


## Background

This document details the diseases, conditions, outbreaks, and unusual manifestations of communicable diseases that are reportable to the health department in Maryland, the timeframe for reporting, and when “clinical materials” should be submitted to the Maryland Department of Health’s (MDH’s) laboratory ([Table 1](#)). This list is informed by the [Annotated Code of Maryland](#), Health-General Article §§ 18-101, 18- 102 (b), 18-103 (a), 18-201, 18-201.1, 18- 202, 18-202.1, and 18-205 and the [Code of Maryland Regulations \(COMAR\)](#) 10.06.01.03. Note that this document details additional reportable diseases and conditions, beyond those specifically listed in COMAR. Additionally, in certain circumstances (e.g. outbreaks), MDH might request submission of clinical or environmental materials beyond those specified in this document.

This document provides reporting guidelines for health care providers, hospitals, laboratories (those located within Maryland and any that process human specimens obtained from an individual in Maryland), 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. Several footnotes to the table elaborate on specific details, as do subsequent sections of this document.

**Table 1. Reportable Diseases and Conditions**

HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS <sup>1</sup>	LABORATORIES		TIMEFRAME FOR REPORTING <sup>2</sup>	
	Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	Immediate
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	upon request	✓	
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, such as acute flaccid myelitis	An etiologic agent suspected to cause that disease or condition	upon request		✓
An unusual manifestation of a communicable disease in an individual	An etiologic agent suspected to cause that disease	upon request		✓
Acquired immunodeficiency syndrome (AIDS) <sup>8</sup>	Refer to COMAR 10.18.02		Refer to COMAR 10.18.02	
Amebiasis	<i>Entamoeba histolytica</i>			✓
Anaplasmosis	<i>Anaplasma phagocytophilum</i>			✓
Animal bites	Not Applicable		✓	
Anthrax 	<i>Bacillus anthracis</i>	✓	✓	


 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

Table 1. (continued) Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS <sup>1</sup>	LABORATORIES		TIMEFRAME FOR REPORTING <sup>2</sup>	
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 Oropouche virus 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	✓	✓	
Babesiosis	Babesia species	✓ <sup>5</sup>		✓
Blastomycosis	<i>Blastomyces</i> species			✓
Botulism 📞	<i>Clostridium botulinum</i> or botulinum toxin or other botulism producing <i>Clostridia</i>	✓	✓	
Brucellosis 📞	<i>Brucella</i> species	✓	✓	
Campylobacteriosis	<i>Campylobacter</i> species	✓		✓
Candida auris	<i>Candida auris</i>	✓ <sup>6</sup>	✓	
Carbapenem-resistant Enterobacterales (CRE)	Any Enterobacterales species resistant to imipenem or meropenem by most recent CLSI breakpoints OR that is positive for carbapenemase production or for a carbapenemase gene	✓		✓
Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	Any <i>Acinetobacter baumannii</i> resistant to imipenem or meropenem by most recent CLSI breakpoints OR that is positive for a carbapenemase gene	✓		✓
Chancroid	<i>Haemophilus ducreyi</i>			X
<i>Chlamydia trachomatis</i> , including lymphogranuloma venereum (LGV)	<i>Chlamydia trachomatis</i>	✓ (if LGV strain)		✓
Cholera 📞	<i>Vibrio cholerae</i> O1 or O139	✓	✓	
	<i>Clostridioides difficile</i>			✓
Coccidioidomycosis	<i>Coccidioides immitis</i>			✓
Creutzfeldt-Jakob disease	14-3-3 protein from CSF or any brain pathology suggestive of CJD			✓

📞 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

Table 1. (continued) Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS <sup>1</sup>	LABORATORIES		TIMEFRAME FOR REPORTING <sup>2</sup>	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	Immediate	Within One Working Day
Cronobacter infection in infants <1 year of age	<i>Cronobacter</i> (any species)			✓
Cryptosporidiosis	<i>Cryptosporidium</i> species			✓
Cyclosporiasis	<i>Cyclospora cayetanensis</i>			✓
Cytomegalovirus in infants <2 months of age	<i>Cytomegalovirus</i> species			✓
Diphtheria 📞	<i>Corynebacterium diphtheriae</i>	✓	✓	
Ehrlichiosis	<i>Ehrlichia</i> species			✓
Encephalitis, infectious	Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic organism	✓ (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV)		✓
Epsilon toxin of Clostridium perfringens	<i>Clostridium perfringens</i> , epsilon toxin		✓	
Escherichia coli O157:H7 infection	<i>Escherichia coli</i> O157:H7	✓	✓	
Free-living amebic infections 📞	<i>Acanthamoeba</i> species <i>Balamuthia</i> species <i>Naegleria</i> species		✓	
Giardiasis	<i>Giardia</i> species			✓
Glanders 📞	<i>Burkholderia mallei</i>	✓	✓	
Gonococcal infection	<i>Neisseria gonorrhoeae</i>	✓		✓
Haemophilus influenzae invasive disease	<i>Haemophilus influenzae</i> , from a normally <a href="#">sterile site</a>	✓	✓	
Hantavirus infection	Hantavirus	✓	✓	
Harmful algal bloom related illness	Not Applicable			✓
Hemolytic uremic syndrome, post-diarrheal	Not Applicable			✓
Hepatitis A acute infection	Hepatitis A virus IgM		✓	
Hepatitis, viral (B, C <sup>7</sup> , D, E, G, all other types and undetermined)	Hepatitis B, C <sup>7</sup> , D, E and G virus, other types			✓
Histoplasmosis	<i>Histoplasma capsulatum</i>			✓
Human immunodeficiency virus (HIV) <sup>8</sup>	Refer to COMAR 10.18.02		Refer to COMAR 10.18.02	

📞 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

Table 1. (continued) Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS <sup>1</sup>	LABORATORIES		TIMEFRAME FOR REPORTING <sup>2</sup>	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	Immediate	Within One Working Day
Human immunodeficiency virus (HIV) perinatal exposure (infant whose mother has tested positive for HIV)	Refer to COMAR 10.18.02			(within 48 hours of birth, for providers)
Human immunodeficiency virus (HIV) in pregnant persons	Refer to COMAR 10.18.02			(within 48 hours of identification, for providers)
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	✓	✓	
Isosporiasis	<i>Cystoisospora belli</i> (synonym <i>Isospora belli</i> )			✓
Kawasaki syndrome	Not Applicable			✓
Legionellosis	<i>Legionella</i> species	✓ (if human isolate or NAAT (PCR) positive human clinical specimen)	✓	
Leprosy (Hansen’s Disease)	<i>Mycobacterium leprae</i>	✓		✓
Leptospirosis	<i>Leptospira interrogans</i>	✓		✓
Listeriosis	<i>Listeria monocytogenes</i>	✓		✓
Lyme disease	<i>Borrelia burgdorferi</i>			✓
Malaria	<i>Plasmodium</i> species	✓ <sup>5</sup>		✓
Measles (rubeola) 📞	Measles virus	upon request	✓	
Melioidosis 📞	<i>Burkholderia pseudomallei</i>	✓	✓	
Meningitis, infectious	Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid	✓ (Infectious agents as indicated elsewhere in §C of this regulation and viral agents except for HSV)		✓

📞 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

Table 1. (continued) Reportable Diseases and Conditions				
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS <sup>1</sup>	LABORATORIES		TIMEFRAME FOR REPORTING <sup>2</sup>	
	Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department <sup>3</sup>	Immediate
Meningococcal invasive disease 📞	<i>Neisseria meningitidis</i> (including serogroup, if known), from a normally <a href="#">sterile site</a>	✓	✓	
MERS-CoV 📞	Middle East respiratory syndrome coronavirus	✓	✓	
Microsporidiosis	Various microsporidian protozoa, including but not limited to, <i>Encephalitozoon species</i>			✓
Mpox	Mpox virus	upon request		✓
Mumps (infectious parotitis)	Mumps virus			✓
Mycobacteriosis, other than tuberculosis and leprosy	<i>Mycobacterium</i> species, other than <i>Mycobacterium tuberculosis</i> complex or <i>Mycobacterium leprae</i>			✓
Pertussis	<i>Bordetella pertussis</i>	✓	✓	
Pesticide related illness	Cholinesterase below the normal laboratory range			✓
Plague 📞	<i>Yersinia pestis</i>	✓	✓	
Pneumonia in a health care worker resulting in hospitalization	Various organisms			✓
Poliomyelitis 📞	Poliovirus	✓	✓	
Psittacosis	<i>Chlamydophila psittaci</i> (formerly <i>Chlamydia psittaci</i> )			✓
Q fever 📞	<i>Coxiella burnetii</i>	✓	✓	
Rabies (animal)	Rabies virus		✓	
Rabies (human) 📞	Rabies virus		✓	
Ricin toxin poisoning 📞	Ricin toxin (from <i>Ricinus communis</i> castor beans)		✓	
Rubella (German measles) and congenital rubella syndrome 📞	Rubella virus		✓	
Salmonellosis (nontyphoidal)	<i>Salmonella</i> species, including serogroup, if known	✓		✓
SARS-CoV-1 📞 (“SARS”)	SARS-associated coronavirus (SARS-CoV)	✓	✓	
SARS-CoV-2 (COVID-19)	SARS-associated coronavirus 2	upon request	✓	
Shiga-like toxin producing enteric bacterial infections	Shiga toxin, shiga-like toxin, or the toxin-producing bacterium	✓	✓	
Shigellosis	<i>Shigella</i> species, including species or serogroup, if known	✓		✓
Smallpox and other orthopoxvirus infections 📞	Variola virus, vaccinia virus, and other orthopox viruses	✓	✓	

📞 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

<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>
Spotted fever rickettsiosis	<i>Rickettsia</i> species			✓
Staphylococcal enterotoxin B poisoning 📞	<i>Staphylococcus</i> enterotoxin B		✓	
Streptococcal invasive disease, Group A	<i>Streptococcus pyogenes</i> , Group A, from a normally <a href="#">sterile site</a>	✓		✓
Streptococcal invasive disease, Group B	<i>Streptococcus agalactiae</i> , Group B, from a normally <a href="#">sterile site</a>	✓		✓
Streptococcus pneumoniae invasive disease	<i>Streptococcus pneumoniae</i> , from a normally <a href="#">sterile site</a>	✓		✓
Syphilis <sup>9</sup>	<i>Treponema pallidum</i> <sup>9</sup>			✓
Tetanus	<i>Clostridium tetani</i>			✓
Toxic shock syndrome (non-STSS)				✓
Toxoplasmosis	<i>Toxoplasma</i> species			✓
Trichinosis	<i>Trichinella spiralis</i>			✓
Tuberculosis, active disease, and suspected tuberculosis <sup>10</sup> 📞	<i>Mycobacterium tuberculosis</i> complex <sup>10</sup>	✓	✓	
Tuberculosis, latent infection (LTBI) <sup>11</sup>	<i>Mycobacterium tuberculosis</i> complex, latent infection <sup>11</sup>			✓
Tularemia 📞	<i>Francisella tularensis</i>	✓	✓	
Typhoid or Paratyphoid fever (case, carrier, or both, of Salmonella Typhi or Paratyphi)	<i>Salmonella</i> Typhi or Paratyphi	✓	✓	
Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) infection or colonization	Intermediate resistance of the <i>S. aureus</i> isolate to vancomycin	✓		✓
Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection or colonization	Resistance of the <i>S. aureus</i> isolate to vancomycin	✓		✓
Varicella (chickenpox), fatal cases only	Varicella-zoster virus (Human herpesvirus 3)			✓
Vibriosis, non-cholera <sup>12</sup>	All non-cholera <i>Vibrio</i> species <sup>12</sup>	✓		✓
Viral hemorrhagic fevers (all types) 📞	All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses	✓	✓	
Yersiniosis	<i>Yersinia</i> species	✓		✓

📞 Suspected illnesses associated with these conditions should be reported immediately by phone to 410-767-6700 during business hours and 410-795-7365 during non-business hours.

## Table 1 Footnotes:

1. As required to report in Regulation .04A(1)—(3), (5), and (6) of COMAR 10.06.01.
2. The timeframe for reporting is specified in regulation .04C of COMAR 10.06.01.
3. Clinical material shall be submitted according to §B of COMAR 10.06.01.
4. Any grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
5. Please include a blood specimen (EDTA tube) when possible for PCR analysis.
6. Submission of *C. haemulonii*, *C. duobushaemulonii* and *C. pseudohaemulonii* is optional but encouraged for surveillance purposes.
7. Suspected hepatitis C as indicated by:
  - a. Any hepatitis C antibody results that are positive;
  - b. Any hepatitis C virus RNA results associated with the results in (a) of this footnote that are qualitative or quantitative, if the results are: (i) Positive; or (ii) Negative; and
  - c. Any hepatitis C virus RNA results associated with the results in (a) of this footnote if the hepatitis C virus is:
    - (i) Detected; or (ii) Undetected.
8. AIDS and HIV, including all diagnostic, CD4+ lymphocyte count, and viral load, regardless of result, are reportable under COMAR 10.18.02. See additional information at <https://health.maryland.gov/phpa/oideor/chse/pages/reporting-material.aspx>
9. Suspected syphilis as indicated by:
  - a. Any treponemal or non-treponemal results that are qualitative or quantitative, if the results are:
    - (i) Positive; (ii) Reactive; or (iii) Inconclusive; and
  - b. Any negative or non-reactive results associated with the positive, reactive, or inconclusive results in (a) of this footnote.
10. Reporting of Confirmed or Suspect Tuberculosis (TB), including:
  - 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;
  - d. All persons for whom at least two anti-tuberculosis drugs are prescribed;
  - e. 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;
  - f. All suspect tuberculosis cases awaiting laboratory confirmation. Amendments to a “suspect” report should be submitted when laboratory confirmation results become available, including confirmation by culture or nucleic acid amplification test;
  - g. Any rifampin, isoniazid or other anti-tuberculosis medications resistance detected including molecular and/or phenotypic results.
11. Latent tuberculosis infection (LTBI) should be reported using the [LTBI Reporting Form](#) and faxed to 410-767-5972. LTBI as indicated when:
  - a. There is a positive result on an Interferon Gamma Release Assay, Tuberculin Skin Test, or any other test indicating tuberculosis infection; and
  - b. Active or suspected tuberculosis has been ruled out.
12. 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 § 18-101, § 18-102 (b), § 18-103 (a), § 18-201, § 18-201.1 § 18-202, § 18-202.1, § 18-205 and Code of Maryland Regulations (COMAR) 10.06.01, chapter amended as an emergency provision effective May 18, 2020. For HIV and AIDS Investigations and Case Reporting, see Maryland Statute Health-General § 18-201.1 and § 18-202.1, and Maryland regulations COMAR 10.18.02. 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
- 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 (see the [MDH Outbreak Reporting Guide](#) for more information)

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:

- 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.
- Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
- Masters or person in charge of vessels or aircraft within the territory of Maryland.
- Owners or operators of food establishments.
- Any individual having knowledge of an animal bite.
- Laboratories: Directors of a medical laboratory shall report evidence of diseases under Health General §18-205.

## What to Report – Diseases, Conditions, etc.

---

Health care providers must report those diseases and conditions as indicated in [Table 1](#).

- 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 health care providers nullify the laboratory's obligation to report.

## How to Report – Content, Format, Method

---

- **Electronic reporting is strongly preferred.** For information about the process and specifications for electronic reporting, please visit the [MDH Electronic Lab Reporting \(ELR\) website](#).
- If non-electronic reporting is used, please note the following:
  - 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.
- Healthcare providers
  - Healthcare providers should use the [MDH 1140 form](#) for reporting all diseases and conditions.
  - The report should, at a minimum, contain the information shown in [Table 2](#) (and listed in COMAR). It is acceptable to include other information that would aid in the public health follow-up of a report.
  - **FOR HIV/AIDS ONLY:** An electronic version of the MDH 1140 Form is available to report cases of HIV/AIDS ONLY and can be found [here](#).
- Laboratories
  - Electronic reporting is strongly preferred. For information about the process and specifications for electronic reporting, please visit [MDH Electronic Lab Reporting \(ELR\) website](#).
  - Laboratories that are not able to report using the ELR specifications should use the [MDH 1281 form](#) for reporting diseases and conditions other than HIV and CD4 results. If DHMH 1281 is not used, the report must contain all the required data elements and be approved by the Secretary.
  - Laboratories that are not able to report using the ELR specifications should use the [MDH 4492 form](#) for HIV and CD4 lab reporting. An electronic version of the MDH 4492 form can also be found [here](#).
  - The report should, at a minimum, contain the information shown in [Table 3](#) (and listed in COMAR). It is acceptable to include other information that would aid in the public health follow-up of a report.

## When to Report

---

Health care providers and laboratories should report according to the “Timeframe for Reporting” shown in [Table 1](#). There are two timeframe categories: “immediate” and “within one working day.” Certain illnesses should be reported immediately by phone to MDH at 410-767-6700 during business hours and 410-795-7365 during non-business hours; 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 4](#) 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 5](#) provides contact information for the various state level programs for infectious diseases and related conditions.
- The one exception to local health department reporting is HIV perinatal exposure (infant whose mother has tested positive for HIV). Those reports should be directed to the Center for Informatics. The address appears in [Table 5](#).

## 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: <https://health.maryland.gov/hipaa/Pages/Home.aspx> and <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>.)

Table 2. Required Information Content for a Health Care Provider Report

<b>Patient Information</b>
<ul style="list-style-type: none"> <li>• Name (including): Last, First, Middle initial</li> <li>• Date of birth</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Pregnancy status (if applicable) and estimated date of delivery</li> <li>• Resident address, including: House number, Street, Apartment number, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> <li>• Other</li> </ul>
<b>Health Care Provider (reporter)</b>
<ul style="list-style-type: none"> <li>• Name</li> <li>• Address, including: Number, Street, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> <li>• Date the report is sent to the health department</li> </ul>
<b>Disease / Condition</b>
<ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Date of onset of symptoms</li> <li>• Any laboratory information supporting the diagnosis of the disease or condition, as requested</li> <li>• Any treatment given for syphilis, gonococcal infection, and Chlamydia trachomatis infection</li> </ul>

Table 3. Required Information Content for a Laboratory Report

<b>Patient Information</b>
<ul style="list-style-type: none"> <li>• Name (including): Last, First, Middle initial</li> <li>• Date of birth</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Pregnancy status (if applicable) and estimated date of delivery</li> <li>• Resident address, including: House number, Street, Apartment number, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> <li>• Other epidemiological information as specified by the Secretary or Health Officer</li> </ul>
<b>Health Care Provider (who ordered the test)</b>
<ul style="list-style-type: none"> <li>• Name</li> <li>• Address, including: Number, Street, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> </ul>
<b>Facility (that ordered the test)</b>
<ul style="list-style-type: none"> <li>• Name</li> <li>• Address, including: Number, Street, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> </ul>
<b>Continued on next page</b>

**Table 3. (continued) Required Information Content for a Laboratory Report**

<b>Test Information</b>
<ul style="list-style-type: none"> <li>• Specimen collection date</li> <li>• Specimen received date</li> <li>• Specimen type (for example, blood, urine, stool, etc.)</li> <li>• Specimen site (for example, cervix, eye, etc.)</li> <li>• Test result date</li> <li>• Test type</li> <li>• Test results, including: Qualitative/Quantitative Reference range</li> <li>• Speciation, grouping, or typing</li> <li>• 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)</li> <li>• If reporting HIV viral resistance: Resistance patterns Sequence results</li> </ul>
<b>Laboratory Performing the Test</b>
<ul style="list-style-type: none"> <li>• Name</li> <li>• CLIA certificate number Laboratory Director</li> <li>• Address, including: Number, Street, City, State, Zip code, County</li> <li>• Telephone number, including area code</li> </ul>
<b>General Information</b>
<p>Date the report is sent to the health department</p> <p>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.</p>

Table 4. 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
<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. 410-612-1779 Fax 410-612-9185 *T 443-243-5726	1321 Woodbridge Station Way Edgewood MD 21040
<b>ANNE ARUNDEL</b> Ph. 410-222-7254 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 443-852-3771	206 N. Commerce Street Centreville MD 21617
<b>CARROLL</b> Ph. 410-876-4900 Fax 410-876-4959 *T 443-547-4628	290 S. Center Street Westminster MD 21158-0845	<b>ST. MARY'S</b> Ph. 301-475-4330 Fax 301-363-0616 *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 8928 Sign Post Road Westover MD 21871
<b>CHARLES</b> Ph. 301-609-6900 x6025 Fax 301-934-7048 *T 240-216-4055	PO Box 1050 4545 Crain Hwy White Plains MD 20695	<b>TALBOT</b> Ph. 410-819-5600 Fax 410-819-5693 *T 410-819-5676	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 301-600-0312	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 *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 410-632-1311	PO Box 249 Snow Hill MD 21863

