex
- Name and telephone number of the principal health care provider

- Type of test requested
- Type of specimen
- Date of specimen collection

(2) Require that laboratory databases have the ability to receive, store, and retrieve these data elements by January 1, 2013.

C. Rule Cost/Benefit Analysis

(1) For the cost/benefit analysis regarding data elements required to accompany specimen referrals, refer to the cost/benefit analysis section for WAC 246-101-105.

(2) Some clinical laboratories currently operate under a system that can accommodate all proposed required data elements; other laboratories may need to make substantive changes over the two-year window specified by the proposed deadline of January 1, 2013

Cost

Laboratories whose systems do not currently completely support this requirement would face one or more of the following types of costs:

- IT staff time to revise databases to receive, store, and retrieve the required data elements
- Administrative staff time to train data management staff to incorporate the required data elements into laboratory records
- Administrative staff time to revise specimen forms to include the required data elements

Based on feedback from clinical laboratory businesses, the anticipated cost of this change is indeterminate. Some businesses indicated that the proposed change would have no fiscal impact while other indicated that they could not estimate a dollar value for this change. For some laboratory businesses, these revisions may occur in concert with other system upgrades already planned for business improvement. To further mitigate the impact of the proposed change, the SBOH is proposing a two year window before the database requirement goes into effect.

Benefits

Implementation of this revision will result in improved speed and reliability of cases being identified correctly and of case reports reaching the appropriate local health jurisdiction. These improvements support quicker and more reliable public health intervention.

When existing laboratory systems do not have or cannot accommodate these data items, especially patient residence information, case reports from clinical laboratories are sent to the local health jurisdiction of the laboratory, which in some cases is not the jurisdiction where the patient resides. The report is delayed while the receiving jurisdiction determines the correct patient residence jurisdiction to receive the report. While the report is delayed, individuals in the community remain at risk. Only once the appropriate local health jurisdiction receives the positive report can they begin finding sources of disease, protecting individuals at risk, and communicating with the public on how to prevent disease.

V. WAC 246-101-301

A. Notifiable conditions and health care facilities

B. Rule Overview

This rule specifies which conditions health care facilities must report to public health. Table HF-1 (Conditions Notifiable by Health Care Facilities) specifies the time frame within which each condition must be reported, as well as whether the report goes to a local health department or the State Department of Health. Appendix B shows the proposed amendments to Table HF-1. In summary, the proposed changes:

- Remove three notifiable conditions (animal bites, hemolytic uremic syndrome, and typhus)
- Clarify the category “rare diseases of public health significance” by individually listing the most urgently notifiable of this group (anthrax, burkholderia, domoic acid poisoning, emerging condition with outbreak potential, novel or unsubtypable influenza, monkeypox, SARS, smallpox, vaccinia transmission, vancomycin-resistant *Staphylococcus aureus*, and viral hemorrhagic fever)
- Clarify the category “Hepatitis C – Acute and chronic infection” by separating into “Hepatitis C (acute infection)” and “Hepatitis C (chronic infection)”
- Clarify the category “Hepatitis (infectious), unspecified” by separating into “Hepatitis D infection” and “Hepatitis E (acute infection)”
- Clarify wording for some conditions (i.e. adding examples of arboviral diseases)
- Modify reporting timeframes for some conditions
- Add three new notifiable conditions:
 - Influenza-associated death
 - Prion disease
 - Varicella-associated death

C. Rule Cost/Benefit Analysis

Of the rule revisions listed above, only the last point regarding three new notifiable conditions is considered to have any actual costs associated. Based on the experience of the 2009 H1N1 influenza reporting emergency rule, Department of Health staff anticipates approximately 70 reports per year from healthcare facilities for influenza-associated deaths. Based on existing surveillance, Department of Health staff anticipates approximately 10 reports per year for prion disease and an average of 1 report per year for varicella-associated deaths.

Cost

Based on experience and stakeholder feedback, Department of Health staff estimate that it takes health care facility staff about 15 minutes to complete a report. For the estimated 81 reports per

year, the total burden for these conditions together would be less than 24 hours of time annually for all health care facilities statewide.

Benefits

Reports of these deaths establish a system of case-based surveillance that allows public health to determine if the death rate is rising and what the risk factors of the deceased were. These pieces of information assist public health in determining when to increase prevention efforts and how to most effectively target those prevention efforts. The State Board of Health has also received a public request to add prion disease to the notifiable conditions rule.

VI. WAC 246-101-305

A. Duties of the health care facility.

B. Rule Overview

This rule describes responsibilities of health care facilities for notifying local health departments of cases of notifiable conditions and outbreaks, as well as other procedural responsibilities related to notifiable conditions.

Revisions to this section specify information that must accompany clinical laboratory test orders for notifiable conditions:

- Patient name
- Patient address
- Patient date of birth
- Patient sex
- Name and telephone number of the principal health care provider
- Type of test requested
- Type of specimen
- Date of specimen collection

C. Rule Cost/Benefit Analysis

Refer the cost/benefit analysis section for II. WAC 246-101-105

VII. WAC 246-101-405

A. Conditions Notifiable and Veterinarians

B. Rule Overview

This rule specifies which conditions veterinarians must report to public health. The existing rule requires that veterinarians report suspected cases or outbreaks of any condition that is notifiable by health care providers that is transmissible from animals to humans (zoonotic diseases). This section had been interpreted to mean both animal and human cases. Of the conditions notifiable by health care providers as listed in Table HC-1 in WAC 246-101-101, ten conditions listed individually are transmissible from animals to humans, as well as additional conditions that fall under the category of “Other rare diseases of public health significance.”

The proposed revisions to the rule create Table V-1 (Conditions Notifiable by Veterinarians) to specify the list of conditions to be reported only for suspected human cases or human outbreaks. The proposed revisions specify that the veterinarian should report such a suspect human case or outbreak based on their observation of human exposure to a confirmed animal case of one of the listed diseases.

The proposed revisions also describe a system by which the Department of Agriculture will inform public health of animal cases of the conditions listed in Table V-1, as well as a mechanism for transferring veterinary laboratory specimens to the Public Health Laboratories for a small number of conditions for which laboratory results would indicate public health actions.

Appendix B shows the proposed amendments to Table HF-1. In summary, the proposed changes:

- Create Table V-1 to specify which conditions from Table HC-1 are transmissible from animals to humans:
 - Arboviral disease
 - Brucellosis
 - *Burkholderia mallei*
 - previously notifiable as “Other rare conditions of public health significance
 - Disease of suspected bioterrorism origin (including but not limited to anthrax)
 - Emerging condition with outbreak potential
 - previously notifiable as “Other rare conditions of public health significance
 - Influenza virus, novel or unsubtypeable strain
 - previously notifiable as “Other rare conditions of public health significance
 - Leptospirosis
 - Plague
 - Psittacosis
 - Q Fever
 - Rabies (suspected human or animal)
 - Shiga-toxin producing *E. coli*
 - Tularemia
- Requires information sharing regarding animal cases of conditions in Table V-1 from the Department of Agriculture to DOH to local health jurisdictions

- Requires specimen submission from the Department of Agriculture to the Public Health Laboratories for
 - *Mycobacterium tuberculosis*
 - *Cryptococcus non v. neoformans*
 - Vancomycin-resistant *Staphylococcus aureus*

Cost

No new costs are imposed on veterinarians by the proposed revisions. The proposed revisions do not add any new conditions that were not covered by the existing rule; also, the revisions may reduce workload by explicitly limiting the scope to human suspected cases only.

Benefits

The benefits of the proposed revisions include potentially reduced workload for veterinarians by eliminating double reporting, as well as more efficient exchange of information among the veterinary community, the Department of Agriculture, local public health jurisdictions, and the Department of Health.

4. Rule Package Cost-Benefit Conclusion

The notifiable conditions rule outlines a series of procedures designed to collect and disseminate information needed to implement immediate interventions to protect communities from infectious and dangerous diseases. As described above, there are costs of implementing the proposed notifiable conditions rule including:

- Staff time spent preparing notifiable conditions reports by health care providers, clinical laboratories, and health care facilities
- Shipping costs of specimen submission by clinical laboratories
- Staff time spent on IT development, systems/forms revisions, or workforce training by clinical laboratories, health care providers, and health care facilities regarding inclusion of necessary public health information with notifiable conditions test orders and results.

There are, however, great benefits of adopting and implementing the proposed rule that requires the collection and assessment of information about specific notifiable conditions. Generally, the benefits of the rule revision package include:

- More timely and reliable flow of information to public health, which translates into quicker action and better public health protection. This is done by:
 - Changing how to report notifiable conditions, including what should be reported and by whom;
 - Adding new communicable diseases that should be reported, including national and international reporting requirements; and

- Adding specimen testing for some conditions, which provides information in support of quicker and more accurate public health response
- More comprehensive and consistent notification requirements between reporting groups and with neighboring states

In comparing the probable benefits of the proposed rule to the probable costs, past experience demonstrates that an efficient notifiable condition system is cost effective. Notification of the occurrence of conditions of public health importance provides real benefits to the residents of Washington. It allows DOH and local health jurisdictions to quickly respond to public health threats and thereby limit overall incidence, morbidity and mortality. The following example of the positive effect of notification revolves around an outbreak of *Escherichia coli* O157:H7 (*E. coli*). The outbreak occurred in 1993, and was associated with contaminated meat sold at area Jack-in-the-Box restaurants.

Case Study *E. coli*

Regulations in effect at that time required only the exceptional reporting of *E. coli* illness. Additionally, laboratories at that time did not routinely isolate the *E. coli* bacterium. DOH first became aware of an unusual number of cases of presumptive hemolytic uremic syndrome (a late stage effect of *E. coli* infection) on January 12, 1993. By January 18, DOH, with the aid and cooperation of many individuals and organizations both within and outside of the official public health system, had identified undercooked meat patties served at Jack-in-the-Box restaurants as the sources of the *E. coli*. All totaled, an estimated 500 people (two-thirds under 15 years of age, median age 7.5 years) became ill during this outbreak and 3 died. Based on the number and stage of the disease in affected individuals, the DOH estimates that the outbreak started in late December approximately 3 weeks before DOH became aware of the outbreak.

At the time of the Jack-in-the-box outbreak, the department collected information on hospital costs, parental costs, travel time and costs, and length of stay in the hospital. Using this information, the department estimated that each case of *E. coli* cost an average cost of \$13,700 (excluding mortality costs in 1993 dollars)². The department estimated that, had *E. coli* been routinely isolated and reported in 1993, the source of the outbreak could have been determined a week earlier, preventing 76% of the cases that resulted from this outbreak. The department estimated that preventing these cases would have saved Washington residents approximately \$2,767,000 in medical and other costs (excluding mortality costs in 1993 dollars)².

This Jack-in-the-box outbreak illustrates the potential benefit of the notifiable conditions system.

Regarding the addition of proposed specific conditions for reporting and specimen submission, the benefits outweigh the costs because of the minor per-business costs imposed as compared to the prevention of illness in Washington residents and the associated medical costs avoided.

Regarding the business costs of providing necessary public health information to laboratories for notifiable conditions tests, and laboratories ensuring that their information systems can handle

² This information is taken from a previous economic assessment that the State Board of Health prepared for an earlier notifiable condition rule making process.

the information, the benefits are considered to outweigh the costs based on the following considerations:

- Reporting of patient identifiers and residence information improves the speed and reliability of delivery to the appropriate local health jurisdiction, enabling more rapid and more effective public health action
- Health care providers and facilities are already required to provide many of the proposed data elements to laboratories under existing regulatory systems; adding related information is expected to be minimally burdensome
- There is an increasing level of activity in federal government to provide support and funding for the development and use of electronic reporting systems
- Keeping up with industry standards and technology requires clinical laboratory businesses to upgrade their systems periodically, independently of requirements from public health
- The proposed rule allows two years before laboratory information systems must meet the proposed standard

Based on these factors, we consider implementing the proposed system of patient information flow from health care providers and facilities to clinical laboratories and in turn to public health to be a task that can be reasonably integrated with larger scale progress in the area of electronic health records; the benefits of more timely and reliable reporting in support of more effective public health protection outweigh the burdens of implementing the proposed change.

Overall, the proposed changes to the notifiable conditions rule impose no more than minor costs on stakeholders while supporting the benefits of reduced morbidity and mortality for Washington residents. Therefore, the total probable benefits of the rule exceed the total probable costs.

Section 5. What alternative versions of the rule did we consider? Is the proposed rule the least burdensome approach?

Descriptions of alternatives considered and least burdensome determination

Throughout the process of drafting proposed revisions, the ad hoc advisory panel and stakeholder consultation groups maintained a focus on the tradeoffs between workload for affected parties vs. the potential public health benefits. Each proposed change was required to meet criteria specifying actual public health benefit for any proposed action (see Appendix A). There were many instances in which alternatives for a particular task were considered, with the final recommendation based on determination of the least burdensome way to meet the stated public health goal, as illustrated in the examples below.

Example 1, Reporting timeframes

Goal: Ensure that public health receives reports as quickly as necessary to protect public health

Task: Determine appropriate reporting timeframes for each notifiable condition

Option 1: Determine the earliest possible public health actions for each condition, and require reporting on a timeframe that matches these earliest possible actions

Option 2: Determine the earliest possible actions for each condition, then determine if a delay of a few hours or a few days would be significantly detrimental to public health; Require reporting on a timeframe that allows flexibility until the point at which delay becomes clearly detrimental

Determination: The ad hoc panel developed timeframes reflective of Option 2, allowing as much flexibility to the reporter as possible.

Example 2, Varicella outbreaks

Goal: Monitor varicella activity for changing epidemiology due to vaccination

Task: Determine the most efficient way to conduct surveillance of severe varicella events

Option 1: Require reporting of varicella outbreaks

Option 2: Require reporting of varicella-associated deaths

Determination: Requiring reporting of varicella-associated deaths only is less burdensome to reporters; the committee determined that monitoring deaths alone should be sufficient to indicate any dramatic changes in varicella morbidity

Example 3, Reporting by veterinarians

Goal: Enable local public health to protect individuals from zoonotic disease exposure from animals in their jurisdiction

Task: Determine the most efficient way for information regarding animal cases of zoonotic diseases to reach all parties needing to know, including the local health jurisdiction, the Department of Agriculture, and DOH

Option 1: The existing rule has been interpreted to require veterinarians to notify the local health jurisdiction directly of any animal case of a zoonotic disease found in Table HC-1; veterinarians are also required to report such cases separately to the Department of Agriculture

Option 2: Require reporting of animal cases only to the Department of Agriculture, which in turn shares information with public health

Determination: Option 2 was developed in consultation with the Department of Agriculture to streamline the reporting requirements for veterinarians while ensuring transfer of important information to public health

Example 4, Animal bites

Goal: Ensure public health follow-up for all possible rabies exposures

Task: Determine which types of animal exposures need to be reported to public health

Option 1: The existing rule requires health care providers and facilities to report all animal bites to public health

Option 2: Require reporting only of the subset of animal bites with reasonable possibility of rabies exposure, with supporting information and outreach provided by public health entities

Determination: The ad hoc advisory panel developed Option 2 to decrease workload for both reporters and public health staff, while planning strategies to maintain responsiveness to actual rabies risk

Example 5, Specimen submission by laboratories

Goal: Gather information of public health value by specialized testing of specimens at a public health laboratory

Task: Determine which specimens require such testing; specifically, determine if submission of malaria and trichinella specimens will be of public health value

Option 1: Require submission of all malaria and trichinella specimens available

Option 2: No systematic submission of specimens required; public health may request specimens for a particular case if deemed necessary

Determination: While public health laboratory review of all malaria and trichinella specimens does offer some public health benefit, it was deemed too burdensome on laboratories in the face of relatively small public health gain

Example 6, Electronic reporting of laboratory results

Goal: Improve efficiency and reliability of laboratory reporting through secure electronic transmission

Task: Determine a feasible strategy for implementing secure electronic transmission of all notifiable conditions laboratory results

Option 1: Require secure electronic transmission by a deadline 2-4 years in the future

Option 2: Require secure electronic transmission only by laboratories generating a report volume above a given threshold

Option 3: Have development of secure electronic transmission capacity remain on a voluntary basis

Determination: Clinical laboratory businesses in Washington are very diverse in terms of size and infrastructure. In consultation with clinical laboratories, the ad hoc advisory panel determined that voluntary development of electronic reporting by laboratories would be the least burdensome approach.

Section 6. Did you determine that the rule does not require anyone to take an action that violates another federal or state law?

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Section 7. Did we determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless the difference is required in federal or state law?

The Department of Health determined that the rule does not impose more stringent performance requirements on private entities than on public entities.

Section 8. Did you determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, did we determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Did we demonstrate that the rule has been coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

There are no other applicable laws. There are related regulations and policies, such as the International Health Regulations and the Council of State and Territorial Epidemiologists recommendations for notifiable conditions, that we have coordinated with to the maximum extent possible.

Appendix A. Prioritization Criteria for Notifiable Condition Revisions

Notifiable conditions reporting in this country is established at the state level and takes into account national guidance. The following lists enumerate reasons and considerations for modifying a procedure or adding or removing a communicable disease condition in Chapter 246-101 WAC.

Section I presents the key public health criteria. At least one of these criteria must be met to justify revising a rule which would result in an actual change in practice.

Section II lists five factors which should be reviewed and considered for any proposed revisions.

Section I: Requirement for rule revision - Public health protection for the community

To add a notifiable condition, at least one of the following must be met:

- A. Condition leads to a high proportion of fatal cases or serious complications
- B. Condition has high potential for transmission from one person to another
- C. Condition has a high potential for an epidemic or widespread outbreak
- D. Notifications allow actions to prevent on-going exposures
- E. Notifications allow actions to prevent mortality and morbidity
- F. Notifications will improve understanding of a newly emergent condition
- G. Condition is of elevated concern to the general public
- H. Effective post-exposure prophylaxis is available
- I. Condition is internationally notifiable per the International Health Regulations

To modify a procedure or standard, at least one of the following must be met:

- J. Modification enables more thorough case-finding or public health response
- K. Modification improves response time by public health
- L. Modification improves the efficiency of public health protection within or among agencies
- M. Modification fosters advances in knowledge or technology of public health value

To remove a notifiable condition, procedure, or standard, the rule does not meet any Section I criteria and/or is redundant.

Section II: Other factors to consider for proposed rule revision

1. Reporting requested by CDC or CSTE

- Centers for Disease Control and Prevention supports adding specific internationally notifiable conditions to state notifiable conditions lists (Examples: smallpox, wild polio virus infection, new influenza subtypes; see attached list from CDC)

2. Keeping rule clear and up-to-date

- Existing requirements may be outdated due to changes in terminology, new understanding of conditions, or new national guidelines
- Existing requirements may be incomplete or has caused confusion

- Existing requirement too broad

(Examples: change language for enterohemorrhagic E. coli and rare disease of public health significance; change notification time for tularemia and viral hemorrhagic fevers; require lab submission of N. meningitidis isolates only if considered “invasive” [i.e., collected from a sterile site])

3. Reporting can be improved because of new systems

- Technical advances in data collection
- Advances in laboratory techniques allow sub-typing of organisms to identify outbreaks if isolates are submitted to a public health reference lab
- Reporting of test results and patient identifiers by laboratories may be more timely, permitting more rapid public health response (Examples: laboratory report to include ZIP Code or county of residence for timely public health actions, add laboratory reporting of additional conditions, add laboratory submission of isolates for additional conditions.)

4. Reporting requirement no longer needed

- Condition is no longer considered appropriate for public health reporting (Examples: include typhus as part of rare conditions and not a separate condition)

5. Changes in workload yield commensurate benefits for public health protection and system efficiency

- Change in workload or other burdens resulting from the revision affecting healthcare providers, public health professionals, laboratory staff, or others must be weighed against the benefits of public health protection for communities.

Resource: <http://www.cdc.gov/ncphi/diss/nndss/nndsshis.htm>

(Criteria last revised June 22, 2010)

Appendix B. Proposed Amendments to Tables in Chapter 246-101 WAC

Revisions to Table HC-1 (Conditions Notifiable by Health Care Providers) - WAC 246-101-101

Condition	Added, Amended or Deleted	Timeframe
Animal Bites	Deleted	
Anthrax	Added	Immediate
Brucellosis	Amended	Within 24 hours (changed from immediately)
<i>Burkholderia mallei</i> and <i>pseudomallei</i>	Added	Immediately
Domoic acid poisoning	Added	Immediately
Emerging condition with outbreak potential	Added	Immediately
Hantavirus pulmonary syndrome	Amended	24 hrs (changed from 3 days)
Hepatitis A (acute infection)	Amended	24 hrs (changed from immediately)
Hepatitis B (acute infection)	Amended	24 hrs (changed from 3 days)
Hepatitis C (acute infection)	Added	Within 3 work days
Hepatitis (infectious) unspecified	Deleted	
Hepatitis D (acute infection)	Added	Within 3 work days
Influenza, novel or unsubtypeable strain	Added	Immediate
Influenza-associated death (lab confirmed)	Added	Within 3 work days
Measles (rubeola) - acute disease only	Amended	Immediately (timeframe unchanged) Added “acute disease only” term
Monkeypox	Added	Immediately
Mumps (acute disease only)	Amended	Within 24 hours (changed from 3 work days) Added “acute disease only” term
Pertussis	Amended	Within 24 hours (changed from immediately)
Prion disease	Added	Within 2 work days
Psittacosis	Amended	Within 24 hours (changed from within 3 work days)
Rabies (suspected human exposure....)	Amended	Immediately (changed from within 3 work days)
Relapsing fever (borreliosis)	Amended	Within 24 hours (changed from immediately)
Rubella (including congenital rubella syndrome) (acute disease only)	Amended	Immediately (timeframe unchanged); Added “acute disease only” term

Salmonellosis	Amended	Within 24 hours (changed from immediately)
SARS	Added	Immediately
Shigellosis	Amended	Within 24 hours (changed from immediately)
Smallpox	Added	Immediately
Tularemia	Amended	Immediately (changed from within 3 work days)
Typhus	Deleted	
Vaccinia transmission	Added	Immediately
Vancomycin-resistant <i>Staphylococcus aureus</i>) not to include vancomycin-intermediate	Added	Within 24 hours
Varicella-associated death	Added	Within 3 work days
Vibriosis	Amended	Within 24 hours (changed from within 3 work days)
Viral hemorrhagic fever	Added	Immediately
Yersiniosis	Amended	Within 24 hours (changed from within 3 work days)
Other rare diseases of public health significance	Amended	Within 24 hours (changed from immediately)
Unexplained critical illness or death	Amended	Within 24 hours (changed from immediately)

Revisions to Table HC-1 (Conditions Notifiable by Laboratory Directors) - WAC 246-101-201

Condition	Added, Amended or Deleted	Change (Timeframe, recipient)
Arboviruses	Amended	Submit to DOH on request
<i>Bacillus anthracis</i> (Anthrax)	Added	Immediately, DOH
<i>Bordetella pertussis</i> (Pertussis)	Amended	Culture, if available (2 days)
<i>Borrelia burgdorferi</i> (Lyme disease)	Amended	2 days , submit to DOH on request
<i>Borrelia hermsii</i> or <i>recurrentis</i>	Amended	2 days , submit to DOH on request
<i>Brucella</i> species	Amended	Within 24 hours (changed from 2 days)
<i>Burkholderia mallei</i> and <i>pseudomallei</i>	Added	Immediately, culture 2 days, additional specimen if available
<i>Campylobacter</i> species	Added	2 days, submit to DOH on request
<i>Chlamydia psittaci</i>	Added	Within 24 hours, submit to DOH on request

<i>Clostridium botulinum</i> (Botulism) (Foodborne)	Amended	Expanded specimen list to include infant and wound botulism
<i>Clostridium botulinum</i> (Infant)	Amended	Merged with foodborne
<i>Clostridium botulinum</i> (Wound)	Amended	Merged with foodborne
<i>Corynebacterium diphtheriae</i>	Amended	Immediately (changed from 24 hours)
<i>Coxiella burnetti</i> (Q fever)	Added	Within 24 hours, Culture (2 days) to DOH
<i>Cryptococcus</i> species	Added	Cutler (2 days) or other specimens upon request
<i>Cryptosporidium</i>	Amended	Submit to DOH on request
Disease of suspected bioterrorism	Deleted	
<i>Francisella tularensis</i> (Tularemia)	Amended	Require immediate notification to LHJ
<i>Giardia lamblia</i> (Giardiasis)	Added	Notify LHJ within 2 days, Submit to DOH upon request
<i>Haemophilus influenzae</i>	Added	Notify LHJ immediately, Submit to DOH if type is unknown
Hantavirus	Added	Notify LHJ within 2 days, Submit to DOH upon request
Hepatitis A	Amended	Notify LHJ with 24 hours (changed from 2 days), Submit to DOH upon request
Hepatitis B	Added	Notify LHJ immediately, Submit to DOH upon request
Hepatitis C	Amended	Submit to DOH upon request
Hepatitis D	Added	Notify LHJ within 2 days, Submit to DOH upon request
Hepatitis E	Added	Notify LHJ within 24 hours, Submit to DOH upon request
Influenza virus, novel or unsubtypeable strain	Added	Notify LHJ immediately, Send isolate or clinic specimen to DOH (2 days)
<i>Legionella</i> species	Added	Notify LHJ within 24 hours, Send culture to DOH (2 days)
<i>Leptospira</i> species	Added	Notify LHJ within 24 hours, Submit to DOH upon request
<i>Listeria monocytogenes</i>	Amended	Notify LHJ within 24 hours (changed from 2 days), Submit culture to DOH (2 days)
Measles virus	Amended	Isolate or clinical specimen to

		DOH (2 days)
Mumps virus	Added	Notify LHJ within 24 hours, Isolate or clinical specimen to DOH (2 days)
<i>Neisseria meningitidis</i> (Meningococcal disease)	Amended	Notify LHJ immediate (changed from 2 days)
<i>Plasmodium</i> species (Malaria)	Added	Notify LHJ immediately, Submit to DOH upon request
Poliovirus	Added	Notify LHJ immediately, Isolate or clinical specimen to DOH (2 days)
Rabies virus (human or animal)	Amended	Send Clinical specimen (2 days) to DOH changed from “upon request”
Rubella virus	Added	Notify LHJ immediately, Isolate or clinical specimen to DOH (2 days)
<i>Salmonella</i> species	Amended	Notify LHJ within 24 hours (changed from 2 days)
SARS-associated coronavirus	Added	Notify LHJ immediately, Isolate or clinical specimen to DOH (2 days)
Shiga toxin-producing <i>E. coli</i>	Amended	Notify LHJ immediately (changed from 2 days), Send specimen to DOH, if no culture available.
<i>Shigella</i> species	Amended	Notify LHJ immediately (changed from 2 days)
<i>Treponema pallidum</i> (Syphilis)	Amended	Notify LHJ within 2 days (new)
<i>Trichinella</i> species	Added	Notify LHJ within 2 days, Submit to DOH upon request
Vancomycin-resistant <i>Staphylococcus aureus</i>	Added	Notify LHJ within 24 hours, Send culture to DOH (2 days)
Variola virus	Added	Notify LHJ immediately, Isolate or clinical specimen to DOH (2 days)
<i>Vibrio</i> species	Added	Notify LHJ within 24 hours, Send culture to DOH (2 days)
Viral hemorrhagic fever	Added	Notify LHJ immediately, Isolate or clinical specimen to DOH (2 days)
Yellow fever virus	Added	Notify LHJ immediately, Send DOH serum (2 days)
<i>Yersinia enterocolitica</i> or <i>pseudotuberculosis</i>	Added	Notify LHJ within 24 hours, Submit to DOH upon request

Revisions to Table HC-1 (Conditions Notifiable by Health Care Facilities) - WAC 246-101-301

Condition	Added, Amended or Deleted	Change (Timeframe, recipient)
Brucellosis	Amended	Notify LHJ within 24 hours (changed from immediately)
<i>Burkholderia mallei</i> and <i>pseudomallei</i>	Added	Notify LHJ immediately
Domoic acid poisoning	Added	Notify LHJ immediately
Emerging condition with outbreak potential	Added	Notify LHJ immediately
Hantavirus pulmonary syndrome	Amended	Notify LHJ within 24 hours (changed from 3 days)
Hemolytic uremic syndrome	Deleted	
Hepatitis A	Amended	Notify LHJ within 24 hours (changed from immediately)
Hepatitis B	Amended	Notify LHJ within 24 hours (changed from immediately)
Hepatitis C	Added	Notify LHJ within 3 work days
Hepatitis (unspecified)	Deleted	
Hepatitis D	Added	Notify LHJ within 3 work days
Hepatitis E	Added	Notify LHJ within 3 work days
Influenza, novel or unsubtypeable	Added	Notify LHJ immediately
Influenza-associated death (lab confirmed)	Added	Notify LHJ within 3 work days
Monkeypox	Added	Notify LHJ immediately
Mumps	Amended	Notify LHJ within 24 hours (changed from 3 days)
Pertussis	Amended	Notify LHJ within 24 hours (changed from immediately)
Prion disease	Added	Notify LHJ within 3 work days
Rabies	Amended	Notify LHJ immediately (changed from 3 days)
Relapsing fever	Amended	Notify LHJ within 24 hours (changed from immediately)
SARS	Added	Notify LHJ immediately
Shigellosis	Amended	Notify LHJ within 24 hours (changed from immediately)
Smallpox	Added	Notify LHJ immediately
Typhus	Deleted	

Vaccinia transmission	Added	Notify LHJ immediately
Vancomycin-resistant <i>Staphylococcus aureus</i>	Added	Notify LHJ within 24 hours
Varicella-associated death	Added	Notify LHJ within 3 work days
Viral hemorrhagic fever	Added	Notify LHJ immediately
Yersiniosis	Amended	Notify LHJ within 24 hours (changed from 3 work days)
Other rare diseases of public health importance	Amended	Notify LHJ within 24 hours (changed from immediately)
Unexplained critical illness or death	Amended	Notify LHJ within 24 hours (changed from immediately)

Revisions to Table V-1 (Conditions Notifiable by Veterinarians) - WAC 246-101-405

Condition	Added, Amended or Deleted	Change (Timeframe, recipient)
Anthrax	Deleted	
Encephalitis, viral	Deleted	
Arboviral Disease	Added	Notify LHJ within 24 hours
Brucellosis	Amended	Notify LHJ within 24 hours (changed from unspecified timeline)
<i>Burkholderia mallei</i>	Added	Notify LHJ immediately
Disease of suspected bioterrorism origin	Added	Notify LHJ immediately
Emerging condition with outbreak potential	Added	Notify LHJ immediately
Influenza virus, novel or unsubtypeable strain	Added	Notify LHJ immediately
Leptospirosis	Added	Notify LHJ within 24 hours
Plague	Amended	Notify LHJ immediately (changed from unspecified timeline)
Psittacosis	Added	Notify LHJ within 24 hours
Q Fever	Added	Notify LHJ within 24 hours
Rabies	Added	Notify LHJ immediately
Shiga toxin-producing <i>E. coli</i>	Added	Notify LHJ immediately
Tularemia	Added	Notify LHJ immediately