



Garrett County Health Department

"Working Together for a Healthier Tomorrow"

www.garretthealth.org



Rodney B. Glotfelty, RS, MPH, Health Officer
1025 Memorial Drive
Oakland, Maryland 21550

301-334-7700 or 301-895-3111
FAX 301-334-7701
Equal Opportunity Employer

For Health Care Providers:

Reporting of Communicable Diseases & Other Conditions in Garrett County

- [Diseases, Conditions, Outbreaks and Unusual Manifestations Reportable by Maryland Healthcare Providers-Instructions for Maryland Infectious Disease Morbidity Reporting- Dated June 23, 2015](#)
- [Maryland Confidential Morbidity Report \(DHMH 1140\)](#)-Dated July 2015
- [Maryland Laboratory Reporting Form \(DHMH1281\)](#)-Dated Jan.26, 2012
- [Maryland Laboratory HIV/CD4 Reporting Form \(DHMH 4492\)](#)-Dated May 2007
- [2014 Cases of Selected Notifiable Conditions in Maryland 2014 \(Case Counts\)](#)
- [Public Health Preparedness and Situational Reports](#)

Produced weekly from data compiled from Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). Chief complaint data; Fever, G.I., Resp, Neuro, Rash, Localized Lesion, Hemorrhagic, Lymph, from ER's across Maryland per 100,000.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

January 15, 2016

Public Health Preparedness and Situational Awareness Report: #2016:01
Reporting for the week ending 1/9/16 (MMWR Week #1)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

Maryland: Level Four (MEMA status)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	January			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Aseptic meningitis	0	8.6	8	0	8.6	8
Meningococcal disease	0	0.2	0	0	0.2	0
Measles	0	0	0	0	0	0
Mumps	0	0.4	0	0	0.4	0
Rubella	0	0	0	0	0	0
Pertussis	0	5.6	6	0	5.6	6
Foodborne Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Salmonellosis	1	17.4	19	1	17.4	19
Shigellosis	0	4.4	2	0	4.4	2
Campylobacteriosis	2	12.6	13	2	12.6	13
Shiga toxin-producing Escherichia coli (STEC)	0	1.6	1	0	1.6	1
Listeriosis	0	0	0	0	0	0
Arboviral Diseases	2016	Mean*	Median*	2016	Mean*	Median*
West Nile Fever	0	0	0	0	0	0
Lyme Disease	1	17.2	14	1	17.2	14
Emerging Infectious Diseases	2016	Mean*	Median*	2016	Mean*	Median*
Chikungunya	0	0.6	0	0	0.6	0
Dengue Fever	0	0.2	0	0	0.2	0
Other	2016	Mean*	Median*	2016	Mean*	Median*
Legionellosis	2	2.2	1	2	2.2	1

† Counts are subject to change

*Timeframe of 2009-2015

**Includes January through current month



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

December 31, 2015

**Public Health Preparedness and Situational Awareness Report: #2015:51
Reporting for the week ending 12/26/15 (MMWR Week #51)**

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts
Maryland: Level Four (MEMA status)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases [‡]					
	December			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Aseptic meningitis	11	29.8	28	458	446	468
Meningococcal disease	0	0.4	0	2	7.2	7
Measles	0	0	0	0	0.6	0
Mumps	0	0.8	1	21	21.8	4
Rubella	0	0	0	1	1.2	1
Pertussis	3	16.8	13	98	212.2	207
Foodborne Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Salmonellosis	15	38.2	36	821	921.2	921
Shigellosis	8	7.2	4	219	159.6	130
Campylobacteriosis	15	34.6	36	613	602	620
Shiga toxin-producing Escherichia coli (STEC)	1	4.4	6	85	73	70
Listeriosis	0	0.6	0	15	15.8	16
Arboviral Diseases	2015	Mean*	Median*	2015	Mean*	Median*
West Nile Fever	0	0	0	16	7	6
Lyme Disease	9	29.2	27	1210	1184.2	1304
Emerging Infectious Diseases	2015	Mean*	Median*	2015	Mean*	Median*
Chikungunya	0	1	0	14	12.8	0
Dengue Fever	0	0.2	0	11	10.6	11
Other	2015	Mean*	Median*	2015	Mean*	Median*
Legionellosis	4	8	8	133	137.6	140

[‡] Counts are subject to change

*Timeframe of 2009-2014

**Includes January through current month

Links for forms and what to report-

- Department of Health and Mental Hygiene
<http://phpa.dhmdh.maryland.gov/Pages/what-to-report.aspx>

The screenshot shows the website phpa.dhmdh.maryland.gov/Pages/what-to-report.aspx. The page has a blue header with navigation links: HOME, FACT SHEETS, REPORTABLE DISEASES, TRAINING, PROGRAMS, and OPCA. Below the header is a search bar and a 'Popular Links' section with links to DHMH, Ebola, Environmental Health News Bulletin, and Influenza (Flu). The main content area is titled 'What to Report' and is divided into sections for Laboratory Directors and Health Care Providers. The 'For Health Care Providers' section is circled in red, and a blue arrow points from the text above to it. The 'For Laboratory Directors' section includes links for HIV/CD4 Reporting, Infectious Disease Reporting other than HIV/CD4, and Carbapenem-resistant Enterobacteriaceae (CRE). The 'For Health Care Providers' section includes links for a List of Conditions to Report and Instructions for Reporting, and a Provider Reporting Form 1140 (Rev. July 2015). A 'Reference Materials - HIV/AIDS Reporting' section is also visible at the bottom.

Enter search term

HOME FACT SHEETS REPORTABLE DISEASES TRAINING PROGRAMS OPCA

Popular Links

- > DHMH
- > Ebola
- > Environmental Health News Bulletin
- > Influenza (Flu)

Loan Repayment Programs

- > National Health Services Corps
- > State Loan Repayment Program
- > J-1 Information
- > STD Awareness Month

Helpful Links

- > Alcohol & Drug Abuse Administration (ADAA)
- > Cancer and Chronic Diseases
- > Infectious Disease
- > Environmental Health
- > Mental Hygiene (MHA)
- > Maryland Medicaid

What to Report

For Laboratory Directors

HIV/CD4 Reporting

- Instructions for Reporting
- Lab Reporting Form 4492

Infectious Disease Reporting other than HIV/CD4

- List of Conditions to Report and Instructions for Reporting
- Lab Reporting Form 1281 (PDF)
- Lab Reporting Form 1281 (Word)

Carbapenem-resistant Enterobacteriaceae (CRE)

- Instructions for Reporting CRE (Rev. Jan 2015)
- CRE Case Report Form (Word Version)
- CRE Isolate Submission Form
- CRE FAQ

For Health Care Providers

- List of Conditions to Report and Instructions for Reporting
- Provider Reporting Form 1140 (Rev. July 2015)

Reference Materials - HIV/AIDS Reporting

- Garrett County Health Department
<http://www.garretthealth.org/clinicians/reportable.htm>



← → ↻ www.garretthealth.org/clinicians/reportable.htm

Apps Anthrax | CDC HAB RSR Web Appli... Home - GCHD Shar... LII 42 CFR Part 418 - H... www.cridlac.org/cd/... Maryland Departme... Terrorism Indicators » Other boo

GCHD Garrett County Health Department
Health Officer: Rodney Giotfelty R.S. M.P.H.

HOME
Status of Health
Services
Clinics
Departments
Applications
What's New
Calendar of Events
Emergency Preparedness
Links

Reportable Diseases and Conditions

For Healthcare Providers-Notes for Medical Staff Meeting -January 21, 2016

[Reportable Diseases By Healthcare Provider](#)

[Healthcare Provider Reporting Form](#)

[Reportable Diseases By Laboratories](#)

[Laboratory Reporting Form](#)

[Communicable Disease Summary: A Guide For School and Child Care Settings](#)

[Healthcare Provider Information](#)

Please call the Garrett County Health Department at 301-334-7770 or 301-895-3111 if you have any questions regarding the information.

Influenza (Flu) Information

Address:
Garrett Co. Health Dept.
1025 Memorial Drive
Oakland, MD 21550

Main Phone:
301-334-7777
or 301-895-3111
FAX: 301-334-7701
See department pages for individual phone numbers

- Call, fax or email either of us for more information

Eric Cvetnick, R.N.
(P) 301-334-7773
(F) 301-334-7771
eric.cvetnick@maryland.gov

or

Cindy Mankamy, R.N.
(P) 301-334-7691
(F) 301-334-7771
cindy.mankamy@maryland.gov

Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Health Care Providers

The regulations governing reporting were last 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, arboviral infections and HIV. This document is intended to provide guidance about reporting to physicians and other health care providers, hospitals and other health care institutions, and certain other groups specified below. For simplicity, the use of "health care providers" in this document refers to all those groups that are required to report, except laboratories, which have a separate guidance document for their use. In addition to the list of reportable conditions, Table 1 also indicates the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, Who Should Report, What to Report, How to Report, When to Report, and Where to Report. The full text of the regulations can be found in COMAR (online at www.dsd.state.md.us/comar/).

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 (physicians)	(within 48 hours for institutions)
Amebiasis	<i>Entamoeba histolytica</i>			X
Anaplasmosis	<i>Anaplasma phagocytophilum</i>			X
Animal bites	Not Applicable		X	
Anthrax	<i>Bacillus anthracis</i>	X	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
Arboviral infections including, but not limited to: Chikungunya virus infection 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	
Babesiosis	Babesia 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	
<i>Escherichia coli</i> 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

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
Haemophilus influenzae 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
Human immunodeficiency virus (HIV) infection ⁵	HIV infection (including all viral load and resistance tests in persons with HIV infection)	X (on request)	X (physicians)	(within 48 hours for institutions)
Human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV)	Not applicable			(within 48 hours of birth, for physicians)
Influenza-associated pediatric mortality	Influenza virus – associated pediatric mortality in persons aged <18 years (if known)			
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	

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
Meningitis, infectious	Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid	X (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV)		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
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	

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
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
Streptococcus pneumoniae 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	
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

Table 1 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 § 18-201 and § 18-202, 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 and AIDS Investigations and Case Reporting, see Maryland statute Health-General § 18-201.1 and § 18-202.1, and Maryland regulations COMAR 10.18.03. Please refer to the text of COMAR itself for complete reporting information.

Outbreak Reporting

Outbreak means:

- A **foodborne** disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or **one case** of the following:
 - Botulism
 - Cholera
 - Mushroom poisoning
 - Trichinosis
 - Fish poisoning such as Ciguatera poisoning
 - Scombroid poisoning
 - Paralytic shellfish poisoning
 - Any other neurotoxic shellfish poisoning
- Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
- An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility;
- A situation designated by the Secretary as an outbreak; or
- One case of:
 - Anthrax
 - Rabies (human)
 - Plague
 - Smallpox
 - Any of the single cases defined as a foodborne disease outbreak above

An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately.

Who Should Report The following persons and establishments shall report:

1. Health care providers (for example, physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider).

Only physicians shall report newborn infants exposed to HIV infection.

Only physicians and clinical or infection control practitioners in certain institutions (hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities) shall report diagnosed cases of HIV and AIDS.

2. Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
3. Masters or person in charge of vessels or aircraft within the territory of Maryland.
4. Owners or operators of food establishments.
5. Any individual having knowledge of an animal bite.

A NOTE ABOUT LABORATORIES: Reporting rules and procedures for laboratories are different than for health care providers. Directors of a medical laboratory shall report evidence of diseases under a separate statute (Health-General §18-205). Laboratories should not report using the DHMH 1140 form (instead, use the DHMH 1281 form). Laboratory directors may consult Maryland law or regulation, or visit our Internet site for additional reporting information specific to laboratories.

What to Report – Diseases, Conditions, etc. Health care providers must report those diseases and conditions as indicated in Table 1. 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 health care providers nullify the laboratory's obligation to report.

What to Report – Content The DHMH 1140 form, available on this website, should be used for reporting all diseases and conditions. The report should, at a minimum, contain the information shown in the following table (and listed in COMAR). It is acceptable to include other information that would aid in the public health follow-up of a report. Maryland local health departments will often follow up on the initial report by contacting the health care provider for additional disease-specific information.

Table 2 REQUIRED INFORMATION CONTENT FOR A HEALTH CARE PROVIDER 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
Telephone number, including area code
Other epidemiological information as specified by the Secretary or Health Officer

Health Care Provider (reporter)

Name
Address, including:
 Number
 Street
 City
 State
 Zip code
Telephone number, including area code
Date the report is sent to the health department

Disease / Condition

Diagnosis
Date of onset of symptoms
Any laboratory information supporting the diagnosis of the disease or condition, as requested
Any treatment given for syphilis, gonococcal infection, and Chlamydia trachomatis infection

How to Report The report should be submitted on the form that DHMH provides (see [DHMH 1140](#)). Use form DHMH 1140 for all diseases and conditions. Mailed reports should be placed in a sealed envelope marked “confidential.” Reports may be faxed for all diseases and conditions EXCEPT AIDS and HIV infection, which MUST NOT BE FAXED.

When to Report: Health care providers should report according to the “Timeframe for Reporting” shown in Table 1. 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 Each jurisdiction in Maryland has its own health department. Health care providers must submit a report in writing of diagnosed or suspected cases of the specified diseases and conditions to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person. See Table 3 for addresses and telephone numbers for local health departments, including numbers for after hours or weekend reporting.

Although nearly all reporting should be directed to local health departments, Table 4 provides contact information for the various state level programs for infectious diseases and related conditions. The one exception to local health department reporting is human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV). Those reports should be directed to the Center for HIV Surveillance, Epidemiology and Evaluation on Calvert Street in Baltimore City. The full address appears in Table 4.

Additional Information Should the health department need to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.

HIPAA: The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions. (For more about the privacy rule and public health see:

<http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx> and
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>.)

HIV and AIDS: Reportable Conditions According to the 2008 Surveillance Definition (All Ages)

All persons who are HIV infected should be reported. Persons who are HIV infected **and** exhibit any of the following AIDS-defining clinical conditions should be reported as presumptive AIDS cases (HIV Infection, Stage 3). Reporting is by physicians and clinical and infection control practitioners at certain institutions (see **Who Should Report**, page 6).

AIDS-defining clinical conditions

Bacterial infections, multiple or recurrent (2)	<i>Mycobacterium avium</i> complex or <i>Mycobacterium kansasii</i> , disseminated or extrapulmonary(3)
Candidiasis of bronchi, trachea, or lungs	<i>Mycobacterium tuberculosis</i> of any site, pulmonary (1)(3), disseminated (3), or extrapulmonary (3)
Candidiasis of esophagus (3)	<i>Mycobacterium</i> , other species or unidentified species, disseminated (3) or extrapulmonary (3)
Cervical cancer, invasive (1)	<i>Pneumocystis jirovecii</i> (4) pneumonia (3)
Coccidioidomycosis, disseminated or extrapulmonary	Pneumonia, recurrent (1)(3)
Cryptococcosis, extrapulmonary	Progressive multifocal leukoencephalopathy
Cryptosporidiosis, chronic intestinal (>1 month's duration)	<i>Salmonella</i> septicemia, recurrent
Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month	Toxoplasmosis of brain, onset at age >1 month (3)
Cytomegalovirus retinitis (with loss of vision) (3)	Wasting syndrome attributed to HIV
Encephalopathy, HIV related	
Herpes simplex: chronic ulcers (>1 month's duration); or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)	
Histoplasmosis, disseminated or extra pulmonary	Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of <200 cells/ μ L or CD4+ T-lymphocyte percentage of <14 (1)
Isosporiasis, chronic intestinal (>1 month's duration)	
Kaposi sarcoma (3)	
Lymphoid interstitial pneumonitis or pulmonary lymphoid hyperplasia complex (2)(3)	
Lymphoma, Burkitt's (or equivalent term)	
Lymphoma, immunoblastic (or equivalent term)	
Lymphoma, primary, of brain	

- (1) Only among adults and adolescent aged ≥ 13 years.
- (2) Only among children aged <13 years.
- (3) These conditions may be diagnosed presumptively.
- (4) Previously identified as *Pneumocystis carinii*.

Reporting of Sexually Transmitted Infections (STIs) - Not Including HIV

For reports of STIs, please complete both the general section of the DHMH 1140 morbidity report and the STI specific section below it. Maryland law and regulation require reporting of syphilis, gonorrhea, and chlamydia infection by both laboratories and health care providers. The dual reporting system is intentional - the clinical and demographic information you provide (which is normally unavailable from laboratories) enables the health department to better monitor disease trends.

Preventing Congenital Syphilis

In accordance with Health-General §18-307 and COMAR 10.06.01.17(D), all pregnant women shall be screened serologically for syphilis a minimum of two times during their prenatal visits:

- 1) at the first prenatal visit, **and**
- 2) in the third trimester at 28 weeks of gestation or as soon as possible thereafter.

CDC also recommends the following:

- No infant should leave the hospital without the maternal serologic status having been determined at least once during pregnancy,
- Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis, and the fetus should also be tested for syphilis using a confirmatory test (e.g. dark field microscopy), and
- Serologic testing should be performed at delivery in areas where the prevalence of syphilis is high or for patients at high risk.

STI Services and Treatment Schedules

The Maryland Department of Health and Mental Hygiene (DHMH) and each jurisdiction's local health department have professional personnel to provide a full range of services to individuals testing positive for sexually transmitted infections, including HIV. Services include counseling, education, partner notification, and routine screening and medical evaluation of partners, while always adhering to the strictest measures of confidentiality. If you have a patient who recently tested positive for syphilis, gonorrhea, or Chlamydia infection, the state or local health department may contact your office for additional information, such as confirmatory test results or treatment type and date, as part of assuring comprehensive prevention and case management for your patients and their respective partners, and as part of monitoring for antibiotic resistant infections. If you want to refer your patient to the local health department for HIV test results notification or partner services, use the appropriate check box on the morbidity report form. Contact information for local and state health department offices can be found in Tables 3 and 4.

Current recommended treatment guidelines for syphilis, HIV, and other sexually transmitted infections are available from your local health department. For more information see the U. S. Centers for Disease Control and Prevention's "Sexually Transmitted Diseases Treatment Guidelines, 2010" available at <http://www.cdc.gov/std/treatment/>, and the update to those guidelines that makes new recommendations for treatment of gonococcal infections, since fluoroquinolones are no longer indicated for that use. The update is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm?s_cid=mm5614a3_e.

Reporting of Tuberculosis - Confirmed or Suspect

All cases as described below are to be reported:

1. All persons for whom at least two anti-tuberculosis drugs are prescribed.
2. All persons with newly diagnosed tuberculosis disease regardless of the number of drugs prescribed. This includes all cases found at the time of death or after death.
3. All persons with tuberculosis disease who have been previously treated for tuberculosis disease, regardless of the time that has elapsed since treatment was completed or discontinued.
4. All suspected tuberculosis cases awaiting bacteriological confirmation. Amendments to a "suspect" report should be submitted when bacteriological results become available.
5. Voluntary reporting of positive tuberculin skin tests or positive blood tests for tuberculosis in children less than one year of age enables local health department investigators to identify a source case. Reporting is not required for other individuals determined to have latent tuberculosis infection.

Tuberculosis should be reported using the DHMH 1140 morbidity report form. Please complete both the general section of the form and the TB specific section below it.

Treatment of Tuberculosis

Consultation with the local health department is strongly recommended for treatment of all suspect and confirmed cases of active tuberculosis disease. Standard tuberculosis treatment in Maryland requires an initial 4 drug regimen, with medications provided under Directly Observed Therapy (DOT). DOT is the standard of care for all active TB cases in Maryland and can be arranged by calling the local health department in the jurisdiction where the case resides. Other tuberculosis-related services available from local health departments include TB case management services, laboratory studies, chest radiographs, and medications. If the initial specimens submitted for mycobacterial culture are sent to a private laboratory, please request that drug susceptibility testing is also done. Further information and medical consultation are available from the state Division of Tuberculosis Control at 410-767-6698 (see Table 4).

Getting Up-to-Date Information

Requirements for reporting diseases and other important information will change with time. Please call your local health department or the Maryland Department of Health and Mental Hygiene - Division of Infectious Disease Surveillance (410-767-6709), or visit one of the following Internet sites to obtain the most current information.

Maryland Department of Health and Mental Hygiene (DHMH)

<http://www.dhmh.maryland.gov/SitePages/Home.aspx>

Maryland DHMH Prevention and Health Promotion Administration

<http://phpa.dhmh.maryland.gov/SitePages/Home.aspx>

- general infectious disease information; reporting requirements, etc.
- Environmental Health, Food Protection, and Policy, Law & Regulation

Maryland HIPAA Information

<http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx>

Maryland Division of State Documents - Code <http://www.dsd.state.md.us>
of Maryland Regulations: 10.06.01.03, 10.18.02, 10.18.03,
and others ("COMAR Online" Link)

Maryland General Assembly Home Page - <http://www.mlis.state.md.us>
state laws covering lab reporting: §18-205 and others
("Maryland Statutes" Link)

Table 3

MARYLAND LOCAL HEALTH DEPARTMENTS

Addresses & Telephone Numbers for Infectious 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 1745 12501 Willowbrook Road SE Cumberland MD 21501-1745	HARFORD Ph. 410-612-1774 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. 410-313-1412 Fax 410-313-6108 ★T 410-313-2929	8930 Stanford Blvd Columbia MD 21045
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 240-777-4680 ★T 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
CALVERT Ph. 410-535-5400 Fax 410-414-2057 ★P 443-532-5973	PO Box 980 975 Solomon's Island Road Prince Frederick MD 20678	PR. GEORGE'S Ph. 301-583-3750 Fax 301-583-3794 ★T 240-508-5774	3003 Hospital Drive Suite 1066 Cheverly MD 20785-1194
CAROLINE Ph. 410-479-8000 Fax 410-479-4864 ★T 443-786-1398	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. 410-876-4900 Fax 410-876-4959 ★T 410-876-4900	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	John M. Byers Health Center 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 301-932-2222	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 240-313-3290	1302 Pennsylvania Avenue Hagerstown MD 21742 Extension 3290
FREDERICK Ph. 301-600-3342 Fax 301-600-1403 ★T 301-600-1603	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 443-614-2258	PO Box 249 Snow Hill MD 21863

Table 4**MARYLAND STATE HEALTH DEPARTMENT (DHMH) OFFICES****Addresses & Telephone Numbers for Infectious Disease Reporting**

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

OFFICE	ADDRESS
CENTER FOR HIV SURVEILLANCE, EPIDEMIOLOGY & EVALUATION Ph. 410-767-5939 Fax Do NOT Fax *P 410-716-8194 (For use when Local Health Department is unavailable.)	Maryland DHMH 500 North Calvert Street, 5 th Floor Baltimore, MD 21202 ATTN: CHSE
CENTER FOR SEXUALLY TRANSMITTED INFECTION PREVENTION Ph. 410-222-6690 Fax 410-333-5529 *P 410-716-8194 (For use when Local Health Department is unavailable.) sti@dhmh.state.md.us	Maryland DHMH 500 North Calvert Street, 5 th Floor Baltimore MD 21202 ATTN: CSTIP
CENTER FOR TUBERCULOSIS CONTROL AND PREVENTION Ph. 410-767-6698 Fax 410-383-1762 *P 410-716-8194 (For use when Local Health Department is unavailable.)	Maryland DHMH 500 North Calvert Street, 5 th Floor Baltimore MD 21202 ATTN: TB Control
OFFICE OF INFECTIOUS DISEASE EPIDEMIOLOGY & OUTBREAK RESPONSE Ph. 410-767-6700/6709 Fax 410-225-7615 *P 410-716-8194 (For use when Local Health Department is unavailable.)	Maryland DHMH 201 West Preston Street, 3 rd Floor Baltimore MD 21201 ATTN: PHPA/OIDEOR/Unit 26

MARYLAND CONFIDENTIAL MORBIDITY REPORT (DHMH 1140)

(For use by physicians and other health care providers, but not laboratories. Laboratories should use forms DHMH 1281 & DHMH 4492.)

SEND TO YOUR LOCAL HEALTH DEPARTMENT

STATE DATA BASE NUMBER

DEMOGRAPHIC DATA PATIENT INFORMATION	Patient's Name (Last) (First) (M.I.)			Date of Birth	Age	Sex at Birth	Male	Female		
	Patient's Address			City	State	Zip	Current Gender	Male	Female	
	County of Residence	Home Telephone	Cellphone	Work Telephone		M to F Transgender				
	Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown					F to M Transgender				
	Occupation or Contact with Vulnerable Persons Food Service Worker Not Employed					Other				
	Health Care Worker Daycare Parent of Daycare Child Other (Specify):					Race:				
Workplace, School, Child Care Facility, Etc. (Include Name, Address, Zipcode)								American Indian or Alaskan Native		
								Asian		
								Black or African American		
								Hawaiian or Pacific Islander		
								White		
								Unknown		
								Other (specify):		
MORBIDITY DATA	Disease or Condition		Date of Onset	Patient Notified of this Condition		Pertinent Clinical Information/Comments				
				Yes No						
	Patient Hospitalized Yes No		Date	Patient Died of This Illness		Additional Lab Results (Specimen – Test – Result – Date – Name of Lab) Please attach copies of lab reports whenever possible.				
	Hospital			Yes No Date						
Patient Pregnant		Condition Acquired in Maryland								
Yes No Unknown Not applicable		Yes No Unknown								
If yes, Due date (mm/dd/yyyy)		If no, Interstate International								
Weeks Pregnant		Suspected Source								
HEPATITIS	Laboratory Results									
	HAV Antibody Total POS NEG DATE		HBV surface Antibody POS NEG DATE		HCV Genotype		DATE			
HAV Antibody IgM		HBV DNA		ALT (SGPT) Level		DATE				
HBV surface Antigen		HCV Antibody RIBA		ALT–Lab Normal Range		TO				
HBV e Antigen		HCV RNA (e.g. by PCR)		AST (SGOT) Level		DATE				
HBV core Antibody Total		HCV Antibody ELISA		AST–Lab Normal Range		TO				
HBV core Antibody IgM		HCV ELISA s/co Ratio		Name of Lab						
HIV and AIDS	HIV Lab Tests		Date	Result		Risk Exposure (Select all that apply)				
	HIV Diagnostic (Specify)					Complete for HIV/AIDS or STI				
	CD4+ T-cells					Sex with Male				
	HIV Viral Load					Sex with Female				
	HIV Genotype (Resistance)			Name of Testing Lab		Sex Partner has HIV or AIDS				
SEXUALLY TRANSMITTED INFECTION	Syphilis Stage		Syphilis Symptoms		Gonorrhea Site(s)		Chlamydia Site(s)		Other STI (specify)	
	Primary		Lesion		Cervical		Cervical		Sex Partner Injects Drugs	
	Secondary		Palmar/Plantar Rash		Urethral		Urethral			
	Early Latent (<1 yr)		Condylomata Lata		Rectal		Rectal			
	Congenital		Neurologic		Pharyngeal		Pharyngeal			
	Other Stage (specify)		Other (specify)		PID		PID			
	Specify STI Lab Test (e.g. RPR Titer, FTA-TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL-CSF)		STI Treatment Given		(Specify date – drug – dosage below)		No Treatment Given		Sex Partner is Male that has Sex with Males	
	DATE	TEST	RESULT	DATE	DRUG	DOSAGE			Injection Drug Use	
									Perinatal Exposure of Newborn	
									Other Exposure (specify)	
Did you provide treatment for any of this patient's partners? (Check all that apply)										
Yes, I saw the sex partner(s) in my office Yes, I gave medication for ___ (#) partner(s) Yes, I wrote a prescription for ___ (#) partner(s)										
TB and OTHER MYCOBACT.	Tuberculosis (Suspect or Confirmed)		Non TB: Atypical (Specify)							
	Major Site:	Pulmonary	POS QFT	TST	mm	POS AFB Smear	POS Culture			
	Extrapulmonary Site:	NEG QFT	NEG AFB Smear	NEG Culture						
Symptoms:		Cough >3 Weeks	Hemoptysis	Fever	Weight Loss	Fatigue	Abnormal Chest X-ray			
REPORTING SOURCE (REQUIRED)	Provider Name				Provider Telephone No.		Check here if completed by the Local Health Department		Date of Report	
	Facility/Organization (Name and Address)									

NOTES: Your local health department may contact you following this initial report to request additional disease-specific information.

To print blank report forms or get more information about reporting, go to <http://phpa.dhmm.maryland.gov/SitePages/what-to-report.aspx>

DHMH 1140

Revised 07/2015

STATE OF MARYLAND HIV/CD4 Laboratory Reporting Form

Lab Accession #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medical Record #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient Name

First

Last

MI

Patient Address

Address

Address

Apt.

City

State

ZIP Code

--	--	--	--

Last 4 SSN#

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of Birth

Sex

--

1 = Male
2 = Female
9 = Not specified

Ethnicity

(Check one)

- ☐ Hispanic
☐ Not Hispanic
☐ Unknown

Race

(Check all that apply)

- ☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Unknown

Specimen Collection Date

(MM/DD/YYYY)

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Specimen Type

--

1 = Blood
2 = Plasma
3 = Serum
4 = Urine
5 = Oral Fluid
6 = Other

Test Performed/Result

HIV + (Check all that apply)

☐ HIV-1

☐ HIV-2

Western Blot:

IFA:

P24 Antigen:

- ☐ Positive
☐ Reactive
☐ Reactive

Viral Load:

--	--	--	--	--	--	--	--

copies/ml

☐ Undetectable

CD4

CD4:

--	--	--	--

cells/ul

CD4 %:

--	--

ORDERING PHYSICIAN

Name

First

Last

Phone #

--	--	--

--	--	--

--	--	--	--

Facility Code

--	--	--	--

Address

Building or Facility Name

Address

Suite/Room

City

State

ZIP Code

TESTING LABORATORY

CLIA #

--	--	--	--	--	--	--	--	--	--

Sent to CLIA #

--	--	--	--	--	--	--	--	--	--

☐ Specimen forwarded to Reference Laboratory

Date Form Completed

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Person Completing Form

Cases of Selected Notifiable Conditions Reported in Maryland in 2014*

Case Counts by Jurisdiction

Condition	Maryland Total	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Saint Mary's	Somerset	Talbot	Washington	Wicomico	Worcester
Amebiasis	19	0	3	3	1	0	0	0	0	1	0	0	0	0	0	0	7	4	0	0	0	0	0	0	0
Anaplasmosis	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Animal Bites	10,085	231	1,526	918	1,590	240	113	492	313	356	100	676	55	655	375	81	**	912	176	311	62	95	305	293	210
Anthrax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Babesiosis	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism	10	0	2	1	2	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	2	0	0
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacteriosis	713	6	83	60	109	6	8	28	11	11	9	40	5	23	37	0	157	38	10	3	3	7	22	21	16
Chancroid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chikungunya	61	0	1	3	4	0	0	0	2	0	0	3	0	8	2	0	24	10	0	1	0	0	3	0	0
Chlamydia	27,424	260	1,745	7,345	3,450	259	106	277	259	762	248	647	57	473	716	59	2,737	6,130	89	287	150	125	454	575	214
Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coccidioidomycosis	10	0	1	2	0	0	0	0	0	0	0	0	0	0	1	0	3	3	0	0	0	0	0	0	0
Creutzfeldt-Jakob Disease	7	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	2	1	1	0	0	0	0	0
Cryptosporidiosis	79	8	15	13	11	1	1	0	2	3	0	3	0	3	1	0	5	9	1	0	0	1	2	0	0
Cyclosporiasis	4	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Dengue Fever	9	0	2	1	2	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis	39	0	9	0	1	5	0	0	2	2	0	0	0	2	0	0	1	4	1	1	1	1	0	6	3
Encephalitis - non-Arboviral	12	0	4	0	3	1	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Epsilon Toxin (C. perfr.) Associated Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Giardiasis	268	1	17	27	23	3	0	3	4	1	2	6	2	11	9	2	87	52	1	2	0	1	10	4	0
Glanders	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea	6,108	46	332	2,194	708	32	16	27	70	126	68	88	5	75	106	5	417	1,276	17	48	46	17	158	188	43
H. influenzae - Invasive Disease	85	0	5	17	12	1	1	2	2	2	0	2	0	1	4	0	13	12	0	3	1	0	4	1	2
Hantavirus Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hantavirus Pulmonary Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hemolytic Uremic Syndrome post-diarrheal	6	0	2	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A (Acute-Symptomatic)	27	0	0	2	2	0	1	0	0	3	0	1	0	3	2	0	9	3	1	0	0	0	0	0	0
Hepatitis B (Acute-Symptomatic)	40	0	6	4	5	0	0	0	1	3	1	1	0	5	2	0	5	1	0	0	0	1	1	1	3
Hepatitis B - Perinatal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C (Acute-Symptomatic)	42	0	4	1	3	3	2	0	8	3	2	2	0	5	1	0	0	0	1	3	0	0	0	0	1
Hepatitis D (Acute-Symptomatic)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis E (Acute-Symptomatic)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza Novel A Virus Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Isosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kawasaki Syndrome	5	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0
Legionellosis	144	4	7	35	27	0	0	0	0	3	1	8	0	7	4	1	20	18	1	0	1	0	6	0	1
Leprosy (Hansen Disease)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	13	0	2	1	3	0	0	0	0	0	0	0	0	1	0	0	2	4	0	0	0	0	0	0	0
Lyme Disease	1,373	51	117	30	199	48	20	66	67	42	11	110	1	114	157	15	134	2	33	44	6	30	55	20	1
Malaria	146	0	6	12	19	0	0	2	1	1	0	0	0	4	3	0	47	50	0	0	0	0	1	0	0
Measles (Rubeola)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis, Aseptic	460	11	38	33	86	14	0	6	5	11	0	3	0	24	19	0	99	78	0	8	1	0	2	21	1
Meningitis, Fungal	30	1	0	15	3	0	0	0	1	1	0	0	0	0	0	0	2	5	0	0	0	0	0	0	2
Meningococcal Invasive	7	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	1	0	0	0	0	0
MERS-CoV, Mid East Resp Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Microsporidiosis	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mumps (Infectious Parotitis)	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Mycobacteriosis, Other than TB & Leprosy	673	6	56	107	69	6	4	6	3	5	6	20	0	17	20	2	190	85	14	13	4	1	20	11	8
Pertussis	203	2	42	5	13	5	4	5	0	3	2	12	6	3	6	0	72	9	1	5	3	4	0	1	0
Pertussis Vaccine Adverse Rxns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pneumonia - Hospitalized Healthcare Worker	15	0	0	0	2	3	0	1	0	2	0	0	0	1	0	0	0	3	0	1	0	0	0	0	0
Polymyositis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Q Fever (Acute)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies - Animal	344	5	36	28	23	4	4	15	5	11	6	35	1	21	7	0	40	24	8	5	15	7	9	12	23
Rabies - Human	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ricin Toxin Associated Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella (German Measles)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella - Congenital Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S. aureus, vancomycin-intermed susc (VISA)	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
S. aureus, vancomycin-resistant (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis - Other than Typhoid Fever	893	8	80	162	106	16	8	22	17	24	11	39	3	35	35	7	118	82	15	25	15	7	17	28	13
Severe Acute Respiratory Syndrome (SARS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shiga toxin producing E. coli (STEC)	74	1	15	10	13	2	0	4	2	1	0	5	2	3	4	0	3	2	0	0	1	1	1	4	0
Shigellosis	260	1	9	88	39	2	2	1	4	9	0	3	0	4	7	0	29	59	0	0	0	0	3	0	0
Smallpox & Other Orthopox Viruses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotted Fever Rickettsiosis	6	0	3	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0			