

Communicable Disease Reporting in Montana

Laboratory reporting guidelines



Immediately report suspected or confirmed cases to your local health department

If your Local Public Health Jurisdiction is unavailable – Call 406-444-0273 (available 24/7)

All reportable diseases listed below whether suspected or confirmed, or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported immediately to your local health jurisdiction as required by the Administrative Rules of Montana ([ARM 37.114.203](#))

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ^①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive ^① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ^①
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total arsenic ≥ 35 micrograms/liter methylated plus inorganic arsenic)	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Babesiosis	Mercury poisoning (urine level ≥ 200 micrograms/liter or urine level ≥ 20 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic, and inorganic mercury)
Botulism (infant, foodborne, other, and wound) ^①	Mumps
Brucellosis ^①	Pertussis
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	Plague (<i>Yersinia pestis</i>) ^①
Campylobacteriosis	Poliomyelitis ^①
<i>Candida auris</i> ^①	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
<i>Chlamydia trachomatis</i> infection	Rabies, human ^① and animal (Including exposure to a human by a species susceptible to rabies infection)
Coccidioidomycosis	Rubella, including congenital ^①
Colorado tick fever	Salmonellosis (including <i>Salmonella typhi</i> and paratyphi) ^①
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Cyclosporiasis	Shigellosis ^①
Dengue virus infection	Smallpox ^①
Diphtheria ^①	Spotted fever rickettsiosis
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive disease
<i>Escherichia coli</i> , Shiga-toxin producing (STEC) ^①	Streptococcal toxic shock syndrome (STSS)
Gastroenteritis outbreak	Syphilis
Giardiasis	Tetanus
Gonorrheal infection	Tickborne relapsing fever
Granuloma inguinale	Toxic shock syndrome, non-streptococcal (TSS)
<i>Haemophilus influenzae</i> , invasive disease ^①	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Hansen's disease (leprosy)	Trichinellosis (Trichinosis) ^①
Hantavirus Pulmonary Syndrome/infection ^①	Tuberculosis ^① (including latent tuberculosis infection)
Hemolytic Uremic Syndrome, post-diarrheal	Tularemia ^①
Hepatitis A, acute	Varicella (chickenpox)
Hepatitis B, acute, chronic, perinatal	<i>Vibrio cholerae</i> infection (Cholera) ^①
Hepatitis C, acute, chronic, perinatal	Vibriosis ^①
Human Immunodeficiency Virus (HIV)	Viral hemorrhagic fevers
Influenza (including hospitalizations and deaths) ^①	Yellow fever
Lead Poisoning (blood levels ≥ 5 micrograms/deciliter)	Outbreak in an institutional or congregate setting
Legionellosis	
Leptospirosis	
Listeriosis ^①	

Additional Laboratory Requirements for submission of Selected Specimens/Reports:

The Montana Department of Public Health & Human Services (DPHHS) requires selected specimens and reports of public health interest to be submitted directly to DPHHS. Specimens or isolates are to be submitted on conditions above that are followed by a "①". For additional information contact the [Montana Public Health Laboratory](#) at 1-800-821-7284.

Isolates: In addition to selected conditions noted above, suspected or confirmed isolates of Multidrug-Resistant Organisms (MDRO), including Carbapenem resistant organisms (CRO), Vancomycin-intermediate or resistant *Staphylococcus aureus* (VISA or VRSA), or by program request.

Influenza specimens may be requested for confirmation of severe presentations/mortality and outbreaks, or subtyping for surveillance purposes. In addition, suspected novel influenza strains are required to be submitted for confirmation and additional testing by CDC.