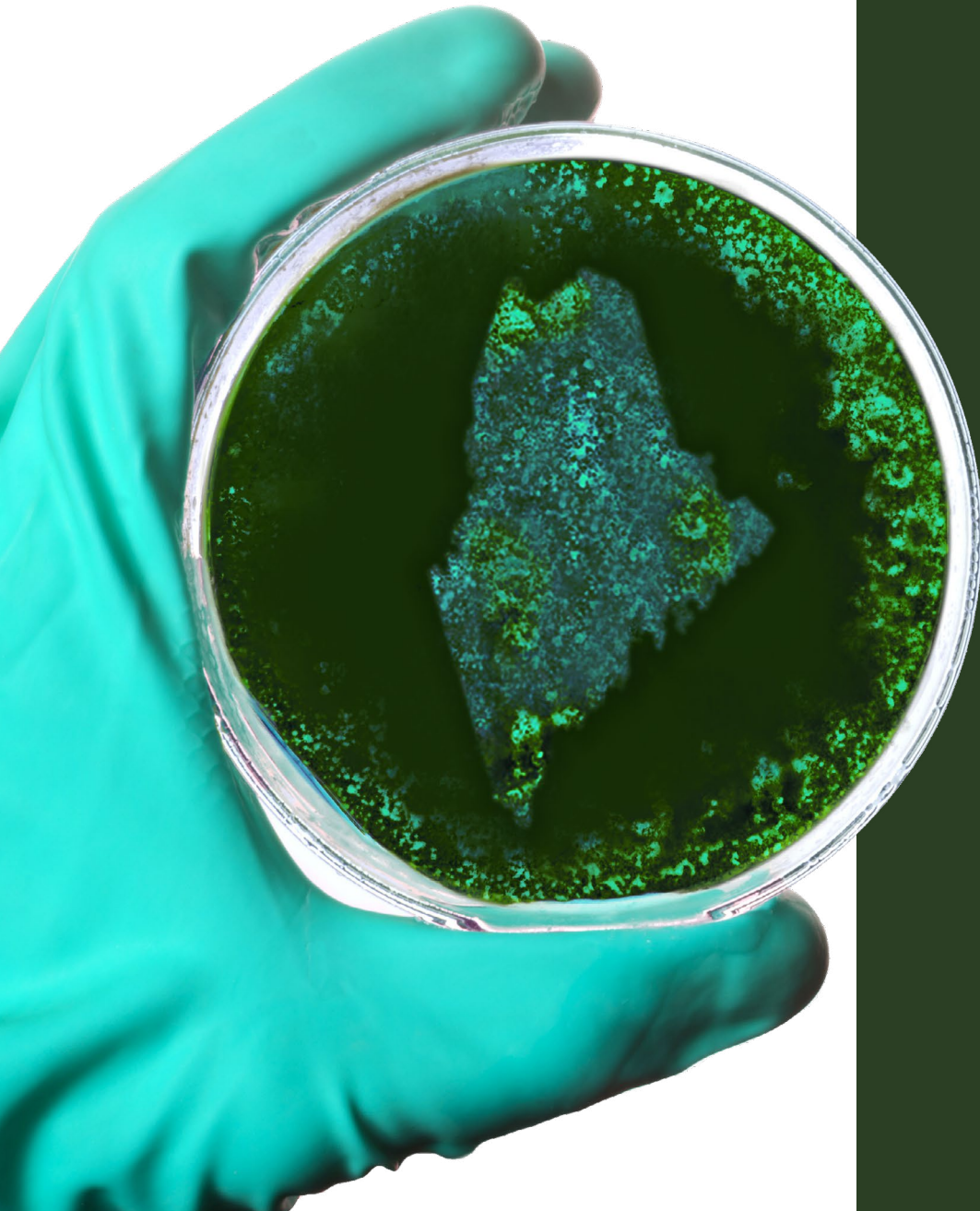


2022



# LABORATORY REPORTING OF NOTIFIABLE CONDITIONS

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION



# IMPORTANT PHONE NUMBERS

## **Disease Reporting and Consultation Line 800-821-5821**

- ◆ Healthcare Associated Infections Program  
**207-287-6028**  
**800-293-7534** (fax)
- ◆ HIV, STD and Viral Hepatitis Program  
**207-287-3747**  
**207-287-3498** (fax)
- ◆ Immunization Program  
**207-287-3746**  
**207-287-8127** (fax)
- ◆ Infectious Disease Program  
**800-821-5821**  
**800-293-7534** (fax)
- ◆ Tuberculosis Control Program  
**800-821-5821**  
**800-293-7534** (fax)

## **Health and Environmental Testing Laboratory (HETL) 207-287-2727**

- ◆ Bacteriology  
**207-287-1704**
- ◆ Virology, Respiratory, Arboviral, and Serology  
**207-287-1722**
- ◆ Molecular Biology, Sequencing, and Foodborne  
**207-287-5769**
- ◆ Mycobacteriology and Rabies  
**207-287-1706**
- ◆ Chlamydia/Gonorrhea  
**207-287-6244**

## **Northern New England Poison Control 800-222-1222**



# A NOTE TO OUR COLLEAGUES

Maine Center for Disease Control and Prevention (Maine CDC) is pleased to provide you with this updated guide for laboratory reporting of notifiable conditions. This document incorporates changes to the Notifiable Condition Rules in 2021 and reflects current laboratory procedures and technology. We hope you find this guide useful.

Reporting of suspected or confirmed diseases or conditions designated as notifiable is mandated under Maine State Law [Title 22 M.R.S., Chapter 250, §820 and §822]. Though the primary responsibility of reporting lies with health care providers, the following entities are also required to report notifiable diseases in Maine: medical laboratories (including blood donor centers and blood banks), veterinarians, veterinary medical laboratories, health care facilities, child care facilities, correctional facilities, educational institutions, and local health officers.

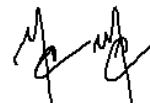
In an effort to assist medical laboratories and blood banks in fulfilling these obligations, Maine CDC developed this guide for laboratory reporting. This reference provides Maine-specific information on notifiable diseases and conditions, contact information for key personnel and offices, and emergency contact information for after-hours calls.

If you require further information or if you have questions or concerns about disease reporting, please call Maine CDC's 24-hour Disease Reporting and Consultation Line at 800-821-5821. If you would like additional copies of this guide, a PDF version is available on Maine CDC's website at [www.maine.gov/dhhs/disease-reporting](http://www.maine.gov/dhhs/disease-reporting).

Partnering for Prevention,



**Isaac Benowitz, MD**  
State Epidemiologist  
Maine Center for Disease Control  
and Prevention



**Nick Matluck**  
Clinical Microbiology, Maine Health and  
Environmental Testing Laboratory  
Maine Center for Disease Control and  
Prevention

# FREQUENTLY ASKED QUESTIONS

## **Q. Are laboratories and blood banks required to report notifiable conditions?**

**A.** Yes, Maine State Law [22 M.R.S., Chapter 250, §820 and §822] requires laboratories and blood banks to immediately report the recognition or strong suspicion of the notifiable conditions indicated in this guide to public health authorities at Maine Center for Disease Control and Prevention (Maine CDC).

## **Q. To whom should reports of positive lab results or other markers of disease be submitted?**

**A.** All reports should be submitted to Maine CDC. The reports may be made by calling the 24-hour Disease Reporting and Consultation Line at 800-821-5821 or by faxing the report to 800-293-7534.

## **Q. When and how should reports be submitted?**

**A.** Notifiable conditions, as indicated by the bold text and phone icon on the Reporting Procedures List contained in this guide, must be reported immediately by telephone on recognition or strong suspicion of disease. Non bolded, notifiable conditions require reporting by telephone, fax, or mail as soon as possible, but no later than 48 hours from the time of recognition or strong suspicion of disease. Telephone and fax should be the primary method of reporting. Written reports may be mailed to Maine Center for Disease Control and Prevention, Division of Disease Control, 286 Water Street, 11 State House Station, Augusta, ME 04330-0011.

## **Q. What information should be provided to the public health authorities?**

**A.** Disease reports must include all pertinent information including: disease or condition diagnosed or suspected; patient's name, date of birth, address, phone number, occupation, sex, race, and ethnicity; diagnostic laboratory findings, including test type, and dates of test relevant to the notifiable condition; health care provider name, address, and phone number; and name and phone number of the person making the report. A disease report form is available for download at [www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-form.doc](http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-form.doc).

## **Q. Which isolates or specimens must be submitted to HETL?**

**A.** The Reporting Procedures Table in this guide contains information about which agents are required by state law to be submitted to HETL. Many clinical laboratories utilize the services of reference laboratories at their discretion. State law requires that isolates or specimens that relate to notifiable conditions, noted as "Yes" in the "Lab Submission of Isolates or Specimens for Confirmation Required" column, must be submitted to HETL, regardless of where the test is performed. Maine laboratories participating in the Federal Laboratory Response Network (LRN) are also required to submit isolates or specimens when specific agents are suspected. Please visit [www.selectagents.gov/SelectAgentsandToxinsList.html](http://www.selectagents.gov/SelectAgentsandToxinsList.html) for a list of select agents and [www.mainepublichealth.gov/lab](http://www.mainepublichealth.gov/lab) for more information on submitting isolates and specimens to HETL.

## **Q. Does HETL participate in any national surveillance system?**

**A.** Yes. HETL participates in the following surveillance systems:

PulseNET: PulseNET is a network of public health laboratories from the United States and Canada that strain type bacteria using Whole Genome Sequencing. PulseNET allows the linkage of cases and foodstuffs to outbreaks using an electronic database of assembled sequences from pathogenic bacteria including shiga toxin-producing *E. coli*, *Salmonella*, *Shigella*, *Campylobacter* and *Listeria*. For more information visit: [www.cdc.gov/pulsenet](http://www.cdc.gov/pulsenet).

Laboratory Response Network: Laboratory Response Network (LRN) is an integrated network of state and local public health, federal, military, and international laboratories that can respond to bioterrorism, emerging infectious diseases, chemical terrorism and other public health emergencies. LRN links state and local public health laboratories, veterinary, agriculture, military, and water- and food-testing laboratories in coordinated response.

Association of Public Health Laboratories: Association of Public Health Laboratories (APHL) works to strengthen laboratory systems serving the public's health in the United States and globally. APHL represents state and local governmental health laboratories in the United States. Its members, known as "public health laboratories," monitor, detect and respond to health threats. APHL works closely with federal agencies to develop and execute national health initiatives. During public health emergencies, it operates as a coordinating center for laboratory response. APHL also works internationally to build effective national laboratory systems and expand access to quality diagnostic testing services.

Antibiotic Resistance Lab Network: Antibiotic Resistance Lab Network (ARLN) supports nationwide lab capacity to rapidly detect antibiotic resistance in healthcare, food, and the community, and inform local responses to prevent spread and protect people. The AR Lab Network includes seven regional labs, the National Tuberculosis Molecular Surveillance Center (National TB Center), and labs in 50 states, five cities, and Puerto Rico. As a whole, the network tracks changes in resistance and helps identify and respond to outbreaks faster.

AR Lab Network Regional Labs and the National TB Molecular Surveillance Center detect existing and emerging types of antibiotic resistance, track emerging resistance more effectively, and generate stronger data to protect people and combat future resistance threats. This ambitious approach transforms the nation's laboratory landscape by establishing the much-needed infrastructure across the nation. This infrastructure will allow the public health community to rapidly detect emerging AR threats, sound the alarm for a comprehensive local response, and better understand these deadly threats so we can contain them quickly.

**Q. Should organisms that are not on the list but are recognized in the scientific community as emerging pathogens be reported?**

A. Yes. Any emerging pathogen not listed (e.g., suspected pan-drug resistant organism) would be subject to reporting as an "unusual illness/disease." In addition, organisms that may inadvertently be excluded due to changes in nomenclature are still reportable (e.g., what was Carbapenemase-producing Carbapenem-resistant *Enterobacteriaceae* spp. is now reorganized and subdivided into seven families. The order *Enterobacterales* includes all seven families. Therefore, all Carbapenemase-producing Carbapenem-resistant *Enterobacterales* spp. are reportable).

**Q. What is meant by "invasive" in the guide?**

A. Invasive organisms are those that are isolated from a normally sterile site, such as blood, cerebrospinal fluid (CSF), pleural fluid, peritoneal fluid, pericardial fluid, bone, joint/synovial fluid, or internal body site (e.g., lymph node, brain).

**Q. Are physicians required to report notifiable conditions too?**

A. Yes, physicians are required to report notifiable diseases to Maine CDC. Information is collected on disease onset, symptoms, treatment, occupation, illness in family members, hospitalization, etc. and supplements the information reported by medical laboratories. Conditions indicated by the bolded text and phone icon on the Reporting Procedures List contained in this guide should be reported immediately upon clinical suspicion.

**Q. Is electronic laboratory reporting of test results available?**

A. Yes, electronic laboratory reporting to Maine CDC is available. Currently Maine CDC receives electronic laboratory reports from some national reference laboratories and HealthInfoNet. Conditions indicated by the bolded text and phone icon on the Reporting Procedures List contained in this guide must be reported immediately by telephone upon recognition or strong suspicion of disease prior to availability of test results. Telephone reporting of conditions can be utilized. For more information about implementing electronic laboratory reporting, call the Disease Reporting and Consultation Line at 800-821-5821.

**Q. Is reporting required for agencies that perform donor testing?**

A. Yes, blood banks, tissue banks, and organ procurement organizations must report positive results of notifiable conditions to Maine CDC.

**Q. Are HIV related tests reportable?**

A. Yes, all reactive/repeatedly reactive initial HIV immunoassay results and all results from all supplemental HIV immunoassays are reportable. All HIV nucleic acid (RNA or DNA) detection tests (quantitative or qualitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results, all CD4 lymphocyte counts and percentages ordered for HIV; all HIV genotypic resistance testing, nucleotide sequence results; and, all positive HIV detection tests (including, but not limited to culture, P24 antigen) are also reportable.






# REPORTING PROCEDURES

## ABBREVIATIONS AND ACRONYMS







<b>AFB</b>	Acid-fast Bacillus	<b>HBeAg</b>	Hepatitis Be Antigen	<b>PCR</b>	Polymerase Chain Reaction
<b>ALT</b>	Alanine Aminotransferase	<b>HBsAg</b>	Hepatitis B Surface Antigen	<b>PFGE</b>	Pulse-field Gel Electrophoresis
<b>bdNA</b>	Branched Deoxyribonucleic Acid	<b>HBV</b>	Hepatitis B Virus	<b>RIBA</b>	Recombinant ImmunoBlot Assay
<b>CIA</b>	Chemiluminescence Immunoassay	<b>HCV</b>	Hepatitis C Virus	<b>RNA</b>	Ribonucleic Acid
<b>CMIA</b>	Chemiluminescent Microparticle Immunoassay	<b>HIV</b>	Human Immunodeficiency Virus	<b>RPR</b>	Rapid Plasma Reagin
<b>COHb</b>	Carboxyhemoglobin	<b>IFA</b>	Immuno Fluorescence Antibody	<b>RT-PCR</b>	Reverse Transcriptase Polymerase Chain Reaction
<b>CSF</b>	Cerebrospinal Fluid	<b>IgG</b>	Immunoglobulin G	<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>DNA</b>	Deoxyribonucleic Acid	<b>IgM</b>	Immunoglobulin M	<b>STEC</b>	Shiga Toxin-Producing <i>E. coli</i>
<b>DFA</b>	Direct Fluorescent Antibody	<b>IGRA</b>	Interferon Gamma Release Assay	<b>TMA</b>	Transcription-Mediated Amplification
<b>EEE</b>	Eastern Equine Encephalitis	<b>IMP</b>	Imipenemase metallo- $\beta$ -lactamase	<b>TPPA</b>	Treponema Pallidum Particle Agglutination
<b>EIA</b>	Enzyme Immunoassay	<b>LRN</b>	Laboratory Response Network	<b>TRF</b>	Time Resolved Florescence
<b>ELISA</b>	Enzyme-linked Immunosorbent Assay	<b>LGV</b>	Lymphogranuloma venereum	<b>VDRL</b>	Venereal Disease Research Laboratory Test
<b>HUS</b>	Hemolytic-Uremic Syndrome	<b>mCIM</b>	Modified Carbapenem Inactivation Method	<b>WEE</b>	Western Equine Encephalitis
<b>HAV</b>	Hepatitis A Virus	<b>MEIA</b>	Microparticle Enzyme Immunoassay	<b>WNV</b>	West Nile Virus
<b>HBc</b>	Hepatitis B Core	<b>MERS</b>	Middle East Respiratory Syndrome	<b>WGS</b>	Whole Genome Sequencing
		<b>NAAT</b>	Nucleic Acid Amplification Test		

 Diseases/conditions indicated with the phone icon and in bold must be immediately reported by telephone to Maine CDC (800-821-5821).








AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
Acid fast bacillus	Suspected <i>M.tuberculosis</i> or non-tuberculous Mycobacteria	Smear or culture positive from any site	Yes; Associated specimen	AFB smear, AFB culture, WGS, 16S Sequencing, RT-PCR
<i>Anaplasma phagocytophilum</i>	Anaplasmosis	Positive by any method	No	
Arboviruses: Eastern (EEE), Venezuelan, and Western Equine Encephalitis (WEE), Powassan virus, St. Louis Encephalitis, West Nile Virus (WNV), Deer tick virus	Arboviral infection, viral encephalitis/meningitis	Positive by any method	No (not required but requested)	WGS metagenomics IgM for Eastern Equine Encephalitis, St. Louis Encephalitis, West Nile Virus RT-PCR for Powassan, Deer tick virus

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
 <b>Arenaviruses</b> (Lassa, Junin)	Viral hemorrhagic fever	Positive by any method	No (not required but requested)	Confirmatory testing may be performed by federal CDC
<i>Babesia microti</i>	Babesiosis	Positive blood smear, NAAT or serologic evidence, PCR	No	
 <b>Bacillus anthracis</b>	Anthrax	Positive by any method	Yes	PCR, culture Reportable by LRN
<i>Bordetella pertussis</i>	Pertussis	Positive by any method	No	RT-PCR
<i>Borrelia burgdorferi</i>	Lyme disease	ELISA positive or equivocal; Immunoblot positive or equivocal	No	
<i>Borrelia miyamotoi</i>	<i>Borrelia miyamotoi</i>	Positive by any method	No	
 <b>Brucella spp.</b>	Brucellosis	Positive by any method	Yes	RT-PCR, culture Reportable by LRN
<i>Burkholderia mallei</i>	Glanders	Positive by any method	Yes	RT-PCR, culture Reportable by LRN
<i>Burkholderia pseudomallei</i>	Melioidosis	Positive by any method	Yes	PCR, culture Reportable by LRN
<i>Campylobacter</i> spp.	Campylobacteriosis	Positive by any method	No	PCR, culture, PFGE, WGS, serotyping
 <b>Candida auris</b>	<i>Candida auris</i>	Culture or culture independent diagnostic test; or detection of an organism that commonly represents a <i>Candida auris</i> misidentification	Yes	Confirmatory testing may be performed by Wadsworth
 <b>Carbapenemase-producing Organisms (CPOs), including carbapenemase-producing Enterobacteriaceae spp. (now Enterobacterales spp.), non-mucoid Pseudomonas aeruginosa, or Acinetobacter baumannii</b>	CPO infection or colonization	Positive phenotypic (mCIM) or genotypic (PCR) test by any method	Yes, including carbapenem-resistant isolates when phenotypic or genotypic testing is not available at the facility level.	mCIM, RT-PCR for KPC, NDM, OXA-48, IMP
Carbon Monoxide	Carbon Monoxide Poisoning	Carboxyhemoglobin (COHb) level $\geq 5\%$	No	
<i>Chlamydia psittaci</i>	Psittacosis	Positive culture or serologic evidence	No	










REPORTING PROCEDURES CONT.






AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
Chikungunya Virus	Chikungunya	Suspect or confirmed case	No, but recommended if suspect	Chikungunya PCR
<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis</i> , all genital infections including lymphogranuloma venereum (LGV) and eye infections	Positive by any method	No	NAAT
 <b><i>Clostridium botulinum</i></b>	Botulism	Positive culture or toxin in blood or stool	Yes	Reportable by LRN
 <b><i>Clostridium tetani</i></b>	Tetanus	Positive culture	Yes	Culture
 <b>Coronavirus, Novel and SARS-CoV, SARS-CoV-2, MERS-CoV</b>	Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Coronavirus Disease 2019 (COVID-19) Novel Coronavirus	Positive by any method COVID-19: All results	Yes	Confirmatory testing may be performed by federal CDC
 <b><i>Corynebacterium diphtheriae</i></b>	Diphtheria	Positive culture	Yes	Culture, DNA sequencing
 <b><i>Coxiella burnettii</i></b>	Q fever	Positive by any method	No	RT-PCR Reportable by LRN
Creutzfeldt-Jakob agent	Creutzfeldt-Jakob Disease	Positive by any method in patients younger than 55 years of age	No	
<i>Cryptosporidium</i> spp.	Cryptosporidiosis	Positive by any method	No (not required but recommended)	RT-PCR
<i>Cyclospora</i>	Cyclosporiasis	Positive by any method	No	
Dengue Virus	Dengue disease	Suspect or confirmed case	No	RT-PCR
<i>Ehrlichia chaffeensis</i>	Ehrlichiosis	Positive by any method	No	
<i>Escherichia coli</i> , Shiga toxin producing	Shiga toxin-producing <i>E. coli</i> (STEC) disease	Positive shiga toxin producing <i>E. coli</i>	Yes	RT-PCR O157:H7/Shiga toxin1/ Shiga toxin2, culture, WGS
<i>Escherichia coli</i> O157	<i>E. coli</i> O157 disease including hemolytic-uremic syndrome (HUS)	Positive <i>E. coli</i> O157 culture, positive shiga toxin in stool	Yes	RT-PCR O157:H7/Shiga toxin1/ Shiga toxin2, culture, WGS
 <b>Filoviruses</b> (Ebola, Marburg)	Viral hemorrhagic fever	Positive by any method	Yes	Ebola: RT-PCR Marburg: Performed at federal CDC Reportable by LRN

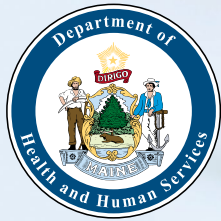


AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
 <b>Francisella tularensis</b>	Tularemia	Positive by any method	Yes	RT-PCR, culture Reportable by LRN
<i>Giardia lamblia</i>	Giardiasis	Positive by any method	No	
<i>Haemophilus ducreyi</i>	Chancroid	Positive by any method	No	
<i>Haemophilus influenzae</i>	<i>Haemophilus influenzae</i> , invasive disease	Positive by any method, from invasive sites only	Yes	WGS, serogroup identification, culture
Hantavirus	Hantavirus Pulmonary Syndrome	Positive IgM or rising IgG titer or positive RNA by NAAT or positive immunochemistry	No	Confirmatory testing recommended at federal CDC
 <b>Hepatitis A virus</b>	Hepatitis A	Positive serology for IgM anti-HAV	No	
 <b>Hepatitis B virus</b>	Hepatitis B	Positive serology for HBsAg, anti-HBc, IgM anti-HBc, HBeAg or HBV DNA (positive or detectable).	No	
 <b>Hepatitis C virus</b>	Hepatitis C	Positive serology for anti-HCV (including signal-to-cut-off ratio for EIA, CIA, MEIA, or CMIA); Positive anti-HCV RIBA; Positive or detectable HCV RNA (PCR, bDNA, TMA), Genotype, and ALT >200 IU/L (in combination with one or more positive or detectable HCV result).	No	EIA
 <b>Hepatitis D virus</b>	Hepatitis D	Positive by any method	No	
 <b>Hepatitis E virus</b>	Hepatitis E	Positive by any method	No	
Human Immunodeficiency Virus (HIV)	HIV and AIDS	<ul style="list-style-type: none"> <li>• Positive antibody/antigen tests</li> <li>• Viral load tests, all results</li> <li>• CD4 lymphocyte counts, all results</li> <li>• HIV genotypic resistance testing, nucleotide sequence results</li> </ul>	No	EIA, 4th generation Ag/Ab Geenius™ HIV 1/2 confirmation
 <b>Influenza, novel</b>	Influenza, novel	Positive influenza A, unable to serotype or novel strain	Yes	PCR screening A/B and PCR subtyping H1N1, H3N2, H5, H7, culture, Drug resistance by WGS, N and H <i>in silico</i> typing by WGS
<i>Legionella</i> spp.	Legionellosis	Positive by any method	No	
<i>Leptospira interrogans</i>	Leptospirosis	Positive by any method	No	

REPORTING PROCEDURES CONT.

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
<i>Listeria monocytogenes</i>	Listeriosis	Positive by any method	Yes	Culture, WGS
 <b>Monkeypox Virus</b>	Monkeypox	Positive by any method	Yes	RT-PCR Reportable by LRN
 <b>Mumps virus</b>	Mumps	Paired sera showing rising IgG titer, single serum showing mumps IgM antibody, positive viral culture, RT-PCR	Yes	IgG serology, RT-PCR, culture IgM to federal CDC
 <b><i>Mycobacterium tuberculosis</i></b>	Tuberculosis	Positive AFB smear (including subsequent culture result), or historic evidence of disease (negative culture results on follow up specimens must also be reported)  Clinical suspicion of active disease	Yes	AFB smear, culture, genotyping, IGRA, PCR, drug susceptibilities  Drug susceptibilities forwarded to California Department of Public Health
<i>Neisseria gonorrhoeae</i>	Gonorrhea, Gonococcal conjunctivitis	Positive by any method from all body sites	No	NAAT, culture, DFA
 <b><i>Neisseria meningitidis</i></b>	Meningococcal disease, Invasive	Positive culture from invasive sites only; see Q & A definition; or Gram stain showing Gram-negative diplococci in CSF or blood	Yes	RT-PCR, culture, serotyping, WGS
Norovirus	Gastrointestinal infections	Positive by any method ONLY when outbreak is suspected	No, if individual cases Yes, for outbreaks; only at the request of Maine CDC	RT-PCR GI/GII
<i>Plasmodium spp.</i>	Malaria	Positive blood smear or NAAT	No	PCR
 <b>Polio virus</b>	Poliomyelitis	Positive viral culture or NAAT	Yes	Confirmatory testing will be performed by federal CDC
 <b>Rabies virus, animal</b>	Rabies	Domestic animal or human exposure to either high risk wildlife or domestic animals	Yes, if indicated after consultation with Maine CDC	DFA Variant RNA by RT-PCR
 <b>Rabies virus, human</b>	Rabies	Clinical symptoms consistent with human Rabies virus	Yes	Confirmatory testing will be performed by federal CDC
 <b>Ricin</b>	Ricin Poisoning	Positive by any method	Yes	TRF-ELISA Reportable by LRN
<i>Rickettsia rickettsii</i>	Spotted Fever Rickettsiosis	Positive by any method	No	
 <b>Rubella virus</b>	Rubella (German Measles), including congenital	Paired sera showing rising IgG titer, single serum showing rubella IgM antibody, positive viral culture, RT-PCR	Yes	Confirmatory testing will be performed by federal CDC

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL
 <b>Rubeola virus</b>	Measles	Paired sera showing rise in IgG titer, single serum showing measles IgM antibody, positive viral culture, RT-PCR	Yes	IgG Serology, RT-PCR
<i>Salmonella</i> species including typhi	Salmonellosis including Typhoid fever	Positive culture	Yes	Culture, WGS, serotyping
Saxitoxin, domoic acid	Paralytic Shellfish Poisoning	Positive by any method	No	Confirmatory testing may be facilitated in collaboration with Department of Marine Resources
<i>Shigella</i> spp.	Shigellosis	Positive culture	Yes	Culture, WGS, serogrouping, PFGE
 <b><i>Staphylococcus aureus</i></b> Vancomycin intermediate (VISA) or Vancomycin resistant (VRSA)	Staphylococcal disease	Positive culture from any site	Yes	WGS
 <b>Staphylococcal enterotoxin B</b>	Staphylococcal enterotoxin B poisoning	Positive for toxins A through E from blood or urine by any method	No	Reportable by LRN
<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae</i> invasive disease	Positive culture from invasive sites only, see Q & A definition; include antibiotic susceptibility pattern.	No	WGS, serogrouping
<i>Streptococcus pyogenes</i> (Group A Beta Hemolytic Strep)	Group A streptococcal invasive disease	Positive culture from invasive sites only, see Q & A, or any surgical site	No	
<i>Treponema pallidum</i>	Syphilis	Positive by any method including RPRs	No	TPPA, RPR, VDRL (CSF only)
<i>Trichinella</i> spp.	Trichinosis	Positive biopsy or serology	No	
Vaccinia virus	Vaccinia infection	Positive by any method	Yes	RT-PCR Reportable by LRN
<i>Varicella-zoster</i> virus	Chicken pox	Positive by any method	No	RT-PCR, IgG serology
 <b><i>Variola</i> virus</b>	Smallpox	Positive by any method	Yes	Confirmatory testing will be performed by federal CDC
<i>Vibrio</i> spp., including Cholera	Vibriosis, including cholera	Positive by any method	Yes	Culture, WGS, serogrouping
Yellow fever virus	Yellow fever	Positive by any method	No	
 <b><i>Yersinia pestis</i></b>	Plague	Positive by any method	Yes	RT-PCR, culture Reportable by LRN
Zika virus	Zika	Positive by any method	No	RT-PCR



**Maine Center for Disease Control  
and Prevention**

Infectious Disease Program  
800-821-5821  
[www.maine.gov/idepi](http://www.maine.gov/idepi)

**Maine Center for Disease Control and Prevention (Maine CDC)**

[www.mainepublichealth.gov](http://www.mainepublichealth.gov)

**Infectious Disease Program Disease Reporting**

[www.maine.gov/dhhs/disease-reporting](http://www.maine.gov/dhhs/disease-reporting)

**Health and Environmental Testing Laboratory (HETL)**

[www.mainepublichealth.gov/lab](http://www.mainepublichealth.gov/lab)

**Rules for the Control of Notifiable Conditions**

[www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/  
documents/notifiable-conditions-rule-2-17-2021.pdf](http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-conditions-rule-2-17-2021.pdf) (PDF)

**Notifiable Conditions List**

[www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/  
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**Notifiable Conditions Reporting Form**

[www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/  
documents/notifiable-form.doc](http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-form.doc) (Word)

[www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/  
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