# Diseases, Conditions, Outbreaks, & Unusual Manifestations

# Reportable by Maryland Health Care Providers and Laboratories

This document details the diseases, conditions, outbreaks, and unusual manifestations of communicable diseases that are reportable to the health department in Maryland, the timeframe for reporting, and when "clinical materials" should be submitted to the Maryland Department of Health's laboratory. This list is informed by the Annotated Code of Maryland, Health-General Article §§ 18- 102 (b), 18-103 (a), 18-201, 18-202, and 18-205 and the Code of Maryland Regulations (COMAR) 10.06.01.03 (http://www.dsd.state.md.us/COMAR/ComarHome.html). Note that this document details additional reportable diseases and conditions, beyond those specifically listed in COMAR.

This document is intended to provide guidance about reporting to health care providers, hospitals, laboratories (those located within Maryland and any that process human specimens obtained from an individual in Maryland), and other health care institutions, and certain other groups specified below. For simplicity, the use of "health care providers" in this document refers to all those groups that are required to report. Several footnotes to the table elaborate on specific details, as do subsequent sections of this document.

| **Table 1** | **Reportable Diseases and Conditions** | | | |
|---|---|---|---|---|
| **HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]** | **LABORATORIES** | | **TIMEFRAME FOR REPORTING[2]** | |
| **Diseases and Conditions** | **Laboratory Evidence of** | **Submit Clinical Materials to the Department[3]** | **Immediate** | **Within One Working Day** |
| An outbreak of a disease of known or unknown etiology that may be a danger to the public health[4] | Similar etiological agents from a grouping or clustering of patients | | X | |
| A single case of a disease or condition not otherwise included in §C of this regulation, of known or unknown etiology, that may be a danger to the public health such as acute flaccid myelitis, free-living ameba, histoplasmosis, or e-cigarette or vaping associated lung injury | An etiologic agent suspected to cause that disease or condition | | | X |
| An unusual manifestation of a communicable disease in an individual | An etiologic agent suspected to cause that disease | | | X |
| Acquired immunodeficiency syndrome (AIDS)[6] | Refer to COMAR 10.18.02 | | Refer to COMAR 10.18.02 | |
| Amebiasis | *Entamoeba histolytica* | | | X |
| Anaplasmosis | *Anaplasma phagocytophilum* | | | X |
| Animal bites | Not Applicable | | X | |
| Anthrax | *Bacillus anthracis* | X | X | |
| Arboviral infections including, but not limited to:<br>Chikungunya virus infection | Any associated arbovirus including but not limited to Chikungunya virus, Dengue | X | X | |

| Dengue fever<br>Eastern equine encephalitis<br>LaCrosse virus infection<br>St. Louis encephalitis<br>Western equine encephalitis<br>West Nile virus infection<br>Yellow fever<br>Zika virus disease | virus, Eastern equine encephalitis virus, LaCrosse virus, St. Louis encephalitis virus, Western equine encephalitis virus, West Nile virus, Yellow fever virus, Zika virus | | | |
|---|---|---|---|---|
| Babesiosis | Babesia species | X[5] | | X |
| Botulism | *Clostridium botulinum* or botulinum toxin or other botulism producing *Clostridia* | X | X | |
| Brucellosis | *Brucella* species | X | X | |
| Campylobacteriosis | *Campylobacter* species | X | | X |
| | *Candida auris* | X[6] | X | |
| | Carbapenem-resistant Enterobacterales (CRE): Any Enterobacterales species resistant to 1 or more carbapenems by most recent CLSI breakpoints | X | | X |
| Carbapenem-resistant *Acinetobacter baumannii* (CRAB) | Any *Acinetobacter baumannii* resistant to dori-, imi- or meropenem by most recent CLSI breakpoints | X | | X |
| Chancroid | *Haemophilus ducreyi* | | | X |
| *Chlamydia trachomatis*, including lymphogranuloma venereum (LGV) | *Chlamydia trachomatis* | X<br>(if LGV strain) | | X |
| Cholera | *Vibrio cholera* | X | X | |
| | *Clostridioides difficile* | | | X |
| Coccidioidomycosis | *Coccidioides immitis* | | | X |
| Creutzfeldt-Jakob disease | 14-3-3 protein from CSF or any brain pathology suggestive of CJD | | | X |
| Cryptosporidiosis | *Cryptosporidium species* | | | X |
| Cyclosporiasis | *Cyclospora cayatensis* | | | X |
| Diphtheria | *Corynebacterium diphtheriae* | X | X | |
| Ehrlichiosis | *Ehrlichia* species | | | X |
| Encephalitis, infectious | Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic organism | X<br>(Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV) | | X |
| Epsilon toxin of Clostridium perfringens | *Clostridium perfringens*, epsilon toxin | | X | |
| Escherichia coli O157:H7 infection | *Escherichia coli* O157:H7 | X | X | |
| Giardiasis | *Giardia* species | | | X |
| Glanders | *Burkholderia mallei* | X | X | |

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|---|---|---|---|---|
| Gonococcal infection | *Neisseria gonorrhoeae* | X | | X |
| Haemophilus influenzae invasive disease | *Haemophilus influenzae*, isolated from a normally sterile site | X | X | |
| Hantavirus infection | Hantavirus | X | X | |
| Harmful algal bloom related illness | Not Applicable | | | X |
| Hemolytic uremic syndrome, post-diarrheal | Not Applicable | | | X |
| Hepatitis A acute infection | Hepatitis A virus IgM | | X | |
| Hepatitis, viral (B, C[7], D, E, G, all other types and undetermined) | Hepatitis B, C[7], D, E and G virus, other types | | | X |
| Human immunodeficiency virus (HIV)[8] | Refer to COMAR 10.18.02 | | Refer to COMAR 10.18.02 | |
| Human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV) | Refer to COMAR 10.18.02 | | | (within 48 hours of birth, for physicians) |
| Influenza-associated pediatric mortality | Influenza virus – associated pediatric mortality in persons aged <18 years (if known) | | | X |
| Influenza: novel influenza A virus infection | Isolation of influenza virus from humans of a novel or pandemic strain | X | X | |
| Isosporiasis | *Cystoisospora belli* (synonym *Isospora belli*) | | | X |
| Kawasaki syndrome | Not Applicable | | | X |
| Legionellosis | *Legionella* species | X (if human isolate or NAAT (PCR) positive human clinical specimen) | X | |
| Leprosy | *Mycobacterium leprae* | X | | X |
| Leptospirosis | *Leptospira interrogans* | X | | X |
| Listeriosis | *Listeria monocytogenes* | X | | X |
| Lyme disease | *Borrelia burgdorferi* | | | X |
| Malaria | *Plasmodium* species | X[5] | | X |
| Measles (rubeola) | Measles virus | | X | |
| Melioidosis | *Burkholderia pseudomallei* | X | X | |
| Meningitis, infectious | Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid | X (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV) | | X |
| Meningococcal invasive disease | *Neisseria meningitidis* (including serogroup, if known), isolated from a normally sterile site | X | X | |

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|---|---|---|---|---|
| MERS-CoV | Middle East respiratory syndrome coronavirus | X | | X |
| Microsporidiosis | Various microsporidian protozoa, including but not limited to, *Encephalitozoon species* | | | X |
| Mumps (infectious parotitis) | Mumps virus | | | X |
| Mycobacteriosis, other than tuberculosis and leprosy | *Mycobacterium* species, other than *Mycobacterium tuberculosis* complex or *Mycobacterium leprae* | | | X |
| Pertussis | *Bordetella pertussis* | X | X | |
| Pertussis vaccine adverse reactions | Not Applicable | | | X |
| Pesticide related illness | Cholinesterase below the normal laboratory range. | | | X |
| Plague | *Yersinia pestis* | X | X | |
| Pneumonia in a health care worker resulting in hospitalization | Various organisms | | | X |
| Poliomyelitis | Poliovirus | X | X | |
| Psittacosis | *Chlamydophila psittaci* (formerly *Chlamydia psittaci*) | | | X |
| Q fever | *Coxiella burnetii* | X | X | |
| Rabies (human) | Rabies virus | | X | |
| Ricin toxin poisoning | Ricin toxin (from *Ricinus communis* castor beans) | | X | |
| Rocky Mountain spotted fever | *Rickettsia rickettsii* | | | X |
| Rubella (German measles) and congenital rubella syndrome | Rubella virus | | X | |
| Salmonellosis (nontyphoidal) | *Salmonella* species, including serogroup, if known | X | | X |
| SARS-CoV-1 | SARS–associated coronavirus (SARS-CoV) | X | X | |
| SARS-CoV-2 | SARS–associated coronavirus 2 | | X | |
| Shiga-like toxin producing enteric bacterial infections | Shiga toxin, shiga-like toxin, or the toxin-producing bacterium | X | X | |
| Shigellosis | *Shigella* species, including species or serogroup, if known | X | | X |
| Smallpox and other orthopoxvirus infections | Variola virus, vaccinia virus, and other orthopox viruses | X | X | |
| Staphylococcal enterotoxin B poisoning | *Staphylococcus* enterotoxin B | | X | |
| Streptococcal invasive disease, Group A | *Streptococcus pyogenes*, Group A, isolated from a normally sterile site | X | | X |
| Streptococcal invasive disease, Group B | *Streptococcus agalactiae*, Group B, isolated from a normally sterile site | X | | X |

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|---|---|---|---|---|
| Streptococcus pneumoniae invasive disease | *Streptococcus pneumoniae*, isolated from a normally sterile site | X | | X |
| Syphilis[9] | *Treponema pallidum*[9] | | | X |
| Tetanus | *Clostridium tetani* | | | X |
| Trichinosis | *Trichinella spiralis* | | | X |
| Tuberculosis, active disease, and suspected tuberculosis[10] | *Mycobacterium tuberculosis* complex[10] | X | X | |
| Tuberculosis, latent infection (LTBI)[11] | *Mycobacterium tuberculosis* complex, latent infection[11] | | | X |
| Tularemia | *Francisella tularensis* | X | X | |
| Typhoid or Paratyphoid fever (case, carrier, or both, of Salmonella Typhi or Paratyphi) | *Salmonella* Typhi | X | X | |
| Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization | Intermediate resistance of the *S. aureus* isolate to vancomycin | X | | X |
| Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection or colonization | Resistance of the *S. aureus* isolate to vancomycin | X | | X |
| Varicella (chickenpox), fatal cases only | Varicella-zoster virus (Human herpesvirus 3) | | | X |
| Vibriosis, non-cholera[12] | All non-cholera *Vibrio* species[12] | X | | X |
| Viral hemorrhagic fevers (all types) | All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses | X | X | |
| Yersiniosis | *Yersinia* species | X | | X |

## Table 1 Footnotes:

1. As required to report in Regulation .04A(1)—(3), (5), and (6) of COMAR 10.06.01.
2. The timeframe for reporting is specified in regulation .04C of COMAR 10.06.01.
3. Clinical material shall be submitted according to §B of COMAR 10.06.01.
4. Any grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
5. Please include a blood specimen (EDTA tube) when possible for PCR analysis.
6. Submission of *C. haemulonii*, *C. duobushaemulonii* and *C. pseudohaemulonii* is optional but encouraged for surveillance purposes.
7. Suspected hepatitis C as indicated by:
   a. Any hepatitis C antibody results that are positive;
   b. Any hepatitis C virus RNA results associated with the results in (a) of this footnote that are qualitative or quantitative, if the results are: (i) Positive; or (ii) Negative; and
   c. Any hepatitis C virus RNA results associated with the results in (a) of this footnote if the hepatitis C virus is: (i) Detected; or (ii) Undetected.
8. Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), including CD4+ lymphocyte count and viral load, are reportable under COMAR 10.18.02.
9. Suspected syphilis as indicated by:
   a. Any treponemal or non-treponemal results that are qualitative or quantitative, if the results are: (i) Positive; (ii) Reactive; or (iii) Inconclusive; and
   b. Any negative or non-reactive results associated with the positive, reactive, or inconclusive results in (a) of this footnote.
10. Tuberculosis confirmed by culture and suspected tuberculosis as indicated by:
    a. A laboratory confirmed acid-fast bacillus on smear;

b. An abnormal chest radiograph suggestive of active tuberculosis;
c. A laboratory confirmed biopsy report consistent with active tuberculosis; or
d. Initiation of two or more anti-tuberculosis medications.

11. Latent tuberculosis infection as indicated when:
    a. There is a positive result on an Interferon Gamma Release Assay, Tuberculin Skin Test, or any other test indicating tuberculosis infection; and
    b. Active or suspected tuberculosis has been ruled out.
12. Vibriosis, non-cholera, identified in any specimen taken from teeth, gingival tissues, or oral mucosa is not reportable.

**Legal Authority** Maryland Code Annotated, Health-General § 18-102 (b), § 18-103 (a), § 18-201, § 18-202, § 18-205 and Code of Maryland Regulations (COMAR) 10.06.01, chapter amended as an emergency provision effective May 18, 2020. For HIV and AIDS Investigations and Case Reporting, see Maryland Statute Health-General § 18-201.1 and § 18-202.1, and Maryland regulations COMAR 10.18.02. Please refer to the text of COMAR itself for complete reporting information.

**Outbreak Reporting**

Outbreak means:

- A **foodborne** disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or **one case** of the following:
  - Botulism
  - Cholera
  - Mushroom poisoning
  - Trichinosis
  - Fish poisoning (e.g. Ciguatera, Scombroid, paralytic shellfish, or any other neurotoxic shellfish poisoning)
- Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
- An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility;
- A situation designated by the Secretary as an outbreak; or
- One case of:
  - Anthrax
  - Rabies (human)
  - Plague
  - Smallpox
  - Any of the single cases defined as a foodborne disease outbreak above

An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately.

**Who Should Report**

The following persons and establishments shall report:

- Health care providers (for example, physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider)
  - **Only** physicians shall report newborn infants exposed to HIV infection.
  - **Only** physicians and clinical or infection control practitioners in certain institutions (hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities) shall report diagnosed cases of HIV and AIDS.
- Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
- Masters or person in charge of vessels or aircraft within the territory of Maryland.
- Owners or operators of food establishments.
- Any individual having knowledge of an animal bite.
- Laboratories: Directors of a medical laboratory shall report evidence of diseases under Health General §18-205.

**What to Report – Diseases, Conditions, etc.**

- Health care providers must report those diseases and conditions as indicated in Table 1.
- Laboratories must report laboratory evidence of the agents responsible for the diseases and conditions that health care providers are also required to report as indicated in Table 1 above.
- Reporting by laboratories does not nullify the health care provider's or institution's obligation to report these diseases and conditions, nor does reporting by health care providers nullify the laboratory's obligation to report.

**What to Report – Content, Format, Method**

- Electronic reporting is strongly preferred. For information about the appropriate process and format for electronic reporting, please contact the Office of Infectious Disease Epidemiology and Outbreak Response (see Table 5).
- If non-electronic reporting is used, please note the following:
  - Mailed reports should be placed in a sealed envelope marked "confidential."
  - Reports may be faxed for all diseases and conditions EXCEPT AIDS and HIV infection, which MUST NOT BE FAXED.
  - **Healthcare providers**
    - Healthcare providers should use the MDH 1140 form for reporting all diseases and conditions.
    - The report should, at a minimum, contain the information shown in Table 2 (and listed in COMAR). It is acceptable to include other information that would aid in the public health follow-up of a report.
  - **Laboratories**
    - Electronic reporting (ELR) is preferred. Information on the specifications for electronic reporting are available at https://health.maryland.gov/phpa/OIDEOR/CIDSOR/Pages/Home.aspx.
    - Laboratories that are not able to report using the ELR specifications should use the MDH 1281 form for reporting diseases and conditions other than HIV and CD4 results. If DHMH 1281 is not used, the report must contain all the required data elements and be approved by the Secretary.
    - Laboratories that are not able to report using the ELR specifications should use the MDH 4492 form for HIV and CD4 lab reporting.
    - The report should, at a minimum, contain the information shown in Table 3 (and listed in COMAR). It is acceptable to include other information that would aid in the public health follow-up of a report.

**When to Report**

Health care providers and laboratories should report according to the "Timeframe for Reporting" shown in Table 1. There are two timeframe categories: "immediate" and "within one working day." When an immediate report is required, the person making the report should communicate directly with an individual and not leave a message on an answering device.

**Where to Report**

- Each jurisdiction in Maryland has its own health department. Health care providers must submit a report in writing of diagnosed or suspected cases of the specified diseases and conditions to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person. See Table 4 for addresses and telephone numbers for local health departments, including numbers for after hours or weekend reporting. Although nearly all reporting

should be directed to local health departments, Table 5 provides contact information for the various state level programs for infectious diseases and related conditions.

- The one exception to local health department reporting is human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV). Those reports should be directed to the Center for HIV Surveillance, Epidemiology and Evaluation. The address appears in Table 5.

**Additional Information**

- Should the health department need to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.
- HIPAA: The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions. (For more about the privacy rule and public health see: https://health.maryland.gov/hipaa/Pages/Home.aspx and http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm.)

**HIV and AIDS: Reportable Conditions According to the 2008 Surveillance Definition (All Ages)**

All persons who are HIV infected should be reported. Persons who are HIV infected **and** exhibit any of the following AIDS-defining clinical conditions should be reported as presumptive AIDS cases (HIV Infection, Stage 3). Reporting is by physicians and clinical and infection control practitioners at certain institutions (see **Who Should Report**).

AIDS-defining clinical conditions

Bacterial infections, multiple or recurrent (2)
Candidiasis of bronchi, trachea, or lungs
Candidiasis of esophagus (3)
Cervical cancer, invasive (1)
Coccidioidomycosis, disseminated or extrapulmonary
Cryptococcosis, extrapulmonary
Cryptosporidiosis, chronic intestinal (>1 month's duration)
Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month
Cytomegalovirus retinitis (with loss of vision) (3)
Encephalopathy, HIV related
Herpes simplex: chronic ulcers (>1 month's duration); or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)
Histoplasmosis, disseminated or extra pulmonary
Isosporiasis, chronic intestinal (>1 month's duration)
Kaposi sarcoma (3)
Lymphoid interstitial pneumonitis or pulmonary lymphoid hyperplasia complex (2)(3)
Lymphoma, Burkitt's (or equivalent term)
Lymphoma, immunoblastic (or equivalent term)
Lymphoma, primary, of brain
*Mycobacterium avium* complex or *Mycobacterium kansasii*, disseminated or extrapulmonary(3)
*Mycobacterium tuberculosis* of any site, pulmonary (1)(3), disseminated (3), or extrapulmonary (3)
*Mycobacterium*, other species or unidentified species, disseminated (3) or extrapulmonary (3)
*Pneumocystis jirovecii* (4) pneumonia (3)
Pneumonia, recurrent (1)(3)
Progressive multifocal leukoencephalopathy
*Salmonella* septicemia, recurrent
Toxoplasmosis of brain, onset at age >1 month (3)
Wasting syndrome attributed to HIV

Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of <200 cells/µL or CD4+ T-lymphocyte percentage of <14 (1)

(1) Only among adults and adolescent aged ≥13 years.
(2) Only among children aged <13 years.
(3) These conditions may be diagnosed presumptively.
(4) Previously identified as *Pneumocystis carinii*.

**Reporting of Sexually Transmitted Infections (STIs) - Not Including HIV**

For reports of STIs, please complete both the general section of the MDH 1140 morbidity report and the STI specific section below it. Maryland law and regulation require reporting of syphilis, gonorrhea, and chlamydia infection by both laboratories and health care providers. The dual reporting system is intentional - the clinical and demographic information you provide (which is normally unavailable from laboratories) enables the health department to better monitor disease trends. Additionally, reporting of treatment allows for critical public health monitoring of treatment accuracy, an important measure in preventing and slowing antibiotic resistance. Any treponemal or non-treponemal syphilis results are reportable, whether qualitative or quantitative, if positive or reactive. Additionally, any negative/non-reactive or inconclusive results or any other quantitative results on syphilis tests associated with the above-mentioned positive or reactive results also must be reported.

**Preventing Congenital Syphilis**

In accordance with Health-General §18-307 and COMAR 10.06.01.17(D), all pregnant persons shall be screened serologically for syphilis a minimum of two times during their prenatal visits:

1) at the first prenatal visit, **and**
2) in the third trimester at 28 weeks of gestation or as soon as possible thereafter, **and**
3) at delivery, for high prevalence communities or high risk individuals.

Note: All hospitals in Baltimore City must screen for syphilis at the time of delivery, per Health Commissioner's Order.

CDC also recommends the following:

- No infant should leave the hospital without the maternal serologic status having been determined at least once during pregnancy,
- Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis, and the fetus should also be tested for syphilis using a confirmatory test (e.g. dark field microscopy), and
- Serologic testing should be performed at delivery in areas where the prevalence of syphilis is high or for patients at high risk.

**STI Services and Treatment Schedules**

The Maryland Department of Health (MDH) and each jurisdiction's local health department have professional personnel to provide a full range of services to individuals testing positive for sexually transmitted infections, including HIV. Services include counseling, education, partner notification, routine screening and medical evaluation of partners, and linkage to care, while always adhering to the strictest measures of confidentiality. If you have a patient who recently tested positive for syphilis, gonorrhea, or chlamydia infection, the state or local health department may contact your office for additional information, such as confirmatory test results or treatment type and date, as part of assuring comprehensive prevention and case management for your patients and their respective partners, and as part of monitoring for antibiotic resistant infections. If you want to refer your patient to the local health department for assistance with treatment or partner notification, contact information for local and state health department offices can be found in Tables 3 and 4.

Current recommended treatment guidelines for syphilis, HIV, and other sexually transmitted infections are available from your local health department. For the most current screening and treatment information see the U. S. Centers for Disease Control and Prevention's "Sexually Transmitted Diseases Treatment Guidelines" available at https://www.cdc.gov/std/treatment-guidelines/default.htm.

**Reporting of Tuberculosis - Confirmed or Suspect**

1. All persons for whom at least two anti-tuberculosis drugs are prescribed
2. All persons with newly diagnosed tuberculosis disease regardless of the number of drugs prescribed. This includes all cases found at the time of death or after death.
3. All suspect tuberculosis cases awaiting laboratory confirmation. Amendments to a “suspect” report should be submitted when laboratory confirmation results become available, including confirmation by culture or nucleic acid amplification test.
4. Any rifampin or isoniazid resistance detected including molecular and/or phenotypic results

Tuberculosis (TB) should be reported using the MDH 1140 morbidity report form. Please complete both the general section of form and the TB specific section below it. All tuberculosis cases should be reported to the local health department of the jurisdiction in which the patient resides.

**Treatment of Tuberculosis**

Consultation with the local health department is strongly recommended for treatment of all suspect and confirmed cases of active tuberculosis disease. Local health departments assume case management for all active TB in Maryland. Standard tuberculosis treatment in Maryland requires an initial 4 drug regimen, with medications provided under Directly Observed Therapy (DOT). DOT is the standard of care for all active TB cases in Maryland and required under COMAR. DOT can be arranged by calling the local health department in the jurisdiction where the case resides. Other tuberculosis-related services available from local health departments include TB case management services, laboratory studies, chest radiographs, and medications. If the initial specimens submitted for mycobacterial culture are sent to a private laboratory, please request that drug susceptibility testing is also done. Further information and medical consultation are available from the state Division of Tuberculosis Control at 410-767-6698 (see Table 5).

**Reporting of Latent Tuberculosis Infection**

As of April 23, 2018, Latent Tuberculosis Infection (LTBI) is reportable to the Maryland Department of Health (MDH) Center for TB Control and Prevention (CTBCP).
LTBI cases meeting the following definition must be reported to the MDH CTBCP:
(a) A positive result on an Interferon Gamma Release Assay, or Tuberculin Skin Test, or any other test indicating TB infection, and
(b) Active or suspected tuberculosis has been ruled out.

LTBI should be reported using the LTBI Reporting Form and faxed to 410-767-5972.

Questions about reporting can be directed to the Center for TB Control and Prevention at 410-767-6698.

### Getting Up-to-Date Information

Requirements for reporting diseases and other important information will change with time. Please call your local health department or the Maryland Department of Health - Division of Infectious Disease Surveillance (410-767-6700, or visit one of the following websites below to obtain the most current information.

| | |
|---|---|
| **Maryland Department of Health (MDH)** | https://health.maryland.gov/pages/home.aspx |
| **MDH Prevention and Health Promotion Administration**<br>- General infectious disease information; Reporting requirements, etc.<br>- Environmental Health, Food Protection, and Policy, Law & Regulation | https://phpa.health.maryland.gov/Pages/home.aspx |
| **Maryland HIPAA Information** | https://health.maryland.gov/iac/HIPAA/Pages/About-HIPAA.aspx |
| **Maryland Division of State Documents** - Code of Maryland Regulations: 10.06.01.03, 10.18.02, 10.18.03, and others (“COMAR Online” Link) | http://www.dsd.state.md.us |
| **Maryland General Assembly Home Page** - state laws covering lab reporting: §18-205 and others (“Maryland Statutes” Link) | http://mgaleg.maryland.gov/mgawebsite |

| Table 2 REQUIRED INFORMATION CONTENT FOR A HEALTH CARE PROVIDER REPORT |
|---|
| **Patient Information** |
| Name (including) |
| Last |
| First |
| Middle initial |
| Date of birth |
| Sex |
| Race |
| Ethnicity |
| Pregnancy status (if applicable) and estimated date of delivery |
| Resident address, including: |
| House number |
| Street |
| Apartment number |
| City |
| State |
| Zip code |
| Telephone number, including area code |
| Other epidemiological information as specified by the Secretary or Health Officer |
| **Health Care Provider (reporter)** |
| Name |
| Address, including: |
| Number |
| Street |
| City |
| State |
| Zip code |
| Telephone number, including area code |
| Date the report is sent to the health department |
| **Disease / Condition** |
| Diagnosis |
| Date of onset of symptoms |
| Any laboratory information supporting the diagnosis of the disease or condition, as requested |
| Any treatment given for syphilis, gonococcal infection, and Chlamydia trachomatis infection |

## Table 3 REQUIRED INFORMATION CONTENT FOR A LABORATORY REPORT

**Patient Information**

- Name (including)
  - Last
  - First
  - Middle initial
- Date of birth
- Sex
- Race
- Ethnicity
- Pregnancy status (if applicable)
- Resident address, including:
  - House number
  - Street
  - Apartment number
  - City
  - State
  - Zip code
- (Area code) Telephone number
- Other epidemiological information as specified by the Secretary or Health Officer

**Health Care Provider (who ordered the test)**

- Name
- Address, including:
  - Number
  - Street
  - City
  - State
  - Zip code
- (Area code) Telephone

**Facility (that ordered the test)**

- Name
- Address, including:
  - Number
  - Street
  - City
  - State
  - Zip code
- (Area code) Telephone

**Test Information**

- Specimen collection date
- Specimen received date
- Specimen type (for example, blood, urine, stool, etc.)
- Specimen site (for example, cervix, eye, etc.)
- Test result date
- Test type
- Test results, including:
  - Qualitative/Quantitative
  - Reference range
  - Speciation, grouping, or typing
- If reporting hepatitis C infection:
  - Signal to cut-off ratio and the critical value
  - Hepatitis A IgM antibody result (if done)
  - Hepatitis B core IgM antibody result (if done)
- If reporting HIV viral resistance:
  - Resistance patterns
  - Sequence results

| Table 3 (Continued) REQUIRED INFORMATION CONTENT FOR A LABORATORY REPORT |
|---|
| **Laboratory Performing the Test** |
| Name<br>CLIA certificate number<br>Laboratory Director<br>Address, including:<br>  Number<br>  Street<br>  City<br>  State<br>  Zip code<br>(Area code) Telephone |
| **General Information** |
| Date the report is sent to the health department<br><br>Note: If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory must comply with all requirements for reporting and specimen submission by either reporting the results and submitting the clinical materials themselves, or by ensuring that results are reported appropriately and clinical materials are submitted.  If you are ordering testing from a reference laboratory, make sure to include all patient demographic information, and ordering provider and ordering facility information with your orders. |

| Table 4 | MARYLAND LOCAL HEALTH DEPARTMENTS |
|---|---|

## Addresses & Telephone Numbers for Infectious Disease Reporting

 Telephone (**T**) or Pager (**P**) Number for After Hours and Weekend Reporting

| JURISDICTION | ADDRESS | JURISDICTION | ADDRESS |
|---|---|---|---|
| **ALLEGANY**<br>Ph. 301-759-5112<br>Fax 301-777-5669<br>**T** 301-759-5000 | PO Box 1745<br>12501 Willowbrook Road SE<br>Cumberland MD 21501-1745 | **HARFORD**<br>Ph. 410-612-1774<br>Fax 410-612-9185<br>**T** 443-243-5726 | 1321 Woodbridge Station Way<br>Edgewood MD 21040 |
| **ANNE ARUNDEL**<br>Ph. 410-222-7256<br>Fax 410-222-4004<br>**T** 443-481-3140 | Communicable Disease & Epi.<br>1 Harry S. Truman Parkway<br>Room 231<br>Annapolis MD 21401 | **HOWARD**<br>Ph. 410-313-1412<br>Fax 410-313-6108<br>**T** 410-313-2929 | 8930 Stanford Blvd<br>Columbia MD 21045 |
| **BALTIMORE CITY**<br>Ph. 410-396-4436<br>Fax 410-625-0688<br>**T** 410-396-3100 | 1001 E. Fayette Street<br>Baltimore MD 21202 | **KENT**<br>Ph. 410-778-1350<br>Fax 410-778-7913<br>**T** 410-708-5611 | 125 S. Lynchburg Street<br>Chestertown MD 21620 |
| **BALTIMORE CO.**<br>Ph. 410-887-6011<br>Fax 410-377-5397<br>**T** 410-842-2655 | Communicable Disease, 3rd Floor<br>6401 York Road<br>Baltimore MD 21212 | **MONTGOMERY**<br>Ph. 240-777-1755<br>Fax 240-777-4680<br>**T** 240-777-4000 | 2000 Dennis Avenue<br>Suite 238<br>Silver Spring MD 20902 |
| **CALVERT**<br>Ph. 410-535-5400<br>Fax 410-414-2057<br>**P** 443-532-5973 | PO Box 980<br>975 Solomon's Island Road<br>Prince Frederick MD 20678 | **PR. GEORGE'S**<br>Ph. 301-583-3750<br>Fax 301-583-3794<br>**T** 240-508-5774 | 3003 Hospital Drive<br>Suite 1066<br>Cheverly MD 20785-1194 |
| **CAROLINE**<br>Ph. 410-479-8000<br>Fax 410-479-4864<br>**T** 443-786-1398 | 403 South 7th Street<br>Denton MD 21629 | **QUEEN ANNE'S**<br>Ph. 410-758-0720<br>Fax 410-758-8151<br>**T** 410-490-3279 | 206 N. Commerce Street<br>Centreville MD 21617 |
| **CARROLL**<br>Ph. 410-876-4900<br>Fax 410-876-4959<br>**T** 443-547-4628 | 290 S. Center Street<br>Westminster MD 21158-0845 | **ST. MARY'S**<br>Ph. 301-475-4330<br>Fax 301-363-0616<br>**T** 301-475-8016 | PO Box 316<br>21580 Peabody Street<br>Leonardtown MD 20650 |
| **CECIL**<br>Ph. 410-996-5100<br>Fax 410-996-1019<br>**T** 410-392-2008 | John M. Byers Health Center<br>401 Bow Street<br>Elkton MD 21921 | **SOMERSET**<br>Ph. 443-523-1740<br>Fax 410-651-5699<br>**T** 443-614-6708 | Attn: Communicable Disease<br>7920 Crisfield Highway<br>Westover MD 21871 |
| **CHARLES**<br>Ph. 301-609-6900 x6025<br>Fax 301-934-7048<br>**T** 240-216-4055 | PO Box 1050<br>White Plains MD 20695 | **TALBOT**<br>Ph. 410-819-5600<br>Fax 410-819-5693<br>**T** 410-819-5676 | 100 S. Hanson Street<br>Easton MD 21601 |
| **DORCHESTER**<br>Ph. 410-228-3223<br>Fax 410-901-8180<br>**P** 410-221-3362 | 3 Cedar Street<br>Cambridge MD 21613 | **WASHINGTON**<br>Ph. 240-313-3210<br>Fax 240-313-3334<br>T 240-313-3290 | 1302 Pennsylvania Avenue<br>Hagerstown MD 21742 |
| **FREDERICK**<br>Ph. 301-600-3342<br>Fax 301-600-1403<br>**T** 301-600-0312 | 350 Montevue Lane<br>Frederick MD 21702 | **WICOMICO**<br>Ph. 410-543-6943<br>Fax 410-548-5151<br>**T** 410-543-6996 | Attn: Communicable Disease<br>108 E. Main Street<br>Salisbury MD 21801-4921 |
| **GARRETT**<br>Ph. 301-334-7777<br>Fax 301-334-7771<br>**T** 301-334-1930 | Garrett Co. Community Health Ctr.<br>1025 Memorial Drive<br>Oakland MD 21550-4343<br>(Fax for use during emergencies) | **WORCESTER**<br>Ph. 410-632-1100<br>Fax 410-632-0906<br>**T** 410-632-1311 | PO Box 249<br>Snow Hill MD 21863 |

## Table 5 MARYLAND STATE HEALTH DEPARTMENT (MDH) OFFICES

### Addresses & Telephone Numbers for Infectious Disease Reporting

Telephone (**T**) for After Hours and Weekend Reporting

| OFFICE | ADDRESS |
|---|---|
| **CENTER FOR HIV SURVEILLANCE, EPIDEMIOLOGY & EVALUATION**<br>Ph. 410-767-5939<br>Fax Do NOT FAX<br>**T** 410-795-7365 (For use when Local Health Department is unavailable.) | Maryland Department of Health<br>1223 West Pratt Street<br>Baltimore, MD 21223<br>ATTN: CHSE |
| **CENTER FOR SEXUALLY TRANSMITTED INFECTION PREVENTION**<br>Ph. 410-767-6690<br>Fax 410-528-6098<br>**T** 410-795-7365 (For use when Local Health Department is unavailable.) | Maryland Department of Health<br>1223 West Pratt Street<br>Baltimore, MD 21223<br>ATTN: CSTIP |
| **CENTER FOR TUBERCULOSIS CONTROL AND PREVENTION**<br>Ph. 410-767-6698<br>Fax 410-767-5972<br>**T** 410-795-7365 (For use when Local Health Department is unavailable.) | Maryland Department of Health<br>201 West Preston Street, 3rd Floor<br>Baltimore MD 21201<br>ATTN: TB Control |
| **INFECTIOUS DISEASE EPIDEMIOLOGY & OUTBREAK RESPONSE BUREAU**<br>Ph. 410-767-6700/6709<br>Fax 410-225-7615<br>**T** 410-795-7365 (For use when Local Health Department is unavailable.) | Maryland Department of Health<br>201 West Preston Street, 3rd Floor<br>Baltimore MD 21201<br>ATTN: PHPA/OIDEOR/Unit 26 |