

# NOTIFIABLE CONDITIONS LIST

## MAINE DEPARTMENT OF HUMAN SERVICES, BUREAU OF HEALTH

<b>Category 1: Reportable immediately by telephone on the day of recognition or strong suspicion of disease:</b>	<b>Category 2: Reportable within 48 hours of recognition or strong suspicion:</b>	<b>Laboratory Specimen Submission:</b>
<p>Chickenpox (varicella)</p> <ul style="list-style-type: none"> <li>▪ Admission to hospital, any age</li> <li>▪ Adults &gt;18 years, any clinical setting</li> </ul> <p>Diphtheria</p> <p>Hepatitis A, B, and C (acute)</p> <p>Hepatitis, acute (etiologic tests pending or etiology unknown)</p> <p>Measles (rubeola)</p> <p>Meningococcal disease</p> <p>Outbreaks</p> <ul style="list-style-type: none"> <li>▪ Foodborne (involving 2 or more persons); waterborne; and respiratory</li> <li>▪ Institutional</li> <li>▪ Unusual disease or illness</li> </ul> <p>Pertussis</p> <p>Poliomyelitis</p> <p>Rabies (human and animal)</p> <p>Rubella (including congenital)</p> <p><i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin</p> <p>Tuberculosis (active and presumptive cases)</p> <p><b>Category 1 Diseases that are possible indicators of bioterrorism:</b></p> <p>Anthrax</p> <p>Botulism</p> <p>Brucellosis</p> <p>Gram positive rod septicemia or meningitis, growth within 72 hours of inoculation in laboratory</p> <p>Outbreaks of unusual disease or illness</p> <p>Plague</p> <p>Q fever</p> <p>Ricin Poisoning</p> <p>Smallpox</p> <p>Staphylococcal enterotoxin B pulmonary poisoning</p> <p>Tularemia</p> <p>Venezuelan equine encephalitis</p>	<p>Acquired Immunodeficiency Syndrome (AIDS)</p> <p>Babesiosis</p> <p>Campylobacteriosis</p> <p>CD4 lymphocyte counts &lt;200/ul or &lt;14% of total lymphocytes</p> <p>Chancroid</p> <p>Chlamydia (<i>c. trachomatis</i>) (all sites)</p> <p>Chickenpox</p> <p>Chickenpox-related death</p> <p>Creutzfeldt-Jacob disease, &lt;55 years of age</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Ehrlichiosis</p> <p>Encephalitis, arboviral</p> <p><i>Escherichia coli</i> 0157:H7 (and all other hemorrhagic <i>E. coli</i> enteritis, shiga producing <i>E. coli</i> strains)</p> <p>Giardiasis</p> <p>Gonorrhea</p> <p><i>Haemophilus influenzae</i> disease, invasive, all serotypes</p> <p>Hantavirus pulmonary syndrome</p> <p>Hemolytic-uremic syndrome (post-diarrheal)</p> <p>Hepatitis B (chronic, prenatal)</p> <p>Hepatitis C (chronic)</p> <p>Human Immunodeficiency virus (HIV) infection*</p> <p>Influenza-like illness outbreaks</p> <p>Legionellosis</p> <p>Listeriosis</p> <p>Lyme Disease</p> <p>Malaria</p> <p>Meningitis, bacterial</p> <p>Meningococcal invasive disease</p> <p>Methicillin-resistant <i>Staphylococcus aureus</i> suspected to be community-acquired</p> <p>Mumps</p> <p>Psittacosis</p> <p>Salmonellosis</p> <p>Shiga toxin-related disease (gastroenteritis)</p> <p>Shigellosis</p> <p>Streptococcal disease, invasive Groups A and B</p> <p><i>Streptococcus pneumoniae</i>, invasive disease</p> <p>Severe Acute Respiratory Syndrome (SARS)</p> <p>Syphilis</p> <p>Tetanus</p> <p>Toxoplasmosis</p> <p>Trichinosis</p> <p>Vancomycin-resistant <i>Staphylococcus aureus</i></p> <p><i>Vibrio</i> species, including Cholera</p> <p>West Nile virus infection</p> <p>Yellow Fever</p> <p>*Soundex patient identifier or patient name required</p>	<p><b>Directors of Laboratories are to submit cultures of the following organisms to the Maine Health and Environmental Testing Laboratory for confirmation, typing, and/or antibiotic sensitivity including but not limited to:</b></p> <p><i>Bordetella pertussis</i></p> <p><i>Clostridium botulinum</i></p> <p><i>Clostridium tetani</i></p> <p><i>Corynebacterium diphtheria</i></p> <p><i>Escherichia coli</i> 0157:H7</p> <p><i>Francisella</i> species</p> <p><i>Haemophilus influenzae</i>, invasive</p> <p><i>Legionella</i> species</p> <p><i>Listeria</i> species</p> <p><i>Mycobacterium</i> species (TB complex only)</p> <p><i>Neisseria meningitidis</i></p> <p><i>Salmonella</i> species, including <i>S. typhi</i></p> <p><i>Shigella</i> species</p> <p><i>Streptococcus</i>, Group A, invasive only</p> <p><i>Streptococcus pneumoniae</i>, invasive only</p> <p><i>Vibrio</i> specie</p> <p><i>Yersinia pestis</i></p> <p><b>Antibiotic-resistant Diseases in Special Category:</b> Other diseases caused by selected antibiotic-resistant organisms are to be reported semiannually (twice each year) in aggregate form by clinical laboratories.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>▪ Invasive disease caused by methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)</li> <li>▪ Invasive disease caused by vancomycin-resistant Enterococcal species</li> <li>▪ Invasive disease caused by penicillin-resistant <i>Streptococcus pneumoniae</i></li> </ul>

**Who must report:**

Health Care Providers, Medical Laboratories, Health Care Facilities, Administrators, Health Officers, Veterinarians

**When to report:**

- Category 1 diseases are reportable immediately by telephone on recognition or strong suspicion of disease
- Category 2 diseases 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
- Case'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

### HOW TO REPORT:

**TELEPHONE:**  
**1-800-821-5821**  
**(24 hours a day)**

OR

**FAX:**  
**1-800-293-7534**  
**(24 hours a day)**



The Department of Human Services  
Bureau of Health

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