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, & 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**
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	*Entamoeba histolytica*			X
Anaplasmosis	*Anaplasma phagocytophilum*			X
Animal bites	Not Applicable		X	
Anthrax	*Bacillus anthracis*	X	X	

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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 Zika virus disease	Any associated arbovirus including but not limited to Chikungunya virus, Dengue virus, Eastern equine encephalitis virus, LaCrosse virus, St. Louis encephalitis virus, Western equine encephalitis virus, West Nile virus, Yellow fever virus, Zika virus	X	X	
Babesiosis	Babesia species			X
Botulism	*Clostridium botulinum* or botulinum toxin or other botulism producing *Clostridia*	X	X	
Brucellosis	*Brucella* species	X	X	
Campylobacteriosis	*Campylobacter* species	X		X
Chancroid	*Haemophilus ducreyi*			X
Chlamydia trachomatis, including lymphogranuloma venereum (LGV)	*Chlamydia trachomatis*	X (if LGV strain)		X
Cholera	*Vibrio cholerae*	X	X	
Coccidioidomycosis	*Coccidioides immitis*			X
Creutzfeldt-Jakob disease	14-3-3 protein from CSF or any brain pathology suggestive of CJD			X
Cryptosporidiosis	*Cryptosporidium species*			X
Cyclosporiasis	*Cyclospora cayatensis*			X
Diphtheria	*Corynebacterium diphtheriae*	X	X	
Ehrlichiosis	*Ehrlichia* 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 Clostridium perfringens	*Clostridium perfringens*, epsilon toxin		X	
Escherichia coli O157:H7 infection	*Escherichia coli* O157:H7	X	X	
Giardiasis	*Giardia* species			X
Glanders	*Burkholderia mallei*	X	X	
Gonococcal infection	*Neisseria gonorrhoeae*			X

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Diseases and Conditions	**Laboratory Evidence of**	**Submit Clinical Materials to the Department[3]**	**Immediate**	**Within One Working Day**
Haemophilus influenzae invasive disease	*Haemophilus influenzae*, 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	*Cystoisospora belli* (synonym *Isospora belli*)			X
Kawasaki syndrome	Not Applicable			X
Legionellosis	*Legionella* species	X (if isolate from human)	X	
Leprosy	*Mycobacterium leprae*	X		X
Leptospirosis	*Leptospira interrogans*	X		X
Listeriosis	*Listeria monocytogenes*	X		X
Lyme disease	*Borrelia burgdorferi*			X
Malaria	*Plasmodium* species	X		X
Measles (rubeola)	Measles virus		X	
Melioidosis	*Burkholderia pseudomallei*	X	X	

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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	*Neisseria meningitidis* (including serogroup, if known), isolated from a normally sterile site	X	X	
Microsporidiosis	Various microsporidian protozoa, including but not limited to, *Encephalitozoon species*			X
Mumps (infectious parotitis)	Mumps virus			X
Mycobacteriosis, other than tuberculosis and leprosy	*Mycobacterium* spp., other than *Mycobacterium tuberculosis* complex or *Mycobacterium leprae*	X		X
Pertussis	*Bordetella pertussis*		X	
Pertussis vaccine adverse reactions	Not Applicable			X
Pesticide related illness	Cholinesterase below the normal laboratory range.			X
Plague	*Yersinia pestis*	X	X	
Pneumonia in a health care worker resulting in hospitalization	Various organisms			X
Poliomyelitis	Poliovirus	X	X	
Psittacosis	*Chlamydophila psittaci* (formerly *Chlamydia psittaci*)			X
Q fever	*Coxiella burnetii*	X	X	
Rabies (human)	Rabies virus		X	
Ricin toxin poisoning	Ricin toxin (from *Ricinus communis* castor beans)		X	
Rocky Mountain spotted fever	*Rickettsia rickettsii*			X
Rubella (German measles) and congenital rubella syndrome	Rubella virus		X	
Salmonellosis (nontyphoidal)	*Salmonella* species, including serogroup, if known	X		X
Severe acute respiratory syndrome (SARS)	SARS–associated coronavirus (SARS-CoV)	X	X	

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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	*Shigella* 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	*Staphylococcus* enterotoxin B		X	
Streptococcal invasive disease, Group A	*Streptococcus pyogenes*, Group A, isolated from a normally sterile site	X		X
Streptococcal invasive disease, Group B	*Streptococcus agalactiae*, Group B, isolated from a normally sterile site	X		X
Streptococcus pneumoniae invasive disease	*Streptococcus pneumoniae*, isolated from a normally sterile site	X		X
Syphilis	*Treponema pallidum*			X
Tetanus	*Clostridium tetani*			X
Trichinosis	*Trichinella spiralis*			X
Tuberculosis and suspected tuberculosis[6]	*Mycobacterium tuberculosis* complex	X	X	
Tularemia	*Francisella tularensis*	X	X	
Typhoid fever (case, carrier, or both, of Salmonella Typhi)	*Salmonella* Typhi	X	X	
Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization	Intermediate resistance of the *S. aureus* isolate to vancomycin	X		X
Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection or colonization	Resistance of the *S. aureus* isolate to vancomycin	X		X
Varicella (chickenpox), fatal cases only	Varicella-zoster virus (Human herpesvirus 3)			X
Vibriosis, non-cholera[7]	All non-cholera *Vibrio* 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	*Yersinia* 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
  - 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 (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 Table1. 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)
- Candidiasis of bronchi, trachea, or lungs
- Candidiasis of esophagus (3)
- Cervical cancer, invasive (1)
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (>1 month's duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month
- Cytomegalovirus retinitis (with loss of vision) (3)
- 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
- 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
- *Mycobacterium avium* complex or *Mycobacterium kansasii*, disseminated or extrapulmonary(3)
- *Mycobacterium tuberculosis* of any site, pulmonary (1)(3), disseminated (3), or extrapulmonary (3)
- *Mycobacterium*, other species or unidentified species, disseminated (3) or extrapulmonary (3)
- *Pneumocystis jirovecii* (4) pneumonia (3)
- Pneumonia, recurrent (1)(3)
- Progressive multifocal leukoencephalopathy
- *Salmonella* septicemia, recurrent
- Toxoplasmosis of brain, onset at age >1 month (3)
- Wasting syndrome attributed to HIV

Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of <200 cells/µL or CD4+ T-lymphocyte percentage of <14 (1)

(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 - general infectious disease information; reporting requirements, etc. - Environmental Health, Food Protection, and Policy, Law & Regulation	http://phpa.dhmh.maryland.gov/SitePages/Home.aspx
Maryland HIPAA Information	http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx

Maryland Division of State Documents - Code of Maryland Regulations: 10.06.01.03, 10.18.02, 10.18.03, and others ("COMAR Online" Link)	http://www.dsd.state.md.us
Maryland General Assembly Home Page - state laws covering lab reporting: §18-205 and others ("Maryland Statutes" Link)	http://www.mlis.state.md.us

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 410-222-4004 ✱**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. 410-887-6011 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 240-313-3334 ✱T 240-313-3290	1302 Pennsylvania Avenue Hagerstown MD 21742
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

OFFFICE	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, 5th Floor Baltimore, MD 21202 ATTN: CHSE
CENTER FOR SEXUALLY TRANSMITTED INFECTION PREVENTION Ph. 410-222-6690 Fax 410-528-6098 ✱**P** 410-716-8194 (For use when Local Health Department is unavailable.) sti@dhmh.state.md.us	Maryland DHMH 500 North Calvert Street, 5th 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, 5th Floor Baltimore MD 21202 ATTN: TB Control
INFECTIOUS DISEASE EPIDEMIOLOGY & OUTBREAK RESPONSE BUREAU Ph. 410-767-6700/6709 Fax 410-225-7615 ✱**T** 410-795-7365 (For use when Local Health Department is unavailable.)	Maryland DHMH 201 West Preston Street, 3rd Floor Baltimore MD 21201 ATTN: PHPA/OIDEOR/Unit 26

Revision Notes

Date	Note
2016-08-01	Changed the reporting FAX# for DHMH STI in Table 4 from 410-333-5529 to 410-528-6098.
2016-04-25	Changed Anne Arundel County fax number from 410-222-7490 to 410-222-4004.
2016-04-19	Changed Washington County fax number from 240-420-5367 to 240-313-3334.
2016-04-11	Changed the reporting telephone number in Table 3 for Baltimore County Health Dept from 887-2724 to 877-6011.
2016-02-11	Zika virus disease added as a specific entity under Arboviral infections. Contact updated for DHMH (Table 4), general infectious disease epidemiology (IDEORB) – name change and switch from Pager to a Telephone number for after hours reporting.