STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

January 22, 2024
Amended July 18, 2025

AFH #2024-003
ALF #2024-002
ESF #2024-002
NH #2024-003

UPDATES TO DEPARTMENT OF HEALTH (DOH) COVID-19 OUTBREAK DEFINITION AND OUTBREAK REPORTING REQUIREMENTS

Dear Provider/Administrator:

This letter is amended to clarify COVID-19 reporting requirements to the Department's Complaint Resolution Unit (CRU) and updated contact.

This letter is to inform you that effective Monday, January 1, 2024, DOH adopted the updated Council for Outbreak Response: Healthcare-Associated Infections/Council of State and Territorial Epidemiologists (CORHA/CSTE) Proposed Investigation/Reporting Thresholds and Outbreak Definitions for COVID-19 in Healthcare Settings. DOH updated their Interim COVID-19 Outbreak Definition for Healthcare Settings to reflect these changes.

Outbreak Definition for Long Term Care:

- ≥2 cases of probable or confirmed COVID-19 among residents, with epi-linkage* OR
- ≥2 cases of suspect, probable or confirmed COVID-19 among HCP AND ≥1 case of probable or confirmed COVID-19 among residents, with epi-linkage** AND no other more likely sources of exposure for at least 1 of the cases.

*__Epi-linkage among residents__ means: *An overlap on the same unit or ward, or other resident care location, or having the potential to have been cared for by common HCP **within a 7-day time period** of each other. Determining epi-linkages requires judgment and may include weighing evidence whether or not residents had a common source of exposure.*

__Epi-linkage among HCP__ means: *Having the potential to have been within 6 ft for 15 minutes or longer while working in the facility during the **7 days prior to the onset of symptoms.*
Example: Worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility.

What's New, Changed, or Different:

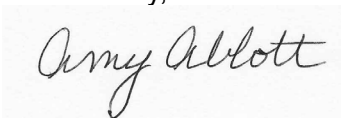
- **Increased** probable or confirmed COVID-19 cases from ≥1 to ≥2 probable or confirmed cases among residents with epi-linkage.
- **Changed** suspect, probable or confirmed COVID-19 among HCP from ≥3 cases in HCP with epi-linkage and no other likely exposure to ≥2 cases among HCP **AND** ≥1 case of probable or confirmed COVID-10 among residents with epi-linkage **AND** no other likely exposure source for at least 1 of the cases.
- ***Removed** HCP ONLY COVID-19 cases* from the COVID-19 Outbreak definition.

What These Changes Mean for Long-Term Care Providers:

- ***Threshold for Additional Investigation by Facility*** – No change. Providers must investigate to determine if COVID-19 has spread in their facility and if cases meet the CORHA/CSTE COVID-19 outbreak definition.
- ***Threshold for Reporting to Public Health -*** WAC 246-101 has **not changed**. Providers continue to follow state regulation for reporting notifiable conditions, which includes COVID-19.
- ***Threshold for reporting to the Complaint Resolution Unit (CRU)***
- **AMENDED:**
  - ~~AFH, ALF, ESF, and NH Providers must report COVID-19 outbreaks to the CRU. Use the CORHA/CSTE definition for outbreak reporting~~.
  - Adult Family Homes (AFH)
    - Per **WAC 388-76-10225 (3)** *Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify: (b) The department's complaint toll-free hotline number or online reporting system.*
    - AFH must report COVID-19 outbreaks to the CRU.
    - Additional reporting of cases related to the same outbreak is voluntary.
  - All other settings (NH, ALF, ESF, CCRSS, ICF/IID):
    - COVID-19 outbreak reporting to the CRU is encouraged but not required.
    - COVID-19 ***case*** reporting to CRU is *voluntary*.
    - When reporting to the CRU, be clear if reporting is for COVID-19 cases or an outbreak.

Thank you for your continued commitment to resident/client health and safety. If you have any questions, please contact **Jamie Ford, Infection Preventionist**, at ip.epteam@dshs.wa.gov. ~~Linda Dunn, Regulatory QA Nurse Program manager, at (360) 972-5527 or linda.dunn@dshs.wa.gov~~.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*