AN INTERNATIONAL ORGANIZATION DEDICATED TO PROTECTING THE RIGHTS OF ALL ANIMALS

PETA FOUNDATION

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS FOUNDATION

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July 6, 2026

The Honorable Bob Ferguson
Governor, State of Washington
Office of the Governor
P.O. Box 40002
Olympia, WA 98504-0002
Via e-mail: GovmiAPARuleAppeal@gov.wa.gov

Re: Appeal of the Washington State Board of Health's Denial of Rulemaking Petition to Amend WAC §§ 246-101-005 to -810 to Require Research Facilities to Notify the Department of Health of Zoonotic Conditions Detected in Nonhuman Primates

Dear Governor Ferguson,

Pursuant to Wash. Rev. Code § 34.05.330(3), People for the Ethical Treatment of Animals (PETA), Northwest Animal Rights Network (NARN), and the Physicians Committee for Responsible Medicine (PCRM) (collectively "Petitioners") appeal the June 5, 2026, decision by the Washington State Board of Health ("Board") denying their April 6, 2026, petition ("Petition"), which asked the Board to undertake rulemaking to amend the Notifiable Conditions rule, Washington Administrative Code (WAC) §§ 246-101-005 to -810, to ensure that cases of specific zoonotic diseases in nonhuman primates (NHPs) in research facilities do not go unreported to the Washington Department of Health (DOH). The current reporting framework omits zoonotic pathogens in NHP reservoirs from state surveillance, preventing the DOH from identifying and controlling transmission at its source and leaving human exposure as the first signal of disease spread among facility workers, their contacts, and the public.

Every public comment the Board received on this agenda item, whether submitted ahead of the June 4, 2026, Board Meeting ("Board Meeting") or delivered orally during it, supported advancing the Petition's objectives, with not a single public comment in opposition.[1] Notably, the commenters, many of whom were Washington residents, represented a wide range of backgrounds and perspectives. Commenters included, inter alia, a Washington state veterinarian (Appeal Ex. 1 (Dr. Cuthbert's Written Public Comment, June 3, 2026)), a primatologist who has spent more than 30 years studying disease transmission at the human-primate interface including as a primate scientist

[1] *See Meeting Information and Materials*, WASH. STATE BD. OF HEALTH (June 4, 2026), https://sboh.wa.gov/meetings/meeting-information/meeting-information/materials/2026-06-04 (click "Public Comments Received" and "Late Public Comments Received"); Board Meeting Transcript ("Transcript") at 00:20:25.311.

and a professor at the University of Washington (UW) (Transcript at 00:20:59.240), a professor at Seattle University School of Law (Transcript at 00:39:49.039), an internal medicine doctor and radiation oncologist (Transcript at 00:41:59.208), and a clinical professor Emeritus of neurology at UW and current faculty at the Elson S. Floyd College of Medicine at Washington State University (Transcript at 00:44:22.239). Their unified conclusion that the DOH must be informed when an NHP has a zoonotic infection was unequivocal. Yet the Board chose to take no action, leaving known zoonotic infections outside the state's disease surveillance system.

DOH Confirmation Contradicts the Board's Claim That NHP Zoonotic Diseases Are Reported

As detailed in the attached Appendix, the Board's determination (as stated in its June 15, 2026 denial letter) that the existing reporting structure for zoonotic diseases is sufficiently protective of public health is based on a false premise that the zoonotic diseases at issue—Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis—are already reportable to the DOH by the Washington State Department of Agriculture (WSDA) if detected in an NHP. They are not.

In June 24–25, 2026, correspondence with PETA (see Figures 1–2), the DOH confirmed that these diseases are not reportable to the agency—whether by the University of Washington or WSDA—when detected in NHPs. Yet clinical records from the UW National Primate Research Center documented the presence of these pathogens in its monkeys.

As a result, the state's disease surveillance system omits known zoonotic infections in NHP reservoirs, preventing the DOH from detecting and controlling sources of transmission before these pathogens reach humans.

From: WA State DOH Records Center <washingtondoh@govqa.us>
Sent: Wednesday, June 24, 2026 4:52 PM
To: Dr. Lisa Jones-Engel <LisaJE@peta.org>
Subject: DOH Public Records Center :: N017397-061626

--- Please respond above this line ---

Reference # N017397-061626

Dear Lisa Estelle Jones-Engel,

The Department of Health received a Public Records Request from you on June 16, 2026, for the following records:

"For the period September 1, 2023 to December 1, 2023 all records as defined by the public records act that document reports submitted by the University of Washington of nonhuman primates (NHPs,

monkey, macaque, rhesus macaque, pigtailed macaque) who have tested positive for: Norovirus, Shigella, Campylobacter, Enteropathogenic E. coli (EPEC), Entamoeba, Giardia, Vibrio, and/or Cryptosporidium."

The Department of Health has conducted a search and there are **no records responsive to your request**. Your request is now closed, and this is our final response. The Department of Health does not intend to further address the request, and the Public Records Act's one-year statute of limitations to seek judicial review has started to run as of the date of this communication.

NOTE: program staff noted that the named conditions in this request are **not reportable** to the agency for non-human primates.

Please contact me within 30 days 7/24/2026 9:14:07 AM, by e-mail at publicdisclosure@doh.wa.gov or by postal mail at: Public Records Officer, Washington State Department of Health, P.O. Box 47808, Olympia, WA 98504-7808, if you have any questions.

Under RCW 42.56.520 you may appeal the decision to withhold information contained in the records via a request for review by the Department of Health's Public Records Officer. When filing an appeal for Public Records, please include your Public Records Request reference number so the correct request can be reviewed. The request must be submitted in writing by one of the following methods:

Mailing Address:
Public Records Officer
Washington State Department of Health
P.O. Box 47808
Olympia, WA 98504-7808

Email Address:
PRRappeals@doh.wa.gov

Sincerely,

MELISSA SCHEIBE
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov

Figure 1. Email from DOH on June 24, 2026, that confirms that the UW does not report Campylobacteriosis, Cryptosporidiosis, Giardiasis, and/or Shigellosis detected in NHPs to the DOH. (Highlighting added.)

From: WA State DOH Records Center <washingtondoh@govqa.us>
Sent: Thursday, June 25, 2026 4:23 PM
To: Dr. Lisa Jones-Engel <LisaJE@peta.org>
Subject: DOH Public Records Center :: N017397-061626

--- Please respond above this line ---

Reference # N017397-061626.

Dear Lisa Estelle Jones-Engel,

The Washington State Department of Health received a communication from you today, 6/25/2026. The communication states:

"Good morning Melissa,
Thank you for processing my request so promptly. Can you confirm that your search results included reports that would have been submitted by the Washington State Department of Agriculture to the Department of Health regarding reports received from the University of Washington of nonhuman primates (NHPs, monkey, macaque, rhesus macaque, pigtailed macaque) who have tested positive for: Norovirus, Shigella, Campylobacter, Enteropathogenic E. coli (EPEC), Entamoeba, Giardia, Vibrio, and/or Cryptosporidium during the specified period?"
I reached out to program staff and received the following reply: "our office still does not have any responsive records. WSDA does not submit such reports to us as they are not reportable."

If you have any questions or need additional information, please feel free to respond directly to this email.

Sincerely,
MELISSA SCHEIBE
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov/about-us/public-records

Figure 2. Email from DOH on June 25, 2026, that confirms that the WSDA does not report Campylobacteriosis, Cryptosporidiosis, Giardiasis, and/or Shigellosis detected in NHPs to the DOH.[2] (Highlighting in original.)

Available Corrective Governor Actions: Recommend Rulemaking or Immediate Reporting Through WSDA

The concerns detailed in the Petition, voiced in the public comments, and supported by **30,000 individuals** whose signatures were presented to the Board (*see* Transcript at 00:28:17.736) remain unaddressed. The Board denied the Petition without identifying alternative means to

[2] The "specified period" referenced in the e-mail was September 1, 2023, to December 1, 2023. Appeal Ex. 2 (DOH E-mail, June 24, 2026).

correct the flawed reporting framework. The Board claimed that the reporting requirement requested in the Petition "would lead to redundancy and/or necessitate changes throughout the healthcare reporting system." Board's Denial Letter, at 2 (June 15, 2026). But this assertion, which is demonstrably false, does not excuse the Board's failure to act. Nothing precluded the Board from pursuing an alternative solution, such as adding Campylobacteriosis, Cryptosporidiosis, Giardiasis, and/or Shigellosis (conditions specifically identified in the Petition and PETA's May 31, 2026, Written Public Comment) to the list of conditions that the WSDA already must report to the DOH under Table Agriculture-1 of WAC § 246-101-805. This would have ensured these zoonotic infections were captured within the state's reporting system. The Board instead chose inaction.

The risk to public health does not disappear because the DOH does not track these diseases in NHPs. The reality remains that **there are more than 5,000 NHPs in Washington's research facilities** (UW in Seattle and Altasciences in Everett), and zoonotic pathogens in NHPs are repeatedly documented in institutional records without any agency—the DOH or WSDA—being notified.

For example, a UW National Primate Research Center open cases report shows that 47 of the 68 macaques who had been transported from UW's Arizona Breeding Colony to UW primate center's Seattle campus in late September 2023 tested positive for *Shigella* within days of arrival. *See* Petition Supporting Documents at 6–7 (*Shigella* Report). Other pathogens, including *Campylobacter* and *Giardia*, were also detected. At PETA's request, the DOH conducted a search for records documenting reports of these conditions. The DOH had no records of any of these cases and noted that these conditions "are **not reportable** to the agency for non-human primates." Appeal Ex. 2 (DOH E-mail, June 24, 2026) (emphasis in original). PETA's public records request to the WSDA also yielded no responsive records related to these cases.[3] *See* Appeal Ex. 3 (WSDA E-mail, Aug. 28, 2024).

As detailed in section II(C) in the Appendix, and in contrast to assertions made by Washington Secretary of Health Dennis Worsham during the Board Meeting, other states, including California and Oregon, which also house primate experimentation facilities, responsibly require reporting of these diseases that Washington has chosen not to track.

There is no public health justification for allowing known zoonotic pathogens in NHPs to go unreported to the DOH. Because the DOH and WSDA operate under your executive oversight, as Governor of Washington, the evidence documented in this appeal, including the attachments, should prompt immediate corrective action, as it raises serious accountability concerns.

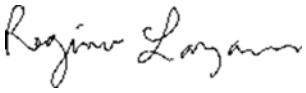
For the reasons discussed herein, the Petitioners urge you to recommend that the Board initiate rulemaking proceedings to amend the Notifiable Conditions Rule, Wash. Admin. Code §§ 246-101-005 to -810, to ensure that cases of zoonotic diseases (e.g., Campylobacteriosis, Cryptosporidiosis, Giardiasis, and/or Shigellosis), when detected in NHPs in research facilities,

[3] On September 27, 2023, UW veterinarian Kacie Woodward signed a certificate of veterinary inspection (CVI), that was submitted to the WSDA, certifying that: "[T]he above animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted)." The CVI did not note any exceptions. The 68 macaques were tested for two diseases, tuberculosis and Valley Fever. The lack of follow-up with the WSDA, when, after only a few days, the animals signed off on no longer met the intention/criteria laid out in the CVI, seems particularly irresponsible and egregious.

are reported to the DOH (as proposed in the Petition) or state alternative means—such as described above—by which you will address the flawed reporting framework. The Petitioners do not appeal the Board's decision not to add methicillin-resistant *Staphylococcus aureus* (MRSA) as a notifiable condition.

Thank you for your consideration.

Sincerely,



Regina Lazarus
Senior Counsel, Regulatory Affairs
(862) 283-1517 | ReginaL@petaf.org

cc: The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Attachments: (1) Petition (April 6, 2026) (including Petition Exhibits 1–8)[4]
(2) Petition Supporting Documents (including, inter alia, the *Shigella* Report)[5]
(3) PETA's Written Public Comment (May 31, 2026)[6]
(4) Board's Denial E-mail (June 5, 2026)
(5) Board's Denial Letter (June 15, 2026)
(6) Transcript (June 4, 2026)
(7) Appeal Ex. 1 (Dr. Cuthbert's Written Public Comment, June 3, 2026)
(8) Appeal Ex. 2 (DOH E-mail, June 24, 2026)
(9) Appeal Ex. 3 (WSDA E-mail, Aug. 28, 2024)
(10) Appeal Ex. 4 (WSDA Letter, Oct. 25, 2022)
(11) Appeal Ex. 5 (WSDA E-mail, April 13, 2026)
(12) Appeal Ex. 6 (Dr. Lucas's Written Public Comment, May 30, 2026)[7]

[4] The Petition is posted on the Board's website (https://sboh.wa.gov/sites/default/files/2026-05/Tab09c0-NCReporting-COMBINED-Petition-SuppDocs-June2026.pdf).
[5] The Petition Supporting Documents are posted on the Board's website (https://sboh.wa.gov/sites/default/files/2026-05/Tab09c0-NCReporting-COMBINED-Petition-SuppDocs-June2026.pdf).
[6] PETA's Written Public Comment is posted on the Board's website (https://sboh.wa.gov/sites/default/files/2026-06/Tab03a-PublicComments-June2026.pdf) (pp. 29–80).
[7] Dr. Lucas's Written Public Comment is posted on the Board's website (https://sboh.wa.gov/sites/default/files/2026-06/Tab03a-PublicComments-June2026.pdf) (pp. 81–83).

Appendix

I. THE NECESITY OF AN AMENDMENT TO CORRECT A DEFICIENCY IN WASHINGTON'S NOTIFICABLE CONDITIONS REPORTING FRAMEWORK

A. Knowing that Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis Are Present in NHPs Is of Public Health Significance.

Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis are well-recognized zoonotic diseases—"infectious conditions of animals that can cause disease when transmitted to humans." WAC § 246-101-010(51). In humans, they can cause severe bacterial or parasitic infections accompanied by diarrhea, vomiting, fever, and/or stomach pain. Mucosal exposure to even a microscopic speck of contaminated feces can spread infection to an otherwise healthy individual. The DOH has already determined that these conditions are of public health significance when identified in humans, requiring reporting to enable investigation and control of infection sources. That significance does not disappear when the same pathogens are present in NHPs. To the contrary, the ease with which these diseases can pass from NHPs to humans—such as from contaminated hands, clothing, reusable personal protective equipment, carts, high-touch surfaces, and shared air-handling systems that can carry airborne pathogens into adjacent clinical and public spaces without any direct animal contact—underscores that their presence in NHPs presents a significant risk to public health, warranting equivalent reporting to the DOH.

As the Board's discussion about the petition during the Board Meeting neared the end, Board member Stephen Kutz asked the Board to consider the following: "Is there anything that we would do differently [if we made this reportable]? If the answer is no then I think it's pretty clear what we [need to do here]." Transcript at 04:36:00.242. The Board establishes, and the DOH implements, notification requirements and standards for conditions that pose a threat to public health to describe disease trends, identify and control the sources of infection, prevent disease, and educate the public, policymakers, and health care planners so they can make informed decisions. WAC § 246-101-005; Notifiable Conditions, DOH, https://doh.wa.gov/public-health-provider-resources/notifiable-conditions. Dr. Ann Pidier, an internal medicine doctor and radiation oncologist, reiterated these purposes in her public comment in support of the Petition at the Board Meeting: "We've learned in medicine that incomplete reporting limits awareness and weakens our ability to understand patterns of transmission and exposure. Reporting systems exist to support transparency, informed decision making, and aid public health response." Transcript at 00:43:31.695. Dr. Beth Lipton, State Public Health Veterinarian with the DOH, echoed this in the Board Meeting when she explained:

> When we receive those reports of different zoonotic or other conditions that are a risk to public health, we collect that information and reach out to the local health jurisdiction and provide them with guidance for following up on persons exposed, determining if other people might have been exposed, providing education and outreach, and if warranted, providing any prophylaxis like medication [or symptom monitoring that might be needed so that a person would know when to] see a healthcare provider.

Transcript at 04:21:57.407. The answer to Board member Kutz's question cannot be "no" without undermining the rationale for a notifiable conditions system and the role public health authorities play in safeguarding public health. Yet the Board denied the Petition anyway.

B. The Board's Denial Is Based on the Erroneous Premise That Existing Reporting Systems Already Capture the Information at Issue and That Additional Reporting Would Be Redundant.

The Petition, along with PETA's May 31, 2026, written public comment that the Board received in advance of its Board Meeting, confirms the absence of a requirement in the WAC to notify the DOH when certain zoonotic diseases (e.g., Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis)—which are notifiable when detected in a human—are detected in an NHP. This is evidenced in the regulatory requirements, agency communications, and reporting practices and directly counters the Board's determination that "adding the reporting requirement requested would lead to redundancy." Board's Denial Letter at 2.

a. <u>The WAC does not require cases of Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis in NHPs to be reported to the DOH.</u>

Conditions that trigger notification to the DOH under the WAC are identified in Table HC-1 of WAC § 246-101-101 (Conditions Notifiable by Health Care Providers and Health Care Facilities), Table Lab-1 of WAC § 246-101-201 (Conditions Notifiable by Laboratory Directors), and Table Agriculture-1 of WAC § 246-101-805 (Conditions Notifiable by the Department of Agriculture). Wash. Admin. Code § 246-101-010(30).

Conditions listed in Table HC-1 and Table Lab-1—which include Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis—are only notifiable when detected in humans, as the tables refer to cases and case reports. "Case" means "*a person*, alive or dead, with a diagnosis or suspected diagnosis of a condition made by a health care provider, health care facility, or laboratory." WAC § 246-101-010(8) (emphasis added). "Case report" means "the data and other supporting information submitted by a health care provider or health care facility to public health authorities under WAC 246-101-115 for an individual patient with a notifiable condition." *Id.* § 246-101-010(9).

The WAC requires the WSDA to submit individual animal case reports for each animal case of a condition identified in Table Agriculture-1 of WAC § 246-101-805 to the DOH. *Id.* § 246-101-805(2)(a). "Animal case" means "an animal, alive or dead, with a diagnosis or suspected diagnosis of a notifiable condition in Table Agriculture-1 of WAC 246-101-805 made by a veterinarian . . . , veterinary medical facility . . . , or veterinary laboratory." *Id.* § 246-101-010(1). "Animal case report" means "the data and other supporting information submitted by the Washington state department of agriculture to the department [of health] under WAC 246-101-810 for an individual animal with a notifiable condition." *Id.* § 246-101-010(2). Critically, Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis are not listed in Table Agriculture-1 of WAC § 246-101-805.

The provision in Table Agriculture-1 of WAC § 246-101-805 that requires the WSDA to report "new, emerging, or unusual animal diseases or disease clusters with potential public health

significance" to the DOH does not trigger reporting for the pathogens at issue here. The term means:

> zoonotic or potentially zoonotic diseases in animals that have never or rarely been observed in Washington state (new or emerging); or appear in a new species or show evidence of higher pathogenicity than expected (unusual); or appear in a higher than expected number of animals clustered in time or space (cluster).

WAC § 246-101-805(1). As exemplified in Petition Ex. 5 (WaNPRC Open Cases, Oct. 6, 2023), Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis are not new, emerging, or unusual in laboratory NHP colonies. Their repeated occurrence is precisely what makes them a continuing public health concern.

The Petitioners' proposal does not duplicate reporting requirements, as there is currently no requirement to notify the DOH when an NHP in a research facility tests positive for Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis. Furthermore, the WAC does not require at least some (or possibly any) of these conditions to be reported by licensed veterinarians and veterinary laboratories to the state veterinarian.[8] The WSDA's "reportable disease list"—a term that means "the list of diseases identified in Table 1 of WAC 16-70-020" does not include Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis.[9] *See* WAC § 16-70-020. The provision in Table 1 of WAC § 16-70-020 that requires veterinarians and veterinary laboratories to report to the state veterinarian "new, emerging, or unusual diseases/zoonotic diseases" fails to trigger reporting for the conditions at issue for the reasons explained above.[10] Consequently, the absence of a reporting requirement leaves both the DOH and WSDA in the dark when certain zoonotic conditions are detected in NHPs.

b. <u>Agency communications confirm that cases of Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis in NHPs are not reported to the DOH or WSDA.</u>

The Petition referenced e-mails sent by the DOH expressly acknowledging that it does not maintain records of these conditions in NHPs because they are not reportable in animals. *See* Petition Ex. 1 (DOH E-mail, Oct. 10, 2025). During the Board Meeting, Dr. Lipton confirmed that "the only animal disease that is directly reportable to the Department of Health is rabies." Transcript at 04:21:45.567. When discussing "those other enteric bacteria" (i.e., *Shigella*, *Giardia*, and *Campylobacter*), **Dr. Lipton confirmed that the DOH does not get reports from**

[8] *If*, in addition to diseases listed in Table 1 of WAC § 16-70-020 (List of Reportable Diseases), the WSDA also requires reporting of all diseases listed by the World Organisation of Animal Health (WOAH) on the WOAH notifiable disease list (as Dr. Amber Itle, State Veterinarian with the WSDA, suggested in her remarks during the Board Meeting, *see* Transcript at 04:33:55.632, it is important to note that neither *Shigella* nor *Giardia* is included on the WOAH notifiable disease list. *See Animal Diseases*, WOAH, https://www.woah.org/en/what-we-do/animal-health-and-welfare/animal-diseases/ (last visited July 2, 2026). Furthermore, her remark contradicted an earlier statement she made that *Campylobacter*—a disease included on the WOAH notifiable disease list—is not reportable to the WSDA. *See* Appeal Ex. 4 (WSDA Letter, Oct. 25, 2022) ("In the list of differentials provided in those reports (*Shigella*, *Yersinia*, *Campylobacter*, *Salmonella*), it was determined that none of those cases confirmed *Salmonella*, the only endemic, monitored disease requiring reporting.").

[9] The list includes Bovine genital campylobacteriosis. WAC § 16-70-020 (Table 1).

[10] The WSDA's definition of "new, emerging, or unusual animal diseases" parallels the DOH's definition of the term. *Compare* WAC § 16-70-005 (WSDA's definition), *with* WAC § 246-101-805(1) (DOH's definition).

the WSDA of these diseases because "they're not on [the WSDA's] list." Transcript at 04:27:14.688.

Public records obtained after the Board Meeting included an e-mail from the WSDA's State Veterinarian, Dr. Itle, responding to Board Policy Advisor Molly Dinardo's inquiry about potential reporting gaps. Appeal Ex. 5 (WSDA E-mail, April 13, 2026). In the e-mail, Dr. Itle commented: "Our RAD [(Reportable Animal Disease)] database immediately/automatically notifies DOH of any zoonotic reportable disease including those in primates. The tests and results are reported by the veterinarian on record or directly from the laboratory as outlined in WAC 16-70." *Id.* The key qualifier is "reportable." Zoonotic diseases such as Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis are not reportable to the DOH because they are not included in Table Agriculture-1 of WAC § 246-101-805. Also, none of these diseases is listed in Table 1 (List of Reportable Diseases to the State Veterinarian) of WAC § 16-70-020. During the Board Meeting, Dr. Itle's remarks glossed over the omitted conditions; she spoke generally about conditions reported to the WSDA and did not address the specific diseases at issue. *See* Transcript at 04:33:45.526.

c. Reporting practices confirm that cases of Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis in NHPs are not reported to the DOH.

As described in the Petition, a public records request covering the period from May 1, 2023, to August 31, 2023, confirmed that the DOH had no records related to cases of Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis in NHPs at the Washington National Primate Research Center (WaNPRC). *See* Petition Ex. 2 (DOH E-mail; Jan. 15, 2025). However, the WaNPRC's open case report revealed multiple cases of these conditions at the Animal Research and Care Facility located on UW's Seattle campus during that period. *See* Petition Ex. 5 (WaNPRC Open Cases, Oct. 6, 2023).

Likewise, as discussed above, neither the DOH nor the WSDA had records of any of the 47 cases of *Shigella*, or the other conditions, including *Campylobacter* and *Giardia*, documented in the WaNPRC's open cases report related to a shipment of macaques transported to UW's Seattle campus in September 2023. *See* Petition Supporting Documents at 6–7 (*Shigella* Report); Appeal Ex. 2 (DOH E-mail, June 24, 2026); Appeal Ex. 3 (WSDA E-mail, Aug. 28, 2024).

These reporting practices, in addition to regulatory requirements and agency guidance, effectively ensure that the DOH will remain in the dark when Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis is present in an NHP at a research facility. The Petition proposes a solution to close this critical surveillance deficiency to protect public health—it does not create a redundant reporting system. It is also just one solution. Washington's Administrative Procedure Act allowed the Board to suggest alternative means to fix the reporting framework. *See* Wash. Rev. Code § 34.05.330(1)(a)(ii). But the Board instead denied the Petition in toto, allowing these conditions to continue to go unreported.

II. WASHINGTON'S PUBLIC HEALTH NEEDS

During the Board Meeting, Policy Advisor Dinardo explained that "[s]tates collect and verify disease data and determine which conditions should be reported based on the public health needs of their communities . . . . Our state establishes its own reporting requirements to address our

own public health needs." Transcript at 04:03:40.432. To allow the DOH to remain in the dark regarding zoonotic conditions in NHPs fails to address Washington's specific public health needs.

A. Washington Has a Unique Public Health Need for Requiring Reporting Because NHPs Are Housed in Facilities Physically Connected to a Major Medical Center.

At least one board member misunderstood the significance of the location and movement of NHPs on the University of Washington's Seattle Campus in elevating the public health risk. During the Board Meeting, Board member Kutz questioned what being near a healthcare facility would have to do with risk. Transcript at 04:19:50.495. Recognizing the pathways by which pathogens spread is fundamental to assessing public health risk meaningfully. As explained in the Petition:

> Nonhuman primates are housed in UW's Animal Research and Care Facility (ARCF) and the Magnuson Health Sciences Building (HSB) and are routinely moved into, out of, and between these buildings. As discussed above, clinical reports specifically identified open cases of Campylobacteriosis, Shigellosis, Cryptosporidiosis, and Giardiasis in nonhuman primates at ARCF. *See supra* Section IV(B). UW faculty, staff, and students have access to these spaces, and the HSB itself is unlocked and open to the campus community and the public. Critically, the HSB is directly connected via internal hallways to the UW Medical Center–Montlake and its facilities that serve the broader community, including its Emergency Department, Digestive Health Center, Heart Institute, Neurology Clinic, and Maternal Fetal Medicine Clinic. This configuration creates a foreseeable pathway by which zoonotic pathogens harbored by nonhuman primates, or transmitted to exposed workers, could move beyond animal facilities and into clinical spaces serving vulnerable patients and the public.

During the public comment portion of the Board Meeting—which preceded the Board's discussion and Mr. Kutz's remark, Dr. Sylvia Lucas—a Washington State resident, physician licensed in Washington state, clinical professor Emeritus at the University of Washington, and current faculty member at the Elson S. Floyd College of Medicine at Washington State University, referenced written comments she submitted that addressed the proximity concern. Transcript at 00:45:09.599. In these comments, she explained:

> The Primate Center is just one very long hallway away from in-patients in the University Hospital and outpatients at the very busy UW outpatient clinics within the Health Sciences complex. There is also primate housing within the RR wing adjacent to the hospital wing, where I would ride the elevator from the hospital parking lot, many times in the company of sheet- covered cages containing primates being used in research in the wing and I would get off on my floor to see patients.

Appeal Ex. 6 (Dr. Lucas's Written Public Comment, May 30, 2026).

Washington has its own public health needs that support the reporting requirements proposed in the Petition, particularly because NHPs in at least one of the state's research facilities are in proximity to human workers *and* clinical environments.

B. The Cross-Contamination Risk Is Real.

The public health significance and, consequently, Washington's public health needs cannot be meaningfully assessed if instances, or potential instances, of cross-contamination are ignored. During the Board Meeting, Samantha Sprague, a policy adviser at the DOH, stated that "we do not have an indication of this cross-contamination occurring and a human potentially one of the conditions of concern being transmitted to a human." Transcript at 04:20:37.536. Waiting for confirmed cases of NHP-to-human transmission before requiring reporting of a known zoonotic exposure is not judicious—it is negligence. And the evidence documented in the Petition raises a credible likelihood that transmission is indeed occurring.

> As reflected in a 2022 incident report, a WaNPRC employee experienced gastrointestinal symptoms for over a week, potentially linked to exposure to nonhuman primates in clinical isolation for gastrointestinal pathogens . . . . The institutional Safety Committee's meeting notes on this incident included the following remark: "[V]irtually everyone who works in the units gets ill at some point in their first 6 months, due to meeting staph and shigella for the first time and being around aerosolized fecal matter."

Petition Ex. 8, at 4 (Minutes, May 10, 2022) (entry 2022-04-050). Washington experiences a real risk of cross-contamination, underscoring the need for public health surveillance.

C. Mandating Reporting Does Not Make Washington an Outlier—It Demonstrates Responsible Public Health Governance.

During the Board Meeting, Secretary Worsham reported that "no other state really requires a specific zoonotic reporting of research [] animals. And so that doesn't exist anywhere." Transcript at 04:38:09.695. However, nearby states, including California and Oregon—both of which have a National Primate Research Center—have demonstrated responsible public health governance by addressing in their regulations notification of the diseases at issue when detected in NHPs.

California requires health care providers to report cases or suspected cases of specified diseases or conditions, including Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis, to the local health officer. Cal. Code Regs. tit. 17, § 2500(b), (j) (listing the diseases or conditions). Likewise, laboratories are required to submit reports of these diseases (or agents). *Id.* § 2505(e). Each local health officer must submit a report to the California Department of Public Health for each incident. *Id.* § 2502(a). **Notably, the definitions of case, suspected case, health care provider, and laboratory findings confirm that the reporting requirements are triggered when notifiable conditions are present in animals:**

- "Case" includes "an animal that has been determined, by a person authorized to do so, to have a disease or condition made reportable by these regulations." *Id.* § 2500(a)(5)(C).
- "Suspected case" includes "an animal which has been determined by a veterinarian to exhibit clinical signs or which has laboratory findings suggestive of a disease or condition in animals made reportable by these regulations." *Id.* § 2500(a)(25)(C).
- "Health care provider" includes a veterinarian. *Id.* § 2500(a)(15).
- "Laboratory findings" includes "the results of a laboratory examination of any specimen derived from an animal which yields evidence of a disease or condition in animals made reportable by these regulations." *Id.* § 2500(a)(19)(B).

In Oregon, under **Or. Admin. R. 333-018-0017 (Reporting of Veterinary Diseases), laboratories must report test results to the Oregon Public Health Division (a division of the Oregon Health Authority). The regulations specifically require that test results indicative of and specific for the following diseases, infections, microorganisms, and conditions be reported within one week: Campylobacteriosis, Cryptosporidium, Giardiasis, and "any other disease that could potentially be a zoonotic illness." Or. Admin. R. 333-018-0017(1)(c).** The final catch-all provision ("any other disease that could potentially be a zoonotic illness") is sweeping; it would encompass any laboratory result suggesting a pathogen transmissible from an NHP to a human (e.g., *Shigella*), even if the specific agent is not otherwise enumerated in the regulation.

III. CONCLUSION

Washington's notifiable conditions reporting framework fails to effectively function when Campylobacteriosis, Cryptosporidiosis, Giardiasis, or Shigellosis is detected in an NHP in a research facility. The DOH is kept in the dark, and humans are left exposed. The Petitioners urge you to recommend that the Board initiate rulemaking proceedings to amend the reporting requirements as proposed in the Petition, or to state alternative means to address the reporting concern.