

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, Reporting of AIDS Cases, and Maryland regulations, COMAR 10.18.03, AIDS Investigations and Case Reporting, require that physicians submit a report in writing of diagnosed cases of AIDS to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person. HIV infections are reportable only by laboratories and only using a unique identifier (not by patient name).

REPORTING INSTRUCTIONS

What to Report - Reportable diseases & conditions are listed below. (Effective date: March 1, 2004)

☎ Report immediately by telephone. (☎ Voluntary reporting would be greatly appreciated.)

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| Acquired immunodeficiency syndrome (AIDS)
(see Who Should Report - page 3) | ☎ Gonococcal infection | ☎ Rabies |
| ☎ Amebiasis | ☎ <i>Haemophilus influenzae</i> , invasive disease | ☎ Ricin toxin |
| ☎ Animal bites | ☎ Hantavirus infection | Rocky Mountain spotted fever |
| ☎ Anthrax | Harmful algal bloom related illness | ☎ Rubella (German measles) and congenital rubella syndrome |
| Arboviral including, but not limited to: | Hepatitis, viral (A ☎, B, C, all other types and undetermined) | Salmonellosis (nontyphoidal) |
| Eastern equine encephalitis | Isosporiasis | Septicemia in newborns |
| LaCross virus | Kawasaki syndrome | ☎ Severe acute respiratory syndrome (SARS) |
| St.Louis encephalitis | ☎ Legionellosis | Shiga-like toxin producing enteric bacterial infections |
| Yellow fever | Leprosy | Shigellosis |
| Western equine encephalitis | Leptospirosis | ☎ Smallpox and other orthopoxvirus infections |
| West Nile virus infection | Listeriosis | ☎ Staphylococcal enterotoxin B |
| ☎ Botulism | Lyme disease | Streptococcal invasive disease, Group A and Group B |
| ☎ Brucellosis | Malaria | <i>Streptococcus pneumoniae</i> , invasive disease |
| <i>Campylobacter</i> infection | ☎ Measles (rubeola) | Syphilis |
| Chancroid | Meningitis, infectious | Tetanus |
| <i>Chlamydia</i> infection | ☎ Meningococcal, invasive disease | Trichinosis |
| ☎ Cholera | Microsporidiosis | ☎ Tuberculosis and suspected tuberculosis |
| Coccidioidomycosis | Mumps (infectious parotitis) | ☎ Tularemia |
| Cryptosporidiosis | Mycobacteriosis, other than tuberculosis and leprosy | ☎ Typhoid fever (case, carrier, or both, of <i>Salmonella typhi</i>) |
| Cyclosporiasis | ☎ Pertussis | ☎ Varicella (chickenpox), fatal cases only |
| ☎ Dengue fever | Pertussis vaccine adverse reactions | Vibriosis, non-cholera types |
| ☎ Diphtheria | Pesticide related illness | ☎ Viral hemorrhagic fevers (all types) |
| Ehrlichiosis | ☎ Plague | ☎ Yellow fever |
| Encephalitis | Pneumonia in a health care worker resulting in hospitalization | Yersiniosis |
| ☎ Epsilon toxin of <i>Clostridium perfringens</i> | ☎ Poliomyelitis | |
| <i>Escherichia coli</i> O157:H7 infection | Psittacosis | |
| Giardiasis | ☎ Q fever | |
| ☎ Glanders | | |

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 **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
 - Plague
 - Rabies (human)
 - 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 diagnosed cases of AIDS. **Only** laboratories shall report evidence of HIV infection.
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. For laboratory reporting of HIV infection, Maryland law prohibits reporting of a patient's name; the patient's Unique Identifier is to be used instead. Use of the Unique identifier is described in COMAR 10.18.02.05. 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.

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, page 5, or our Internet site at <http://www.edcp.org>)

How to Report - Complete the DHMH -1140 form. Report forms should be mailed in sealed envelopes. 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>.)

AIDS: REPORTABLE CONDITIONS ACCORDING TO THE 1999 SURVEILLANCE DEFINITION (ALL AGES)

Persons who are HIV infected **and** exhibit any of the following AIDS-defining clinical conditions should be reported as presumptive AIDS cases by physicians (and only by physicians). Maryland law requires that AIDS case reports include the patient's name. In contrast, only laboratories are to report laboratory evidence of HIV infection. For laboratory reporting of HIV infection, Maryland law prohibits reporting a patient's name; use the patient's Unique Identifier instead.

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

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

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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.

In addition, women from high prevalence communities or who are at high risk for STDs should also be tested at the time of delivery. Any woman who delivers a stillborn infant after 20 weeks gestation should also be tested. (CDC, *Sexually transmitted diseases treatment guidelines 2002*. MMWR 2002;51, No. RR-6, p. 25)

STD SERVICES AND TREATMENT SCHEDULES

The Maryland Department of Health and Mental Hygiene (DHMH) and the local health departments located in each of Maryland's 24 jurisdictions have well trained, experienced, and available personnel to provide a full range of services to individuals testing positive for sexually transmitted infections. Services include counseling, education, partner notification, and routine screening and medical evaluation of partners, while at the same time adhering to the strictest measures of confidentiality. If you have a patient who recently tested positive for an STD and would like assistance in providing the optimal range of services available, and comprehensive prevention and case management for your clients and their respective partners, please contact your local health department.

Current recommended treatment schedules for syphilis, HIV, and other sexually transmitted diseases 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 2002," MMWR Recommendations and Reports May 10, 2002, Vol.51, No. RR-6, available at <http://www.cdc.gov/std/treatment/TOC2002TG.htm>.

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

Maryland Department of Health and Mental Hygiene (DHMH)	www.dhmh.state.md.us
Office of Epidemiology and Disease Control Programs - general communicable disease information; reporting requirements, etc. - local health department telephone numbers and addresses	www.edcp.org
Maryland HIPAA Information	www.dhmh.state.md.us/hipaa/
Maryland Division of State Documents - Code of Maryland Regulations: 10.06.01.03, 10.18.02.05, 10.18.03, and others	www.dsd.state.md.us
Maryland General Assembly Home Page - state laws covering lab reporting: §18-205 and others	www.mlis.state.md.us

MARYLAND LOCAL HEALTH DEPARTMENTS
Addresses and Telephone Numbers for Communicable Disease Reporting

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

JURISDICTION	ADDRESS	JURISDICTION	ADDRESS
ALLEGANY Ph. 301-777-5600 Fax 301-777-2063 *T 301-777-5600	PO Box 1745 Willowbrook Rd Cumberland MD 21501-1745	HARFORD Ph. 410-638-8464 Fax 410-638-8488 *P 410-405-6448	PO Box 797 119 Hays Street Bel Air MD 21014-0797
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. 410-313-7500 Fax 410-313-6108 *T 410-313-2929	10630 Little Patuxent Parkway Suite 400 A Columbia MD 21044
BALTIMORE CITY Ph. 410-396-4436 Fax 410-625-0688 *T 410-396-3100	210 Guilford Ave. 3rd Floor Baltimore MD 21202	KENT Ph. 410-778-1350 Fax 410-778-7913 *T 410-778-1241	PO Box 359 125 S. Lynchburg Street Chestertown MD 21620
BALTIMORE CO. Ph. 410-887-2724 Fax 410-377-5397 *T 410-832-7179	Communicable Disease, 3rd Flr. 6401 York Road Baltimore MD 21212	MONTGOMERY Ph. 240-777-1755 Fax 240-777-1754 *T 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
CALVERT Ph. 410-535-5400 Fax 410-535-1955 *P 410-586-4051	PO Box 980 Prince Frederick MD 20678	PR. GEORGE'S Ph. 301-583-3750 Fax 301-583-3794 *T 301-499-8400	3003 Hospital Dr. Suite 1066 Cheverly MD 20785-1194
CAROLINE Ph. 410-479-8000 Fax 410-479-4864 *P 410-819-9796	PO Box 10 403 South 7th Street Denton MD 21629	QUEEN ANNE'S Ph. 410-758-0720 Fax 410-758-2838 *T 410-758-3476	206 N. Commerce Street Centreville MD 21617
CARROLL Ph. 410-876-4926 Fax 410-876-4959 *T 410-876-4900	PO Box 845 290 S. Center Street Westminster MD 21158-0845	ST. MARY'S Ph. 301-475-4330 Fax 301-475-4350 *T 301-475-8016	PO Box 316 21580 Peabody Street Leonardtown MD 20650
CECIL Ph. 410-996-5100 Fax 410-996-1019 *T 410-996-5350	401 Bow Street Elkton MD 21921	SOMERSET Ph. 443-523-1740 Fax 410-651-5699 *P 410-334-9090	Attn: Communicable Disease 7920 Crisfield Hwy. 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 410-228-9319 *P 410-221-3362	3 Cedar Street Cambridge MD 21613	WASHINGTON Ph. 240-313-3210 Fax 240-313-3334 *T 240-313-3200	1302 Pennsylvania Ave. Hagerstown MD 21742
FREDERICK Ph. 301-631-3342 Fax 301-631-3111 *P 301-360-7386	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 *T 301-334-1930	Garrett Co. Community Health Ctr. 1025 Memorial Drive Oakland MD 21550-4343	WORCESTER Ph. 410-632-1100 Fax 410-632-0906 *T 410-632-1311	PO Box 249 Snow Hill MD 21863

*T State Health Department (Use if local health department is unavailable.) 410-767-6700