

## Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Laboratories

The regulations governing laboratory reporting were 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. Some specific arboviral infections have been added to help provide clarity. In addition, Table 1 indicates when “clinical materials” should be submitted to the Maryland Department of Health and Mental Hygiene’s (DHMH) laboratory, as well as the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, What to Report, How to Report, When to Report, Where to Report, and Submitting Clinical Materials. The regulations apply to laboratories located within Maryland and any that process human specimens obtained from an individual in Maryland. The full text of the regulations can be found in COMAR (online at <http://www.dsd.state.md.us/comar/>).

<b>Table 1 Reportable Diseases and Conditions</b>				
<b>HEALTH CARE PROVIDERS, INSTITUTIONS, &amp; OTHERS<sup>1</sup></b>	<b>LABORATORIES</b>		<b>TIMEFRAME FOR REPORTING<sup>2</sup></b>	
<b>Diseases and Conditions</b>	<b>Laboratory Evidence of</b>	<b>Submit Clinical Materials to the Department<sup>3</sup></b>	<b>Immediate</b>	<b>Within One Working Day</b>
An outbreak of a disease of known or unknown etiology that may be a danger to the public health <sup>4</sup>	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) <sup>5</sup>	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	

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Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	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, Dengue fever, 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	<i>Babesia</i> 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
Dengue fever	Dengue virus	X	X	
Diphtheria	<i>Corynebacterium diphtheriae</i>	X	X	
Eastern equine encephalitis	Eastern equine encephalitis virus	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	
Escherichia coli O157:H7 infection	<i>Escherichia coli</i> O157:H7	X	X	
Giardiasis	<i>Giardia</i> species			X

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<b>Diseases and Conditions</b>	<b>Laboratory Evidence of</b>	<b>Submit Clinical Materials to the Department<sup>3</sup></b>	<b>Immediate</b>	<b>Within One Working Day</b>
Glanders	<i>Burkholderia mallei</i>	X	X	
Gonococcal infection	<i>Neisseria gonorrhoeae</i>			X
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) <sup>5</sup>	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)			X
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
LaCrosse virus infection	LaCrosse virus	X	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	

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Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	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	
Saint Louis encephalitis	St. Louis encephalitis virus	X	X	
Salmonellosis (nontyphoidal)	<i>Salmonella</i> species, including serogroup, if known	X		X

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<b>Diseases and Conditions</b>	<b>Laboratory Evidence of</b>	<b>Submit Clinical Materials to the Department<sup>3</sup></b>	<b>Immediate</b>	<b>Within One Working Day</b>
Severe acute respiratory syndrome (SARS)	SARS-associated coronavirus (SARS-CoV)	X	X	
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 <sup>6</sup>	<i>Mycobacterium tuberculosis</i> complex	X	X	
Tularemia	<i>Francisella tularensis</i>	X	X	
Typhoid fever (case, carrier, or both, of Salmonella 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 <sup>7</sup>	All non-cholera <i>Vibrio</i> species <sup>7</sup>	X		X
Viral hemorrhagic fevers (all types)	All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses		X	

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Western equine encephalitis	Western equine encephalitis virus	X	X	
Yellow fever	Yellow fever virus	X	X	
Yersiniosis	<i>Yersinia</i> species	X		X

**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 § 18-205, 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: COMAR 10.18.02. Please refer to the text of COMAR itself for complete reporting information.

**What to Report – Diseases, Conditions, etc.:** Laboratories must report laboratory evidence of the agents responsible for the diseases and conditions that health care providers are also required to report as indicated in Table 1 above. 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 laboratories nullify the health care provider’s or institution’s obligation to report.

**What to Report – Content:** The DHMH 1281 form, available on this website, should be used for reporting diseases and conditions other than HIV and CD4 results. Use the DHMH 4492 form for HIV and CD4. The report should, at a minimum, contain the information shown in the following table (and listed in COMAR). Additional information that would aid in the public health follow-up of a report is acceptable. If DHMH 1281 is not used, the report must contain all the required data elements and be approved by the Secretary. For information about the appropriate process and format for electronic reporting (HL7), please contact the Office of Infectious Disease Epidemiology and Outbreak Response (see Table 4).

**Table 2 REQUIRED INFORMATION CONTENT FOR A LABORATORY 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  
(Area code) Telephone number  
Other epidemiological information as specified by the Secretary or Health Officer

**Health Care Provider (who ordered the test)**

Name  
Address, including:  
    Number  
    Street  
    City  
    State  
    Zip code  
(Area code) Telephone

**Facility (that ordered the test)**

Name  
Address, including:  
    Number  
    Street  
    City  
    State  
    Zip code  
(Area code) Telephone

**Test Information**

Specimen collection date  
Specimen received date  
Specimen type (for example, blood, urine, stool, etc.)  
Specimen site (for example, cervix, eye, etc.)  
Test result date  
Test type  
Test results, including:  
    Qualitative/Quantitative  
    Reference range  
    Speciation, grouping, or typing  
If reporting hepatitis C infection:  
    Signal to cut-off ratio and the critical value  
    Hepatitis A IgM antibody result (if done)  
    Hepatitis B core IgM antibody result (if done)  
If reporting HIV viral resistance:  
    Resistance patterns  
    Sequence results

**Table 2 (Continued) REQUIRED INFORMATION CONTENT FOR A LABORATORY REPORT**

**Laboratory Performing the Test**

Name  
CLIA certificate number  
Laboratory Director  
Address, including:  
    Number  
    Street  
    City  
    State  
    Zip code  
(Area code) Telephone

**General Information**

Date the report is sent to the health department

Note: If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory must comply with all requirements for reporting and specimen submission by either reporting the results and submitting the clinical materials themselves, or by ensuring that results are reported appropriately and clinical materials are submitted. If you are ordering testing from a reference laboratory, make sure to include all patient demographic information, and ordering provider and ordering facility information with your orders.

**How to Report:** The report should be submitted on the form that DHMH provides (see [DHMH 1281](#)). Use form DHMH 4492 for HIV and CD4 reports and form DHMH 1281 for all other diseases and conditions. DHMH will generally accept reports formatted as a physician report, provided that all required information is included. Any custom report format must, at a minimum, provide data fields for all required information. Several reports for *one* patient may be printed on a single page, but reports for more than one patient should *never* appear on a single page.

Mailed reports should be placed in a sealed envelope marked “confidential.” Reports may be faxed for all diseases and conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED.

**When to Report:** Laboratories 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:** (1) Each jurisdiction in Maryland has its own health department. **For medical laboratories located in Maryland**, reports should be submitted to the local health department in the jurisdiction where the lab is located (see Table 3 for addresses and telephone numbers). (2) **For medical laboratories located outside of Maryland**, reports should be submitted to the state health department (see Table 4 for addresses and telephone numbers). Reports for all conditions except HIV/AIDS, STD, and TB should be sent to the Preston Street address. (3) Electronic reports transmitted to the state health department are directly available to the local health departments (thus fulfilling the requirements of item 1).

**Submitting Clinical Materials:** Refer to the “Laboratories” columns of Table 1 to determine which diseases and conditions require submission of clinical materials. “Clinical material” means: (a) an organism isolated from a clinical specimen; (b) Material derived or prepared from a clinical specimen in which evidence of a communicable disease has been identified or detected; or (c) if the organism or material described in (a) or (b) is not available, material from an individual that has



already been obtained by the medical laboratory, in the following order of preference: a patient specimen, microbial genetic material, or other laboratory material. For *Mycobacterium tuberculosis*, "clinical material" includes one culture obtained from the primary isolate on which the diagnosis of tuberculosis was established. Only one *M. tuberculosis* isolate per patient need be submitted.

Clinical materials should be submitted to the Department's public health laboratory within one working day of a positive laboratory finding or upon request of the Secretary. The clinical materials should be accompanied by forms provided by the DHMH laboratory. The appropriate forms ("lab slips") can be obtained by contacting the DHMH laboratory (410-767-6120). Ask for forms DHMH 4676, "Infectious Agents: Culture/Detection", and DHMH 4677, "Serological Testing". The type of material being submitted will determine which form is to be used. For questions regarding completion of the forms, please contact the DHMH laboratory at 410-767-6116. Also, please ensure that the patient's name appears on each specimen along with the barcode label from the lab slip.

**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

<b>JURISDICTION</b>	<b>ADDRESS</b>	<b>JURISDICTION</b>	<b>ADDRESS</b>
<b>ALLEGANY</b> Ph. 301-759-5112 Fax 301-777-5669 *T 301-759-5000	PO Box 1745 12501 Willowbrook Road SE Cumberland MD 21501-1745	<b>HARFORD</b> Ph. 410-612-1774 Fax 410-612-9185 *T 443-243-5726	1321 Woodbridge Station Way Edgewood MD 21040
<b>ANNE ARUNDEL</b> 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	<b>HOWARD</b> Ph. 410-313-1412 Fax 410-313-6108 *T 410-313-2929	8930 Stanford Blvd Columbia MD 21045
<b>BALTIMORE CITY</b> Ph. 410-396-4436 Fax 410-625-0688 *T 410-396-3100	1001 E. Fayette Street Baltimore MD 21202	<b>KENT</b> Ph. 410-778-1350 Fax 410-778-7913 *T(410) 708-5611	125 S. Lynchburg Street Chestertown MD 21620
<b>BALTIMORE CO.</b> Ph. 410-887-6011 Fax 410-377-5397 *T 410-832-7182	Communicable Disease, 3rd Floor 6401 York Road Baltimore MD 21212	<b>MONTGOMERY</b> Ph. 240-777-1755 Fax 240-777-4680 *T 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
<b>CALVERT</b> Ph. 410-535-5400 Fax 410-414-2057 *P 443-532-5973	PO Box 980 975 Solomon's Island Road Prince Frederick MD 20678	<b>PR. GEORGE'S</b> Ph. 301-583-3750 Fax 301-583-3794 *T 240-508-5774	3003 Hospital Drive Suite 1066 Cheverly MD 20785-1194
<b>CAROLINE</b> Ph. 410-479-8000 Fax 410-479-4864 *T 443-786-1398	403 South 7th Street Denton MD 21629	<b>QUEEN ANNE'S</b> Ph. 410-758-0720 Fax 410-758-8151 *T 410-758-3476	206 N. Commerce Street Centreville MD 21617
<b>CARROLL</b> Ph. 410-876-4900 Fax 410-876-4959 *T 410-876-4900	290 S. Center Street Westminster MD 21158-0845	<b>ST. MARY'S</b> Ph. 301-475-4316 Fax 301-475-4308 *T 301-475-8016	PO Box 316 21580 Peabody Street Leonardtown MD 20650
<b>CECIL</b> Ph. 410-996-5100 Fax 410-996-1019 *T 410-392-2008	John M. Byers Health Center 401 Bow Street Elkton MD 21921	<b>SOMERSET</b> Ph. 443-523-1740 Fax 410-651-5699 *T 443-614-6708	Attn: Communicable Disease 7920 Crisfield Highway Westover MD 21871
<b>CHARLES</b> Ph. 301-609-6810 Fax 301-934-7048 *T 301-932-2222	PO Box 1050 White Plains MD 20695	<b>TALBOT</b> Ph. 410-819-5600 Fax 410-819-5693 *T 410-819-5600	100 S. Hanson Street Easton MD 21601
<b>DORCHESTER</b> Ph. 410-228-3223 Fax 410-901-8180 *P 410-221-3362	3 Cedar Street Cambridge MD 21613	<b>WASHINGTON</b> Ph. 240-313-3210 Fax 240-313-3334 *T 240-313-3290	1302 Pennsylvania Avenue Hagerstown MD 21742
<b>FREDERICK</b> Ph. 301-600-3342 Fax 301-600-1403 *T 301-600-1603	350 Montevue Lane Frederick MD 21702	<b>WICOMICO</b> Ph. 410-543-6943 Fax 410-548-5151 *T 410-543-6996	Attn: Communicable Disease 108 E. Main Street Salisbury MD 21801-4921
<b>GARRETT</b> 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)	<b>WORCESTER</b> 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 &amp; Telephone Numbers for Infectious Disease Reporting

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

OFFICE	ADDRESS
<b>CENTER FOR HIV SURVEILLANCE, EPIDEMIOLOGY &amp; EVALUATION</b> 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 <sup>th</sup> Floor Baltimore, MD 21202 ATTN: CHSE
<b>CENTER FOR SEXUALLY TRANSMITTED INFECTION PREVENTION</b> Ph. 410-222-6690 Fax 410-528-6098 *P 410-716-8194 (For use when Local Health Department is unavailable.) sti@dnhm.state.md.us	Maryland DHMH 500 North Calvert Street, 5 <sup>th</sup> Floor Baltimore MD 21202 ATTN: CSTIP
<b>CENTER FOR TUBERCULOSIS CONTROL AND PREVENTION</b> 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 <sup>th</sup> Floor Baltimore MD 21202 ATTN: TB Control
<b>INFECTIOUS DISEASE EPIDEMIOLOGY &amp; OUTBREAK RESPONSE BUREAU</b> 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, 3 <sup>rd</sup> Floor Baltimore MD 21201 ATTN: PHPA/OIDEOR/Unit 26

## Revision Notes

Date	Note
2016-08-01	Changed DHMH STI Fax# from 410-333-5529 to 410-528-6098 (Table 4)
2016-04-25	Changed Anne Arundel County fax number from 410-222-7490 to 410-222-4004.
2016-04-19	Changed the reporting FAX number in Table 3 for Washington County Health Dept 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 887-6011.
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.