



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

IMPROVING DISEASE REPORTING: ESSENTIAL FOR DISEASE CONTROL

Prevention opportunities are often discovered when a single case or small a number of cases of disease are identified. Timely, accurate reporting of reportable diseases is crucial for public health workers to implement and evaluate disease control measures and detect outbreaks. All health care providers are required to report these diseases and conditions. This issue of *Montana Public Health* describes current disease reporting requirements in Montana.

What diseases and conditions are reportable?

Reportable diseases in Montana are listed on page 2 (Table). Each of these conditions should be reported immediately; some by phone, as noted. The immediate reporting of diseases to public health allows for the detection of outbreaks and initiation of control measures to occur more quickly (Figure).

Who is required to report? Any person who knows or has reason to believe that a case of reportable disease exists shall report the required information to designated health authorities (ARM 37.114.201). Local health departments rely primarily on physicians, nurses and other health care professionals for this information. There is no need to worry about duplicate reports; if in doubt, report!

To whom must the disease be reported? Reports should be submitted to your local health department via fax or telephone. Report forms can be obtained from your local health department. Please visit this website for a list of local health department contacts: <http://www.dphhs.mt.gov/PHSD/agencies/ph-agencies/local-ph-agencies.pdf>.

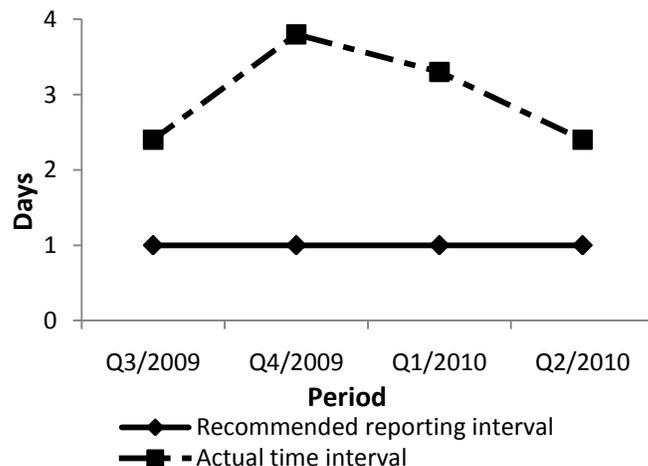
What information should be included about the patient when a case is reported? At a minimum, the report must contain name, age, date of onset, date reported, status (confirmed/suspected), name/address of physician and a contact person. In addition to these requirements, it is important to report date of birth, sex, race, address and phone number to allow follow-up by public health staff.

Should a clinician wait for laboratory confirmation before reporting to public health? NO. It is important to report SUSPECTED cases, as well as confirmed cases so timely interventions can be initiated.

Are only diseases and conditions that are specified by name reportable to public health?

NO. Any occurrence in a community of a case of any disease in the most current edition of *Control of Communicable Diseases Manual (1)* with a frequency in excess of normal expectation or any unusual occurrence of unexplained illness or death in a human or animal should be reported.

Figure. Average time from diagnosis to report to local health department for Reportable Diseases, Montana, 2009-2010



Do HIPAA rules restrict or limit information reportable to public health?

NO. The HIPAA privacy rule allows for disclosure of patient health information "for public health activities and purposes". Montana Code Annotated (MCA 37-2-301) requires physicians and other health care practitioners to report diseases specified by DPHHS. In addition, the Uniform Health Care Information Act (MCA 50-16-530) allows the release of information, without patient consent, to public health authorities when such information is required by law.

Table: Reportable Diseases in Montana

AIDS / HIV Infection*	☉ Meningitis, bacterial or viral
Amebiasis	Mumps
☉ Anthrax ¹	Ornithosis (psittacosis)
☉ Botulism (including infant botulism)*	Pertussis (whooping cough)*
Brucellosis*	☉ Plague*
Campylobacter enteritis	Poliomyelitis*
Chancroid	Q-fever
Chickenpox (varicella)	☉ Rabies or suspected human exposure*
Chlamydia genital infection	Reye's Syndrome
Cholera*	Rocky Mountain Spotted Fever
Colorado Tick Fever	Rubella (including congenital)*
Cryptosporidiosis	Salmonellosis
Cytomegaloviral illness	☉ Severe Acute Respiratory Syndrome (SARS)*
Diarrheal disease outbreak*	Shigellosis
☉ Diphtheria*	Smallpox*
<i>E. coli</i> enteritis, e.g., <i>E. coli</i> O157:H7	<i>Streptococcus pneumoniae</i> invasive disease
Encephalitis	Syphilis*
Gastroenteritis epidemic, food-borne illness	Tetanus
Giardiasis	Tick-borne relapsing fever
Gonococcal infection	Transmissible Spongiform Encephalopathies (e.g.,
Granuloma inguinale	Creutzfeldt-Jakob Disease)
<i>Haemophilus influenzae</i> B invasive disease	Trichinosis*
Hansen's disease (leprosy)	Tuberculosis*
Hantavirus Pulmonary Syndrome*	☉ Tularemia
Hemolytic Uremic Syndrome	☉ Typhoid Fever*
Hepatitis A, B and C (acute & chronic)	Viral Hemorrhagic Fever
Influenza**	Yellow Fever
Kawasaki disease	Yersiniosis
Lead poisoning (≥ 10 ug/dl)	
Legionellosis	Illness in a foreign traveler
Listeriosis	<i>Any unusual illness or cluster of illnesses</i>
Lyme disease	
Lymphogranuloma venereum	☉ Contact local health department Immediate by phone
Malaria	
☉ Measles (rubeola)*	

* Lab specimen to DPHHS for confirmation
 ** Lab specimen to DPHHS first part of season

Specific requirements for reporting, investigation and control of specific conditions Administrative Rules of Montana: <http://www.mtrules.org> and enter 37.114.201 in the search box labeled "By Rule Number".

Questions regarding disease reporting may be directed to your local health department or the state epidemiology program at (406) 444-0273. For more information: <http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-index.shtml>.

Reference: 1. Heymann, D (edit). Control of communicable diseases manual (18th edit). Am Public Health Assoc, Washington, D.C., 2004

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