

NOTIFIABLE DISEASES AND CONDITIONS LIST

☎ Conditions are reportable **immediately** by telephone at 1-800-821-5821 (24 hours a day) on recognition or strong suspicion of disease
All others are reportable by electronic lab report within **48 hours** of recognition or strong suspicion of disease

➔☒ Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the *Maine Health and Environmental Testing Laboratory* for confirmation, typing, and/or antibiotic sensitivity

Acquired Immunodeficiency Syndrome (AIDS)	Lyme Disease
Acute flaccid myelitis (AFM) ¹	Malaria
Anaplasmosis	☎ Measles ➔ ☒ (Rubeola virus)
☎ Anthrax ➔ ☒ (<i>Bacillus anthracis</i>)	☎ Meningococcal Disease, invasive ➔ ☒ (<i>Neisseria meningitidis</i>)
Babesiosis	Mpox virus infection
☎ Botulism ➔ ☒ (<i>Clostridium botulinum</i>)	☎ Mumps ➔ ☒
☎ Brucellosis ➔ ☒ (<i>Brucella</i> species)	Per and polyfluoroalkyl substances (PFAS) detectable in serum ¹⁰
California Serogroup Virus Diseases ➔ ☒	Pertussis
Campylobacteriosis	☎ Plague ➔ ☒ (<i>Yersinia pestis</i>)
☎ <i>Candida auris</i> ² ➔ ☒	☎ Poliomyelitis ➔ ☒ (Polio virus)
☎ Carbapenemase-Producing organisms ³ ➔ ☒	Powassan Virus ➔ ☒
Carbon monoxide poisoning ⁴	Psittacosis
Chancroid	☎ Q Fever
Chlamydia	☎ Rabies (human and animal) ➔ ☒ (Rabies virus)
Chickenpox (Varicella)	☎ Ricin Poisoning ➔ ☒
Chikungunya	☎ Rubella (including congenital) ➔ ☒ (Rubella virus)
☎ Coronavirus (Novel, MERS, and SARS) ➔ ☒	Salmonellosis ➔ ☒ (<i>Salmonella</i> species)
Coronavirus Disease 2019 (COVID-19)	☎ Shellfish Poisoning
Creutzfeldt-Jakob Disease (CJD), <55 years of age	Shigellosis ➔ ☒ (<i>Shigella</i> species)
Cryptosporidiosis	☎ Smallpox ➔ ☒ (Variola virus)
Cyclosporiasis	Spotted Fever Rickettsiosis (SFR)
Dengue	St. Louis Encephalitis
☎ Diphtheria ➔ ☒ (<i>Corynebacterium diphtheriae</i>)	☎ <i>Staphylococcus aureus</i> non-susceptible to Vancomycin (VRSA) only if MIC≥8µg/ml ⁶ ➔ ☒
<i>E. coli</i> , Shiga toxin-producing (STEC) ➔ ☒	<i>Streptococcus</i> Group A, invasive
☎ Eastern Equine Encephalitis (EEE) ➔ ☒	<i>Streptococcus pneumoniae</i> , invasive
Ehrlichiosis	Syphilis
☎ <i>Enterococcus</i> spp. resistant to daptomycin, linezolid, and vancomycin (DLVRE) ⁵ ➔ ☒	☎ Tetanus ➔ ☒ (<i>Clostridium tetani</i>)
<i>Enterococcus</i> spp. resistant to linezolid and vancomycin (LVRE) ⁶ ➔ ☒	Trichinosis
Giardiasis	☎ Tuberculosis (active and presumptive) ➔ ☒ (<i>Mycobacterium tuberculosis</i>)
Gonorrhea	☎ Tularemia ➔ ☒ (<i>Francisella tularensis</i>)
<i>Haemophilus influenzae</i> , invasive ➔ ☒	<i>Vibrio</i> species, including Cholera ➔ ☒ (<i>Vibrio</i> species)
Hantavirus, pulmonary and non-pulmonary syndromes ➔ ☒	Vaping-associated pulmonary illness ⁹
Hard Tick Relapsing Fever (HTRF)	☎ Viral Hemorrhagic Fever
Hemolytic-uremic syndrome (post-diarrheal)	West Nile Virus ➔ ☒
☎ Hepatitis A, B, C ⁷ , D, E (acute)	Western Equine Encephalitis
Hepatitis B, C ⁷ , D (chronic)	Yellow Fever
Human Immunodeficiency Virus (HIV) ⁸	Zika
Influenza-associated pediatric death	☎ Any Case of Unusual Illness of Infectious Cause
☎ Influenza A, Novel ➔ ☒	☎ Any Cluster/Outbreak of Illness with Potential Public Health Significance
Influenza-associated hospitalization, laboratory-confirmed	
Legionellosis	
Listeriosis ➔ ☒ (<i>Listeria monocytogenes</i>)	

*See condition-specific footnotes on next page.

Who must report: Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facilities, Correctional Facilities, Educational Institutions, Administrators, Local Health Officers, Veterinarians, Veterinary Medical Laboratories

What to report: Disease reports must include:

- Name of disease or condition and symptom onset
- Name and phone number of person making the report and date
- Patient's name, date of birth, address, phone number, sex, race, and ethnicity
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address, and phone number

Complete Rules for the Control of Notifiable Diseases and Conditions:

www.maine.gov/dhhs/disease-reporting



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Footnotes

1. An illness with an onset of acute focal limb weakness and either 1) cerebrospinal fluid with an elevated white blood cell count or 2) a magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments.
2. Detection of *Candida auris* in a specimen using culture or culture independent diagnostic test; or detection of an organism that commonly represents a *Candida auris* misidentification.
3. Carbapenemase-producing carbapenem-resistant organisms are:
 - Carbapenem-resistant organisms, as defined by the Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>), that test positive for carbapenemase production by a phenotypic method or for one or more carbapenemase resistance mechanisms by a recognized test, as defined by the U.S. Centers for Disease Control and Prevention (<https://wwwn.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/>).
 - Reporting will include test method used, result, and where applicable, specific resistance mechanisms identified.
 - Isolate submission is required for all carbapenem-producing carbapenem-resistant organisms. If phenotypic or resistance mechanism test results are not available for a carbapenem-resistant organism, then isolate submission of the carbapenem-resistant organism is required to determine carbapenemase-producing status.
4. All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 10%.
5. *Enterococcus* spp. resistant to daptomycin, linezolid, and vancomycin as defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>)
6. *Enterococcus* spp. resistant to linezolid and vancomycin as defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>)
7. Any hepatitis C virus (HCV) RNA test results, including:
 - All HCV RNA results (e.g. positive, negative, indeterminate, undetected for both qualitative and quantitative tests) including PCR, bDNA, TMA and Genotype.
 - In addition, Positive serology for anti-HCV (including signal-to-cut-off ratio for EIA, CIA, MEIA, or CMIA); Positive anti-HCV RIBA, and ALT >200 IU/L (in combination with one or more positive or detectable HCV result).
8. Any human immunodeficiency virus (HIV) test results, including:
 - All reactive/repeatedly reactive initial HIV immunoassay results and all results (e.g. positive, negative, indeterminate) from all supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
 - All HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results;
 - All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
 - HIV genotypic resistance testing, nucleotide sequence results; and,
 - Positive HIV detection tests (including, but not limited to culture, P24 antigen).
9. Clinicians should report cases that meet the criteria of (1) a significant respiratory illness of unclear etiology and (2) a history of vaping.
10. Any serum test results from a venous blood sample that include a positive detection of:

• Linear or branched perfluorooctanoic acid (PFOA);	• Perfluorononanoic acid (PFNA);
• Linear or branched perfluorooctanesulfonic acid (PFOS);	• Perfluorohexanesulfonic acid (PFHxS);
	• Perfluoroheptanoic acid (PFHpA); or
	• Perfluorodecanoic acid (PFDA).

If any PFAS is detected in a blood sample, the results for all PFAS testing of the sample must be reported to the Department.