

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel (800) 821-5821; Fax (800) 293-7534  
TTY: Dial 711 (Maine Relay)

Dear Public Health Partner,

Maine Center for Disease Control and Prevention (Maine CDC) is pleased to provide the enclosed information to schools. We aim to increase awareness about infectious diseases in Maine and to improve reporting of these diseases to Maine CDC.

School nurses are required to report diseases listed on the Notifiable Conditions List. Maine CDC must be notified **immediately** for Category 1 conditions and **within 48 hours** for Category 2 conditions. Absenteeism defined as 15% or greater due to symptoms such as diarrhea, vomiting, fever, cough, and/or rash must be reported.

The enclosed materials include information on notifiable diseases and reporting. We have included educational materials about infectious diseases that commonly occur in school settings. Some materials are available to order at [www.maine.gov/dhhs/order](http://www.maine.gov/dhhs/order).

Other helpful reference materials:

- The *Guidelines for School Health Services* is a resource for schools and childcare facilities. It has information on current resources from DOE as well as national organizations. There are sample protocols or procedures related to the health of students and resources to enhance school nursing practices. This is available at <https://www.maine.gov/doe/index.php/schools/safeschools/healthed/nurseresources/guidelines>.
- The School Health section on Maine CDC's website contains up-to-date information on infectious diseases that may occur in the school setting. This is available at [www.maine.gov/dhhs/shm](http://www.maine.gov/dhhs/shm).
- *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* is a reference tool. It encourages understanding between families and health professionals about infectious disease in group care settings for children. This is available at <https://publications.aap.org/aapbooks/monograph/740/Managing-Infectious-Diseases-in-Child-Care>.

To report a disease or outbreak, please call Maine CDC's 24-hour Disease Reporting and Consultation Line at 1-800-821-5821 or contact Maine CDC at [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov). This email is not a secure email and personal information should not be sent. Epidemiologists are available to help you and offer recommendations on how to contain an outbreak and reduce the spread of disease. Please feel free to contact us with questions or concerns related to notifiable diseases at any time.

Thank you.

# Contents

Available Materials to Promote Health Education .....	1
Common Infectious Diseases Orderable Materials .....	3
Common Infectious Diseases Additional Materials .....	5
Rabies Orderable Materials .....	5
Ticks and Mosquitos Orderable Materials .....	6
Ticks and Mosquitos Additional Materials .....	6
School Health Manual .....	7
Communicable Diseases Quick Guide .....	8
Notifiable Diseases and Conditions List .....	10
Notifiable Disease Reporting Form .....	12

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## Available Materials to Promote Health Education

Maine CDC has a collection of educational materials available to order for free at [www.maine.gov/dhhs/order](http://www.maine.gov/dhhs/order). Additionally, most materials have hyperlinked PDFs available to download and print on-site. This year, we have reworked our digital mailing and how we include our available materials for your convenience. The following tables beginning on page 3 provide a picture and name for each of our materials. Click on the name of the item to download the printable version.

The materials of this mailing include information on common infectious diseases, rabies, and diseases from tick and mosquito bites. We encourage you to display this information and share it with others.

### Common Infectious Diseases in School and Childcare Settings

Maine CDC expects to see cases of COVID-19, RSV, and influenza this fall and winter. Respiratory illnesses in schools and childcare facilities can be highly contagious and problematic. Vaccine preventable diseases (VPDs) such as pertussis (whooping cough) and varicella (chickenpox) can be challenging in schools and childcare facilities. Fully vaccinated children are less likely to have the classic symptoms. This can make it difficult to diagnose. To keep numbers of these illnesses low, it is important to follow prevention measures.

Prevention methods include:

- Avoid crowds and increase distance between individuals.
- Remind parents that they should not send a child to school or childcare if the child is sick.
- Encourage good hand and respiratory hygiene.
- Stay up to date on COVID-19 and annual influenza vaccines.
- Encourage parents of children with COVID-19 or influenza symptoms to seek testing.
- Encourage parents of children with prolonged cough to seek medical attention.
- Remind parents of the importance of vaccination and verify school vaccine records.
- For schools: Report outbreaks to Maine CDC with more than 15% absenteeism due to illness.

### Rabies

Rabies is a serious disease caused by a virus. All mammals can get and spread rabies, but it is most common in raccoons, skunks, foxes, and bats in Maine. It is most commonly transmitted to humans through bites and scratches. Rabies can also spread when saliva or brain/spinal cord tissue from an infected animal comes into contact with broken skin or the mouth, nose, or eyes.

Prevent exposures to potentially rabid animals:

- Teach children/students not to touch wild animals or any animal that they do not know.
- Restrict wild animals from entering the school/facility or grounds.
- Encourage children/students to report any animal contact to an adult.
- Report stray or wild animals seen near school/facility grounds to principal/administrator.

- Suggest pest management to the principal/administrator if there is evidence of bats in the school.

**If an exposure occurs**, Maine CDC recommends these steps for schools and childcare facilities:

- If anyone is bitten or scratched by an animal, clean the wound right away with soap and water for 15 minutes.
- Encourage all to seek medical attention for any bites or scratches from animals. The healthcare provider, possibly in consultation with Maine CDC, will decide if rabies post-exposure prophylaxis (PEP) is needed.
- Report all animal bites or scratches that happen during the day to the principal/administrator. Inform the municipality in which the incident occurred by calling the town clerk or animal control officer.
- If a bat is seen flying in a classroom/facility, encourage everyone to remain calm, exit the room, and close the door behind them. Keep track of who was in the room. Safely capture the bat if contact occurred and submit for testing.
- For 24/7 consultation and advice, call Maine CDC at 1-800-821-5821.

## **Diseases from Tick & Mosquito Bites**

Children ages 5 to 14 years old have among the highest rates of Lyme disease in Maine. Anaplasmosis, babesiosis, hard tick relapsing fever, and Powassan are also a risk for children in Maine. Mosquitos can also carry harmful diseases. Practice proper prevention methods to avoid tick and mosquito bites and diseases. This is especially important when going into tick habitats, such as wooded areas.

Maine CDC recommends schools and childcare facilities to:

- Perform tick checks when coming back inside from playing outdoors in potential tick habitat.
- Create a policy for tick removal and communicate that policy with parents. Remove ticks as soon as possible to prevent transmission of disease. Place ticks in alcohol to kill and preserve them. Tick identification is important since deer ticks may carry pathogens, while dog ticks are not known to carry pathogens in Maine.
- Consider taking simple property management steps. Remove brush, leaves, and wood piles from areas accessible to children/students. Reduce tick habitat in areas children/students can access to protect them from encountering ticks.

To report a disease or outbreak, please call Maine CDC's 24-hour Disease Reporting Hotline at 1-800-821-5821 or contact Maine CDC by email at [disease.reporting@maine.gov](mailto:disease.reporting@maine.gov). This email is not secure and personal information should not be sent. Epidemiologists are available to help you if you have any questions.





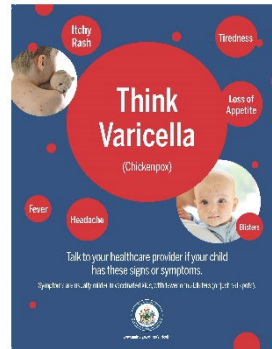
[Handwashing Handprint Poster](#)



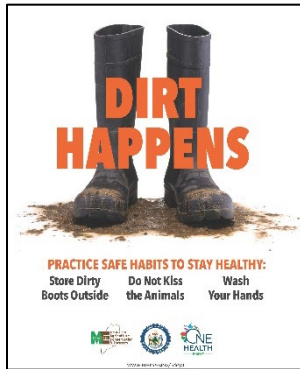
[Stop the Spread of Germs](#)



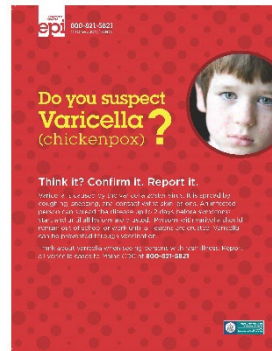
[Wash Your Hands- Multi Language](#)



[Think Varicella](#)



[Dirt Happens](#)



[Do you Suspect Varicella](#)



[Stay Home Poster \(School Bus\)](#)

# Common Infectious Diseases Additional Materials

[Flu symptom checklist for families](#)

[COVID Mythbusters-Back to School](#)

[Pertussis V. Parapertussis handout](#)

[Symptoms of COVID](#)

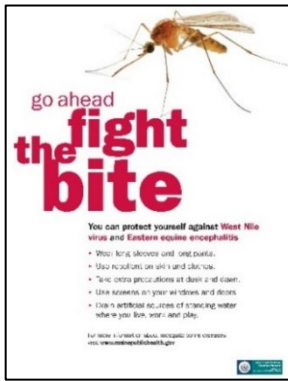
[Absenteeism-School Health](#)

# Rabies Orderable Materials

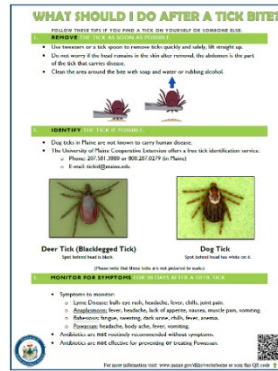
[Rabies Stinks Poster](#)

[Found a Bat? Poster](#)

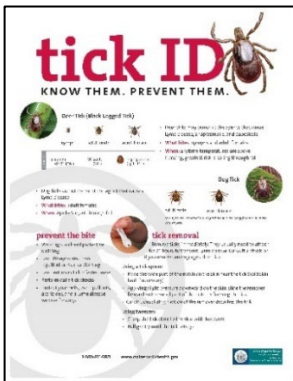
## Ticks and Mosquitos Orderable Materials



[Go ahead fight the bite poster](#)



[What Should I do After a Tick Bite](#)



[Tick ID Poster](#)

## Ticks and Mosquitos Additional Materials



[2022 LDAM Poster](#)



## School Health Manual

The School Health Manual section on Maine CDC's website is a resource for schools and childcare facilities. It contains up-to-date information on infectious diseases that may occur in the school or childcare setting. Each downloadable document and PDF contains details such as definition, signs and symptoms, transmission, diagnosis, role of the school nurse, and additional resources.

## Fact Sheets

Maine CDC also has a collection of fact sheets available for most infectious diseases. Fact sheets are resources for the public and can be helpful when explaining infectious diseases with students, parents and families as needed.

These resources are available at [www.maine.gov/dhhs/shm](http://www.maine.gov/dhhs/shm).

- The following hyperlinked fact sheets may be most helpful in school/daycare settings:
  - [Anaplasmosis](#)
  - [Animal rabies](#)
  - [Babesiosis](#)
  - [COVID-19](#)
  - [Hand, Foot, and Mouth Disease](#)
  - [Influenza](#)
  - [Jamestown Canyon Virus](#)
  - [Lyme disease](#)
  - [Norovirus](#)
  - [Pertussis](#)
  - [Powassan virus](#)
  - [Repellent](#)
  - [Respiratory Syncytial Virus Infection \(RSV\)](#)
  - [Varicella](#)
  - [Waterborne Illnesses](#)
  - [West Nile Virus](#)

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# Communicable Diseases Quick Guide for Schools and Child-Care Centers in Maine

Condition	Methods of Transmission	Incubation Period	Signs and Symptoms	Recommended Exclusion and Readmission Criteria	Report to Maine CDC? <sup>1,2</sup>	Prevention and Control
<b>Campylobacteriosis</b>	Contact with contaminated stool, water, raw milk, and food	2-5 days	Diarrhea, abdominal pain, fever, nausea, vomiting, fatigue	Exclude until diarrhea free <sup>3</sup>	Yes	Teach proper handwashing, properly disinfect surfaces, properly store and cook food
<b>Conjunctivitis, Bacterial or Viral (Pink Eye)</b>	Direct contact with discharge from an infected eye or touching contaminated surfaces then touching the eyes	Varies based on type	Red or pink, itchy, painful eyes	No exclusion	No	Teach proper handwashing, properly disinfect surfaces
<b>COVID-19</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs, contact with contaminated objects	2-14 days	Fever or chills, cough, sore throat, headache, muscle or body aches, fatigue, new loss of taste or smell, runny nose, nausea, vomiting, diarrhea	Exclude until 5 days from the day symptoms start, or a positive test if asymptomatic	Yes	Promote vaccination for people 6 months and older, teach proper handwashing, teach children to cover coughs and sneezes, teach the importance of testing and staying home if sick, teach about masking
<b>Coxsackie Virus Diseases (Hand, Foot, &amp; Mouth)</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs. Touching stool or objects contaminated with stool or respiratory droplets and then touching mouth, nose, or eyes.	3-6 days	Tiny blisters in the mouth and on the fingers, palms, buttocks, and soles of feet with fever, sore throat, runny nose, cough	No exclusion	No	Teach proper handwashing, teach children to cover coughs and sneezes
<b>Cryptosporidiosis</b>	Contact with contaminated stool, recreational water, food, soil, and surfaces	3-14 days	Watery diarrhea, loss of appetite, vomiting, fever, abdominal pain, fatigue	Exclude until diarrhea free <sup>3</sup> and for swimming until 2 weeks after symptoms end	Yes	Teach proper handwashing, wash all fruits and vegetables before eating, exclude children from swimming for 2 weeks after symptoms resolve
<b>E. coli infection, Shiga Toxin-Producing (STEC)</b>	Contact with contaminated stool, water, food, or raw milk	1-10 days	Severe stomach cramps, diarrhea (often bloody), vomiting	<u>Daycares:</u> exclude until 2 negative stool samples separated by 24 hours with the first sample taken at least 48 hours after the last dose of antibiotics <u>K-12 Schools:</u> exclude until diarrhea free <sup>3</sup>	Yes	Teach proper handwashing, provide education on good food safety practices, avoid unpasteurized dairy and juice products
<b>Hepatitis A</b>	Contact with contaminated stool, food, or water	15-50 days	Fever, jaundice (yellowing of the skin and eyes), abdominal pain, fatigue, dark urine, nausea, loss of appetite, diarrhea	<u>General:</u> exclude until one week after symptoms start <u>Food workers:</u> exclude for 7 days after jaundice starts or more than 14 days since symptoms start	Yes	Promote the hepatitis A vaccine, update and maintain vaccine records, teach proper handwashing, properly disinfect surfaces
<b>Hepatitis B</b>	Blood or blood products, injection drug use, sexual contact, being born to infected mothers, saliva that contains blood, contact with open sores, needle sticks, sharing items like razors, unregulated tattooing	45-160 days	Fever, muscle aches, nausea, vomiting, jaundice (yellowing of the skin and eyes), loss of appetite, joint pain, fatigue, abdominal pain, dark urine, clay-colored bowel movements	No exclusion	Yes	Promote the hepatitis B vaccine, update and maintain vaccine records, teach not to share syringes or other drug injection equipment, teach safe sex practices, cover open wounds, teach not to share toothbrushes or pacifiers, follow facility plan for handling exposure to blood-borne pathogens
<b>Hepatitis C</b>	Being born to infected mothers, saliva that contains blood, contact with open sores, needle sticks, sharing items like razors, unregulated tattooing	2 weeks - 6 months	Fever, muscle aches, nausea, vomiting, jaundice (yellowing of the skin and eyes), loss of appetite, joint pain, fatigue, abdominal pain, dark urine, clay-colored bowel movements	No exclusion	Yes	Teach not to share syringes or other drug injection equipment, teach safe sex practices, cover open wounds, teach not to share toothbrushes or pacifiers, follow facility plan for handling exposure to blood-borne pathogens
<b>Impetigo</b>	Contact with sores of an infected person or contaminated surfaces	Variable	Small, red pimples or fluid-filled blisters with crusted yellow scabs	Recommended exclusion until after treatment is started (if lesions can be covered)	No	Cover lesions, teach proper handwashing, properly disinfect surfaces, clip fingernails
<b>Influenza, Seasonal</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs, contact with contaminated objects	1-4 days	Fever, dry cough, sore throat, headache, muscle aches and pains, fatigue, runny nose, nausea, vomiting, diarrhea	Exclude until fever free <sup>4</sup>	Outbreaks Yes	Promote yearly immunization for people 6 months and older, teach proper handwashing, teach children to cover coughs and sneezes, avoid giving children aspirin
<b>Measles</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs	11-12 days	Fever, cough, runny nose, red and watery eyes, white spots inside the mouth, rash that starts at hairline spreading down the body	<u>People with measles:</u> exclude until 4 days after rash onset <u>*Non-immune children in K-12 schools:</u> exclude until 15 days after symptoms began for the last case or until the second dose of MMR(V) is received <u>*Non-immune children in daycares</u> exclude until 15 days after symptoms began for the last case or until they are appropriately immunized for their age.	Yes	Update and maintain vaccine records, teach proper handwashing, teach children to cover coughs and sneezes
<b>Meningococcal Infections</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs	1-10 days	High fever, chills, headache, stiff neck, vomiting, rash, altered mental status	Exclude until 24 hours after antibiotics start	Yes	Update and maintain vaccination records, teach proper handwashing, teach children to cover coughs and sneezes, teach children not to share water bottles, beverages or drinking cups, or cosmetics like lip balm
<b>Mononucleosis Infections</b>	Person-to-person through kissing and sharing objects contaminated with saliva	Estimated 30-50 days	Fever, sore throat, fatigue, swollen lymph nodes, enlarged liver and spleen	Should avoid contact sports if spleen is enlarged	No	Teach proper handwashing, clean and sanitize toys and utensils before use, teach children not to share cups, eating utensils, and toothbrushes, avoid kissing children on the mouth
<b>Mumps</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs	12-25 days	Swollen glands below the ears or under the jaw, fever, headache, earache, swelling of the testicles or ovaries	<u>People with mumps:</u> exclude until 5 days after onset <u>*Non-immune children in K-12 schools and daycares:</u> in the event of a confirmed case, exclude until 18 days after symptoms began for the last case or until the second dose of MMR(V) is received or appropriately immunized for their age.	Yes	Update and maintain vaccine records, teach proper handwashing, teach children to cover coughs and sneezes

# Communicable Diseases Quick Guide for Schools and Child-Care Centers in Maine

Condition	Methods of Transmission	Incubation Period	Signs and Symptoms	Recommended Exclusion and Readmission Criteria	Report to Maine CDC? <sup>1,2</sup>	Prevention and Control
<b>Norovirus</b>	Contact with contaminated stool, food, or water	12-48 hours	Fever, watery diarrhea, abrupt onset of vomiting, muscle aches, headache	<u>Diapered children</u> : exclude until their stool is contained in their diaper <u>Toilet-trained children</u> : exclude until diarrhea free <sup>3</sup>	No	Teach proper handwashing, properly disinfect surfaces and toys, proper cooking temperatures and storage of food
<b>Parvovirus (Fifth Disease)</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or Coughs. Touching objects contaminated with respiratory secretions and then touching mouth, nose, or eyes	4-21 days	Fever, headache, fatigue, muscle aches, red “slapped-cheek” rash 4- 14 days after other symptoms	No exclusion	No	Exposed pregnant women should talk to their healthcare provider, teach proper handwashing, teach children to cover coughs and sneezes
<b>Pertussis (Whooping Cough)</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs	4-21 days	Cold-like symptoms, coughing that may last weeks to months, vomiting while coughing, difficulty catching breath, whooping sound, fever	Exclude until after 5 days of antibiotic treatment or for 21 days after coughing starts if no antibiotics	Yes	Update and maintain vaccine records, teach proper handwashing, teach children to cover coughs and sneezes
<b>Pinworm</b>	Contact with infected stool and sharing toys, bedding, clothing, toilet seats, or baths	1-2 months	Itching and irritation around the anal or vaginal areas	No exclusion	No	Avoid shaking bedding or underwear, teach children proper handwashing, wash toys frequently, properly disinfect surfaces
<b>Ringworm</b>	Contact with infected humans, animals, or contaminated surfaces or objects	weeks	Red, circular patches with raised edges on the skin or feet, cracking and peeling of skin between the toes Patchy areas of dandruff-like scaling with or without hair loss on the scalp	Start treatment before returning to school or daycare, infected athletes should not participate in sports with person to person contact for 72 hours after starting treatment	No	Teach children not to share bike helmets, hats, combs, brushes, clothing, bedding, or towels, teach children not to walk barefoot in areas like locker rooms or public showers, athletes involved in close contact sports should shower immediately after a session or match, and keep all sports gear clean
<b>Rubella (German Measles)</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs	12-23 days	Red or pink rash appearing first on the face and then spreading downward over the body, swollen glands, fever, joint aches and pain	<u>People with rubella</u> : exclude until 7 days after the rash onset <u>*Non-immune children in K-12 schools</u> : exclude until 23 days after symptoms began in the last case or until the second dose of MMR(V) is received <u>*Non-immune children in daycares</u> : in the case of an outbreak (3 cases or more) exclude until 23 days after symptoms began in the last case or until up-to-date with MMR(V) vaccination.	Yes	Update and maintain vaccine records, teach proper handwashing, teach children to cover coughs and sneezes
<b>Salmonellosis</b>	Contact with infected stool, food, water, and raw milk	12-36 hours	Diarrhea, fever, abdominal pain, nausea, vomiting	Diarrhea free <sup>3</sup>	Yes	Teach proper handwashing, properly disinfect surfaces, no animals that are known to carry <i>Salmonella</i> should be allowed in the school/daycare
<b>Scabies</b>	Prolonged and close person-to-person contact	4-6 weeks for first infections, 1-4 days for reinfections	Rash, severe itching (increased at night), itchy red bumps and/ or blisters	Recommended exclusion until after treatment is started	No	Daycares: Launder bedding and clothing worn during the 3 days before treatment, items that cannot be laundered should be sealed in plastic bags for at least 4 days. Recommend all family members see healthcare provider for prescribed treatment.
<b>Shingles (Herpes Zoster)</b>	Reactivation of the varicella-zoster (chickenpox) virus	Years after having varicella or the vaccine	Red bumps and blisters (vesicles), usually in a narrow area on one side of the body, rash may be itchy or painful, children younger than 3 years rarely have a sore throat and commonly have nasal discharge	Exclude until the rash can be covered or when all lesions have crusted	No	Teach proper handwashing, ensure rash is covered during the blister phase, notify pregnant or unvaccinated people
<b>Strep Throat (Streptococcal Pharyngitis) and Scarlet Fever</b>	Breathing in respiratory droplets after an infected person exhales, sneezes, or coughs, contact with contaminated surfaces or objects	2-5 days	Sore throat, fever, stomachache, headache, swollen lymph nodes in neck, lack of appetite	Recommended exclusion until after 12 hours of antibiotics	No	Teach proper handwashing, teach children to cover coughs and sneezes
<b>Varicella (Chickenpox)</b>	Direct contact, coughing, sneezing, and aerosolization of the virus	10-21 days	Fluid-filled red rash on the skin, rash inside the mouth, ears, genital areas, and scalp, fever, runny nose, cough	<u>People with varicella</u> : exclude until the rash crusts (~5 days) or in immunized people without crusts until no new lesions appear for 24 hours <u>*Non-immune children in K-12 schools and daycares</u> : only in the case of an outbreak (3 or more cases, possibly 2 cases in certain circumstances) exclude until 21 days after symptoms began in the last case or until a dose of MMR(V) is received	Yes	Update and maintain vaccine records, teach proper handwashing, teach children to cover coughs and sneezes

<sup>1</sup>Report confirmed and suspect cases to Maine Center for Disease Control and Prevention by calling 1-800-821-5821.

<sup>2</sup>An up-to-date list of reportable conditions is available at <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-conditions-2-17-2021.pdf>

<sup>3</sup>Diarrhea free for 24 hours without the use of diarrhea suppressing medications. Diarrhea is 3 or more episodes of loose stools in a 24-hour period.

<sup>4</sup>Fever free for 24 hours without the use of fever suppressing medications. Fever is a temperature of 100.4°F (38°C) or higher.

\*Exclusions according to Maine Immunization Laws as of September 2021. To view the exact law and or up-to-date laws, visit:

<https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/maine-vaccine-exemption-law-changes.shtml>

For more information on infectious diseases, please visit [www.maine.gov/idepi](http://www.maine.gov/idepi). You can also call 1-800-821-5821.



# NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:

**Telephone: 1-800-821-5821      Fax: 1-800-293-7534**

☎ Conditions are reportable **immediately** by telephone on recognition or strong suspicion of disease

All others are reportable by telephone, fax, electronic lab report, or mail within **48 hours** of recognition or strong suspicion of disease

➔☒ Directors of laboratories are to submit isolates or clinical specimens, as well as any isolates or clinical specimens as requested by Maine CDC, to the *Maine Health and Environmental Testing Laboratory* for confirmation, typing, and/or antibiotic sensitivity

Acid-Fast Bacillus ➔ ☒	Legionellosis
Acquired Immunodeficiency Syndrome (AIDS)	Leptospirosis
Acute flaccid myelitis (AFM) <sup>1</sup>	Listeriosis ➔ ☒ ( <i>Listeria monocytogenes</i> )
Anaplasmosis	Lyme Disease
☎ Anthrax ➔ ☒ ( <i>Bacillus anthracis</i> )	Malaria
Babesiosis	☎ Measles ➔ ☒ (Rubeola virus)
☎ Botulism ➔ ☒ ( <i>Clostridium botulinum</i> )	☎ Meningococcal Disease, invasive ➔ ☒ ( <i>Neisseria meningitidis</i> )
<i>Borrelia miyamotoi</i>	☎ Mumps ➔ ☒
☎ Brucellosis ➔ ☒ ( <i>Brucella</i> species)	☎ Pertussis
California Serogroup Viruses	☎ Plague ➔ ☒ ( <i>Yersinia pestis</i> )
Campylobacteriosis	☎ Poliomyelitis ➔ ☒ (Polio virus)
☎ <i>Candida auris</i> <sup>2</sup> ➔ ☒	Powassan Virus
☎ Carbapenemase-producing carbapenem-resistant organisms <sup>3</sup> ➔ ☒	Psittacosis
Carbon Monoxide Poisoning <sup>4</sup>	☎ Q Fever
Chancroid	☎ Rabies (human and animal) ➔ ☒ (Rabies virus)
Chlamydia	Rabies Post-Exposure Prophylaxis
Chickenpox (Varicella)	☎ Ricin Poisoning ➔ ☒
Chikungunya	☎ Rubella (including congenital) ➔ ☒ (Rubella virus)
☎ Coronavirus, Novel, MERS, and SARS ➔ ☒	Salmonellosis ➔ ☒ ( <i>Salmonella</i> species)
Creutzfeldt-Jakob disease, <55 years of age	☎ Shellfish Poisoning
Cryptosporidiosis	Shigellosis ➔ ☒ ( <i>Shigella</i> species)
Cyclosporiasis	☎ Smallpox ➔ ☒ (Variola virus)
Dengue	Spotted Fever Rickettsiosis
☎ Diphtheria ➔ ☒ ( <i>Corynebacterium diphtheriae</i> )	St. Louis Encephalitis
<i>E. coli</i> , Shiga toxin-producing (STEC) ➔ ☒	☎ <i>Staphylococcus aureus</i> non-susceptible to Vancomycin <sup>6</sup> ➔ ☒
Eastern Equine Encephalitis	<i>Streptococcus</i> Group A, invasive
Ehrlichiosis	<i>Streptococcus pneumoniae</i> , invasive
Giardiasis	Syphilis
Gonorrhea	☎ Tetanus ➔ ☒ ( <i>Clostridium tetani</i> )
<i>Haemophilus influenzae</i> , invasive ➔ ☒	Trichinosis
Hantavirus, pulmonary and non-pulmonary syndromes	☎ Tuberculosis (active and presumptive) ➔ ☒ ( <i>Mycobacterium tuberculosis</i> )
Hemolytic-uremic syndrome (post-diarrheal)	☎ Tularemia ➔ ☒ ( <i>Francisella tularensis</i> )
☎ Hepatitis A, B, C, D, E (acute)	Vibrio species, including Cholera ➔ ☒ ( <i>Vibrio</i> species)
Hepatitis B, C, D (chronic)	Vaping-associated pulmonary illness <sup>7</sup>
Human Immunodeficiency Virus (HIV) <sup>5</sup>	☎ Viral Hemorrhagic Fever
Influenza-associated pediatric death	West Nile Virus
☎ Influenza A, Novel ➔ ☒	Western Equine Encephalitis
Influenza-associated hospitalization, laboratory-confirmed	Yellow Fever
	Zika virus disease
	☎ <b>Any Case of Unusual Illness of Infectious Cause</b>
	☎ <b>Any Cluster/Outbreak of Illness with Potential Public Health Significance</b>

\*See condition-specific footnotes on next page.

**Who must report:** Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facilities, Correctional Facilities, Educational Institutions, Administrators, Health Officers, Veterinarians, Veterinary Medical Laboratories

**What to report:** Disease reports must include as much of the following as is known:

- Disease or condition diagnosed or suspected and symptom onset
- Name and phone number of person making the report and date
- Patient's name, date of birth, address, phone number, occupation, sex, race, and ethnicity
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address, and phone number

**Complete Rules for the Control of Notifiable Diseases and Conditions:**

<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml>



# NOTIFIABLE DISEASES AND CONDITIONS LIST

24 Hours A Day, 7 Days A Week Disease Reporting:

Telephone: 1-800-821-5821 Fax: 1-800-293-7534

## Footnotes

1. An illness with an onset of acute focal limb weakness and either 1) cerebrospinal fluid with an elevated white blood cell count or 2) a magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments.
2. Detection of *Candida auris* in a specimen using culture or culture independent diagnostic test; or detection of an organism that commonly represents a *Candida auris* misidentification.
3. Carbapenemase-producing carbapenem-resistant organisms are:
  - Carbapenem-resistant organisms, as defined by the Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>), that test positive for Carbapenemase-producing by a phenotype method or for a known carbapenemase resistance mechanisms by a recognized test, as defined by the U.S. Centers for Disease Control and Prevention (<https://www.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/>).
  - Reporting will include test method used, result, and where applicable, specific resistance mechanisms identified.
  - Isolate submission is required for all carbapenem-producing carbapenem-resistant organisms. If phenotypic or resistance mechanism test results are not available for a carbapenem-resistant organism, then isolate submission of the carbapenem-resistant organism is required to determine carbapenemase-producing status.
4. All cases with clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning, and/or: a carboxyhemoglobin (COHb) level equal to or above 5%.
5. Any human immunodeficiency virus (HIV) test results, including:
  - All reactive/repeatedly reactive initial HIV immunoassay results and all results (e.g. positive, negative, indeterminate) from all supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
  - All HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results;
  - All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
  - HIV genotypic resistance testing, nucleotide sequence results; and,
  - Positive HIV detection tests (including, but not limited to culture, P24 antigen).
6. As defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>).
7. Clinicians should report cases with onset on or after May 1, 2019, that meet the criteria of (1) a significant respiratory illness of unclear etiology and (2) a history of vaping.

Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
Division of Infectious Disease



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

**Notifiable Disease Reporting Form**

**Notifiable Condition or Disease:** \_\_\_\_\_  
(Attach lab results if available)

**Reporting Information**

Person Reporting: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_  
(Last, First MI)

Address: \_\_\_\_\_ State: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Hispanic or Latino:  Yes  No  Unknown

Race:  White  Black or African-American  Asian  Unknown  
 Native Hawaiian/Pacific Islander  American Indian/Alaskan Native  
 Two or More Races  Other – Specify \_\_\_\_\_

**Clinical Information**

Specimen Source:  Blood  Cervix  Joint Fluid  Nasopharyngeal  Spinal Fluid  
 Sputum  Stool  Urethra  Urine  Other – Specify \_\_\_\_\_

Specimen Collection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Lab that Performed Test: \_\_\_\_\_ Lab Test Name/Type: \_\_\_\_\_

Is patient hospitalized:  Yes → Where? \_\_\_\_\_  No

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Practice Name: \_\_\_\_\_ Town: \_\_\_\_\_

**Fax form to Division of Infectious Disease at (800) 293-7534 or (207) 287-8186**