Working to Ensure Notifiable Conditions are Reported to Tribes

2026 Joint Conference

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Introductions

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- Current Notifiable Conditions Processes
- The Issue
- Novel Bird Flu Exercise
- Next Steps

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Current Notifiable Conditions Process

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Notifiable Conditions in WA

- In Washington state, health care providers, health care facilities, laboratories, food service establishments, child day care facilities, and schools are legally required to notify their local health jurisdiction of suspected or confirmed cases of a notifiable condition.



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What is a “Notifiable Condition?”

*An illness, suspected illness, or confirmed laboratory result that must be reported **by law** to public health authorities.*

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How Many Notifiable Conditions are There in Washington?

139 (+) distinct notifiable conditions/diseases, per the Washington Administrative Code (WAC)

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Who Reports Notifiable Conditions in Washington?

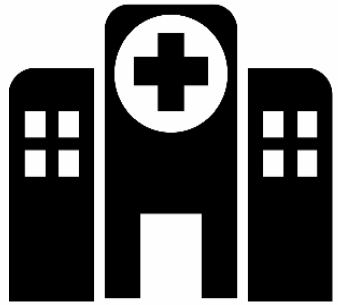
Three types of reporters by law:



Healthcare Providers



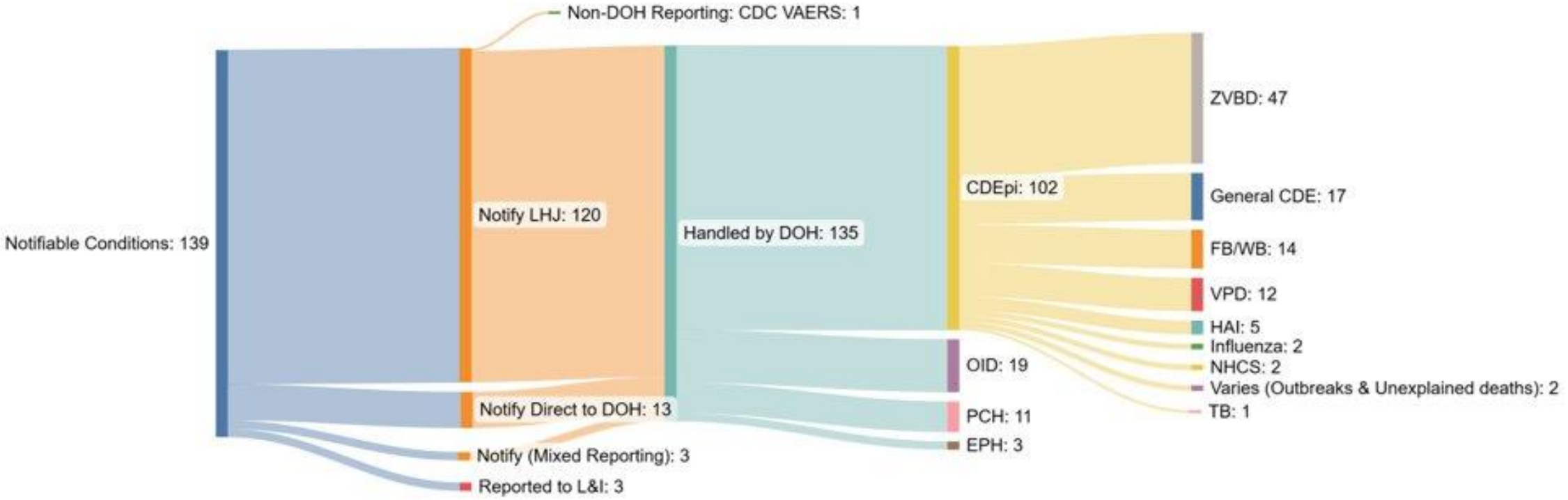
Laboratories



Hospitals & Facilities

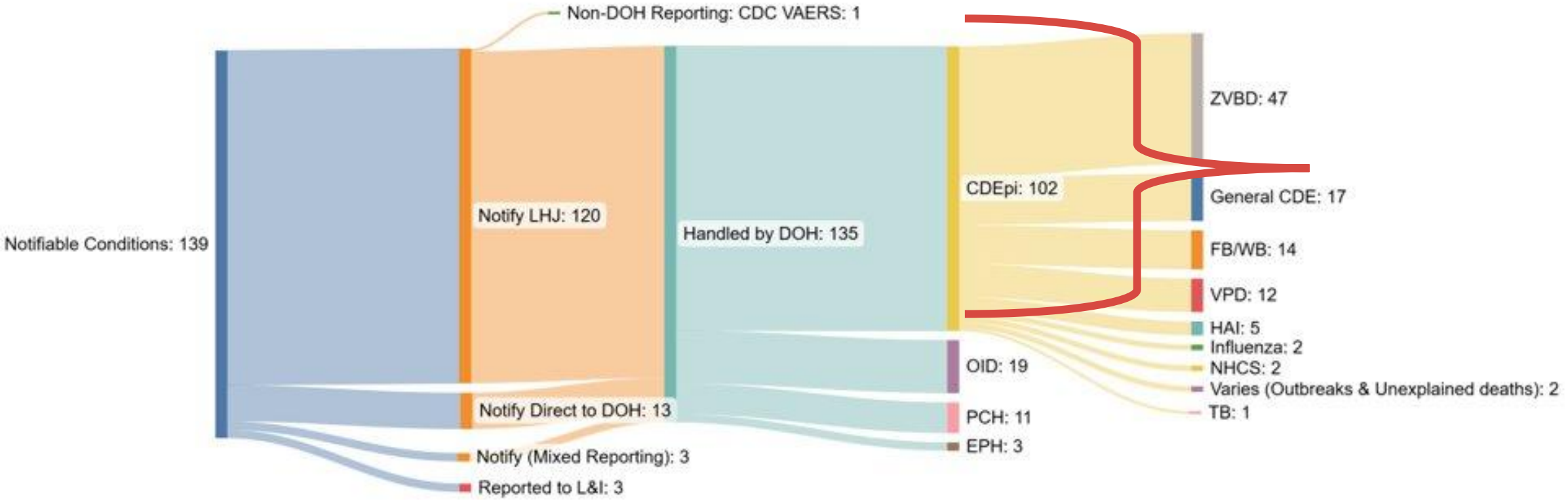
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WA DOH is the Responsible Agency for MOST
(135 of 139) of the Notifiable Conditions in Washington State



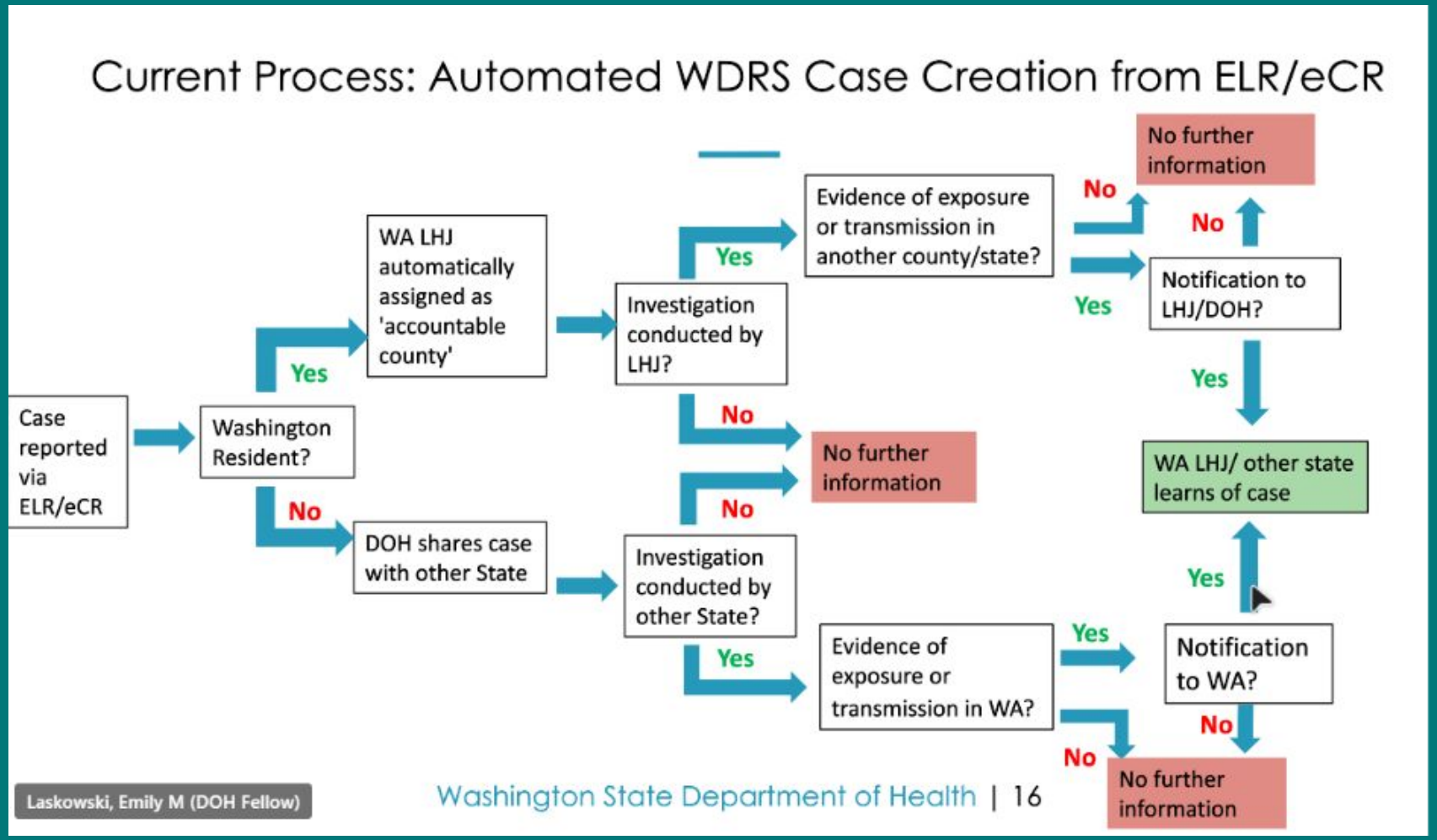
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Communicable Disease Epidemiology is Responsible for Investigating Most Notifiable Conditions Reported to WA DOH



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Current Process



Tribal Data Access Process

- ***<u>To protect Tribal data DOH does not collect Tribal affiliation</u>***
- Currently, Tribes may request and receive access to DOH data through DOH's standard external Data Sharing Agreement or the new Tribal Data Sharing Agreement process. This includes access to WDRS, where most notifiable conditions live.
- Access options: Data Sharing Agreement or manual notification to Tribes. This can be through DOH or through LHJ.
- Limitations: Tribal access to WDRS can provide automatic reporting for county, but it cannot alert or “filter” when a case is applicable to a Tribe.
    - Tribal affiliation is not captured in any of DOH’s notifiable conditions systems.

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The Issue

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Tribal Public Health Powers

Tribal jurisdictions exercise a wide range of governmental public health powers including, but not limited to, the following functions:

Declare	Order	Close	Establish	Investigate	Surveil
Declaring public health emergencies	Ordering mandatory isolation and quarantine	Closing businesses and off-reservation borders	Establishing priority groups and service populations for dispensing vaccines	Performing case and contact investigations	Conducting data surveillance

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Notifiable Conditions Gap

- Current notifiable conditions systems pose an ongoing challenge and risk to public safety
- Systems were built to be used by LHJs responding to notifiable conditions, but they are not the only public health authority with that **responsibility**
- During COVID-19 pandemic, Tribes were having to fax cases to locals to be uploaded to WDRS, increasing the workload for both Tribes and LHJs

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Notifiable Conditions

Confusion about when and how to report notifiable conditions to Tribal health jurisdictions

Reporting under WAC 246-101 is determined by residence rather than by Tribal membership, race, or place of birth

To protect Tribal data DOH does not collect Tribal affiliation

Information should be shared with Tribal health jurisdictions in a manner to information being shared with local health jurisdictions

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Notifiable Conditions - Updated WAC

- Previous legislation (WA HB 2685) to get WAC updated to no longer exclude Tribes from receiving notification of communicable disease. Did not pass.
- AIHC continued efforts to update state regulations and systems to ensure Tribal health jurisdictions are notified in a timely manner of notifiable conditions occurring within their jurisdictions



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Novel Bird Flu Exercise

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Scenario Development



- With the notifiable conditions gap identified, we began planning an exercise to encourage conversations related to communications around a notifiable conditions outbreak

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Participants

- Tribes
- Urban Indian Health Programs
- Individuals at DOH involved in policy work
- LHJs from WA public health emergency regions

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Specific Objectives

- Clarify legal authorities including emergency powers, reporting requirements, and response roles.
- Assess ability to effectively coordinate novel bird influenza outbreak across Tribal and non-Tribal jurisdictions.
- Identify strengths and areas for improvement.
- Identify potential legal issues.
- Identify gaps in policy.
- Assess resource- and information-sharing between Tribal and non-Tribal jurisdictions.



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Day One – November 5, 2026

- A 6-year-old reports to your local hospital emergency room with fever, cough, sore throat, body aches, and difficulty breathing.
- Upon examination, the child is diagnosed with pneumonia. The physician orders an RT PCR to be sent to the state public health lab and admits the child to the hospital to begin treatment for pneumonia.



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Day Three – November 7, 2026



- Lab results positive for novel bird flu
- Local public health and DOH are notified
- Case and contact investigation at the LHJ finds:
  - Patient is AI/AN and lives within Tribe X's jurisdiction
  - Family keeps backyard birds (chicken and quail; recently had a few birds get sick and isolated them from the flock, those birds passed away and were buried on property)
- DOH releases press statement

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Day Four – November 8, 2026



- A child (4), and an elder (55) report to the Tribe X's clinic experiencing fever, cough, shortness of breath, and conjunctivitis
- Both are sent to local hospital with low blood oxygen level
- Hospital sends RT PCR sent to state lab
- News about the first confirmed case has created some panic in the Tribe X's community

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Day Five – November 9, 2026 Morning

- Positive tests for the elder and one child
- Genetically linked to first case
- Local public health notified
- News about new cases has created some panic throughout the county



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Day Five – November 9, 2026 Afternoon



- Case and contact interview finds that these patients are Tribal members from Tribe X in one family who are not living on the reservation but out in the county
- All attended a community trunk or treat event held at Tribe X

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Day Six – November 10, 2026

- Community is concerned
- Increase in worried well hospital visits
- Misinformation spreading on social media
- CDC and State issue guidance that Tamiflu can be given to patients with suspected or confirmed bird flu and that seasonal influenza vaccine may provide some protection and should be prioritized
- No vaccine currently exists for this strain of influenza



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Days Seven – Fourteen
November 12-19, 2026

- No additional suspected cases identified in the state



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Who Notifies Tribes?

- Across the breakout groups used for the exercise, there was not a clear answer as to who would notify the Tribe OF A NOTIFIABLE CONDITIONS CASE WITHIN THEIR JURISDICTION
- The selected pathogen is one that could cause the next pandemic, and the jurisdiction with authority to order isolation and quarantine did not know about the case



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Next Steps

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Ongoing Efforts

DOH and SBOH continue to work with AIHC and GIHAC to identify opportunities for improvement. DOH intends to seek collaboration and guidance through gov-to-gov on potential solutions.

1. **Notifiable conditions and Tribes:** DOH is identifying possible solutions for Tribes to access information about notifiable conditions events in their jurisdiction given existing system barriers. As byproduct of this work DOH is exploring equal access for Tribes related to notifiable conditions systems.

2. **Communication and coordination:** DOH currently has a Yellow Book and IMT process through the formal Tribal Liaison Officer role – reviewing and developing resources to ensure there are clear procedures for DOH/LHJ/Tribal communication during an outbreak.

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Next Steps

- Workgroup at DOH developing improved pathways for data sharing for notifiable conditions and a written procedure for contacting Tribes related to notifiable conditions.
  - These are improvements to internal DOH processes, not formal changes to the Notifiable Conditions Rule Making.

- Another exercise! Some suggestions to go regional

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AMERICAN INDIAN HEALTH
COMMISSION FOR WASHINGTON STATE

Thank You!

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