Insert your jurisdiction logo here

**Communicable Disease Reporting in Montana**

**Suspected or confirmed cases of the following diseases must be reported to your** [**local or tribal health department**](https://dphhs.mt.gov/publichealth/EHFS/countytribalhealthdepts)**, per** [**ARM 37.114.201**](https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/d2f95d4c-5898-4827-a0f8-e0884ea13398)**. 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**](https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/a10d456a-4ef9-43d1-a9a8-93d7b010e4ed)**.** If your Local or Tribal Public Health Jurisdiction is unavailable, call 406-444-0273 (*available 24/7*).

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| Acquired Immune Deficiency Syndrome (AIDS) | Leptospirosis |
| Acute flaccid myelitis (AFM) ① | Listeriosis① |
| Anthrax① | Lyme disease |
| Arboviral diseases, neuroinvasive and non-neuroinvasive①  | Lymphogranuloma venereum |
|  (California serogroup, Chikungunya, Eastern equine | Malaria |
|  encephalitis, Powassan, St. Louis encephalitis, West Nile | Measles (rubeola) ① |
|  virus, Western equine encephalitis, Zika virus infection) | Melioidosis① |
| Arsenic poisoning (urine levels ≥70 micrograms/liter total | Meningococcal disease (*Neisseria meningitidis*) ① |
|  arsenic or ≥35 micrograms/liter methylated plus inorganic | Mercury poisoning (urine level ≥10 micrograms/liter  |
|  arsenic) |  or urine level ≥10 micrograms/liter elemental |
| Babesiosis |  mercury/gram of creatinine or blood level ≥10 |
| Botulism (infant, foodborne, wound, and other) ① |  micrograms/liter elemental, organic, and inorganic |
| Brucellosis① |  mercury) |
| Cadmium poisoning (blood level ≥5 micrograms/liter or | Mpox  |
|  urine level ≥3 micrograms/liter) | Multisystem inflammatory syndrome in children (MIS-C) |
| Campylobacteriosis | Mumps  |
| *Candida auris*① | Pertussis |
| Carbapenemase-producing carbapenem-resistant | Plague (*Yersinia pestis*) ① |
|  organisms (CP-CRO) ① | Poliomyelitis① |
| Chancroid | Psittacosis |
| *Chlamydia trachomatis* infection | Q Fever (*Coxiella burnetii*), acute and chronic |
| Cholera① | Rabies, human① and animal |
| Coccidioidomycosis |  (including exposure to a human by a species  |
| Colorado tick fever |  susceptible to rabies infection) |
| Coronavirus Disease 2019 (COVID-19) | Rickettsial diseases (including Rocky Mountain spotted |
| *Cronobacter* in infants① |  fever, other spotted fevers, flea-borne typhus, scrub |
| Cryptosporidiosis |  typhus, anaplasmosis, and ehrlichiosis) |
| Cyclosporiasis | Rubella, including congenital① |
| Dengue virus infection | Salmonellosis (including *Salmonella* Typhi and  |
| Diphtheria① |  Paratyphi)① |
| *Escherichia coli*, Shiga toxin-producing (STEC) ① | Severe Acute Respiratory Syndrome-associated  |
| Gastroenteritis outbreak |  Coronavirus (SARS-CoV) disease① |
| Giardiasis | Shigellosis① |
| Gonorrheal infection | Smallpox① |
| Granuloma inguinale | *Streptococcus pneumoniae*, invasive disease |
| Group A *Streptococcus*, invasive disease | Streptococcal toxic shock syndrome (STSS) |
| *Haemophilus influenzae*, invasive disease① | Syphilis |
| Hansen’s disease (leprosy) | Tetanus |
| Hantavirus pulmonary syndrome/infection① | Tickborne relapsing fever |
| Hemolytic uremic syndrome, post diarrheal | Toxic shock syndrome, non-streptococcal (TSS) |
| Hepatitis A, acute | Transmissible spongiform encephalopathies |
| Hepatitis B, acute, chronic, perinatal |  (including Creutzfeldt Jakob Disease) |
| Hepatitis C, acute, chronic, perinatal | Trichinellosis (Trichinosis) ① |
| Human Immunodeficiency Virus (HIV) | Tuberculosis① (including latent tuberculosis infection) |
| Influenza (including hospitalizations and deaths) ① | Tularemia① |
| Lead levels in a capillary blood specimen ≥3.5 micrograms per  | Varicella (chickenpox) |
|  deciliter in a person less than 16 years of age | Vibriosis① |
| Lead levels in a venous blood specimen at any level | Viral hemorrhagic fevers① |
| Legionellosis | Yellow fever |
|  | Outbreak in an institutional or congregate setting |

**Additional Laboratory Requirements for submission of Selected Specimens/Reports:**

① a specimenmust be sent to the Montana Public Health Laboratory for confirmation, per [ARM 37.114.313](https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/6975eb67-3d42-4b65-8016-78e4f9924534). 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 berequested 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.

[ARM 37.114.313](https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/6975eb67-3d42-4b65-8016-78e4f9924534): In the event of an outbreak, emergence of a communicable disease or a disease of public health importance, specimens must be submitted at the request of the department until a representative sample has been reached as determined by the department.