

**Petition
Before the Washington State Board of Health**

September 24, 2026

**Requesting Rulemaking to Require Reporting of Shigellosis (*Shigella* Species) in
Nonhuman Primates to the Washington State Department of Health**

Submitted on Behalf of

Northwest Animal Rights Network
1037 NE 65th, #174, Seattle, Washington 98115

People for the Ethical Treatment of Animals
501 Front Street, Norfolk, Virginia 23510

Physicians Committee for Responsible Medicine
5100 Wisconsin Ave., NW, Suite 400
Washington, DC 20016

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I. INTRODUCTION

Northwest Animal Rights Network (NARN), People for the Ethical Treatment of Animals (PETA), and the Physicians Committee for Responsible Medicine (PCRM) (collectively “Petitioners”) submit this petition pursuant to the State Administrative Procedure Act, RCW 34.05.330(1), which provides that “[a]ny person may petition an agency requesting the adoption, amendment, or repeal of any rule.”¹ The Petitioners request that the Washington State Board of Health (“Board”) commence rulemaking proceedings to amend WAC 246-101-805 to add “Shigellosis (*Shigella* species)” to Table Agriculture-1—conditions notifiable by the Washington State Department of Agriculture (WSDA) to the Washington State Department of Health (DOH)—when detected in nonhuman primates (NHPs). All authorities cited in this petition are incorporated by reference; hard copies will be provided upon request.

NHPs are kept in a variety of settings throughout Washington, with research facilities housing the majority of the state’s captive population. There are more than 5,000 NHPs in Washington’s research facilities, including at the University of Washington (UW) in Seattle and Altasciences in Everett. Institutional records kept by UW have repeatedly documented *Shigella*—a highly contagious zoonotic pathogen spread through fecal contamination—in NHP reservoirs. However, Washington’s current reporting framework omits *Shigella* from state surveillance, preventing public health authorities 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.

The risk of exposure is not hypothetical, and the absence of a reporting requirement is clear. For example, a Washington National Primate Research Center (WaNPRC) open cases report showed that 47 of the 68 macaques who had been transported from UW’s Arizona breeding colony to UW’s primate center’s Seattle campus in September 2023 tested positive for *Shigella* within days of arrival.² See Ex. 1, at 6–7 (*Shigella* Report, 2026) (excluding exhibits).³ At PETA’s request, the DOH conducted a search for records documenting reports of these cases. The DOH had no records of any of these cases and noted that *Shigella* is “**not reportable** to the agency for non-human primates.” 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. See Ex. 3 (WSDA E-mail, Aug. 28, 2024) (attachments omitted).

There is no public health justification for allowing known cases of Shigellosis in NHPs to go unreported to the DOH—especially when these animals are in routine contact with workers and are housed in facilities physically connected to a major medical center. Shigellosis in NHPs is not currently reportable to any state agency, so the Petitioners’ proposal does not create

¹ “Person” means “any individual, partnership, corporation, association, governmental subdivision or unit thereof, or public or private organization or entity of any character, and includes another agency.” RCW 34.05.010.

² In February 2026, the WaNPRC changed its name to the Washington National Biomedical Research Center.

³ The entire report, including exhibits, can be accessed at <https://www.peta.org/wp-content/uploads/2026/05/2026-shigella-report-with-exhibits.pdf>.

redundancy in the current reporting system. Such a reporting requirement would align with approaches adopted in other states, including California and Oregon. And, while adding Shigellosis to Table Agriculture-1 expands the list of notifiable conditions, it does so utilizing Washington's established disease reporting framework and for the health benefit of Washingtonians.

To protect public health, the state board of health is required to "[a]dopt rules for the prevention and control of infectious and noninfectious diseases." RCW 43.20.050(2)(f). Through the Notifiable Conditions rule, WAC 246-101-005 to -810, the Board establishes, and the DOH implements, notification requirements and standards for conditions that pose a threat to public health for the purpose of describing disease trends, identifying and controlling the sources of infection, preventing disease, and educating the public, policymakers, and health care planners so they can make informed decisions. *See* WAC 246-101-005. To fulfill its own public health mandate, and for the reasons discussed herein, the Petitioners urge the Board to initiate rulemaking proceedings to amend WAC 246-101-805 to require that cases of Shigellosis, when detected in NHPs, be reported to the DOH, or state an alternative reporting solution. *See* RCW 34.05.330(1).

II. DESCRIPTION OF PETITIONERS

NARN is a Seattle-based 501(c)(3) non-profit animal protection organization that has been dedicated since 1986 to ending the exploitation of animals by raising awareness of animal suffering in the food, entertainment, experimentation, and fashion industries. NARN's efforts include outreach, demonstrations, litigation, and educational events.

PETA is a Virginia non-stock corporation and a 501(c)(3) animal protection charity dedicated to protecting animals from neglect, abuse, and all forms of cruelty. PETA U.S. is the largest animal rights organization in the world. PETA entities have more than 10.4 million members and supporters globally, including over 137,000 in Washington. PETA works through public education, investigative newsgathering and reporting, research, animal rescue, legislation, special events, celebrity involvement, and protest campaigns.

PCRM is a national 501(c)(3) non-profit organization that advocates for preventive medicine, supports higher ethical standards in research, and conducts clinical research. PCRM's membership includes more than one million supporters, including more than 16,000 in Washington. For more than four decades, PCRM has worked to improve public health.

III. ARGUMENTS IN SUPPORT OF REQUESTED ACTION

A. Washington Does Not Require Cases of Shigellosis in NHPs to Be Reported to the DOH, Creating a Critical Oversight That Endangers Public Health.

The DOH's current reporting requirements leave humans exposed when Shigellosis is present in NHPs by omitting this condition from required disease reporting. Shigellosis is a highly

contagious infectious condition in NHPs that, when transmitted to humans, 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. Humans and other primates are its only natural hosts.⁴

DOH regulations require that Shigellosis be reported when detected in humans but not animals. Under WAC 246-101-010(30), the code defines a notifiable condition as

a condition identified in Table HC-1 of WAC 246-101-101, Table Lab-1 of WAC 246-101-201, or Table Agriculture-1 of WAC 246-101-805, a case of which requires notification to public health authorities under this chapter; or a condition designated by the local health officer as notifiable within their jurisdiction under WAC 246-101-505 (4)(d). Notifiable condition does not include provisional conditions as defined under WAC 246-101-015.

Conditions listed in Table HC-1 and Table Lab-1—which include 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.” WAC 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. WAC 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.” WAC 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.” WAC 246-101-010(2). Critically, Shigellosis is 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 has not triggered reporting of Shigellosis. 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

⁴ See Jeffrey Kim et al., *Comparative Review of Antimicrobial Resistance in Humans and Nonhuman Primates*, 68 *Compar. Med.* 124, 125 (2018).

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 Ex. 4 (WaNPRC Open Cases, Oct. 6, 2023), Shigellosis is not new, emerging, or unusual in laboratory NHP colonies. Its repeated occurrence is precisely what makes it a continuing public health concern.

Furthermore, the WSDA does not require veterinarians or veterinary laboratories to report Shigellosis in NHPs to the state veterinarian because the disease does not trigger any of the three reporting conditions described in WAC 16-70-020: (1) 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 Shigellosis. WAC 16-70-005, -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 Shigellosis for the reasons explained above. (2) Shigellosis is not listed by the World Organisation of Animal Health (WOAH) on the WOAH notifiable disease list.⁵ And, as explained above, (3) Shigellosis is not included in Table Agriculture-1, which lists conditions notifiable to the DOH by the WSDA. *See* WAC 246-101-805. Thus, there is currently no requirement to report Shigellosis when detected in an NHP.

The DOH has repeatedly confirmed that it does not require reporting of Shigellosis in animals. *See, e.g.*, Ex. 5 (DOH E-mail, Oct. 10, 2025) (explaining that the DOH does not keep records related to NHPs who have tested positive for *Shigella* species as the disease is not reportable in animals). As recently as June 24–25, 2026, in correspondence with PETA (see Figures 1–2), the DOH confirmed that Shigellosis is not reportable to the agency—whether by the University of Washington or the WSDA—when detected in NHPs.

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,

⁵ *See Animal Diseases*, WOAH, <https://www.woah.org/en/what-we-do/animal-health-and-welfare/animal-diseases/> (last visited Aug. 21, 2026).

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 the DOH on June 24, 2026, confirming that UW does not report 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 the DOH on June 25, 2026, confirming that the WSDA does not report Shigellosis detected in NHPs to the DOH.⁶ (Highlighting in original.)

Consequently, the absence of a reporting requirement leaves both the DOH and WSDA in the dark when *Shigella* is detected in NHPs.

⁶ The "specified period" referenced in the e-mail was September 1, 2023, to December 1, 2023. Ex. 2 (DOH E-mail, June 24, 2026).

B. The Exposure is Real.

The absence of a reporting requirement is particularly concerning because NHPs in at least one Washington research facility have been documented with *Shigella*. Public records revealed multiple open cases in 2023 in NHPs at an animal research and care facility located on UW's Seattle campus. *See* Ex. 6 (WaNPRC Open Cases, Sept. 1, 2023). The DOH had no records related to these cases. *See* Ex. 7 (DOH E-mail; Jan. 15, 2025). A 2022 report of open cases in NHPs at the WaNPRC likewise included dozens of entries identifying *Shigella*. *See* Ex. 8 (WaNPRC Open Cases, July 8, 2022). E-mails between UW personnel in 2020 also confirmed cases of *Shigella* in NHPs. *See* Ex. 9 (UW E-mail, Jan. 21, 2020). A WaNPRC 2025 necropsy report noted that the emaciated southern pig-tailed macaque, who had been hospitalized for diarrhea and dehydration, likely had *Campylobacter*, *Shigella*, *Salmonella*, and/or *Yersinia*. *See* Ex. 10 (Necropsy Report, Jan. 7, 2025).

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. And the evidence documented in this Petition raises a credible likelihood that transmission is indeed occurring. Routine high-risk contact with and exposure to NHPs in research facilities has made, and will continue to make, researchers, students, laboratory technicians, and other personnel vulnerable to exposure to infectious agents, infection, and illness. As reflected in a 2022 incident report, a WaNPRC employee experienced gastrointestinal symptoms for over a week, potentially linked to exposure to NHPs in clinical isolation for gastrointestinal pathogens. *See* Ex. 11, at 4 (Minutes, May 10, 2022) (entry 2022-04-050). 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."

Documented exposure to *Shigella* at the Wisconsin National Primate Research Center (WNPRC) further substantiates the risk of transmission to humans. A recent publication noted 169 cases of microbiologically confirmed Shigellosis in the primate colony at WNPRC between December 2022 and January 2025.⁷ The paper explained that staff members developed Shigellosis, "possibly because of exposure to infected animals in the NHP colony."

Washington experiences a real risk of cross-contamination, underscoring the need for public health surveillance.

C. The Location and Movement of NHPs on UW's Seattle Campus Amplify the Public Health Risk.

NHPs 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

⁷ *See* Robert M. Gallant et al., *Multifunctional Antibody Response from a Primate Shigella Outbreak Inform Vaccine Design*, 18 *Sci. Translational Med.* 1–3 (2026).

discussed above, clinical reports specifically identified open cases of *Shigella* in NHPs at ARCF. *See supra* Section III(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 NHPs, or transmitted to exposed workers, could move beyond animal facilities and into clinical spaces serving vulnerable patients and the public.

The pathway operates through routine personnel movement through shared hallways, elevators, and stairwells. Pathogen spread can occur via fomite transfer from contaminated hands, clothing, reusable personal protective equipment, carts, and high-touch surfaces—transmission pathways well-recognized in occupational and hospital infection control. In addition, shared air-handling systems can carry airborne pathogens into adjacent clinical and public spaces without any direct animal contact.

At the June 4, 2026, Board Meeting, Dr. Sylvia Lucas (a Washington State resident, physician licensed in Washington state, clinical professor Emeritus at the University of Washington, and faculty member at the Elson S. Floyd College of Medicine at Washington State University) directed the Board’s attention to written comments she submitted that addressed the proximity concern. 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.

Ex. 12 (Dr. Lucas’s Written Public Comment, May 30, 2026).

Shigella in NHPs extends beyond an internal institutional concern and presents a broader public health significance that should be reflected in Washington’s disease-reporting requirements to ensure that public health officials receive timely information about a foreseeable source of human exposure.

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

Nearby states, including California and Oregon, have demonstrated responsible public health governance by requiring notification of Shigellosis when detected in NHPs.

California requires health care providers to report cases or suspected cases of specified diseases or conditions, including Shigellosis, to the local health officer. Cal. Code Regs. tit. 17, § 2500(b), (j) (listing the diseases or conditions). Likewise, laboratories are also required to submit reports. *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 any “disease that could potentially be a zoonotic illness” be reported within one week. Or. Admin. R. 333-018-0017(1)(c). This catch-all provision 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.

IV. PROPOSED RULE CHANGE

The Petitioners request that the Board amend WAC 246-101-805 to add the following to Table Agriculture-1 (Conditions Notifiable by the Department of Agriculture):

Shigellosis (*Shigella* species) in non-human primates