TETON COUNTY HEALTH DEPARTMENT
PHONE: 406-466-2562 **FAX:** 406-466-5292 **AFTER HOURS PHONE:** 406-466-5781

REPORT CONDITIONS IMMEDIATELY

Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your local or tribal health department, per ARM 37.114.201. 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. If your Local or Tribal Public Health Jurisdiction is unavailable, call 406-444-0273 (*available 24/7*).

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

Additional Laboratory Requirements for submission of Selected Specimens/Reports:

① a specimen must be sent to the Montana Public Health Laboratory for confirmation, per ARM 37.114.313. 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 be requested 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: 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.