



Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your [local 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 Public Health Jurisdiction is unavailable, call 406-444-0273 (*available 24/7*)

Acquired Immune Deficiency Syndrome (AIDS)	Lyme disease
Anaplasmosis	Lymphogranuloma venereum
Anthrax ^①	Malaria
Arboviral diseases, neuroinvasive and non-neuroinvasive ^① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)	Measles (rubeola) ^①
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total arsenic ≥ 35 micrograms/liter methylated plus inorganic arsenic)	Melioidosis ^①
Babesiosis	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Botulism (infant, foodborne, other, and wound) ^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)
Brucellosis ^①	Monkeypox
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	Mumps
Campylobacteriosis	Pertussis
<i>Candida auris</i> ^①	Plague (<i>Yersinia pestis</i>) ^①
Chancroid	Poliomyelitis ^①
<i>Chlamydia trachomatis</i> infection	Psittacosis
Coccidioidomycosis	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
Colorado tick fever	Rabies, human ^① and animal (Including exposure to a human by a species susceptible to rabies infection)
Coronavirus Disease 2019 (COVID-19)	Rubella, including congenital ^①
Cryptosporidiosis	Salmonellosis (including <i>Salmonella typhi</i> and paratyphi) ^①
Cyclosporiasis	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Dengue virus infection	Shigellosis ^①
Diphtheria ^①	Smallpox ^①
Ehrlichiosis	Spotted fever rickettsiosis
<i>Escherichia coli</i> , Shiga-toxin producing (STEC) ^①	<i>Streptococcus pneumoniae</i> , invasive disease
Gastroenteritis outbreak	Streptococcal toxic shock syndrome (STSS)
Giardiasis	Syphilis
Gonorrheal infection	Tetanus
Granuloma inguinale	Tickborne relapsing fever
<i>Haemophilus influenzae</i> , invasive disease ^①	Toxic shock syndrome, non-streptococcal (TSS)
Hansen's disease (leprosy)	Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Hantavirus Pulmonary Syndrome/infection ^①	Trichinellosis (Trichinosis) ^①
Hemolytic Uremic Syndrome, post-diarrheal	Tuberculosis ^① (including latent tuberculosis infection)
Hepatitis A, acute	Tularemia ^①
Hepatitis B, acute, chronic, perinatal	Varicella (chickenpox)
Hepatitis C, acute, chronic, perinatal	<i>Vibrio cholerae</i> infection (Cholera) ^①
Human Immunodeficiency Virus (HIV)	Vibriosis ^①
Influenza (including hospitalizations and deaths) ^①	Viral hemorrhagic fevers
Lead levels in a venous blood specimen at any level	Yellow fever
Lead levels in a capillary blood specimen ≥ 3.5 micrograms per deciliter in a person less than 16 years of age	Outbreak in an institutional or congregate setting
Legionellosis	
Leptospirosis	
Listeriosis ^①	

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.