MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
CONFIDENTIAL MORBIDITY REPORTS

Maryland statute, specifically Maryland Code Annotated, Health-General ("Health-General") §§18-201 and 18-202, and Maryland regulation, specifically Code of Maryland Regulations ("COMAR") 10.06.01 Communicable Diseases, require that health care providers, hospitals, and certain others specified below submit a report in writing of diagnosed or suspected cases of specified diseases to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person.

Maryland statute Health-General §§18-201.1 and 18-202.1, and Maryland regulations COMAR 10.18.03, HIV and AIDS Investigations and Case Reporting, require that physicians, hospitals, and certain others specified below submit a report in writing of diagnosed cases of HIV and AIDS to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person.

REPORTING INSTRUCTIONS

What to Report - Reportable diseases & conditions are listed below. (Effective date: April 24, 2007) Report immediately by telephone. (Voluntary reporting would be greatly appreciated.)

- Acquired immunodeficiency syndrome (AIDS) (see Who Should Report - page 2)
- Amebiasis
- Animal bites
- Anthrax
- Arboviral including, but not limited to:
  - Eastern equine encephalitis
  - LaCross virus
  - St. Louis encephalitis
  - Yellow fever
  - Western equine encephalitis
  - West Nile virus infection
- Botulism
- Brucellosis
- Campylobacter infection
- Chancroid
- Chlamydia infection
- Cholera
- Coccidioidomycosis
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Dengue fever
- Diphtheria
- Ehrlichiosis
- Encephalitis
- Epsilon toxin of Clostridium perfringens
- Escherichia coli O157:H7 infection
- Giardiasis
- Glanders
- Gonococcal infection
- Haemophilus influenzae, invasive disease
- Hantavirus infection
- Harmful algal bloom related illness
- Hepatitis, viral (A, B, C, all other types and undetermined)
- Human immunodeficiency virus (HIV) (see Who Should Report – page 2)
- Isosporiasis
- Kawasaki syndrome
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Measles (rubeola)
- Meningitis, infectious
- Meningococcal, invasive disease
- Microsporidiosis
- Mumps (infectious parotitis)
- Mycobacteriosis, other than tuberculosis and leprosy
- Pertussis
- Pertussis vaccine adverse reactions
- Pesticide related illness
- Plague
- Pneumonia in a health care worker resulting in hospitalization
- Poliomyelitis
- Psittacosis
- Q fever
- Rabies
- Ricin toxin
- Rocky Mountain spotted fever
- Rubella (German measles) and congenital rubella syndrome
- Salmonellosis (nontyphoidal)
- Septicemia in newborns
- Severe acute respiratory syndrome (SARS)
- Shiga-like toxin producing enteric bacterial infections
- Shigellosis
- Smallpox and other orthopoxvirus infections
- Staphylococcal enterotoxin B
- Streptococcus pneumoniae, invasive disease
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis and suspected tuberculosis
- Tularemia
- Typhoid fever (case, carrier, or both, of Salmonella typhi)
- Varicella (chickenpox), fatal cases only
- Vibriosis, non- cholera types
- Viral hemorrhagic fevers (all types)
- Yellow fever
- Yersiniosis

OTHER REPORTABLE DISEASES AND CONDITIONS
- Any condition made reportable by department orders or new regulations (e.g., SARS).
- A single case of a disease of known or unknown etiology that may be a danger to the public health.
- Unusual manifestation(s) of a communicable disease in an individual.
- Outbreaks (defined on page 2) of known or unknown etiology that may be a danger to the public health.
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 a **one case** of the following:
  - Botulism
  - Cholera
  - Mushroom poisoning
  - Trichinosis
  - Fish poisoning such as Ciguatera poisoning
  - Scombrod 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 (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 of vessels or aircraft within the territory of Maryland.
4. 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), using the list of diseases and formats specified there. Laboratories should not report using the DHMH 1140 form. Laboratory directors may consult Maryland law or regulation, or visit our Internet site for additional reporting information specific to laboratories.

When to Report - Reporting shall be done **within 48 hours of diagnosis or suspected diagnosis, or immediately** by telephone for outbreaks and diseases or conditions noted with a telephone icon (☎) on the list above. (Reports may be faxed for all conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED.)

Where to Report - Report to the local health department in the jurisdiction where the provider cares for that person.

Local Health Department - Telephone: ________________________________
(See attached list of telephone and fax numbers, page 5, or our Internet site at http://www.edcp.org.)

How to Report – Complete the DHMH 1140 form. Mailed reports should be placed in a sealed envelope marked “confidential.” Reports may be faxed for all conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED. Reports may also be given over the telephone.

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://www.dhmh.state.md.us/hipaa/pdf/dhmh1.pdf and http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm.)
HIV AND AIDS: REPORTABLE CONDITIONS ACCORDING TO THE 1999 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. Reporting is by physicians and clinical and infection control practitioners at certain institutions (see Who Should Report, page 2).

- Candidiasis of bronchi, trachea, or lungs
- Candidiasis, esophageal
- * Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extra pulmonary
- Cryptococcosis, extra pulmonary
- Cryptosporidiosis, chronic intestinal (>1 month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s) (>1 month's duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extra pulmonary
- Isosporiasis, chronic intestinal (>1 month's duration)
- Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Mycobacterium tuberculosis, extrapulmonary or disseminated
- * Mycobacterium tuberculosis, pulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- * Pneumonia, recurrent in a 12 month period
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV
- * * Lymphoid interstitial pneumonitis and/or pulmonary lymphoid hyperplasia
- * * Bacterial infections, multiple or recurrent
- * HIV infection and CD4+ T-lymphocyte count of < 200 cells/µL in a person without one of the above listed AIDS-indicator conditions

* These conditions are only included in the adult/adolescent AIDS case definition and not in the pediatric AIDS definition.

REPORTING OF SEXUALLY TRANSMITTED DISEASES (STDs) - NOT INCLUDING HIV

For reports of STDs, please complete both the general section of the DHMH 1140 morbidity report and the STD specific section below it. Maryland law and regulation require reporting of syphilis, gonorrhea, and chlamydia 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
- Serologic testing should be performed at delivery in areas where the prevalence of syphilis is high or for patients at high risk.

STD SERVICES AND TREATMENT SCHEDULES

The Maryland Department of Health and Mental Hygiene (DHMH) and each county'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, the state or local program 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 clients and their respective partners. 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.

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 newly diagnosed tuberculosis disease regardless of the number of drugs prescribed. This includes all cases found at the time of death or after death, and all cases previously classified as "primary" tuberculosis.
3. All persons with tuberculosis disease who have been previously treated for tuberculosis should be reported if more than a year has elapsed since treatment was discontinued.
4. All suspected tuberculosis disease awaiting bacteriological confirmation. Amendments to a "suspect" report should be submitted when bacteriological results become available.

When reporting tuberculosis, please complete both the general section of the DHMH 1140 morbidity report and the TB specific section below it.

* Voluntary reporting of positive tuberculin skin tests in children less than one year of age enables local health department investigators to identify a source case.

TREATMENT OF TUBERCULOSIS

The recommended treatment regimen for uncomplicated tuberculosis is a two month induction phase of four drugs consisting of isoniazid (INH), rifampin (RIF), pyrazinamide (PZA), and either ethambutol (EMB) or streptomycin (SM), followed by a four month continuation phase with INH and RIF. For more complicated cases, i.e., co-existing HIV infection or drug resistance, treatment regimens vary. Consultation on such cases is available from the Division of Tuberculosis Control at (410) 767-6698. The Centers for Disease Control and Prevention recommend that a health care provider observe each dose as it is taken (i.e., 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 all local health departments include medical consultation, 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.

ABBREVIATIONS USED

AIDS ............. acquired immunodeficiency syndrome
EMB ............. ethambutol
FTA-ABS ....... fluorescent treponemal antibody-absorption
FTA-IgM .......... fluorescent treponemal antibody-immunoglobulin M
HAV IgM ......... hepatitis A virus immunoglobulin M antibody
HBsAg ........... hepatitis B virus surface antigen
HBCAB .......... hepatitis B virus core antibody (total or IgM + IgG)
HBcIGM .......... hepatitis B virus core immunoglobulin M antibody
HBSAB .......... hepatitis B virus surface antibody
HCV AB .......... hepatitis C virus antibody
HIV ............. human immunodeficiency virus
INH ............. isoniazid
KS ............. Kaposi's sarcoma
PCP ............. Pneumocystis carinii pneumonia
PID ............. pelvic inflammatory disease
PPD ............. purified protein derivative
PPNG ........... penicillinase-producing Neisseria gonorrhoeae
PZA ............. pyrazinamide
RIF ............. rifampin
RPR ............. rapid plasma reagin
SM ............. streptomycin
STD ............ sexually transmitted disease(s)
TB ............. tuberculosis
VDRL ........... venereal disease research laboratory

GETTING UP-TO-DATE INFORMATION

Reporting requirements and other important information change with time. Please call your local health department or the Maryland Department of Health and Mental Hygiene - Division of Communicable Disease Surveillance (410-767-6712), or visit one of the following Internet sites to obtain the most current information.

<table>
<thead>
<tr>
<th>Maryland Department of Health and Mental Hygiene (DHMH)</th>
<th><a href="http://www.dhmh.state.md.us">www.dhmh.state.md.us</a></th>
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<tbody>
<tr>
<td>Office of Epidemiology and Disease Control Programs</td>
<td><a href="http://www.edcp.org">www.edcp.org</a></td>
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<td>- general communicable disease information; reporting requirements, etc.</td>
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<td>- local health department telephone numbers and addresses</td>
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<tr>
<td>Maryland HIPAA Information</td>
<td><a href="http://www.dhmh.state.md.us/hipaa/">www.dhmh.state.md.us/hipaa/</a></td>
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<tr>
<td>Maryland Division of State Documents</td>
<td><a href="http://www.dsd.state.md.us">www.dsd.state.md.us</a></td>
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<td>- Code of Maryland Regulations: 10.06.01.03, 10.18.02, 10.18.03, and others (“COMAR Online” Link)</td>
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<td>Maryland General Assembly Home Page</td>
<td><a href="http://www.mlis.state.md.us">www.mlis.state.md.us</a></td>
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<td>- state laws covering lab reporting: §18-205 and others (“Maryland Statutes” Link)</td>
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<td>Anne Arundel</td>
<td>Communicable Disease &amp; Epi.</td>
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<td>201 West Preston Street Unit 26</td>
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