

Insert your health department logo and 24/7 contact information here

Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your [local health department](#), per [ARM 37.114.201](#). Additionally reportable is any unusual incident or unexplained illness or death in a human or animal with potential human health implications, per [ARM 37.114.203](#).

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

Acquired Immune Deficiency Syndrome (AIDS)
Anaplasmosis
Anthrax^①
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)
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total arsenic ≥ 35 micrograms/liter methylated plus inorganic arsenic)
Babesiosis
Botulism (infant, foodborne, other, and wound)^①
Brucellosis^①
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)
Campylobacteriosis
Candida auris^①
Chancroid
Chlamydia trachomatis infection
Coccidioidomycosis
Colorado tick fever
Coronavirus Disease 2019 (COVID-19)
Cryptosporidiosis
Cyclosporiasis
Dengue virus infection
Diphtheria^①
Ehrlichiosis
Escherichia coli, Shiga-toxin producing (STEC)^①
Gastroenteritis outbreak
Giardiasis
Gonorrheal infection
Granuloma inguinale
Haemophilus influenzae, invasive disease^①
Hansen's disease (leprosy)
Hantavirus Pulmonary Syndrome/infection^①
Hemolytic Uremic Syndrome, post-diarrheal
Hepatitis A, acute
Hepatitis B, acute, chronic, perinatal
Hepatitis C, acute, chronic, perinatal
Human Immunodeficiency Virus (HIV)
Influenza (including hospitalizations and deaths)^①
Lead levels in a venous blood specimen at any level
Lead levels in a capillary blood specimen ≥ 3.5 micrograms per deciliter in a person less than 16 years of age
Legionellosis
Leptospirosis
Listeriosis^①
Lyme disease
Lymphogranuloma venereum
Malaria
Measles (rubeola)^①
Melioidosis^①
Meningococcal disease (*Neisseria meningitidis*)^①
Mercury poisoning (urine level ≥ 10 micrograms/liter or urine level ≥ 10 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic, and inorganic mercury)
Monkeypox
Mumps
Pertussis
Plague (*Yersinia pestis*)^①
Poliomyelitis^①
Psittacosis
Q Fever (*Coxiella burnetii*), acute and chronic
Rabies, human^① and animal
(Including exposure to a human by a species susceptible to rabies infection)
Rubella, including congenital^①
Salmonellosis (including *Salmonella typhi* and paratyphi)^①
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease^①
Shigellosis^①
Smallpox^①
Spotted fever rickettsiosis
Streptococcus pneumoniae, invasive disease
Streptococcal toxic shock syndrome (STSS)
Syphilis
Tetanus
Tickborne relapsing fever
Toxic shock syndrome, non-streptococcal (TSS)
Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Trichinellosis (Trichinosis)^①
Tuberculosis^① (including latent tuberculosis infection)
Tularemia^①
Varicella (chickenpox)
Vibrio cholerae infection (Cholera)^①
Vibriosis^①
Viral hemorrhagic fevers
Yellow fever
Outbreak in an institutional or congregate setting

Additional Laboratory Requirements for submission of Selected Specimens/Reports:

^① a specimen must be sent to the Montana Public Health Laboratory for confirmation, per [ARM 37.114.313](#). Additional specimens may be requested by CDEpi. 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) of significance, including Carbapenem resistant organisms (CRO), Vancomycin-intermediate or resistant *Staphylococcus aureus* (VISA or VRSA) must be sent to MTPHL for confirmation, when possible.

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.