



# NOTIFIABLE CONDITIONS LIST

## Maine Department of Health and Human Services Center for Disease Control and Prevention

Conditions in **BOLD** must be reported *immediately* All others must be reported in 48 hours

Reportable Disease or Condition		Laboratory Specimen Submission
<p>Acquired Immunodeficiency Syndrome (AIDS) <b>Anthrax</b> Arboviral Infection Babesiosis <b>Botulism</b> <b>Brucellosis</b> Campylobacteriosis Carbon Monoxide Poisoning, including - Clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning and/or: a carboxyhemoglobin (COHb) level <math>\geq 5\%</math> Chancroid Chlamydia Chickenpox (Varicella) Creutzfeldt-Jakob disease, &lt;55 years of age <b>Cryptosporidiosis</b> Dengue <b>Diphtheria</b> E. coli, Shiga toxin-producing (STEC) disease including E. coli: O157:H7 Ehrlichiosis Giardiasis Gonorrhea Haemophilus influenzae disease, invasive, include all serotypes Hantavirus, pulmonary syndrome Hemolytic-uremic syndrome (post-diarrheal) <b>Hepatitis A, B, C, D, E (acute)</b> Hepatitis B (chronic, and/or perinatal) Hepatitis C (chronic) <b>Hepatitis, acute (etiologic tests pending or etiology unknown)</b> Human Immunodeficiency Virus (HIV), including: - Confirmed, positive antibody tests - Viral load tests, all results - CD4 lymphocyte counts, all results Influenza-associated pediatric death Influenza-like illness outbreaks <b>Influenza A, Novel</b> Legionellosis Leptospirosis Listeriosis Lyme Disease</p>	<p>Malaria <b>Measles</b> Meningitis (bacterial) <b>Meningococcal Invasive Disease</b> <b>Mumps</b> Paralytic Shellfish Poisoning <b>Pertussis</b> <b>Plague</b> <b>Poliomyelitis</b> Psittacosis <b>Q Fever</b> <b>Rabies (human and animal)</b> Rabies Post-Exposure Prophylaxis <b>Ricin Poisoning</b> Rocky Mountain Spotted Fever <b>Rubella (including congenital)</b> Salmonellosis <b>Severe Acute Respiratory Syndrome (SARS)</b> Shigellosis <b>Smallpox</b> Staphylococcus aureus, Methicillin-Resistant (MRSA) invasive, <b>Staphylococcus aureus with resistance (VRSA) or intermediate resistance (VISA) to Vancomycin isolated from any site</b> <b>Staphylococcal enterotoxin B</b> Streptococcal invasive disease, Group A Streptococcal invasive disease, Group B Streptococcus pneumoniae, invasive disease Syphilis <b>Tetanus</b> Toxoplasmosis Trichinosis <b>Tuberculosis (active and presumptive cases)</b> <b>Tularemia</b> <b>Unusual or increased case incidence, critical illness, unexplained death(s) of any suspect infectious disease</b> Vibrio species, including Cholera <b>Viral Hemorrhagic Fever</b> <b>Venezuelan equine encephalitis</b> Yellow Fever Yersiniosis</p>	<p>Directors of laboratories are to submit cultures or clinical specimens for the following to the <i>Maine Health and Environmental Testing Laboratory</i> for confirmation, typing and/or antibiotic sensitivity:</p> <p>Acid-Fast Bacillus <b>Bacillus anthracis</b> <b>Bordetella pertussis</b> <b>Brucella species</b> <b>Clostridium tetani</b> <b>Clostridium botulinum</b> <b>Corynebacterium diphtheriae</b> <b>Coxiella burnetii</b> <i>Escherichia coli</i>, Shiga toxin-producing <i>Haemophilus influenzae</i> <i>Human Immunodeficiency Virus</i> <b>Influenza virus, Novel</b> <i>Listeria monocytogenes</i> <b>Mumps virus</b> <b>Mycobacterium tuberculosis</b> <b>Neisseria meningitidis</b> <b>Rabies virus</b> <b>Ricin Poisoning</b> <b>Rubella virus</b> <b>Rubeola virus</b> <i>Salmonella species</i> <b>SARS Coronavirus</b> <i>Shigella species</i> <i>Toxoplasma gondii</i> <b>Variola virus</b> <i>Vibrio species</i> <b>Yersinia pestis</b></p>

**Who must report:** Health Care Providers, Medical Laboratories, Health Care Facilities, Administrators, Health Officers, Veterinarians

**When to report:**

- Conditions in **BOLD** are reportable immediately by telephone on recognition or strong suspicion of disease
- All others are reportable by telephone, fax, or mail within 48 hours of recognition or strong suspicion of disease

**What to report:**

Disease reports must include as much of the following as is known:

- Disease or condition diagnosed or suspected
- Patient's name, date of birth, address, phone number, occupation and race
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address and phone number
- Name and phone number of person making the report

**Complete Rules for the Control of Notifiable Conditions at:**  
[http://www.maine.gov/dhhs/boh/ddc/disease\\_reporting.htm](http://www.maine.gov/dhhs/boh/ddc/disease_reporting.htm)

**Disease Reporting**  
**24 Hours A Day**  
**7 Days A Week**

**Telephone**  
**1-800-821-5821**

**Fax**  
**1-800-293-7534**

