

Communicable Disease Reporting in Montana

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

Acquired Immune Deficiency Syndrome (AIDS)	Leptospirosis
Acute flaccid myelitis (AFM) ^①	Listeriosis ^①
Anthrax ^①	Lyme disease
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)	Lymphogranuloma venereum
Arsenic poisoning (urine levels ≥ 70 micrograms/liter total arsenic or ≥ 35 micrograms/liter methylated plus inorganic arsenic)	Malaria
Babesiosis	Measles (rubeola) ^①
Botulism (infant, foodborne, wound, and other) ^①	Melioidosis ^①
Brucellosis ^①	Meningococcal disease (<i>Neisseria meningitidis</i>) ^①
Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)	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)
Campylobacteriosis	Mpox
<i>Candida auris</i> ^①	Multisystem inflammatory syndrome in children (MIS-C)
Carbapenemase-producing carbapenem-resistant organisms (CP-CRO) ^①	Mumps
Chancroid	Pertussis
<i>Chlamydia trachomatis</i> infection	Plague (<i>Yersinia pestis</i>) ^①
Cholera ^①	Poliomyelitis ^①
Coccidioidomycosis	Psittacosis
Colorado tick fever	Q Fever (<i>Coxiella burnetii</i>), acute and chronic
Coronavirus Disease 2019 (COVID-19)	Rabies, human ^① and animal (including exposure to a human by a species susceptible to rabies infection)
<i>Cronobacter</i> in infants ^①	Rickettsial diseases (including Rocky Mountain spotted fever, other spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis)
Cryptosporidiosis	Rubella, including congenital ^①
Cyclosporiasis	Salmonellosis (including <i>Salmonella</i> Typhi and Paratyphi) ^①
Dengue virus infection	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease ^①
Diphtheria ^①	Shigellosis ^①
<i>Escherichia coli</i> , Shiga toxin-producing (STEC) ^①	Smallpox ^①
Gastroenteritis outbreak	<i>Streptococcus pneumoniae</i> , invasive disease
Giardiasis	Streptococcal toxic shock syndrome (STSS)
Gonorrheal infection	Syphilis
Granuloma inguinale	Tetanus
Group A <i>Streptococcus</i> , invasive disease	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	Vibriosis ^①
Human Immunodeficiency Virus (HIV)	Viral hemorrhagic fevers ^①
Influenza (including hospitalizations and deaths) ^①	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
Lead levels in a venous blood specimen at any level	
Legionellosis	

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.

[ARM 37.114.313](#): In the event of an outbreak, emergence of a communicable disease or a disease of public health importance, specimens must be submitted at the request of the department until a representative sample has been reached as determined by the department.