



## ADMINISTRATIVE RULES OF MONTANA



### **37.114.204 REPORTS AND REPORT DEADLINES**

- (1) A local health officer must immediately report (within four hours) to the department by telephone the information cited in ARM 37.114.205(1) through (2) whenever a case of one of the following diseases or other condition of public health importance is suspected or confirmed:
  - (a) Anthrax;
  - (b) Botulism;
  - (c) Plague;
  - (d) Poliomyelitis, paralytic or nonparalytic;
  - (e) Severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease;
  - (f) Smallpox;
  - (g) Tularemia; or
  - (h) Viral hemorrhagic fevers.
- (2) A local health officer must transmit by telephone or secure electronic means to the department the information required by ARM 37.114.205(1) and (2) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:
  - (a) Information about a case of one of the following diseases should be submitted within 24 hours after it is received by the local health officer:
    - (i) an outbreak of a disease or condition specified in ARM 37.114.203;
    - (ii) any unusual incident of illness or death in a human or animal with potential human health implications;
    - (iii) Acute flaccid myelitis (AFM);
    - (iv) Brucellosis;
    - (v) Cronobacter in infants;
    - (vi) Diphtheria;
    - (vii) Gastroenteritis outbreak;
    - (viii) Influenza-associated hospitalization and mortality;
    - (ix) Measles;

- (x) Melioidosis;
  - (xi) Mpox;
  - (xii) Rabies in a human;
  - (xiii) Rabies in an animal;
  - (xiv) Rubella; and
  - (xv) Syphilis.
- (b) Information about a case of one of the following diseases must be submitted within seven calendar days after it is received by the local health officer:
- (i) AIDS or HIV infection;
  - (ii) Arboviral diseases, neuroinvasive and non-neuroinvasive (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, Saint Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection);
  - (iii) Arsenic poisoning ( $\geq 70$   $\mu\text{g/L}$  total arsenic in urine; or  $\geq 35$   $\mu\text{g/L}$  methylated plus inorganic arsenic in urine);
  - (iv) Babesiosis;
  - (v) Cadmium poisoning ( $\geq$  five  $\mu\text{g/L}$  total blood cadmium levels; or  $\geq$  three  $\mu\text{g/L}$  total cadmium in urine);
  - (vi) Campylobacteriosis;
  - (vii) Candida auris (C. auris);
  - (viii) Carbapenemase-producing carbapenem-resistant organisms (CP-CRO);
  - (ix) Chancroid;
  - (x) Chlamydial trachomatis infection;
  - (xi) Cholera;
  - (xii) Coccidioidomycosis;
  - (xiii) Colorado tick fever;
  - (xiv) Coronavirus Disease 2019 (COVID-19);
  - (xv) Cryptosporidiosis;
  - (xvi) Cyclosporiasis;
  - (xvii) Dengue virus infections;
  - (xviii) Escherichia coli, Shiga toxin-producing (STEC);
  - (xix) Giardiasis;
  - (xx) Gonorrhea;
  - (xxi) Granuloma inguinale;

- (xxii) Group A Streptococcus, invasive disease;
- (xxiii) Haemophilus influenzae, invasive disease;
- (xxiv) Hansen's disease (leprosy);
- (xxv) Hantavirus pulmonary syndrome or infection;
- (xxvi) Hemolytic uremic syndrome, post diarrheal;
- (xxvii) Hepatitis A, acute;
- (xxviii) Hepatitis B, acute, chronic, perinatal;
- (xxix) Hepatitis C, acute, chronic;
- (xxx) Lead levels in a capillary blood specimen of  $\geq 3.5$  micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) in a person less than 16 years of age;
- (xxxi) Lead levels in a venous blood specimen at any level;
- (xxxii) Legionellosis;
- (xxxiii) Leptospirosis;
- (xxxiv) Listeriosis;
- (xxxv) Lyme disease;
- (xxxvi) Malaria;
- (xxxvii) Meningococcal disease (Neisseria meningitidis);
- (xxxviii) Mercury poisoning ( $\geq$  ten  $\mu\text{g}/\text{L}$  total mercury in urine; or  $\geq$  ten  $\mu\text{g}$  elemental mercury/g in creatinine in urine; or  $\geq$  ten  $\mu\text{g}/\text{L}$  elemental, organic, and inorganic blood mercury levels);
- (xxxix) Multisystem inflammatory syndrome in children (MIS-C);
- (xl) Mumps;
- (xli) Pertussis;
- (xlii) Psittacosis;
- (xliii) Q-fever (acute and chronic);
- (xliv) Rickettsial diseases (including spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis);
- (xlv) Salmonella Paratyphi infection;
- (xlvi) Salmonella Typhi infection;
- (xlvii) Salmonellosis;
- (xlviii) Shigellosis;
- (xlix) Streptococcus pneumoniae, invasive disease;
- (l) Streptococcal toxic shock syndrome (STSS);

- (li) Tetanus;
  - (lii) Tickborne relapsing fever;
  - (liii) Toxic shock syndrome (nonstreptococcal) (TSS);
  - (liv) Transmissible spongiform encephalopathies;
  - (lv) Trichinellosis (trichinosis);
  - (lvi) Tuberculosis (TB) including latent tuberculosis infection;
  - (lvii) Varicella (chickenpox);
  - (lviii) Vibriosis; and
  - (lix) Yellow fever.
- (3) Each week during which a laboratory-confirmed case of influenza is reported to the local health officer, the officer must transmit by secure electronic means to the department on Friday of that week the total number of the cases of influenza reported.
- (4) For any animal exposure that may result in a risk of rabies transmission to a human by a species susceptible to rabies infection, the local health officer must report by secure electronic means to the department documentation of a rabies post-exposure prophylaxis recommendation or administration within seven calendar days of the recommendation or administration.
- (5) A laboratory that performs testing associated with HIV infection must report:
- (a) any test result or combination of test results that indicate HIV infection;
  - (b) all CD4 T-lymphocyte test results unless it is known that the test was performed in association with a disease other than HIV infection or HIV-related illness;
  - (c) HIV nucleic acid tests, RNA or DNA, irrespective of result;
  - (d) all test results for assays designed to assess HIV infection subtype and resistance to antiretroviral drugs, including nucleotide sequences, in a format designated by the department; and
  - (e) submit a specimen utilized for surveillance purposes only, to the department's public health laboratory upon request.

**Authorizing statute(s):** 50-1-202, 50-17-103, 50-18-105, MCA

**Implementing statute(s):** 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA

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**History:** NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06; AMD, 2013 MAR p. 967, Eff. 6/7/13; AMD, 2017 MAR p. 343, Eff. 3/25/17; AMD, 2019 MAR p. 1745, Eff. 1/1/20; AMD, 2022 MAR p. 1855, Eff. 9/24/22; AMD, 2024 MAR p. 1885, Eff. 7/27/24.