Bat Testing for Suspect and Confirmed Exposures

Persons with a suspect or confirmed bat exposure can have the bat tested at no cost at the WA DOH Public Health Lab to determine if the bat is rabid and rabies PEP is necessary. Prior authorization by the health department is necessary before the bat can be submitted. The Chelan-Douglas Health District will package and submit the bat for testing. Please call CDHD for additional information (509)886-6400.

Guidance on testing and PEP if bat is available:

In any exposure or potential exposure situation, the bat in question should be submitted for testing. It is always preferable to test the bat because a negative result will rule-out exposure to rabies.

- If positive, give PEP.
- If negative, no need for PEP; discontinue PEP if already started.

Guidance on PEP if bat is not available to test:

- Person with a known bat bite, scratch or mucous membrane exposure → Recommend PEP
- Person has other type of direct contact with a bat (e.g., bat lands on person, bat flies into person) → Recommend PEP unless the person is reasonably certain a bite, scratch, or mucous membrane exposure did not occur.
- For unattended children, is the child old enough to be a reliable witness about whether contact occurred?

Bat found in the room with a person who might be unaware that a bite or direct contact occurred, e.g., a person wakes up to find a bat in the room OR a reliable person witnesses a bat in the room with a previously unattended child, a person with impaired level of consciousness (i.e., underlying disease, mental disability, intoxication, etc.) → Recommend PEP

Other considerations for a bat found in a room:

- For unattended children found with a bat in the room, is the child old enough to be a reliable witness about whether any contact occurred?
- For others sleeping in adjacent or nearby rooms with doors that were open to room where bat found, PEP is not routinely recommended though may be appropriate in some circumstances. Consider how the bat likely entered the home, where it was found in proximity to rooms, open window, chimney, etc.

Resources:

- Prevention of Human Rabies: Assessment of Rabies Exposures from Animal Contact and Guidance on Rabies Post-Exposure Prophylaxis
- Rabies Resources for Healthcare Providers from the Washington State Department of Health
### Washington State Human Rabies Prevention Algorithm

- **All suspected rabies exposures (to people)** must be immediately reported to the local health jurisdiction (LHJ) per WAC 246-101. This includes reporting of all persons to whom rabies post-exposure prophylaxis (PEP) is administered.

- **Consultations and animal testing** are available from the LHJ. Healthcare providers are encouraged to consult LHJs prior to initiating PEP.

- **Rabies exposures include** bites, scratches, and fresh wounds or mucous membranes contaminated with a mammal’s saliva or neural tissue. Touching animal fur, blood, urine, or feces is not a rabies exposure. Non-mammals, e.g., birds and reptiles, do not get rabies. *Bat exposures*† deserve special consideration.

**NOTE:** See definitions and explanations on next page.

<table>
<thead>
<tr>
<th>Animal type</th>
<th>Geographic location of exposure</th>
<th>Notify LHJ</th>
<th>Animal testing recommendation</th>
<th>PEP recommendation</th>
</tr>
</thead>
</table>
| Any rabid-acting* mammal | Anywhere | Yes | Test if available. | - If animal tests positive, OR if unable to test, give PEP immediately.  
- If bite to head/neck from any animal highly suspected to be rabid, give PEP immediately.  
- If non-severe bite to other area (e.g., extremities) from any animal, PEP can be delayed 24-48 hours while animal is tested. |
| Bat† | In area with endemic rabies in wild carnivores (not WA) | Yes | Confine and observe for 10 days.§ If signs of rabies* develop during observation, call LHJ for immediate testing (see rabid-acting* mammal above). | - If tests positive or if unable to observe or test, give PEP.  
- If observing, consider starting PEP immediately given elevated risk; can discontinue if animal survives 10-day observation. |
| Wild carnivore (e.g., raccoon, skunk, fox, coyote, wolf, or hybrid) | In Washington | Yes | Generally test if available. See special considerations for hybrids. | - If tests positive, give PEP.  
- See special considerations for hybrids (wild carnivores section). |
| Dog, cat, or ferret with normal appearance & behavior. (Does not apply to hybrids, e.g. wolf-dogs.) | In or imported in past 6 months from rabies endemic area including Asia, Africa, Middle East, South/Central America, or Mexico | Yes | Confine and observe for 10 days.§ If signs of rabies* develop during observation, call LHJ for immediate testing (see rabid-acting* mammal above). | - If tests positive, give PEP.  
- If unable to test: if provokedα and normal appearing/behaving then PEP not routinely recommended; if unprovoked or behavior suspicious for rabies, recommend PEP. |
| Wild animal hybrids (e.g., wolf-dogs) | In Washington | Yes | Test if available. | - If tests positive, give PEP.  
- See special considerations for hybrids (wild carnivores section). |
| Raccoons | In Washington | Yes | Test if available. | - If tests positive, give PEP.  
- If unable to test: if provokedα and normal appearing/behaving then PEP not routinely recommended; if unprovoked or behavior suspicious for rabies, recommend PEP. |
| Other wild carnivores | In Washington | Yes | Test if available. | - If tests positive, give PEP.  
- If unable to test: if provokedα and normal appearing/behaving then PEP not routinely recommended; if unprovoked or behavior suspicious for rabies, recommend PEP. |
| Dog, cat, or ferret (D/C/F) with normal appearance & behavior. (Does not apply to hybrids, e.g. wolf-dogs.) | In the U.S. (or a country not known to be endemic for canine rabies) | No^ | • Confine and observe for 10 days.§  
  - If signs of rabies develop during observation, call LHJ for immediate testing (see rabid-acting* mammal).  
  - Animal euthanized due to chronic illness or injuries, or unwanted D/C/F:  
    - If feral or stray, then test.  
    - If owned, test if unprovoked or D/C/F had known exposure to bat/rabid animal; otherwise victim can waive testing if provoked. | - If observing, PEP not necessary if animal healthy for 10 days.  
- If tests positive, give PEP.  
- If unable to observe or test then consider exposure location:  
  - Outside WA State: Consult LHJ; consider D/C/F vaccination status and contact with rabies reservoir species in that locale.  
  - In WA State: If D/C/F had exposure to an untested bat or rabid animal in last 6 months give PEP. Otherwise:  
    - If provokedα, PEP not recommended.  
    - If unprovoked cat exposure, recommend PEP  
    - If unprovoked dog/ferret exposure, consult LHJ, generally recommend PEP |
| Rodent, hare/rabbit, or opossum | Anywhere | No^ | No need to test unless rabid-acting*. Consult with LHJ if thought to be rabid; livestock should be evaluated by a veterinarian. | PEP not recommended unless animal tests positive or unable to test a rabid-acting* animal; consult LHJ in such cases. |

**NOTE:** See definitions and explanations on next page.
Algorithm

* Rabid-acting: Rabies virus causes an acute, rapidly progressive encephalitis. Observing unusual behavior or unhealthy appearance is a proxy to identify potentially rabid animals. Behavior changes and neurologic signs exhibited are variable based on species and stage of disease progression. In terrestrial mammals, suggestive signs include a sudden change in behavior, such as: being unusually withdrawn, stuporous or agitated; acting inappropriately aggressive or attempting to bite; approaching people (wild animals only); attacking inanimate objects; making abnormal vocalizations; stumbling or appearing weak; displaying muscle tremors, seizures, or difficulty swallowing; appearing afraid of water; salivating profusely (foaming at the mouth); and staring blankly or appearing to be blind. Livestock may also display head-pressing, circling, depression, drooping head or ears, or constant bellowing, or may isolate themselves from herd mates.

† Bats: An exposure assessment is necessary when a bat is found in a room with a person who cannot say that exposure did not occur (e.g., unattended infant or child, intoxicated adult, sleeping person). Bat bites may not leave visible marks. See Appendix A for additional information on exposure assessments related to bats.

§ Observations: Local health jurisdiction (LHJ) policy may differ as to whether dog/cat/ferret (D/C/F) observation should be done in home or with animal control. If D/C/F becomes ill or dies during observation, a veterinarian should be consulted to evaluate for rabies and the LHJ should be notified immediately.

† Notifying LHJ: In general, low risk bites/exposures from dogs, cats, and ferrets in Washington and rodents, rabbits, opossum, and livestock are not reportable to the LHJ. However if PEP is given or animal shows signs of rabies, then exposure must be reported to the LHJ.

Provoked exposures: May include invasion of an animal’s territory (potentially even running by a dog), assisting an injured animal, startling or trying to capture an animal, coming between an animal and its young, taking food away from an animal, acting aggressively toward an animal, breaking up a fight between animals, or trying to touch, pet, or feed an unfamiliar animal. Provocation must be considered from the animal’s perspective. An exposure is considered “unprovoked” if these behaviors are absent; for example, an animal suddenly appears or charges and bites a person who was not in any way interacting with the animal or its young.

Legal reporting requirements in Washington State regulation (WAC 246-101-101 and -301)

- All healthcare providers, healthcare facilities, and veterinarians are required to immediately notify the local health jurisdiction (LHJ) regarding suspected rabies exposures, including: (1) “Animal bites (when human exposure to rabies is suspected),” and (2) “Rabies, suspected human exposure (suspected human rabies exposure due to a bite from or other exposure to an animal that is suspected to be rabid)”

- The algorithm is intended to be a guide in determining whether an exposure to rabies should be suspected and whether reporting to the LHJ is necessary.

Washington State rabies facts

- Bats are currently the only known reservoir for rabies in Washington State.
  - Rabies is not known to be endemic in raccoons, skunks, foxes, or other wild carnivores in this state; however surveillance for rabies in wild carnivores is minimal in Washington.
  - Rarely, other animals are bitten by rabid bats and may become rabid in Washington State; examples since 1988 include horse, llama, and two cats.

- Animals incubating or infected with rabies could be accidently imported into Washington State.
  - Risk differs elsewhere in the world (e.g., raccoon variant rabies in the east coast, skunk variant rabies in central US, dog variant rabies in Asia, etc.).

Criteria for assessing risk of rabies exposure

- Consider the following: (1) animal type and health/behavior (see rabid-acting*); (2) geographic location of exposure or geographic origin of the animal; (3) animal vaccination status; (4) circumstances of exposure (provoked vs. unprovoked); (5) likelihood the animal could have been exposed to another rabid animal (outdoor vs. indoor animal; travel/import history of animal; feral/stray vs. pet).

- If you are unsure, consultations are available from your LHJ. If unable to reach LHJ, call DOH Communicable Disease Epidemiology (see below).

Wound care

- Wound cleansing is important in rabies prevention. In animal studies, thorough wound cleansing with soap and water alone has been shown to reduce the likelihood of developing rabies.

References and additional resources

- WASHINGTON STATE:
  - Local health jurisdiction contact information: http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions.aspx (24/7 on-call service)
  - Washington State Department of Health (only contact if unable to reach LHJ):
    - Humans potentially exposed: Office of Communicable Disease Epidemiology, 877-539-4344 or 206-418-5500 (24/7 on-call service)
    - Animals potentially exposed: Environmental Health Zoonotic Disease Program, 360-236-3385 (M-F, 8 am – 4 pm); if unavailable call Epidemiology

- UNITED STATES: Centers for Disease Control and Prevention: http://www.cdc.gov/rabies/

Guideline for Animals Exposed to Rabies

Unvaccinated dogs, cats, and ferrets:
- Immediate euthanasia, or
- Quarantine
  - Immediate veterinary care
  - Immediate vaccination
  - Confinement and observation for signs of illness for at least four months for dogs and cats, and at least six months for ferrets

Dogs and cats overdue for vaccination with proof of previous rabies vaccination:
- Immediate veterinary care
- Immediate revaccination
- Kept under the owner's control and observed for signs of illness for forty-five days from the date of exposure

Dogs and cats overdue for vaccination without proof of previous vaccination:
- Immediate euthanasia, or
- Quarantine
  - Immediate veterinary care
  - Immediate vaccination
  - Confinement and observation for signs of illness for at least four months for dogs and cats
- Prospective Serologic Monitoring
Bats– Regional Rabies Epi

Bats Tested for Rabies, Washington State, January 1 – December 31, 2016 (N = 297 Tested Bats)

<table>
<thead>
<tr>
<th>Month</th>
<th>County</th>
<th># positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>King</td>
<td>1 bat</td>
</tr>
<tr>
<td>May</td>
<td>Clark</td>
<td>1 bat</td>
</tr>
<tr>
<td>June</td>
<td>Kitsap</td>
<td>1 bat</td>
</tr>
<tr>
<td>June</td>
<td>Whatcom</td>
<td>1 bat</td>
</tr>
<tr>
<td>June</td>
<td>Ferry</td>
<td>1 bat</td>
</tr>
<tr>
<td>July</td>
<td>Spokane</td>
<td>2 bats</td>
</tr>
<tr>
<td>July</td>
<td>Lewis</td>
<td>1 bat</td>
</tr>
<tr>
<td>July</td>
<td>Mason</td>
<td>1 bat</td>
</tr>
<tr>
<td>July</td>
<td>Chelan</td>
<td>1 bat</td>
</tr>
<tr>
<td>August</td>
<td>Grant</td>
<td>1 bat</td>
</tr>
<tr>
<td>August</td>
<td>Chelan</td>
<td>1 bat</td>
</tr>
<tr>
<td>August</td>
<td>Spokane</td>
<td>1 bat</td>
</tr>
<tr>
<td>August</td>
<td>Whatcom</td>
<td>1 bat</td>
</tr>
<tr>
<td>August</td>
<td>Lewis</td>
<td>1 bat</td>
</tr>
<tr>
<td>September</td>
<td>Chelan</td>
<td>1 bat</td>
</tr>
<tr>
<td>September</td>
<td>King</td>
<td>1 bat</td>
</tr>
<tr>
<td>September</td>
<td>Pierce</td>
<td>1 bat</td>
</tr>
<tr>
<td>September</td>
<td>Thurston</td>
<td>1 bat</td>
</tr>
<tr>
<td>November</td>
<td>King</td>
<td>1 bat</td>
</tr>
</tbody>
</table>

Total positive bats = 20 (7%)
Bat Exposure

Anyone who encounters a bat should be evaluated by a medical professional for risk of rabies.

**Encounters with a bat include:**

- Direct contact with a bat = bat bite or bat saliva in your eyes, nose, mouth or fresh wound.
- Finding a bat in the same room of a person who might be unaware that a bite or direct contact had occurred.
  - a deeply sleeping person awakens to find a bat in the room
  - or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person

**If you discover a bat in your home or cabin:**

- **DO NOT TOUCH THE BAT**
- Call Animal Control if available in your area, (509) 662-9577
- Call the Chelan-Douglas Health District to determine if the bat needs to be tested for rabies
  - Monday-Thursday, (509) 886-6400.
  - After hours and weekends, (509) 886-6499.
- If the bat does not need to be tested follow “How can I safely capture a bat in my home”. See instructions to the right.

**If you are bitten by a bat:**

- Wash the wound with soap and water
- Get medical attention within 24 hours
- The medical provider should immediately report the bat bite to the Chelan-Douglas Health District

**To avoid possible exposure to rabies:**

- Do not touch live or dead bats
- Teach children not to touch live or dead wild animals
- Make sure your home’s open windows have screens
- Vaccinate pet dogs, cats, and ferrets against rabies as required by Washington State law (WAC 246-100-197)

**Related Links:**

- Rabies Information (Centers for Disease Control and Prevention)
- Rabies Activity in Washington State (Washington State Department of Health)
La Exposición a los Murciélagos

Cualquier persona que tiene un encuentro con un murciélago debe ser evaluada por un médico profesional acerca del riesgo para la rabia.

Los encuentros con un murciélago incluyen:

- El contacto directo con un murciélago = mordedura de murciélago o que la saliva de murciélago entre en contacto con los ojos, la nariz, la boca o en una herida fresca.
- Encontrar a un murciélago en la misma habitación con una persona que tal vez no está consciente si tuvo mordedura o contacto directo. Por ejemplo, …
  * una persona en sueño profundo despierta y mira un murciélago en la habitación
  * un adulto mira un murciélago en la habitación con... un niño previamente no supervisado, una persona mentalmente discapacitada, o con una persona embriagada

Si descubre un murciélago en su casa o cabina:

- **NO TOQUE EL MURCIÉLAGO**
- Llame la agencia de control de animales si está disponible en su área, (509) 662-9577
- Llame al Distrito de Salud de los condados de Chelan y Douglas para determinar si el murciélago debe ser examinado para la rabia
  
  (509) 886-6400, de lunes a jueves

  (509) 886-6499, los fines de semana y después de horas negocios

- Si el murciélago no necesita prueba de rabia, siga las instrucciones de “¿Cómo puedo capturar de forma segura a un murciélago en mi casa?” Vea las instrucciones a la derecha.

Si le muerde un murciélago:

- Lave la herida con agua y jabón
- Busque atención médica dentro de las siguientes 24 horas
- El proveedor médico debe informar al Distrito de Salud de los condados Chelan y Douglas inmediatamente acerca de la mordedura de murciélago

Para evitar una exposición posible a la rabia:

- No toque los murciélagos vivos o muertos
- Enseñe a los niños a no tocar los animales silvestres vivos o muertos
- Asegúrese de que las ventanillas abiertas en su hogar tengan mallas/mosquiteros
- Vacune a los perros, gatos y hurones contra la rabia según los reglamentos del estado de Washington (WAC 246-100-197)

Enlaces para más información:

Informe acerca de la Rabia  (Centros para el Control y la Prevención de Enfermedades )
2017 Reportable Conditions, Chelan-Douglas Counties

<table>
<thead>
<tr>
<th>2017</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic HCV</td>
<td>12</td>
<td>13</td>
<td>11</td>
<td>8</td>
<td>11</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campy</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonella</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.coli</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giardia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic HBV</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute HBV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies Prophy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legionella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listeria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Death</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coccid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prion disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zika</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>12</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>73</td>
<td>45</td>
<td>39</td>
<td>38</td>
<td>43</td>
<td>238</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of Jurisdiction</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>19</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not reported: Cases investigated but did not meet case definition for reporting.
OOJ (out of jurisdiction): Cases investigated but found to belong to another jurisdiction (county).

STD CASES

<table>
<thead>
<tr>
<th>2017</th>
<th>CT</th>
<th>HSV</th>
<th>GC</th>
<th>LGV</th>
<th>Syp</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>49</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Feb</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mar</td>
<td>49</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Apr</td>
<td>38</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>28</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Animal Rabies Testing

<table>
<thead>
<tr>
<th>DATE</th>
<th>DOH #</th>
<th>ANIMAL</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/2017</td>
<td>#17-0181</td>
<td>dog</td>
<td>NEG</td>
</tr>
<tr>
<td>3/6/2017</td>
<td>#17-0029</td>
<td>bat</td>
<td>NEG</td>
</tr>
</tbody>
</table>

Washington State Reportable Conditions Posters by Reporter
Washington State Reportable Conditions Forms and Guidelines

TO REPORT A NOTIFIABLE CONDITION:
Phone (509) 886-6400 Fax (509) 886-6478
After hours call: (509) 886-6499

Page 8 of 8