

Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Laboratories

The regulations governing laboratory reporting were updated effective October 1, 2008. Table 1, below, copied from the Code of Maryland Regulations (COMAR) 10.06.01.03 C, details the diseases, conditions, outbreaks, and unusual manifestations that are reportable in Maryland. The table has been altered from the exact COMAR version by the addition of information about the reporting of AIDS and HIV. In addition, Table 1 indicates when “clinical materials” should be submitted to the Maryland Department of Health and Mental Hygiene’s (DHMH) laboratory, as well as the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, What to Report, How to Report, When to Report, Where to Report, and Submitting Clinical Materials. The regulations apply to laboratories located within Maryland and any that process human specimens obtained from an individual in Maryland. The COMAR changes will be published in The Maryland Register (www.dsd.state.md.us/mdregister/) on October 24, 2008 and will appear in COMAR online (www.dsd.state.md.us/comar/) late on October 31, 2008.

Table 1 Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS¹	LABORATORIES		TIMEFRAME FOR REPORTING²	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department³	Immediate	Within One Working Day
An outbreak of a disease of known or unknown etiology that may be a danger to the public health ⁴	Similar etiological agents from a grouping or clustering of patients		X	
A single case of a disease or condition not otherwise included in §C of this regulation, of known or unknown etiology, that may be a danger to the public health	An etiologic agent suspected to cause that disease or condition			X
An unusual manifestation of a communicable disease in an individual	An etiologic agent suspected to cause that disease			X
Acquired immunodeficiency syndrome (AIDS) ⁵	Immunosuppression (all CD4+ lymphocyte tests in persons with HIV infection)	X (on request)		X
Amebiasis	<i>Entamoeba histolytica</i>			X
Anaplasmosis	<i>Anaplasma phagocytophilum</i>			X
Animal bites	Not Applicable		X	
Anthrax	<i>Bacillus anthracis</i>	X	X	
Arboviral infections including, but not limited to: Dengue fever Eastern equine encephalitis LaCrosse virus infection St. Louis encephalitis Western equine encephalitis West Nile virus infection Yellow fever	Any associated arbovirus including but not limited to Dengue virus, Eastern equine encephalitis virus, LaCrosse virus, St. Louis encephalitis virus, Western equine encephalitis virus, West Nile virus, Yellow fever virus	X	X	

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Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department³	Immediate	Within One Working Day
Babesiosis	<i>Babesia</i> species			X
Botulism	<i>Clostridium botulinum</i> or botulinum toxin or other botulism producing <i>Clostridia</i>	X	X	
Brucellosis	<i>Brucella</i> species	X	X	
Campylobacteriosis	<i>Campylobacter</i> species	X		X
Chancroid	<i>Haemophilus ducreyi</i>			X
<i>Chlamydia trachomatis</i> , including lymphogranuloma venereum (LGV)	<i>Chlamydia trachomatis</i>	X (if LGV strain)		X
Cholera	<i>Vibrio cholerae</i>	X	X	
Coccidioidomycosis	<i>Coccidioides immitis</i>			X
Creutzfeldt-Jakob disease	14-3-3 protein from CSF or any brain pathology suggestive of CJD			X
Cryptosporidiosis	<i>Cryptosporidium</i> species			X
Cyclosporiasis	<i>Cyclospora cayatensis</i>			X
Diphtheria	<i>Corynebacterium diphtheriae</i>	X	X	
Ehrlichiosis	<i>Ehrlichia</i> species			X
Encephalitis, infectious	Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic organism	X		X
Epsilon toxin of <i>Clostridium perfringens</i>	<i>Clostridium perfringens</i> , epsilon toxin		X	
Escherichia coli O157:H7 infection	<i>Escherichia coli</i> O157:H7	X	X	
Giardiasis	<i>Giardia</i> species			X
Glanders	<i>Burkholderia mallei</i>	X	X	
Gonococcal infection	<i>Neisseria gonorrhoeae</i>			X
<i>Haemophilus influenzae</i> invasive disease	<i>Haemophilus influenzae</i> , isolated from a normally sterile site	X	X	
Hantavirus infection	Hantavirus	X	X	
Harmful algal bloom related illness	Not Applicable			X
Hemolytic uremic syndrome, post-diarrheal	Not Applicable			X
Hepatitis A acute infection	Hepatitis A virus IgM		X	
Hepatitis, viral (B, C, D, E, G, all other types and undetermined)	Hepatitis B, C, D, E and G virus, other types			X

Table 1 Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS ¹	LABORATORIES		TIMEFRAME FOR REPORTING ²	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department ³	Immediate	Within One Working Day
Human immunodeficiency virus (HIV) ⁵	HIV infection, including detectable viral load	X (on request)		X
Influenza-associated pediatric mortality	Influenza virus – associated pediatric mortality in persons aged <18 years (if known)			X
Influenza: novel influenza A virus infection	Isolation of influenza virus from humans of a novel or pandemic strain	X	X	
Isosporiasis	<i>Cystoisospora belli</i> (synonym <i>Isospora belli</i>)			X
Kawasaki syndrome	Not Applicable			X
Legionellosis	<i>Legionella</i> species	X (if isolate from human)	X	
Leprosy	<i>Mycobacterium leprae</i>	X		X
Leptospirosis	<i>Leptospira interrogans</i>	X		X
Listeriosis	<i>Listeria monocytogenes</i>	X		X
Lyme disease	<i>Borrelia burgdorferi</i>			X
Malaria	<i>Plasmodium</i> species	X		X
Measles (rubeola)	Measles virus		X	
Melioidosis	<i>Burkholderia pseudomallei</i>	X	X	
Meningitis, infectious	Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid	X		X
Meningococcal invasive disease	<i>Neisseria meningitidis</i> (including serogroup, if known), isolated from a normally sterile site	X	X	
Microsporidiosis	Various microsporidian protozoa, including but not limited to, <i>Encephalitozoon species</i>			X
Mumps (infectious parotitis)	Mumps virus			X
Mycobacteriosis, other than tuberculosis and leprosy	<i>Mycobacterium</i> spp., other than <i>Mycobacterium tuberculosis</i> complex or <i>Mycobacterium leprae</i>	X		X
Pertussis	<i>Bordetella pertussis</i>		X	
Pertussis vaccine adverse reactions	Not Applicable			X
Pesticide related illness	Cholinesterase below the normal laboratory range.			X

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Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department³	Immediate	Within One Working Day
Plague	<i>Yersinia pestis</i>	X	X	
Pneumonia in a health care worker resulting in hospitalization	Various organisms			X
Poliomyelitis	Poliovirus	X	X	
Psittacosis	<i>Chlamydophila psittaci</i> (formerly <i>Chlamydia psittaci</i>)			X
Q fever	<i>Coxiella burnetii</i>	X	X	
Rabies (human)	Rabies virus		X	
Ricin toxin poisoning	Ricin toxin (from <i>Ricinus communis</i> castor beans)		X	
Rocky Mountain spotted fever	<i>Rickettsia rickettsii</i>			X
Rubella (German measles) and congenital rubella syndrome	Rubella virus		X	
Salmonellosis (nontyphoidal)	<i>Salmonella</i> species, including serogroup, if known	X		X
Severe acute respiratory syndrome (SARS)	SARS-associated coronavirus (SARS-CoV)	X	X	
Shiga-like toxin producing enteric bacterial infections	Shiga toxin or shiga-like toxin or the toxin-producing bacterium	X	X	
Shigellosis	<i>Shigella</i> species, including species or serogroup, if known	X		X
Smallpox and other orthopoxvirus infections	Variola virus, vaccinia virus, and other orthopox viruses	X	X	
Staphylococcal enterotoxin B poisoning	<i>Staphylococcus</i> enterotoxin B		X	
Streptococcal invasive disease, Group A	<i>Streptococcus pyogenes</i> , Group A, isolated from a normally sterile site	X		X
Streptococcal invasive disease, Group B	<i>Streptococcus agalactiae</i> , Group B, isolated from a normally sterile site	X		X
<i>Streptococcus pneumoniae</i> invasive disease	<i>Streptococcus pneumoniae</i> , isolated from a normally sterile site	X		X
Syphilis	<i>Treponema pallidum</i>			X
Tetanus	<i>Clostridium tetani</i>			X
Trichinosis	<i>Trichinella spiralis</i>			X
Tuberculosis and suspected tuberculosis ⁶	<i>Mycobacterium tuberculosis</i> complex	X	X	

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Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department ³	Immediate	Within One Working Day
Tularemia	<i>Francisella tularensis</i>	X	X	
Typhoid fever (case, carrier, or both, of <i>Salmonella</i> Typhi)	<i>Salmonella</i> Typhi	X	X	
Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) infection or colonization	Intermediate resistance of the <i>S. aureus</i> isolate to vancomycin	X		X
Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection or colonization	Resistance of the <i>S. aureus</i> isolate to vancomycin	X		X
Varicella (chickenpox), fatal cases only	Varicella-zoster virus (Human herpesvirus 3)			X
Vibriosis, non-cholera ⁷	All non-cholera <i>Vibrio</i> species ⁷	X		X
Viral hemorrhagic fevers (all types)	All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses		X	
Yersiniosis	<i>Yersinia</i> species	X		X

Footnotes:

1. As required to report in Regulation .04A(1)—(3), (5), and (6) of this chapter.
2. The timeframe for reporting is specified in regulation .04C of this chapter.
3. Clinical material shall be submitted according to §B of this regulation.
4. Any grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
5. Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), including CD4+ lymphocyte count and viral load, are reportable under Subtitle 18 of this title and COMAR 10.18.02.
6. Tuberculosis confirmed by culture and suspected tuberculosis as indicated by:
 - a. A laboratory confirmed acid-fast bacillus on smear;
 - b. An abnormal chest radiograph suggestive of active tuberculosis;
 - c. A laboratory confirmed biopsy report consistent with active tuberculosis; or
 - d. initiation of two or more anti-tuberculosis medications.
7. Vibriosis, non-cholera, identified in any specimen taken from teeth, gingival tissues, or oral mucosa is not reportable.

Legal Authority: Maryland Code Annotated, Health-General § 18-205, effective 10/1/2008, and Code of Maryland Regulations (COMAR) 10.06.01, chapter amended as an emergency provision effective October 1, 2008. For HIV: COMAR 10.18.02. Please refer to the text of COMAR itself for complete reporting information.

What to Report – Diseases, Conditions, etc.: Laboratories must report laboratory evidence of the agents responsible for the diseases and conditions that health care providers are also required to report as indicated in Table 1 above. Reporting by laboratories does not nullify the health care provider’s or institution’s obligation to report these diseases and conditions, nor does reporting by laboratories nullify the health care provider’s or institution’s obligation to report.

What to Report – Content: The DHMH 1281 form, available on this website, should be used for reporting diseases and conditions other than HIV and CD4 results. Use the DHMH 4492 form for HIV and CD4. The report should, at a minimum, contain the information shown in the following table (and listed in COMAR). Additional information that would aid in the public health follow-up of a report is acceptable. If DHMH 1281 is not used, the report must contain all the required data elements and be approved by the Secretary.

Table 2 REQUIRED INFORMATION CONTENT FOR A LABORATORY REPORT

Patient Information

Name (including)
 Last
 First
 Middle initial
 Date of birth
 Sex
 Race
 Ethnicity
 Pregnancy status (if applicable)
 Resident address, including:
 House number
 Street
 Apartment number
 City
 State
 Zip code
 (Area code) Telephone number
 Other epidemiological information as specified by the Secretary or Health Officer

Health Care Provider (who ordered the test)

Name
 Address, including:
 Number
 Street
 City
 State
 Zip code
 (Area code) Telephone

Facility (who ordered the test)

Name
 Address, including:
 Number
 Street
 City
 State
 Zip code
 (Area code) Telephone

Test Information	
	Specimen collection date Specimen received date Specimen type (for example, blood, urine, stool, etc.) Specimen site (for example, cervix, eye, etc.) Test resulted date Test type Test results, including: Qualitative/Quantitative Reference range Speciation, grouping, or typing If reporting hepatitis C infection: Signal to cut-off ratio and the critical value Hepatitis A IgM antibody result (if done) Hepatitis B core IgM antibody result (if done)
Laboratory Performing the Test	
	Name CLIA certificate number Laboratory Director Address, including: Number Street City State Zip code (Area code) Telephone
General Information	
	Date the report is sent to the health department Note: If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory must comply with all requirements for reporting and specimen submission by either reporting the results and submitting the clinical materials themselves, or by ensuring that results are reported appropriately and clinical materials are submitted. If you are ordering testing from a reference laboratory, make sure to include all patient demographic information, and ordering provider and ordering facility information with your orders.

How to Report: The report should be submitted on the form that DHMH provides (see <http://www.edcp.org/html/reprtabl.html>). Use form DHMH 4492 for HIV and CD4 reports and form DHMH 1281 for all other diseases and conditions. DHMH will generally accept reports formatted as a physician report, provided that all required information is included. Any custom report format must, at a minimum, provide data fields for all required information. Several reports for *one* patient may be printed on a single page, but reports for more than one patient should *never* appear on a single page.

Mailed reports should be placed in a sealed envelope marked “confidential.” Reports may be faxed for all diseases and conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED.

When to Report: Laboratories should report according to the “Timeframe for Reporting” shown in Table1. There are two timeframe categories: “immediate” and “within one working day.” When an immediate report is required, the person making the report should communicate directly with an individual and not leave a message on an answering device.

Where to Report: (1) Each jurisdiction in Maryland has its own health department. **For medical laboratories located in Maryland**, reports should be submitted to the local health department in the jurisdiction where the lab is located (see Table 3 for addresses and telephone numbers). (2) **For medical laboratories located outside of Maryland**, reports should be submitted to the state health department (see Table 3 for address and telephone).

Submitting Clinical Materials: Refer to the “Laboratories” columns of Table 1 to determine which diseases and conditions require submission of clinical materials. “Clinical material” means: (a) an organism isolated from a clinical specimen; (b) Material derived or prepared from a clinical specimen in which evidence of a communicable disease has been identified or detected; or (c) if the organism or material described in (a) or (b) is not available, material from an individual that has already been obtained by the medical laboratory, in the following order of preference: a patient specimen, microbial genetic material, or other laboratory material. For *Mycobacterium tuberculosis*, “clinical material” includes one culture obtained from the primary isolate on which the diagnosis of tuberculosis was established. Only one *M. tuberculosis* isolate per patient need be submitted.

Clinical materials should be submitted to the Department’s public health laboratory within one working day of a positive laboratory finding or upon request of the Secretary. The clinical materials should be accompanied by forms provided by the DHMH laboratory. The appropriate forms (“lab slips”) can be obtained by contacting the DHMH laboratory (Grace Comer or Lena Gladden, 410-767-6120). Ask for forms DHMH 4676, "Infectious Agents: Culture/Detection", and DHMH 4677, "Serological Testing". The type of material being submitted will determine which form is to be used. (Only small quantities of lab slips should be ordered at this time because the forms are being revised.) For questions regarding completion of the forms, please contact Denise Shackleford at the DHMH laboratory at 410-767-6116. Also, please ensure that the patient’s name appears on each specimen along with the barcode label from the lab slip.

Table 3

MARYLAND LOCAL HEALTH DEPARTMENTS

Addresses & Telephone Numbers for Communicable Disease Reporting

* Telephone (T) or Pager (P) Number for After Hours and Weekend Reporting

JURISDICTION	ADDRESS	JURISDICTION	ADDRESS
ALLEGANY Ph. 301-759-5112 Fax 301-777-5669 *T 301-759-5000	PO Box 12501 Willowbrook Road SE Cumberland MD 21501-1745	HARFORD Ph. 410-612-1744 Fax 410-612-9185 *T 443-243-5726	1321 Woodbridge Station Way Edgewood MD 21040
ANNE ARUNDEL Ph. 410-222-7256 Fax 410-222-7490 *T 443-481-3140	Communicable Disease & Epi. 1 Harry S. Truman Parkway Room 231 Annapolis MD 21401	HOWARD Ph. 410-313-6110 Fax 410-313-6108 *T 410-313-2929	7180 Columbia Gateway Drive Columbia MD 21046
BALTIMORE CITY Ph. 410-396-4436 Fax 410-625-0688 *T 410-396-3100	1001 E. Fayette Street Baltimore MD 21202	KENT Ph. 410-778-1350 Fax 410-778-7913 *T(410) 708-5611	125 S. Lynchburg Street Chestertown MD 21620
BALTIMORE CO. Ph. 410-887-2724 Fax 410-377-5397 *T 410-832-7182	Communicable Disease, 3rd Floor 6401 York Road Baltimore MD 21212	MONTGOMERY Ph. 240-777-1755 Fax 240-777-1754 *T 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
CALVERT Ph. 410-535-5400 Fax 410-414-2057 *P 410-586-4051	PO Box 980 Prince Frederick MD 20678	PR. GEORGE'S Ph. 301-583-3750 Fax 301-583-3794 *T 301-499-8400	3003 Hospital Drive Suite 1066 Cheverly MD 20785-1194
CAROLINE Ph. 410-479-8000 Fax 410-479-4864 *P 410-819-9795	PO Box 10 403 South 7th Street Denton MD 21629	QUEEN ANNE'S Ph. 410-758-0720 Fax 410-758-8151 *T 410-758-3476	206 N. Commerce Street Centreville MD 21617
CARROLL Ph. 410-876-4926 Fax 410-876-4959 *T 410-876-4900	PO Box 845 290 S. Center Street Westminster MD 21158-0845	ST. MARY'S Ph. 301-475-4316 Fax 301-475-4308 *T 301-475-8016	PO Box 316 21580 Peabody Street Leonardtown MD 20650
CECIL Ph. 410-996-5100 Fax 410-996-1019 *T 410-392-2008	401 Bow Street Elkton MD 21921	SOMERSET Ph. 443-523-1740 Fax 410-651-5699 *T 443-614-6708	Attn: Communicable Disease 7920 Crisfield Highway Westover MD 21871
CHARLES Ph. 301-609-6810 Fax 301-934-7048 *T 301-207-0655	PO Box 1050 White Plains MD 20695	TALBOT Ph. 410-819-5600 Fax 410-819-5693 *T 410-819-5600	100 S. Hanson Street Easton MD 21601
DORCHESTER Ph. 410-228-3223 Fax 410-901-8180 *P 410-221-3362	3 Cedar Street Cambridge MD 21613	WASHINGTON Ph. 240-313-3210 Fax 240-420-5367 *T 240-313-3200	1302 Pennsylvania Avenue Hagerstown MD 21742
FREDERICK Ph. 301-600-3342 Fax 301-600-1403 *P 301-360-7386	350 Montevue Lane Frederick MD 21702	WICOMICO Ph. 410-543-6943 Fax 410-548-5151 *T 410-543-6996	Attn: Communicable Disease 108 E. Main Street Salisbury MD 21801-4921
GARRETT Ph. 301-334-7777 Fax 301-334-7771 Fax 301-334-7717 ← *T 301-334-1930	Garrett Co. Community Health Ctr. 1025 Memorial Drive Oakland MD 21550-4343 (Fax for use during emergencies)	WORCESTER Ph. 410-632-1100 Fax 410-632-0906 *T 410-632-1311	PO Box 249 Snow Hill MD 21863
STATE Ph. 410-767-6709 Fax 410-669-4215 (for General use, NOT for STD, HIV, or CD4) Fax 410-333-5529 (for Sexually Transmitted Diseases, but NOT HIV or CD4) *T 410-767-6700 (use if Local Health Dept. is unavailable)	Maryland Department of Health & Mental Hygiene 201 West Preston Street Unit #26 Baltimore MD 21201-2301 ATTN: EDCP - Communicable Disease Surveillance		