

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

\*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](http://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.