

NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:

Telephone: 1-800-821-5821 Fax: 1-800-293-7534☎ Conditions are reportable **immediately** by telephone on recognition or strong suspicion of diseaseAll others are reportable by telephone, fax, electronic lab report, or mail within **48 hours** of recognition or strong suspicion of disease→ ☒ Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the *Maine Health and Environmental Testing Laboratory* for confirmation, typing, and/or antibiotic sensitivity

Acid-Fast Bacillus → ☒	Legionellosis
Acquired Immunodeficiency Syndrome (AIDS)	Leptospirosis
Acute flaccid myelitis (AFM) ¹	Listeriosis → ☒ (<i>Listeria monocytogenes</i>)
Anaplasmosis	Lyme Disease
☎ Anthrax → ☒ (<i>Bacillus anthracis</i>)	Malaria
Babesiosis	☎ Measles → ☒ (Rubeola virus)
☎ Botulism → ☒ (<i>Clostridium botulinum</i>)	☎ Meningococcal Disease, invasive → ☒ (<i>Neisseria meningitidis</i>)
<i>Borrelia miyamotoi</i>	☎ Mumps → ☒
☎ Brucellosis → ☒ (<i>Brucella</i> species)	☎ Pertussis
California Serogroup Viruses	☎ Plague → ☒ (<i>Yersinia pestis</i>)
Campylobacteriosis	☎ Poliomyelitis → ☒ (Polio virus)
☎ <i>Candida auris</i> ² → ☒	Powassan Virus
☎ Carbapenemase-producing carbapenem-resistant organisms ³ → ☒	Psittacosis
Carbon Monoxide Poisoning ⁴	☎ Q Fever
Chancroid	☎ Rabies (human and animal) → ☒ (Rabies virus)
Chlamydia	Rabies Post-Exposure Prophylaxis
Chickenpox (Varicella)	☎ Ricin Poisoning → ☒
Chikungunya	☎ Rubella (including congenital) → ☒ (Rubella virus)
☎ Coronavirus, Novel, MERS, and SARS → ☒	Salmonellosis → ☒ (<i>Salmonella</i> species)
Creutzfeldt-Jakob disease, <55 years of age	☎ Shellfish Poisoning
Cryptosporidiosis	Shigellosis → ☒ (<i>Shigella</i> species)
Cyclosporiasis	☎ Smallpox → ☒ (Variola virus)
Dengue	Spotted Fever Rickettsiosis
☎ Diphtheria → ☒ (<i>Corynebacterium diphtheriae</i>)	St. Louis Encephalitis
<i>E. coli</i> , Shiga toxin-producing (STEC) → ☒	☎ <i>Staphylococcus aureus</i> non-susceptible to Vancomycin ⁶ → ☒
Eastern Equine Encephalitis	<i>Streptococcus</i> Group A, invasive
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive
Giardiasis	Syphilis
Gonorrhea	☎ Tetanus → ☒ (<i>Clostridium tetani</i>)
<i>Haemophilus influenzae</i> , invasive → ☒	Trichinosis
Hantavirus, pulmonary and non-pulmonary syndromes	☎ Tuberculosis (active and presumptive) → ☒ (<i>Mycobacterium tuberculosis</i>)
Hemolytic-uremic syndrome (post-diarrheal)	☎ Tularemia → ☒ (<i>Francisella tularensis</i>)
☎ Hepatitis A, B, C, D, E (acute)	Vibrio species, including Cholera → ☒ (<i>Vibrio</i> species)
Hepatitis B, C, D (chronic)	Vaping-associated pulmonary illness ⁷
Human Immunodeficiency Virus (HIV) ⁵	☎ Viral Hemorrhagic Fever
Influenza-associated pediatric death	West Nile Virus
☎ Influenza A, Novel → ☒	Western Equine Encephalitis
Influenza-associated hospitalization, laboratory-confirmed	Yellow Fever
	Zika virus disease
	☎ Any Case of Unusual Illness of Infectious Cause
	☎ Any Cluster/Outbreak of Illness with Potential Public Health Significance

*See condition-specific footnotes on next page.

Who must report: Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facilities, Correctional Facilities, Educational Institutions, Administrators, Health Officers, Veterinarians, Veterinary Medical Laboratories**What to report:** Disease reports must include as much of the following as is known:

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

Complete Rules for the Control of Notifiable Diseases and Conditions:<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml>

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Footnotes

1. An illness with an onset of acute focal limb weakness and either 1) cerebrospinal fluid with an elevated white blood cell count or 2) a magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments.
2. Detection of *Candida auris* in a specimen using culture or culture independent diagnostic test; or detection of an organism that commonly represents a *Candida auris* misidentification.
3. Carbapenemase-producing carbapenem-resistant organisms are:
 - Carbapenem-resistant organisms, as defined by the Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>), that test positive for Carbapenemase-producing by a phenotype method or for a known carbapenemase resistance mechanisms by a recognized test, as defined by the U.S. Centers for Disease Control and Prevention (<https://wwwn.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/>).
 - Reporting will include test method used, result, and where applicable, specific resistance mechanisms identified.
 - Isolate submission is required for all carbapenem-producing carbapenem-resistant organisms. If phenotypic or resistance mechanism test results are not available for a carbapenem-resistant organism, then isolate submission of the carbapenem-resistant organism is required to determine carbapenemase-producing status.
4. All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 5%.
5. Any human immunodeficiency virus (HIV) test results, including:
 - All reactive/repeatedly reactive initial HIV immunoassay results and all results (e.g. positive, negative, indeterminate) from all supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
 - All HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results;
 - All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
 - HIV genotypic resistance testing, nucleotide sequence results; and,
 - Positive HIV detection tests (including, but not limited to culture, P24 antigen).
6. As defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>).
7. Clinicians should report cases with onset on or after May 1, 2019, that meet the criteria of (1) a significant respiratory illness of unclear etiology and (2) a history of vaping.