



Montana Communicable Disease Reporting Reference for Local and Tribal Public Health Jurisdictions

The list of reportable diseases, reporting timeframes, control measures and other requirements below apply to local and tribal public health jurisdictions and are based on the Administrative Rules of Montana. Please contact the DPHHS Communicable Disease Program at 444-0273 for more information.

June 2024

FOR LOCAL AND TRIBAL HEALTH DEPARTMENT USE ONLY

CONDITION ¹	LHJ REPORT TO DPHHS	INVESTIGATION FORM ²	FAX/ ePASS FORM	STAFF LEAD	CONTROL MEASURE REFERENCE ³
Acquired Immune Deficiency Syndrome (AIDS)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Acute flaccid myelitis (AFM)*	24 hours	CDC Acute Flaccid Myelitis Patient Summary Form	YES	Jessica	CCDM
Anthrax* 🦠	Immediately	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Arboviral diseases**	7 days	DPHHS Arboviral form	NO	Devon	CCDM
Arsenic poisoning	7 days	DPHHS Arsenic Exposure Questionnaire	YES	Amy	ARM 37.114.546
Babesiosis	7 days	CDC Babesiosis form	YES	Devon	CCDM
Botulism* 🦠	Immediately	DPHHS Botulism form/DPHHS consult	YES	Rachel	CCDM
Brucellosis*	24 hours	DPHHS Brucellosis form	NO	Devon	CCDM
Cadmium poisoning	7 days	DPHHS Cadmium Exposure Questionnaire	YES	Amy	ARM 37.114.546
Campylobacter	7 days	DPHHS Campylobacteriosis form	NO	Rachel	CCDM
Candida auris*	7 days	DPHHS General Reporting form/DPHHS consult	YES	Erika	CDC MDRO Guidance
Carbapenemase-producing carbapenem-resistant organisms (CP-CRO)*	7 days	DPHHS General Reporting form/DPHHS consult	NO	Erika	CDC MDRO Guidance
Chancroid	7 days	DPHHS STD form	YES	Cara	ARM 37.114.512
Chlamydia trachomatis infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.515
Cholera*	7 days	CDC Cholera form	YES	Rachel	CCDM
Coccidioidomycosis	7 days	DPHHS General Reporting form	NO	Danny	CCDM
Colorado tick fever	7 days	CDC Tick-Borne Rickettsial Disease form	NO	Devon	CCDM
Coronavirus Disease 2019 (COVID-19)	7 days	DPHHS General Reporting Form	NO	Sam	CCDM
Cronobacter in infants*	24 hours	CDC Invasive Cronobacter Infection in Infants form	NO	Beth	CDC Webpage
Cryptosporidiosis	7 days	DPHHS Cryptosporidiosis form	NO	Rachel	CCDM
Cyclosporiasis	7 days	CDC Cyclosporiasis form	NO	Rachel	CCDM
Dengue virus	7 days	CDC Dengue Fever form	NO	Devon	CCDM
Diphtheria*	24 hours	CDC Diphtheria form	YES	Jessica	CCDM
Escherichia coli, Shiga toxin-producing (STEC)*	7 days	DPHHS STEC form	NO	Magdalena	CCDM
Giardiasis	7 days	DPHHS Giardiasis form	NO	Rachel	CCDM
Gonorrheal infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.530
Granuloma inguinale	7 days	DPHHS STD form	YES	Cara	ARM 37.114.540
Group A Streptococcus, invasive disease	7 days	CDC ABC Form	NO	Jessica	CCDC
Haemophilus influenzae, invasive disease*	7 days	CDC ABC form	NO	Jessica	CCDM
Hansen's disease	7 days	DPHHS General Reporting form	NO	Ryan	CCDM
Hantavirus Pulmonary Syndrome/infection*	7 days	CDC Hantavirus form	YES	Devon	CCDM
Hemolytic uremic syndrome, post diarrheal	7 days	DPHHS HUS form	NO	Rachel	CCDM
Hepatitis A, acute	7 days	DPHHS Viral Hepatitis form	YES	Rachel	CCDM
Hepatitis B, acute, chronic, perinatal	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic) DPHHS Hepatitis B perinatal forms (perinatal)	NO	Cory	ARM 37.114.540
Hepatitis C, acute, chronic	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic)	NO NO	Helen	ARM 37.114.542
Human Immunodeficiency Virus (HIV)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Influenza (cases, hospitalizations/deaths*), including novel influenza A virus	24 hours; 7 days (aggregate cases)	DPHHS Influenza death/hospitalization form CDC Novel Influenza form/DPHHS consult	NO	Sam	CCDM
Lead levels in a capillary blood specimen ≥3.5 micrograms per deciliter in a person less than 16 years	7 days	DPHHS Follow Up Lead Exposure Questionnaire	YES	Amy	ARM 37.114.546
Lead levels in a venous blood specimen at any level	7 days	DPHHS Follow Up Lead Exposure Questionnaire	YES	Amy	ARM 37.114.546
Legionellosis	7 days	CDC Legionellosis form	YES	Rachel	CCDM
Leptospirosis	7 days	CDC Leptospirosis form	YES	Rachel	CCDM
Listeriosis*	7 days	CDC Listeria Initiative (LI) form	YES	Magdalena	CCDM
Lyme disease	7 days	DPHHS Lyme Disease form	YES	Devon	CCDM
Lymphogranuloma venereum	7 days	DPHHS STD form	YES	Cara	ARM 37.114.552
Malaria	7 days	CDC Malaria form	YES	Devon	CCDM
Measles (rubeola)*	24 hours	CDC Measles form	YES	Jessica	CCDM
Melioidosis*	24 hours	DPHHS General Reporting form	YES	Sam	CCDM
Meningococcal disease (Neisseria meningitidis)*	7 days	CDC Meningococcal Disease form	NO	Jessica	CCDM
Mercury poisoning	7 days	DPHHS Mercury Exposure Questionnaire	YES	Amy	ARM 37.114.546
Mpox	24 hours	CDC Mpox Form	YES	Beth	CCDM
Multisystem inflammatory syndrome in children (MIS-C)	7 days	CDC MIS-C Form	YES	Jessica	CDC Webpage
Mumps	7 days	CDC Mumps form	NO	Jessica	CCDM
Outbreak of a reportable condition, or any disease in the CCDM	24 hours	DPHHS Jotform Outbreak Report	YES	Rachel/all	CCDM
Pertussis	7 days	CDC Pertussis form	NO	Jessica	ARM 37.114.563
Plague (Yersinia pestis)* 🦠	Immediately	CDC Plague form/DPHHS consult	YES	Devon	CCDM
Poliomyelitis* 🦠	Immediately	CDC Polio form/DPHHS consult	YES	Jessica	CCDM
Psittacosis	7 days	DPHHS Psittacosis form	NO	Devon	ARM 37.114.561
Q Fever (Coxiella burnetii)	7 days	CDC Q Fever form	YES	Devon	CCDM
Rabies in a human* or animal	24 hours	CDC Rabies form for suspect human cases; case entry into MIDIS for positive animals	YES	Devon/Jessica	ARM 37.114.571
Rabies post-exposure prophylaxis (PEP) recommendation or administration	7 days	MIDIS PEP Case Investigation	NO	Devon/Jessica	
Rickettsial diseases ⁵ (including Rocky Mountain spotted fever)	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Rubella, including congenital*	24 hours	CDC Rubella form	YES	Jessica	CCDM
Salmonellosis*	7 days	DPHHS Salmonellosis form	NO	Rachel	CCDM
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease* 🦠	Immediately	CDC SARS form/DPHHS consult	YES	Sam	CCDM
Shigellosis*	7 days	DPHHS Shigellosis form	NO	Magdalena	CCDM
Smallpox* 🦠	Immediately	CDC Smallpox form/DPHHS consult	YES	Jessica	CCDM
Streptococcus pneumoniae, invasive disease	7 days	CDC Streptococcus pneumoniae form	NO	Jessica	CCDM
Streptococcal toxic shock syndrome (STSS)	7 days	DPHHS Toxic Shock Syndrome Form	NO	Jessica	CCDM
Syphilis	24 hours	DPHHS STD form/CDC Congenital Syphilis Form	NO	Melissa	ARM 37.114.583
Tetanus	7 days	CDC Tetanus form	NO	Jessica	CCDM
Tickborne relapsing fever	7 days	DPHHS Tickborne Relapsing Fever Form	YES	Devon	CCDM
Toxic shock syndrome, non-streptococcal (TSS)	7 days	DPHHS Toxic Shock Syndrome Form	NO	Jessica	CCDM
Transmissible spongiform encephalopathies (TSE)	7 days	DPHHS CJD form	YES	Jessica	CCDM
Trichinellosis (Trichinosis)*	7 days	DPHHS General Reporting form	NO	Rachel	CCDM
Tuberculosis* (including latent TB infection [LTBI])	7 days	DPHHS Tuberculosis form(s)	YES	Ryan	ARM 37.114 subch. 10
Tularemia* 🦠	Immediately	DPHHS Tularemia form/DPHHS consult	YES	Devon	CCDM
Typhoid Fever/Paratyphoid Fever*	7 days	CDC Typhoid and Paratyphoid Fever form	YES	Rachel	CCDM
Varicella (chickenpox)	7 days	CDC Varicella form	NO	Jessica	CCDM
Vibriosis*	7 days	CDC Vibriosis form	YES	Magdalena	CCDM
Viral hemorrhagic fevers* 🦠	Immediately	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Yellow fever	7 days	DPHHS General Reporting form	NO	Devon	CCDM



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Montana Communicable Disease Confirmation of Disease for Local and Tribal Public Health Jurisdictions

If a local health officer receives information about a case of any of the following diseases, the officer must work with the department to ensure that a specimen from the case is submitted for testing, when possible, for disease confirmation, or for further examination associated with surveillance or investigation of disease transmission, per [ARM 37.114.313](#). Please contact the DPHHS Communicable Disease Program at 444-0273 for more information.

DISEASE	STAFF LEAD	CONTROL MEASURE REFERENCE ²
Carbapenem-resistant organisms (CRO)*	Erika	ARM 37.114.313
Vancomycin-intermediate staphylococcus aureus (VISA)*	Erika	ARM 37.114.313
Vancomycin-resistant staphylococcus aureus (VRSA)*	Erika	ARM 37.114.313

¹ Also reportable is any unusual incident of unexplained illness or death in a human or animal with potential human health implications, per [ARM 37.114.203](#)

² All forms can be found on the CDEPI Resources site accessible to public health professionals [<https://dphhs.mt.gov/publichealth/cdepi/CDCPResources/CDEpi>].

Additional forms may be required. These forms should be used for the disease case investigation, but only the ones marked 'YES' need to be sent to CDEpi for additional reporting.

³ CCDM= Control of Communicable Diseases Control Manual, 21st edition; ARM= Administrative Rules of Montana

*Confirmatory specimen required to be sent to MTPHL

[†] Arboviral diseases, neuroinvasive and non-neuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, Saint Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)

[§] Rickettsial diseases (including Rocky Mountain spotted fever, other spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis)

QR code for the CDEpi Resources site:

