



Communicable Disease and Epidemiology News

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Public Health



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Conditions Notifiable by Health Care Providers and Health Care Facilities

The list of conditions notifiable by health care providers and health care facilities is included as a separate sheet with this month's *EPI-LOG*. Please post this list for health care providers at your facility. For more information on reporting notifiable conditions, please call us at 206-296-4774, or visit our reporting information for health care professionals online at: www.metrokc.gov/health/providers/epidemiology/reporting.htm.

Frequently Asked Questions about Notifiable Conditions

What information should I include about the patient when I report a case to Public Health?

Please include the following information: the patient's notifiable condition, name, address, phone number, sex, race and ethnicity, your name and phone number, relevant clinical and laboratory data (for example, liver enzyme test results for patients with hepatitis, pregnancy status for women with acute or chronic hepatitis B), relevant epidemiological history, including suspected risk factors and/or exposures (e.g., history of injection drug use for hepatitis B or C), travel history, history of ill close contacts, and other information you think is useful. If the patient is not yet aware of the diagnosis, please indicate when you will be informing the patient of the diagnosis. Ideally, we prefer to conduct interviews after the clinician has discussed the diagnosis with the patient.

If a notifiable condition is reportable by the laboratory, does that mean I don't have to report it?

No. Even if a patient with a notifiable condition is reported by a laboratory, the clinician is still legally required to report the case to us. Reports from laboratories do not include important

clinical or epidemiologic data and are not as timely as clinician reporting of suspected cases.

Should I await laboratory confirmation before reporting to public health?

Not necessarily. **Immediately notifiable conditions, such as tuberculosis, measles, meningococcal disease, all cases of unexplained critical illness, and rare diseases of public health significance (i.e., SARS, avian influenza), and suspected outbreaks or clusters of illness and suspected bioterrorism, should be reported upon suspicion, without awaiting laboratory confirmation, preferably while the patient is at the health care facility.** Whether or not to await laboratory confirmation depends upon several factors, including strength of clinical suspicion, length of time required to obtain a diagnosis, and the potential public health threat while awaiting confirmation. The general rule is, **"If in Doubt, Report it Out."**

I am not the patient's primary care provider, am I still required to report notifiable conditions?

Yes. Specialists, subspecialists, and consultants as well as primary care clinicians are all required to report a patient with a notifiable condition unless the case is known to have already been reported. This regulation ensures that cases do not slip through the net and go unreported. For this reason we recommend you document in the patient's medical record when you have reported the case to Public Health.

Are only conditions that are specifically mentioned by name reportable to Public Health?

No. "Unexplained critical illness or death", "rare diseases of public health significance", and disease clusters of suspected foodborne or waterborne origin are important notifiable conditions that are intended to trigger prompt

detection and investigation of diseases due to unidentified agents, unexpected health events in the community, and new infections like SARS and avian influenza. The information you provide, when combined with information for other clinicians, could help identify clusters of cases or outbreaks that cannot be recognized by a single person.

Does HIPAA change the obligation to report?

No. The Health Insurance Portability and Accountability Act (HIPAA) specifically allows the exchange of protected health information for public health purposes. HIPAA rules (in the US Code of Federal Regulations) state that “Nothing in [HIPAA] shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth or death, public health surveillance, or public health investigation or intervention.”

Monthly Influenza Update

King County surveillance indicators as of Week 8 (ending February 23, 2008) suggest that influenza activity in the county peaked during Weeks 4 and 5 and has since started decreasing. Influenza A (H1N1) and influenza B have predominated, while a few influenza A (H3N2) cases have been reported. Levels of influenza A are comparable to last season, while influenza B activity exceeds recent years.

The Centers for Disease Control and Prevention (CDC) reports that nationally approximately 80% of H1N1 viruses tested to date were well-matched to the H1N1 vaccine strain, but most of the H3N2 and B virus strains were different from those contained in the vaccine, suggesting that protection against circulating H3N2 and B virus strains may not be optimal. As of February 23, 2008, 6.8% of all influenza A and B viruses analyzed by CDC this season have been found to be resistant to oseltamivir. Currently all of the resistant viruses are H1N1 viruses. However,

CDC continues to recommend using oseltamivir and zanamivir for the prevention or treatment of influenza. Because high levels of resistance to amantadine and rimantadine persist this season, these drugs are not recommended for prophylaxis or treatment of influenza. More information on influenza surveillance is on our website at:

www.metrokc.gov/health/immunization/fluactivity.htm

To read a February 23, 2008 health advisory on influenza-associated methicillin-resistant *Staphylococcus aureus* (MRSA) pneumonia, please visit our website at:

www.metrokc.gov/health/providers/epidemiology/

Erratum

In the January 2008 issue of the *EPI-LOG*, the recommended age for Tdap (Tetanus, Diphtheria, Pertussis) vaccine was incorrectly listed as 11 to 46 years of age. **The correct information is that Tdap vaccine is recommended for persons aged 11 to 64 years. We regret the error.**

Disease Reporting

AIDS/HIV(206) 296-4645
 STDs.....(206) 744-3954
 TB(206) 744-4579
 All Other Notifiable Communicable Diseases (24 hours a day).....(206) 296-4774
 Automated reporting line for conditions not immediately notifiable(206) 296-4782

Hotlines

Communicable Disease.....(206) 296-4949
 HIV/STD(206) 205-STDS

Public Health-Seattle & King County

Online Resources

Home Page: www.metrokc.gov/health/
The EPI-LOG: www.metrokc.gov/health/providers
Communicable Disease listserv (PHSKC INFO-X) at:
mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Influenza Surveillance Update¹:

www.metrokc.gov/health/immunization/fluactivity.htm

Reported Cases of Selected Diseases, Seattle & King County 2008

	Cases Reported in January		Cases Reported Through January	
	2008	2007	2008	2007
Campylobacteriosis	20	23	20	23
Cryptosporidiosis	4	1	4	1
Chlamydial infections	548	562	548	562
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	2	0	2
<i>E. coli</i> O157: H7	0	3	0	3
Giardiasis	10	10	10	10
Gonorrhea	178	116	178	116
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	0	0
Hepatitis A	3	0	3	0
Hepatitis B (acute)	3	1	3	1
Hepatitis B (chronic)	55	73	55	73
Hepatitis C (acute)	2	1	2	1
Hepatitis C (chronic, confirmed/probable)	130	115	130	115
Hepatitis C (chronic, possible)	29	31	29	31
Herpes, genital (primary)	87	34	87	34
HIV and AIDS (new diagnoses only)	16	14	16	14
Measles	0	0	0	0
Meningococcal Disease	0	0	0	0
Mumps	0	1	0	1
Pertussis	14	3	14	3
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	13	11	13	11
Shigellosis	4	4	4	4
Syphilis	15	29	15	29
Syphilis, congenital	0	0	0	0
Syphilis, late	4	6	4	6
Tuberculosis	4	6	4	6

The *EPI-LOG* is available in alternate formats upon request.

The following conditions are notifiable by Health Care Providers, Health Care Facilities, Schools & Child Care programs to local health authorities in Washington in accordance with state law (WAC 246-101). Timeframes for notification are indicated in footnotes. **Immediately notifiable conditions indicated in bold should be reported as soon as suspected or confirmed.**

- Acquired immunodeficiency syndrome (AIDS)³
- Animal bites**¹
- Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, etc.)³
- Botulism (foodborne, wound, and infant)**¹
- Brucellosis**¹
- Campylobacteriosis³
- Chancroid³
- Chlamydia trachomatis*³
- Cholera**¹
- Cryptosporidiosis³
- Cyclosporiasis³
- Diphtheria**¹
- Disease of suspected bioterrorism origin, including**¹
 - Anthrax**¹
 - Smallpox**¹
- Disease of suspected foodborne origin (clusters only)**¹
- Disease of suspected waterborne origin (clusters only)**¹
- Enterohemorrhagic *E. coli*, including *E. coli* O157:H7 infection**¹
- Giardiasis³
- Gonorrhea³
- Granuloma inguinale³
- Haemophilus influenzae* invasive disease (under age five years, excluding otitis media)**¹
- Hantavirus pulmonary syndrome³
- Hemolytic-uremic syndrome**¹
- Hepatitis A, acute**¹
- Hepatitis B, acute³; chronic (initial diagnosis only)^M
- Hepatitis B, surface antigen positive pregnant women³
- Hepatitis C, acute and chronic (initial diagnosis only)^M
- Hepatitis, unspecified (infectious)**¹
- Herpes simplex, genital (initial infection only) and neonatal³
- HIV infection³
- Immunization reactions, severe, adverse³
- Legionellosis³
- Leptospirosis³
- Listeriosis**¹
- Lyme disease³
- Lymphogranuloma venereum³
- Malaria³
- Measles (rubeola)**¹
- Meningococcal disease**¹
- Mumps³
- Paralytic shellfish poisoning**¹
- Pertussis**¹
- Plague**¹
- Poliomyelitis**¹
- Psittacosis³
- Q fever³
- Rabies**¹
- Rabies post-exposure prophylaxis³
- Relapsing fever (borreliosis)**¹
- Rubella, including congenital**¹
- Salmonellosis**¹
- Shigellosis**¹
- Syphilis, including congenital³
- Tetanus³
- Trichinosis³
- Tuberculosis**¹
- Tularemia³
- Typhus**¹
- Vibriosis³
- Yellow fever**¹
- Yersiniosis³
- Unexplained critical illness or death**¹
- Rare diseases of public health significance**¹

Notification time frame: ¹ Immediately,
³ Within 3 work days, ^M Within one month

Conditions Notifiable to the Washington State Department of Health:	
Asthma, occupational (suspected or confirmed) ^M	1-888-66-SHARP
Birth Defects ^M (autism spectrum disorder, cerebral palsy, and alcohol related birth defects)	360-236-3533
Pesticide poisoning (hospitalized, fatal, or cluster) ¹	1-800-222-1222
Pesticide Poisoning (all other) ³	1-800-222-1222

TO REPORT A NOTIFIABLE CONDITION IN KING COUNTY		
	Phone	Fax
Sexually Transmitted Diseases (STDs) must be reported via fax or mail on a specific STD Confidential Case Report form.*		(206) 744-5622
Tuberculosis (<i>daytime and after hours</i>)	(206) 744-4579	(206) 744-4350
HIV/AIDS	(206) 296-4645	
All other Notifiable Communicable Diseases (<i>daytime and after hours</i>)	(206) 296-4774	(206) 296-4803
Voice mail line for reporting <u>ONLY</u> non-immediately notifiable conditions (<i>24 hours a day</i>)	(206) 296-4782	

* For report forms including the STD case report form and mailing address, please see: www.metrokc.gov/health/providers/epidemiology/reporting.htm

For more information, please see WAC 246-101 or www.metrokc.gov/health/providers