

**STATE OF MAINE**

**CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS RULE**

**10-144 CODE OF MAINE RULES  
CHAPTER 258**



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
Augusta, Maine 04333-0011

Last amended: February 17, 2021

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**10-144: DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION**

**Chapter 258: CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS RULE**

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## SECTION 1. PURPOSE AND DEFINITIONS

- A. Purpose.** This rule governs the reporting of, and responses to, certain diseases, clusters of unusual cases of a disease or outbreaks of disease, epidemics, and Public Health Threats. The Department may impose substitute and additional requirements and take other actions for the protection of the public health during Extreme Public Health Emergencies and Health Emergencies.
- B. Definitions.** As used in this rule, unless the context indicates otherwise, the following terms have the following meanings:
1. **Blood Bank** means a medical facility designed, equipped and staffed to produce, process, store or distribute human whole blood or blood derivatives for transfusion or treatment purposes.
  2. **Carrier** means a person identified as harboring a specific infectious agent and who serves as a potential source of infection.
  3. **Case** means a person infected with a particular infectious agent or having a particular disease as diagnosed by a Health Care Provider.
  4. **Child Care Facility** means any home, institution or facility subject to licensure by the State of Maine, Department of Health and Human Services Office of Child and Family Services, to provide childcare, pursuant to 22 MRS §§ 8301-8308.
  5. **Commissioner** means the Commissioner of the Department of Health and Human Services, State of Maine.
  6. **Communicable Disease** means an illness or condition due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host.
  7. **Confinement** means involuntary isolation of a Non-Compliant Person by judicial order, or by order of the Department pursuant to 22 MRS § 820(1)(B), for a period of time and in such places and under such conditions as to prevent the transmission of the infection to others, to assure that the individual may receive a complete course of treatment, and to limit activities that may place others at risk of acquiring infection.
  8. **Contact** means an individual who has been exposed to an infectious person in a manner which places the individual, given the specific organism involved, at risk of infection.
  9. **Correctional Facility** means penal, jail and/or correctional institution administered by the Department of Corrections, State of Maine, or by a county.
  10. **Department** means the State of Maine, Department of Health and Human Services, Maine Center for Disease Control and Prevention.
  11. **Designated Health Care Facility** means a nursing facility, residential care facility, intermediate care facility for persons with intellectual disabilities, multi-level health care facility, hospital, or home health agency subject to licensure by the State of Maine, Department of Health and Human Services Division of Licensing and Certification.

12. **Educational Institution** means any institution, public or private, directed to the education and training of students, including, but not limited to, primary, secondary, and post-secondary schools.
13. **Electronic Laboratory Reporting (ELR)** means the automated transmission of laboratory-related data from commercial, public health, hospital, and other labs to the Department through an electronic health records (EHR) system or a Laboratory Information Management System (LIMS). Electronic reporting requires compliance with current standards found at <https://www.cdc.gov/elr/technicalstandards.html>.
14. **Emergency Department** means any department or facility of a hospital that either (1) is licensed by the Department's Division of Licensing and Certification as an emergency department; (2) is held out to the public as providing treatment for emergency medical conditions; or (3) actually provided treatment for emergency medical conditions on an urgent basis on one-third or more of the visits to the department in the preceding calendar year.
15. **Emerging Disease or Condition** means any infections or condition that has newly appeared in a population or has existed but is rapidly increasing in incidence or geographic range.
16. **Environmental Disease** means any abnormal condition or disorder aggravated or caused by exposure to an environmental hazard.
17. **Environmental Hazard** means a chemical, physical agent, biomechanical stressor or biological toxin that is present in the environment and that has an adverse effect on human health.
18. **Environmentally Related Health Effects** mean chronic diseases, birth defects, developmental disabilities and other noninfectious health effects that may be related to exposure to environmental hazards.
19. **Epidemic** means an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.
20. **Exposure** means direct contact or interaction with an environmental, biological hazard, infectious agent or toxic agent affecting or being taken into the body.
21. **Extreme Public Health Emergency** means a state of emergency declared by the Governor of the State of Maine pursuant to 22 MRS § 802(2-A) and 37-B MRS § 742 based upon the occurrence or imminent threat of widespread exposure to a highly infectious or toxic agent or environmental hazard that poses an imminent threat of substantial harm to the population of the State.
22. **Health Alert Network (HAN)** means the secure, web-based communication system used by the Maine Center for Disease Control and Prevention to exchange information within and between their respective agencies and external parties through public health alerts, advisories and updates serving to notify and inform individuals about critical health alerts and to assist with disease surveillance and other public health needs.
23. **Health and Environmental Testing Laboratory (HETL)** means the public health laboratory, located within the State of Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention.
24. **Health Care Facility** means a facility, institution, or agency subject to licensure by the Department of Health and Human Services, Division of Licensing and Certification to provide health care.

25. **Health Care Provider** means a nurse practitioner, physician or physician assistant subject to licensure by the State of Maine.
26. **Health Emergency** means a declaration by the Department, arising from an actual or threatened epidemic or public health threat for which the Department may adopt emergency rules for the protection of the public health, pursuant to 22 MRS § 802(2).
27. **Health Level Seven or HL7 messaging** means the use of a set of international standards for the transfer of clinical and administrative data between software applications used by various healthcare providers, providing a system for sharing and processing information in a uniform and consistent manner.
28. **Health Officer** means a local or municipal health officer appointed either pursuant to 22 MRS § 451, or who is designated by the Department, to enforce the public health functions of this rule.
29. **Hospital** means an institution that primarily provides acute care to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons or rehabilitation services for the rehabilitation of injured, disabled or sick persons. ‘Hospital’ also includes psychiatric and tuberculosis hospitals.” 22 MRS § 328(14). Hospital means any acute care facility subject to licensure by the Department of Health and Human Services, Division of Licensing and Certification.
30. **Incubation Period** means the period of time that is generally agreed to be the longest time between exposure to an infectious agent and the onset of infection and/or symptoms.
31. **Infection Preventionist** means any person designated by a hospital, nursing home, medical clinic or any other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility.
32. **Infectious Person** means a person who is diagnosed as having a communicable disease and who, after appropriate medical evaluation or testing, is determined to be a potential source of infection to others, given conditions necessary for transmission of the disease.
33. **Intervention** means a public health action taken to reduce risk to public health or safety after receipt and evaluation of information of reported or suspect cases.
34. **Invasive** means the isolation of a *specific organism* from a normally sterile body site such as blood, cerebrospinal fluid (CSF), pleural fluid, peritoneal fluid, pericardial fluid, bone, joint/synovial fluid, or other internal body site (e.g. lymph node, brain) that normally contains no microorganisms.
35. **Investigation** means a systematic inquiry or examination of potential disease-causing agents or disease incidence.
36. **Isolation** means the separation, for the period of communicability, of an infectious person or animal from others in places and under conditions to prevent or limit the direct or indirect transmission of the infectious agent to those who are susceptible or who may spread the agent to others.
37. **Medical Laboratory** means any facility subject to certification, within Maine or out-of-state, that receives, forwards or analyzes specimens of material from the human body, or referred cultures of specimens from the human body.

38. **Non-Compliant Person** means an individual diagnosed with, recognized as having, or strongly suspected of having a Notifiable Disease or Condition who does not comply with prescribed care and public health recommendations.
39. **Notifiable Disease or Condition** means any communicable, zoonotic, occupational or environmental disease, the occurrence or suspected occurrence of which is required to be reported to the Department pursuant to 22 MRS Chapter 250, §§ 821-825, listed in Appendix A of this rule or declared a temporary Notifiable Disease or Condition, in accordance with Section 2(E) of this rule.
40. **Nurse Practitioner** means an individual who is licensed as a registered professional nurse and approved to practice as an advanced practice registered nurse by the Maine State Board of Nursing pursuant to 32 MRS Chapter 31.
41. **Nursing Home** means a nursing facility or home subject to licensure by the Department of Health and Human Services, Division of Licensing and Certification.
42. **Outbreak** means a situation in which a Notifiable Disease or Condition is observed in excess of what is expected, compared to the usual frequency of the disease or condition in the same geographic area, among a specified population, during a similar period of time.
43. **Pharmacist** means a pharmacist subject to licensure in the State of Maine by the Board of Registration in Pharmacy pursuant to 32 MRS Chapter 117.
44. **Physician** means a physician registered and licensed in the State of Maine by either the Board of Licensure in Medicine pursuant to 32 MRS Chapter 48 or by the Board of Osteopathic Licensure pursuant to 32 MRS Chapter 36.
45. **Physician Assistant** means a physician assistant licensed in the State of Maine by either the Board of Licensure in Medicine pursuant to 32 MRS Chapter 48 or by the Board of Osteopathic Licensure pursuant to 32 MRS Chapter 36.
46. **Prescribed Care** means isolation, quarantine, examination, vaccination, medical care or treatment ordered by the Department or by court order.
47. **Public Health Threat** means any condition or behavior that can reasonably be expected to place others at significant risk of exposure to a toxic agent or environmental hazard or infection with a notifiable disease or condition.
48. **Public Health Worker** means State public health employees or designated contractors of the Department, including but not limited to, epidemiologists, disease intervention specialists, public health educators, public health nurses, municipal public health officials, or other public health professionals.
49. **Quarantine** means the limitation, by the Department, of freedom of movement of individuals or contacts who have been exposed to a communicable disease or condition, for a period of time equal to the longest incubation period of the disease or condition to which they have been exposed, for the purpose of preventing exposure of other individuals.
50. **State Epidemiologist** means the chief medical epidemiologist of the State of Maine, as designated by the Department.

51. **Surveillance** means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary.
52. **Toxic Agent** means a chemical or physical substance that, under certain circumstances or exposure, may cause harmful effects to living organisms.
53. **Vaping** means the action or practice of inhaling and exhaling the vapor produced by an electronic cigarette or similar device, including but not limited to e-cigs, e-hookahs, mods, vape pens, vapes, tank systems, and electronic nicotine delivery systems (ENDS).
54. **Veterinarian** means a person subject to licensure in the State of Maine by the Board of Veterinary Medicine pursuant to 32 MRS Chapter 71-A.
55. **Zoonotic Disease** means a disease or condition that may cause serious illness, disability or death, the infectious agent of which may be passed or carried, directly or indirectly, from an animal to a person.

## SECTION 2. NOTIFIABLE DISEASES AND CONDITIONS REPORTING REQUIREMENTS

- A. Required reporting:** The Department may designate any communicable, occupational or environmental disease or condition as a Notifiable Disease or Condition and establish requirements for reporting cases and suspected cases of such diseases and conditions, By exercising this authority granted by 22 MRS § 802(1), the Department may measure the public health impact, to intervene as early as possible; and limit the potential for the spread of communicable, occupational or environmental diseases and conditions or widespread exposure to a toxic agent or environmental hazard. Required reporting of all Notifiable Diseases and Conditions, including emerging diseases and potential outbreaks, and laboratory submissions or clinical isolates must be conducted in accordance with this rule.
- B. Who Must Report**
1. All persons or entities listed in this subsection who attend a confirmed or strongly suspected case or death from any Notifiable Diseases or Condition must report the case and the information required under Section 2(C) to the Department.
    - a. Health Care Providers, including but not limited to physicians attending a case, suspecting a case, or knowing or suspecting a death from a Notifiable Disease or Condition;
    - b. Medical Laboratories;
    - c. Health Care Facilities, including but not limited to the Infection Preventionist or designated person responsible for reporting on behalf of hospitals, nursing homes, and medical clinics;
    - d. Child Care Facility administrators or owners;
    - e. Correctional Facility administrators of the medical department;

- f. Educational Institutions administrators, including but not limited to the medical department within an educational institution;
- g. Local Health Officers; and
- h. Veterinarians and Veterinary Medical Laboratories.

## 2. Public Health Emergencies

In the event of a declared Extreme Public Health Emergency or Health Emergency, the Department may use the Health Alert Network System (HAN) and may also publish notice or use other public or targeted means to notify other entities and individuals required to report specific information identified by the Department.

### C. What to Report

1. Health care providers, medical laboratories, health care facilities, childcare facilities, educational institutions, and correctional facilities subject to this rule must report in the form and manner prescribed by the Department, the following information:
  - a. Notifiable Disease or Condition (recognition, strong suspicion, death or diagnostic laboratory findings);
  - b. Date of the first onset of symptoms;
  - c. Patient name;
  - d. Patient birth date;
  - e. Patient race;
  - f. Patient ethnicity;
  - g. Patient sex;
  - h. Patient residence address, city, county and zip code;
  - i. Patient phone number;
  - j. Date of report;
  - k. Ordering health care provider name, address and phone number;
  - l. Name of health care facility (if any);
  - m. Name of person reporting;
  - n. All diagnostic laboratory findings and dates of tests relevant to the Notifiable Disease or Condition, regardless of clinical significance, including test results from a clinical isolate or specimen that are indicative of the presence of a Notifiable Disease or Condition;



- o. Other information pertinent to the case as requested by the Department; and
    - p. Non-Compliant Person or Public Health Threat: When the report is about a Non-Compliant Person or a Public Health Threat, pertinent details of how the person is are not complying with medical care, any public health recommendations, and description of the condition or behavior that is putting others at significant risk of exposure to a Notifiable Disease or Condition.
    - q. Additional Medical Laboratory Reporting Requirements: All medical laboratories must forward all clinical isolates and specimens of Notifiable Diseases or Conditions to HETL.
2. Health officers must report any information related to cases and suspected cases of diseases described in this rule identified as a Public Health Threat or established as relating to a declared Extreme Public Health Emergency, that is relayed to the health officer by health care providers, hospital administrators, or persons in charge of public or private institutions.
3. Veterinarians and veterinary medical laboratories must report any diseases likely to cause complications, disability or death in a human as a result of transmission from an animal to a human, as well as the following information:
  - a. Clinical diagnosis of Notifiable Disease or Condition (recognition, strong suspicion or death) that may be transmitted directly or indirectly from animal(s) to humans;
  - b. Date of first symptoms of identified animal(s);
  - c. Name of veterinarian/laboratory reporting;
  - d. Diagnostic laboratory findings and dates of tests on animals tested;
  - e. Other information pertinent to the case as requested by the Department including but not limited to conditions associated with an outbreak or epidemic; and
  - f. If animal species, specify the species.
4. Other professionals identified in the HAN and any other Department-issued public health notice must report any new information required to be reported in the context of an Extreme Public Health Emergency or Health Emergency specified at that time by the Department.
5. Reporting of human immunodeficiency virus (HIV) test results, includes:
  - a. 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);
  - b. 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;
  - c. All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;

- d. HIV genotypic resistance testing, nucleotide sequence results; and
- e. Positive HIV detection tests (including, but not limited to culture, P24 antigen).

#### **D. When to Report**

1. Category I diseases and conditions specified in Appendix A of this rule must be reported to the Department immediately, but no later than eight (8) hours from the diagnosis or laboratory lab test result.
2. All Category II diseases and conditions specified in Appendix A of this rule and Non-Compliant Persons, or Public Health Threats must be reported as soon as possible, but no later than 48 hours from the diagnosis or laboratory test result for a Notifiable Disease or Condition, or the identification of a Non-Compliant Person or Public Health Threat.
3. A potential outbreak, including those involving exposure to a communicable disease, toxic agent, environmental hazard, or a potential epidemic, must be reported immediately to the Department, in accordance with Section 4 of this rule.
4. Temporary Notifiable Diseases or Conditions. The Department is authorized to require, by public health notice, the temporary reporting of any disease or condition in the State of Maine, in order to study and control any apparent outbreak, condition or unusual occurrence of communicable disease. The Department may require reporting of a Temporary Notifiable Disease or Condition, if the Department determines that the disease or condition to be reported can cause serious morbidity or mortality and the report of the disease or condition is necessary to enable the Department to monitor, prevent, or control the disease or condition to protect public health.
  - a. The Department will issue public notice through HAN for Temporary Notifiable Diseases and Conditions and will include the planned mechanism for surveillance of the disease or condition, the persons and entities who report, a time frame for reporting, and information regarding the submission of test results and clinical materials from cases and suspected cases to HETL. Information specified in the HAN will also be made available on the Department's publicly accessible website.
  - b. The Department will maintain a public health advisory, in regard to a single disease or condition for not more than 24 consecutive months and will not issue an advisory for more than three Temporary Notifiable Diseases or Conditions in a calendar year. If a disease or condition becomes permanent through rulemaking, then it is excluded from the limit of three Temporary Diseases or Conditions.

#### **E. How to Report**

1. All reports must be made to the Department in accordance with this rule.
2. Laboratory reporting must be done electronically through HL7 messaging as specified in this subsection. Electronic reporting required for laboratories is in addition to other reporting requirements specified in this rule.
3. Suspicion of Category I diseases, or conditions, and unusual infectious illnesses or outbreaks, must be reported immediately, or within eight hours, by telephone by calling 1-800-821-5821. Telephonic

reporting required for Category I diseases is in addition to electronic reporting required for laboratories.

4. Category II diseases or conditions must be reported within 48 hours.

Standard forms for written reports accepted for a case or suspected case of a Category II disease, condition and unusual infectious illness, may be transmitted by fax to 1-800-293-7534. When other means of reporting are not available, written reports may be mailed to the following address:

Maine Center for Disease Control and Prevention - Division of Disease Surveillance  
11 State House Station,  
286 Water Street  
Augusta, ME 04333-0011

5. Temporary Notifiable Disease and Condition Reporting. When the Department issues a public notice that requires a case or suspected case of a Temporary Notifiable Disease or Condition to be reported, such reports of the Temporary Notifiable Disease or Condition must be made to the Department immediately (or within eight hours) by telephone, by calling 1-800-821-5821, unless stated otherwise in the public notice.
6. All licensed laboratories must send all reportable disease data electronically to the Department. Electronic reporting must be in accordance with the standards set forth by the Department and consistent with the current US CDC standards specified in HL7 2.5.1 (<https://www.cdc.gov/elr/technicalstandards.html>).
  - a. Prior to reporting data electronically, a licensed laboratory must obtain approval from the Department and must work with the Department to test the messaging protocol and develop a plan for production validation.
  - b. A licensed laboratory must have a reporting continuity plan in the event of emergency situations disrupting electronic communications. At least two other alternative methodologies should be incorporated, such as facsimile, mail, or courier service.
  - c. Electronic reporting must meet the timelines specified in Section 2(D) above.
  - d. The Department may charge \$20 per report that Maine CDC staff manually enters for laboratories or reporting facilities that did not submit electronically as required by this rule, but no more than a maximum of \$250 per year for noncompliance with reporting requirements.

## **F. Confidentiality**

1. Relationship to Federal and State Confidentiality Laws

In compliance with the Health Information Portability and Accountability Act of 1996 [P.L. 104-91], its implementing regulations, and State law, persons and entities who are required to preserve the confidentiality of protected health information nonetheless must disclose such information to public health authorities such as the Department for the purpose of preventing or controlling communicable, occupational or environmental disease.

2. Release of Information for Public Health Purposes

- a. The names and any related information reported to the Department pursuant to this rule which may identify individuals are confidential and may be released only to other public health and school officials or agencies for public health purposes, or to other offices of the Department of Health and Human Services for adult or child protection purposes, in accordance with 22 MRS Chapters 958-A or 1071.
  - b. In the event of a Public Health Threat or Health Emergency declared by the Department or Extreme Public Health Emergency declared by the Governor, or in the event of an actual or threatened epidemic or outbreak, the identifying information may also be released to private health care providers and health and human services agencies for the purpose of carrying out public health responsibilities of the Department pursuant to this rule and 22 MRS § 824. Any other information not reasonably related to public health responsibilities of the Department, may not be disclosed.
  - c. In the case of reporting Non-Compliant Persons and Public Health Threats, information identifying the reporter or complainant is confidential and may not be disclosed, unless disclosure is required for the Department's investigation of matters of public health, or by court order.
  - d. No person may disclose the results of an HIV test except as permitted by 5 MRS § 19203 and/or 22 MRS § 833.
3. Release of Health Information to the General Public

Data released to the public or the media may not contain potentially identifying information, unless otherwise specified in this rule. The Department will consider the type and amount of information, any direct identifiers and geographic factors when determining whether the information may potentially identify individuals and will restrict or suppress such identifying information prior to releasing any other health information.

All information submitted to the Department pursuant to this rule which does not contain individually identifiable health information and that is not restricted data may be made available to the public in accordance with 22 MRS §824 and the Department's data release policy and protocols, available to the public, upon request.

#### **G. Accessing and Utilizing Healthcare Information and Records in the Designated Health Information Exchange**

The Department may directly access and receive healthcare information or records of persons and entities listed in Section 2(B) of this rule, as well as other persons or entities identified by the Department, or abstracts of such information or records, including information or records that identify or permit identification of any patient. Such information may be obtained from sources including, but not limited to, the State-designated statewide health information exchange as described in 22 MRS § 1711-C (18), for the purpose of investigating cases, outbreaks, epidemics, exposures, or potential epidemics or exposures of Notifiable Conditions and Diseases.

Information obtained from the statewide health information exchange will assist the Department in confirming information received during the investigation of cases and outbreaks and provide information regarding symptom onset, potential exposure history, and other clinical information that will facilitate the investigation of cases of Notifiable Diseases and Conditions. All personal health information obtained pursuant to this subsection is confidential, pursuant to Section 2(F) of this rule.

**H. Failure to Report Notifiable Diseases or Conditions**

1. If the person or entity required to report under this rule fails to report information according to this rule, the Department will make a reasonable attempt to contact that person or entity by telephone or email, as a reminder that the requisite information has not been reported to the Department and to establish a plan for compliance.
2. In the event that the person or entity fails to comply with the plan for compliance established pursuant to Subsection H(1) above, the Department may send a written notification providing a final deadline for compliance and will notify the person or entity that failure to comply with reporting requirements for Category I diseases may result in the Department pursuing the following enforcement action(s):
  - a. Referral to the Board of Licensure of Medicine; and/or
  - b. Referral to the Office of the Attorney General to commence judicial proceedings for civil relief. Such civil relief may include injunctive relief and civil fines pursuant to 22 MRS § 825.

**SECTION 3. LABORATORY EXAMINATIONS**

- A.** Specimens submitted in order to determine eligibility for release from isolation or quarantine requirements, as well as specimens arranged for by a representative of the Department as part of the investigation of a case or outbreak of a Notifiable Disease or Condition, must be submitted in the form and manner prescribed by the Department to HETL or another laboratory that meets the appropriate standards for that purpose. In keeping with scientific progress or the needs of specific cases, the Department may specify those methods which are acceptable for the collection, handling, preservation and examination of specimens for the finding and control of cases of Notifiable Diseases and Conditions, on the Laboratory Submission Information Sheet (LSIS) available to the reporting laboratories.
- B.** Laboratories as described in Section 3(A) must report to the Department the result of examination of all such specimens and must forward all specimens to HETL in accordance with Appendix A and this rule.

**SECTION 4. REPORTING OF OUTBREAKS/  
UNUSUAL ILLNESSES OF INFECTIOUS CAUSE**

- A.** Any case of unusual illness of infectious cause or cluster/outbreak of public health significance or hazard including, but not limited to, suspected or confirmed outbreaks of foodborne, waterborne, or respiratory illnesses, and exposure to toxic agents or environmental hazards, must be reported immediately by telephone to the Maine CDC.
- B.** In the event that the Department determines that an outbreak, exposure or unusual disease condition has occurred, it may request providers who attend cases to report specified information to the Department, as set forth in Section 2(C).

**SECTION 5. SYNDROMIC SURVEILLANCE –  
EMERGENCY DEPARTMENT REPORTING REQUIREMENTS**

- A.** All Health Care Facilities that operate or maintain an Emergency Department, defined by the Emergency Medical Treatment And Labor Act (EMTALA) in Section 1(B) of this rule, in Maine must report Emergency Department visit data to the Department via Health Level Seven (HL7) messages.

1. All Health Care Facilities that operate or maintain an Emergency Department in Maine must report Emergency Department visit data to the Department for all visits on a daily basis (visits from 12:00 am to 11:59 pm) on either a static (batched files) or dynamic (real-time) basis and in accordance with the standards set forth in the most recent national Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance version 2.0 or any subsequent edition, as it becomes available at <https://www.cdc.gov/nssp/biosense/publications.html#tabs-1-5>.
2. Implementation of this reporting will be performed in collaboration with the Department and at the initiative of the health care facility. Prior to sending Emergency Department visit data electronically, a health care facility must coordinate with the Department to initiate this process.

#### **SECTION 6. DUTIES OF LOCAL HEALTH OFFICERS**

The Health Officer must examine the nature of complaints reported to the officer concerning conditions posing a Public Health Threat or a potential Public Health Threat within the limits of the officer's jurisdiction and report facts related to a Notifiable Disease or Condition to the Department. The Health Officer may recommend or take action they deem necessary to implement interventions, if such actions are in accordance with 22 MRS § 454-A and consistent with Department-issued guidance and the currently accepted standards for the Notifiable Condition or Disease listed in the 20<sup>th</sup> Edition published in 2015 of *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association, unless specified otherwise by the State Epidemiologist. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.

#### **SECTION 7. DUTIES OF HEALTH CARE PROVIDERS AND ATTENDANTS**

- A. Health care providers and persons attending a case of a Notifiable Disease or Condition must arrange for such precautionary measures, consistent with the rules of the Department, including examination and isolation of the case when necessary, as are required to prevent the spread of infection to other members of the household or to the community. Proper isolation or other precautionary measures may be instituted by the Department or by the local health officer after consultation with the Department. Notifiable Disease or Condition cases must receive immediate treatment according to the most recently established guidelines as promulgated by the appropriate professional organization and as are generally perceived to represent the current standard of care.
- B. Health Care Providers and persons attending a case of a Notifiable Disease or Condition must report Non-Compliant Persons and Public Health Threats to the Department for necessary public health interventions.

#### **SECTION 8. EXPOSURES THAT CREATE A SIGNIFICANT RISK OF HIV TRANSMISSION**

- A. For purposes of incident reporting required under 5 MRS, §19203-(C)(10), a significant risk of HIV infection is defined as an exposure to any of the following potentially infectious body tissues or body fluids: blood, semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid, which results from:
  1. Sexual intercourse, including vaginal, oral or anal contact;
  2. Mucous membrane contact (splash to the eye or mouth);
  3. Parenteral inoculation (needle stick or cut); or
  4. Cutaneous exposure involving large amounts or prolonged contact on nonintact skin.

## SECTION 9. DUTIES OF THE DEPARTMENT FOR DISEASE INVESTIGATION AND INTERVENTION

- A.** The Department will routinely make current information available to practicing Health Care Providers regarding the occurrence, prevention, and control of Notifiable Diseases and Conditions. In addition, the Department will use all reasonable means to:
1. Confirm, in a timely manner, any case or suspected case of a Notifiable Disease or Condition;
  2. Ascertain, so far as possible, all sources of infection and exposures to the infection;
  3. Identify exposures to environmental hazards;
  4. Institute control measures for Notifiable Diseases and Conditions consistent with the currently accepted standards as found in the *Control of Communicable Diseases Manual 20<sup>th</sup> Edition*, published in 2015, or any subsequent edition, which is the official report of the American Public Health Association, unless specified otherwise by the State Epidemiologist.-Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710; and
  5. Determine whether isolation and/or quarantine measures may be necessary.

**B. Scope**

The scope and extent of the duties for disease investigation and intervention may vary depending upon the circumstances of the cases, falling into one of four broad categories:

1. Routine cases;
2. Non-Compliant Persons;
3. Outbreaks or epidemics; or
4. Extreme Public Health Emergencies.

**C. Routine Case Investigation and Intervention**

1. Providers and Public Health

Health Care Providers must instruct their patients diagnosed with Notifiable Diseases or Conditions, or who have recently been exposed to such conditions or diseases, regarding precautions to be taken to prevent spread of the disease or condition. The Department will make current information available to practicing health care providers regarding the prevention and control of Notifiable Conditions or Diseases. The Department will be available to consult with health care providers regarding appropriate treatment and notification.

2. Interviews

In order to assure rapid and timely implementation of control measures, including contact notification and referral services, the Department may interview all persons either treated for or recently exposed to Notifiable Conditions or Diseases, their health providers, and such other persons as the Department

determines may have relevant information relating to the onset or contraction of such conditions or diseases. Cases of Notifiable Diseases or Conditions may require further interview under the following conditions:

- a. Specific public health disease intervention strategies are required;
- b. The case is part of an ongoing cluster or outbreak of disease or exposure to toxic agents or environmental hazards investigation; or
- c. The epidemiology of the disease or condition is not clearly understood or defined.

When practical, the Department will contact and inform the health care provider of plans to interview the case in order to foster communication and collaboration in disease control efforts.

### 3. Interventions

Public health workers will recommend or take actions that they deem necessary to implement interventions with each case and that are consistent with currently accepted standards as found for the notifiable condition or disease in the 20<sup>th</sup> Edition published in 2015 of *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association, unless specified otherwise by the State Epidemiologist. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.

## D. Non-Compliant Persons and Public Health Threats

### 1. Background

Nothing in this rule will be construed to deny persons the right to rely solely upon exercise of their philosophical, religious or other personal beliefs, if that reliance is based upon sincere religious or conscientious objection to standard treatment and/or public health interventions and if alternative public health measures, even if more restrictive, are available to address the public health threat posed by the infectiousness. If such persons endanger the public through their infectiousness or through their behaviors while infected, the Department may use public health disease control methods, up to and including involuntary confinement, isolation and medical treatment, as necessary to protect the public, as authorized by 22 MRS Ch. 250 and this rule.

### 2. Investigation

- a. The Department begins investigating a complaint when a complaint is made by any person with sufficient reason and evidence to believe that another person has either contracted or been exposed to Notifiable Diseases or Conditions and is engaged in behavior that may transmit that condition. During such an investigation, the Department will determine whether it needs to impose any public health control measures. Anonymous complaints or complaints based only on second-hand information will be investigated at the Department's discretion. A report made by a Health Care Provider or other reporter of a Non-Compliant Person or a Public Health Threat may be considered a complaint.
- b. Upon the initiation of an investigation of a valid complaint, the Department will document the following reported information in the investigative record:



- i. Contact information for the individual making the complaint, as provided by the reporter;
  - ii. Name, contact and locating information for the alleged Non-Compliant Person against whom the complaint is made; and
  - iii. Specific allegations of the non-compliant behavior.
- c. Investigations will be conducted in a systematic fashion utilizing appropriate public health workers with expertise in the Notifiable Disease or Condition. Investigations will be conducted under the direction of the Department and concluded within 15 business days of the complaint being received.
- d. Each investigation will establish and document whether the alleged non-compliant person is infected with the Notifiable Disease or Condition and whether the alleged Non-Compliant Person is engaging in behavior that exposes others to infection with the Notifiable Disease or Condition. If the public health worker is unable to establish that the person is infected or that the alleged behavior exposing others to infection is occurring, the investigation must cease immediately.
- e. If there is credible evidence to substantiate the allegation of non-compliance, the Department must make all reasonable attempts to locate the subject of the complaint to conduct a personal interview to assess the individual's current understanding of the exposure to infection with the Notifiable Disease or Condition, its treatment, and the behaviors that are placing others at risk of infection. The interview must establish and document whether the person:
  - i. Knows that (s)he is infected or has been exposed;
  - ii. Has received appropriate education and counseling about the infection or exposure;
  - iii. Understands the modes of transmission of the Notifiable Disease or Condition and methods to prevent transmission; and
  - iv. Is engaging in non-compliant behavior or is a Public Health Threat.

The complete documentation of the investigation, findings and recommendations will be submitted electronically to the Department.

### 3. Treatment

- a. Temporary custody and treatment of those persons who have either contracted or been exposed to a Notifiable Disease or Condition and who pose an immediate Public Health Threat, may be imposed by a court on an involuntary basis pursuant to 22 MRS §§ 810 – 812, in the event such persons refuse appropriate countermeasures or public health interventions, as indicated above in Section 9(C), paragraph 3 or conduct themselves in a manner which constitutes a Public Health Threat. For the purpose of this subsection, persons who have either contracted or been exposed to Notifiable Diseases and Conditions who knowingly expose others to the danger thereof, pose a Public Health Threat and are considered to be non-compliant.

- b. The Commissioner or the Commissioner's designee may initiate judicial proceedings to seek an order that a Non-Compliant Person submit to involuntary medical treatment and other control measures to protect the public health, in accordance with 22 MRS chapter 250, subchapter 2.
- c. Treatment must be in accord with the most current treatment recommendations and standards of care for the Notifiable Disease or Condition, as advised by U.S. CDC and infectious disease providers. In imposing treatment and related public health disease control measures on an individual, the least restrictive measures will be utilized to ensure effective medical treatment of the disease or condition and to limit the spread of the Notifiable Disease or Condition or other infectious disease, which pose a threat to public health. The Department will adopt medical treatment and public health disease control strategies, as described in Section 9(D) of this rule whenever practical and as long as doing so does not unreasonably increase the threat to the public health.

#### 4. Other Interventions

- a. For each investigation that substantiates a case of non-compliance, or a Public Health Threat, and where recommendations approved by the Department do not resolve the case or threat, the Department will establish a Standing Committee that is chaired by the Department's designee for the coordination of public health control-measures responsive to the situation. The Standing Committee will include as many as possible of the following professionals:
  - i. The person's health care provider;
  - ii. Professional staff from other health or social service agencies serving the Non-Compliant Person;
  - iii. The Director of the Maine CDC or designee;
  - iv. The appropriate Maine CDC Associate Division Director;
  - v. The public health worker investigating the case;
  - vi. The State Epidemiologist or designee; and
  - vii. The Department program manager with expertise in the particular Notifiable Disease or Condition.

The Standing Committee will be represented by and may seek legal advice from a representative of the Office of the Attorney General.

- b. These interventions which may be imposed include, but are not limited to:
  - i. Face-to-face counseling by a public health educator, epidemiologist, public health nurse, disease intervention specialist or other public health professional regarding the infected individual's notifiable disease or condition, its cause and treatment and the necessity for disease control measures.
  - ii. Recommended measures individualized into a documented plan for the infected individual, including such supported services as:
    - Direct observation of the individual taking required medications on a daily basis;

- Transportation to treatment facilities;
  - Individual or group supportive counseling or therapy; and
  - Financial support for shelter and food for the duration of medical treatment.
- iii. A Cease and Desist Order, signed by the Commissioner, directing the infected individual to comply with medical treatment and specifying public health disease control measures to be followed.
- Upon receipt of information that the Department's Cease and Desist Order has been violated, the Department may contact the Office of the Attorney General to pursue a civil fine and/or injunctive relief pursuant to 22 MRS § 804(2), or civil commitment or other relief under 22 MRS, §§ 810 or 812, to enforce the Cease and Desist Order being violated.
- iv. The Standing Committee may, at its discretion, not issue a Department Cease and Desist Order and instead directly request the Office of the Attorney General to pursue a court-order pursuant to 22 MRS Ch 250.

In taking the step of seeking court-ordered confinement, isolation, quarantine and treatment, the Standing Committee should minimally base its actions on one or both of the following factors:

- Whether, based on laboratory tests or clinical signs and symptoms, the individual has a great likelihood of active disease that is extremely contagious; or
- The risk of infecting others, taking into consideration the individual's housing and employment situation.

## **E. Investigation and Intervention of Outbreaks or Epidemics**

### **1. Control Measures**

In the event of an outbreak or epidemic of a notifiable disease or condition or of a potential epidemic, the Department will institute public health disease control measures consistent with national standards as published in the 20<sup>th</sup> Edition published in 2015 *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.

### **2. Common Source of an Outbreak or Epidemic**

In accordance with 22 MRS § 2159 and the Maine Food Code at 10-144 CMR Ch. 200, § 8-702, any public or private enterprise, utility, lodging area, food market, or other entity which provides food or water which has been determined by either laboratory or epidemiological methods to be a source or likely source of outbreak or epidemic may be ordered by the Department to end the use or distribution of said food or water until the source of contamination is found and corrected and the food or water has been proven safe for consumption.

### **3. Vaccine-Preventable Outbreaks or Epidemics**

- a. The Department may offer immunization, including mass immunization clinics, to the public for protection in case of an Epidemic or threatened Epidemic, as ordered by the Commissioner, pursuant to 22 MRS §§ 1061-1063.
- b. In the event of an Outbreak, an Epidemic, or a single case of, and potential, Epidemic, due to a vaccine-preventable disease in a child care facility or a school, the Department may recommend that the superintendent of that district or the administrator of the child care facility exclude all children from school or the center who have not already experienced the illness or who are not immunized against the epidemic disease. If an Epidemic of a vaccine-preventable disease in a child-care center or school district continues in spite of exclusion of un-immunized children, or if such exclusion is not possible, the Department has the discretion to exclude any susceptible pupils, as authorized in 22 MRS § 806.

## **SECTION 10. EXTREME PUBLIC HEALTH EMERGENCY: REPORTING AND CONTROL MEASURES**

### **A. Applicability**

Provisions specified in this Section will only be applicable in the event of a declared Extreme Public Health Emergency and then only for the duration of the declared Extreme Public Health Emergency.

### **B. Reporting Requirements**

In addition to those individuals and entities required to report notifiable diseases and conditions on a routine basis as outlined in Section 2 and Section 11, other entities, such as schools and businesses, may be required to report specific information as specified by the Department pursuant to 22 MRS §§ 802(1).

### **C. Control Measures**

In the event of a declared Extreme Public Health Emergency, in addition to the communicable disease control measures identified in this rule, the Department may, on the Governor's behalf, take all necessary steps to institute the following, supplemental medical treatment and public health control measures for the benefit of the population that either has been exposed to or is at significant risk of exposure to the communicable disease or other highly infectious or toxic agent or environmental hazard that caused the Governor to declare that there exists an extreme public health emergency.

These measures will be consistent with the national standards for the infectious agent as established by the 20<sup>th</sup> Edition published in 2015 *Control of Communicable Diseases Manual*, or any subsequent edition, published by the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710. In addition to exercising the powers and responsibilities granted the Department pursuant to 22 MRS § 820, the Department may undertake the following public health measures during a period of declared extreme public health emergency:

#### **1. Management of Persons**

For the duration of the declared extreme public health emergency, the Department will ensure that all necessary steps are taken to protect the public health and safety, including:

- a. Identification of exposed persons, using all reasonable means to confirm in a timely manner any case or suspected case of the communicable disease and will ascertain, so far as possible, all sources of infection and exposures to the infection-;
  - b. Tracking and follow-up of persons who are infected or exposed, consistent with the standards referenced above or those established for the declared extreme public health emergency by the Department or designee;
  - c. Mandatory medical examination of infected or exposed persons, making or causing all needed examinations, including laboratory testing;
  - d. Mandatory medical treatment, including vaccination or treatment with such medications as are warranted by the national standards published by the American Public Health Association referenced in this rule; and
  - e. Isolation of cases and quarantine of exposed individuals, as indicated, concurrent and terminal disinfection, or modified forms of these procedures as may be necessary. Standards for isolation and quarantine will be the same as those specified in this rule under Section 9(D)(4) and (E) and Section 10(C)(2).
2. Isolation and Quarantine
- a. Isolation and quarantine must:
    - i. Be implemented through the least restrictive means necessary to prevent the spread of an infectious or possibly infectious disease to others and may include confinement to private homes, facilities and public premises;
    - ii. Provide that isolated individuals be confined separately from quarantined individuals;
    - iii. Include regular monitoring to determine if the individual or group of individuals continues to require isolation or quarantine;
    - iv. Require that, if a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with the infectious disease of concern, that individual must immediately be removed from quarantine and put in isolation;
    - v. Require that the premises used for quarantine and isolation must be maintained in a safe and hygienic manner, be designed to minimize the likelihood of further transmission of infection or other harms to individuals quarantined or isolated and not be situated in a physically remote location;
    - vi. To the extent possible without jeopardizing the public health, family members and members of households will be kept together, and guardians will stay with their minor wards;
    - vii. Be immediately terminated when an individual no longer poses a substantial risk of transmitting an infectious or possibly infectious disease or condition to others;
    - viii. Provide for meeting the basic living needs of individuals who are isolated or quarantined, including provision of competent medical care, adequate food, clothing,

shelter and means of communication between those in isolation or quarantine and those outside these settings;

- ix. Provide accommodation of non-English speaking individuals, and to the extent possible, for the practice of cultural and religious beliefs;
  - x. Provide access to legal services, counseling and other social services; and
  - xi. Provide to the extent possible without jeopardizing the public health, all access to a means of work or financial support.
- b. The Department may authorize physicians, health care workers and others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals. An individual entering isolation or quarantine premises with or without authorization from the Department may be isolated or quarantined where needed to protect the public health.

#### **D. Custody and Prescribed Care of Non-Compliant Persons**

1. Non-Compliant Persons who are deemed by the Department to be exposed to or at significant medical risk of transmitting a communicable disease that poses a serious and imminent risk to public health and safety, may, without a court order, be taken into custody and prescribed care consistent with 22 MRS § 820(1(B)(1) and these standards or standards established by the *Control of Communicable Diseases Manual 20<sup>th</sup> Edition*, published in 2015, or any subsequent edition, which is the official report of the American Public Health Association. Copies of the manual may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001-3710.
2. A person is exempt from such prescribed care if alternative public health measures are available, even if those measures are more restrictive, and if:
  - a. The person demonstrates a sincere religious or conscientious objection to the care; or
  - b. The person is at known risk of serious adverse medical reaction to the care.
3. In accordance with 22 MRS § 820(2), a hearing must be held before a court within 48 hours after a non-compliant person is subject to prescribed care, to determine whether the person must remain in prescribed care. Notice of the hearing must be served upon the non-compliant person within a reasonable time before the hearing and specify the time, date and place of the hearing; the grounds and underlying facts supporting the reason for prescribed care, the right to appear at the hearing, right to present and cross-examine witnesses, and the right to counsel. The previously Non-Compliant Person may waive their right to a hearing, in writing, after receiving notice and an opportunity to consult with an attorney. In order for a court to order prescribed care, the Department must prove by clear and convincing evidence that:
  - a. The person has been exposed or is at significant medical risk of transmitting a communicable disease that poses a serious imminent risk to public health or safety; and
  - b. There are no less restrictive alternatives available to protect the public health and safety.

Pursuant to 22 MRS § 820(2)(D), within 24 hours of completion of the hearing, the court must enter a finding approving prescribed care and issue an order of prescribed care not to exceed 30 days or must dismiss the petition and order the person to be released from prescribed care immediately.

4. A person aggrieved by a court order prescribing care may appeal from that order to Supreme Judicial Court. The order remains in effect pending appeal. Any findings of fact may not be set aside unless clearly erroneous.

## **E. Control of Property**

To the extent authorized by the governor in accordance with his or her authority pursuant to 37-B MRS, Chapter 13, and in conformity with the process for obtaining or acquiring property or taking other necessary action to abate, clean up or mitigate whatever danger was presented by the declared extreme public health emergency pursuant to 37-B MRS, Chapter 13, and only for the duration of the declared extreme public health emergency, the Department will exercise the following powers as necessary to protect the public health and safety:

- a. Accessing suspicious premises. Any agent of the Department may enter any building, vessel or conveyance to inspect it and remove from it any person, animal, or material affected or appearing to be affected by a Notifiable Disease or Condition.
- b. Closure of facilities. The Department may close schools and forbid public gatherings in schools, places of worship, and all other places in order to control spread of Notifiable Diseases or Conditions.
- c. Temporary use of Health Care Facilities and ability to transfer patients. The Department may provide those sick with a Notifiable Disease or Condition with medical aid and temporary hospital accommodation, taking control of the facilities deemed needed and transferring patients as deemed necessary.
- d. Temporary use of hotel and motel rooms and other facilities. The Department may provide those sick with a Notifiable Disease or Condition or those exposed to a Notifiable Disease or Condition with shelter and care, including the distribution of medications, medical examinations and vaccination clinics, in hotels, motels and other facilities, as deemed necessary and may procure needed facilities for these purposes during the Extreme Public Health Emergency.
- e. Procurement of medicines, vaccines, supplies and equipment. The Department may procure, store or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics and other pharmaceutical agents or medical supplies that the Department determines are advisable to control the Extreme Public Health Emergency.
- f. Decontamination of buildings. The Department may issue orders for the quarantine and disinfection of localities and things infected or suspected of being infected by a Notifiable Disease or Condition, and for the sanitary care of jails, state prisons, mental health institutions, schools, hotels, motels, health facilities, public buildings, and other premises deemed necessary to control the Extreme Public Health Emergency.
- g. Seizure and destruction of contaminated articles. The Department may take and destroy private property, including animals, for the purpose of controlling the Extreme Public Health Emergency.
- h. Disposal of human and animal remains. The Department may, in consultation with other state agencies, issue orders regarding the safe disposal of human and animal remains, for the purpose of controlling the Extreme Public Health Emergency.

## F. Extreme Public Health Emergency Rulemaking

The Department may adopt routine technical rules during an Extreme Public Health Emergency, in accordance with 22 MRS § 802(3), for the duration of that Extreme Public Health Emergency.

### SECTION 11. EMERGENCY PREPAREDNESS REPORTING

Emergency preparedness reporting required by the Department, as authorized by 22 MRS § 822(2), as amended by *An Act To Implement Provisions Necessary to the Health, Welfare and Safety of the Citizens of Maine in Response to the COVID-19 Public Health Emergency* (Public Law 2020, chapter 617), is in addition to other reporting required under this rule. Reporting under this section must be in a form prescribed by the Department. Designated Health Care Facilities may be required to report on a daily basis or less frequently, as specified by the Department. In the event of a declared Health Emergency or Extreme Public Health Emergency, dynamic reporting may be requested by the Department.

- A. Inpatient and Emergency Bed Tracking.** Designated Health Care Facilities are required to report electronically to the Department the number of available beds within the facility. Facilities must track daily occupancy by bed type and submit reports to the Department no less frequently than weekly. Reports must be submitted no later than Monday, 11:59 p.m., and must be in accordance with the electronic data system designated by the Department to collect bed tracking information. In the event of a declared Health Emergency or declared Extreme Public Health Emergency, this information must be provided daily and immediately upon the Department's request.
- B. Medical Supply Inventory.** Designated Health Care Facilities are required to report electronically to the Department information related to medical supply inventory, in accordance with the electronic data system designated by the Department.
1. Designated Health Care Facilities must report monthly the quantities, in stock, of the following medical grade personal protective equipment (PPE):
    - a. N<sub>95</sub> respirators, powered air purifying respirators (PAPRs), and other respiratory masks;
    - b. Surgical and non-surgical face masks;
    - c. Face shields;
    - d. Protective gowns;
    - e. Disposable gloves; and
    - f. Shoe coverings.
  2. Designated Health Care Facilities must report, on a monthly basis, the number of ventilators and alternative ventilators on site.
  3. In the event of a declared Health Emergency or declared Extreme Public Health Emergency, in addition to monthly reporting, additional inventory and supply information, which may also include information regarding available pharmaceuticals and testing capacity, must be provided immediately upon the Department's request.



- C. Emergency management plans.** Designated Health Care Facilities are required to submit to the Department an annual summary report of the facility's emergency management plan, using the form prescribed by the Department. The facility must submit the annual report to the Department before March 31 of each year. The annual report must include, at a minimum, information regarding the facility's PPE stockpile and triage planning information. In the event of a declared Health Emergency or declared Extreme Public Health Emergency, the Department may require Designated Health Care Facilities to complete the reporting form, in whole or in part, immediately upon the Department's request.
- D. Designated contact.** Designated Health Care Facilities must provide to the Department contact information for the person who is designated by the facility to respond to the Department's requests for information under this section.
- E.** Designated Health Care Facilities are required to provide any other information reasonably requested by the Department pertaining to the Designated Health Care Facility's emergency management plans and operations. The scope of the Department's requests will be limited to the minimum necessary information.

**STATUTORY AUTHORITY:** This rule is promulgated under the authority of 22 MRS §42 (1), and 22 MRS §§ 802(3), 821 and 835; §§ 1061-1063; and 5 MRS § 19203.

**EFFECTIVE DATE:**

June 1976 - filed with Secretary of State January 25, 1980

**AMENDED:**

September 4, 1984  
February 4, 1989

**EFFECTIVE DATE (ELECTRONIC CONVERSION):**

May 5, 1996

**AMENDED:**

September 3, 1996  
June 1, 1999

**NON-SUBSTANTIVE CORRECTION:**

March 12, 2000 - attachment added at the request of the Department

**REPEALED AND REPLACED:**

October 21, 2003 - filing 2003-361, no attachment with this version  
April 4, 2008 – filing 2008-130, accompanied by David L. Heymann, ed., *Control of Communicable Diseases Manual* (An Official Report of the American Public Health Association), 18<sup>th</sup> ed. (2004)

**AMENDED:**

September 8, 2015 – filing 2015-166  
May 12, 2020 – filing 2020-117 (EMERGENCY)  
February 2021– filing 2021-035 (Routine Technical)

**APPENDIX A  
NOTIFIABLE DISEASES AND CONDITIONS LIST**

- \* Category I Diseases must be reported to the Department *immediately*.  
 \*\* Category II Diseases must be reported within *48 hours* of the diagnosis or laboratory test result.  
 # Laboratories are to submit isolates or clinical specimens for the following, as well as any isolates or clinical specimens, as requested by HETL for confirmation, typing and/or antibiotic sensitivity.

Table 1.

<b>Notifiable Diseases and Conditions</b>		
	<b>Disease or Condition</b>	<b>Agent</b>
**	Acquired immunodeficiency syndrome (AIDS)	Human immunodeficiency virus
**	Acute flaccid myelitis (AFM) <sup>1</sup>	
**	Anaplasmosis	<i>Anaplasma phagocytophilum</i>
*	# Anthrax	<i>Bacillus anthracis</i>
**	Babesiosis	<i>Babesia microti</i>
*	# Botulism	<i>Clostridium botulinum</i>
**	Borrelia miyamotoi	<i>Borrelia miyamotoi</i>
*	# Brucellosis	<i>Brucella</i> species
**	California serogroup viruses	
**	Campylobacteriosis	<i>Campylobacter</i> species
*	# Candida auris <sup>2</sup>	<i>Candida auris</i>
*	# Carbapenemase-producing carbapenem-resistant organisms <sup>3</sup>	<i>Enterobacteriaceae</i> spp. <i>Pseudomonas aeruginosa</i> (non-mucoid only) <i>Acinetobacter baumannii</i>
**	Carbon monoxide poisoning <sup>4</sup>	Carbon monoxide
**	Chancroid	<i>Haemophilus ducreyi</i>
**	Chlamydia	<i>Chlamydia trachomatis</i>
**	Chickenpox (varicella)	Varicella-zoster virus
**	Chikungunya	Chikungunya virus
*	# Coronavirus (novel, MERS, and SARS)	Coronavirus
**	Creutzfeldt-Jakob disease, < 55 years of age	Creutzfeldt-Jakob agent

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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%.

**		Cryptosporidiosis	<i>Cryptosporidium</i> species
**		Cyclosporiasis	<i>Cyclospora</i>
**		Dengue	Dengue fever virus
		<b>Disease or Condition</b>	<b>Agent</b>
*	#	Diphtheria	<i>Corynebacterium diphtheriae</i>
**	#	E.coli, Shiga toxin-producing (STEC)	<i>Escherichia coli</i> , Shiga toxin-producing
**		Eastern equine encephalitis	Eastern equine encephalitis virus
**		Ehrlichiosis	<i>Ehrlichia</i> species
**		Giardiasis	<i>Giardia</i> species
**		Gonorrhea	<i>Neisseria gonorrhoeae</i>
**	#	Haemophilus influenzae, invasive	<i>Haemophilus influenzae</i>
**		Hantavirus, pulmonary and non-pulmonary syndromes	Hantavirus
**		Hemolytic-uremic syndrome (post-diarrheal)	<i>Escherichia coli</i> , Shiga toxin-producing
*		Hepatitis A, B, C, D, E (acute)	Hepatitis A, B, C, D, E viruses
**		Hepatitis B, C, D (chronic)	Hepatitis B, C, D viruses
**		Human immunodeficiency virus (HIV) <sup>5</sup>	Human immunodeficiency virus
**		Influenza-associated pediatric death	Influenza virus
*	#	Influenza A, novel	Influenza virus
**		Influenza-associated hospitalizations, laboratory-confirmed	Influenza virus
**		Legionellosis	<i>Legionella</i> species
**		Leptospirosis	<i>Leptospira</i> species
**	#	Listeriosis	<i>Listeria monocytogenes</i>
**		Lyme disease	<i>Borrelia burgdorferi</i>
**		Malaria	<i>Plasmodium</i> species
*	#	Measles	Rubeola virus
*	#	Meningococcal disease, invasive	<i>Neisseria meningitidis</i>
*	#	Mumps	Mumps virus
*		Pertussis	<i>Bordetella pertussis</i>
*	#	Plague	<i>Yersinia pestis</i>
*	#	Poliomyelitis	Poliovirus
**		Powassan	Powassan or deer tick virus
**		Psittacosis	<i>Chlamydia psittaci</i>
*		Q fever	<i>Coxiella burnetii</i>
*	#	Rabies (human and animal)	Rabies virus
**		Rabies post-exposure prophylaxis	
*	#	Ricin poisoning	

<sup>5</sup> 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).

*	#	Rubella (including congenital)	Rubella virus
**	#	Salmonellosis	<i>Salmonella</i> species
*		Shellfish poisoning	
**	#	Shigellosis	<i>Shigella</i> species
*	#	Smallpox	Variola virus
**		Spotted fever rickettsiosis	<i>Rickettsia rickettsii</i>
		<b>Disease or Condition</b>	<b>Agent</b>
**		St. Louis encephalitis	St. Louis encephalitis virus
*	#	Staphylococcus aureus non-susceptible to vancomycin <sup>6</sup>	<i>Staphylococcus aureus</i>
**		Streptococcus group A, invasive	<i>Streptococcus pyogenes</i> (group A beta hemolytic strep)
**		Streptococcus pneumoniae, invasive	<i>Streptococcus pneumoniae</i>
**		Syphilis	<i>Treponema pallidum</i>
*	#	Tetanus	<i>Clostridium tetani</i>
**		Trichinosis	<i>Trichinella</i> species
*	#	Tuberculosis (active and presumptive)	<i>Mycobacterium tuberculosis</i>
*	#	Tularemia	<i>Francisella tularensis</i>
**	#	Vibrio species, including cholera	<i>Vibrio</i> species
**		Vaping-associated pulmonary illness <sup>7</sup>	
*		Viral hemorrhagic fever	Arenaviruses and others
**		West Nile	West Nile virus
**		Western equine encephalitis	Western equine encephalitis virus
**		Yellow fever	Yellow fever virus
**		Zika virus disease	Zika virus
*		<u>Any case of unusual illness of infectious cause</u>	
*		Any cluster/outbreak of illness with potential public health significance	

<sup>6</sup> As defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 (<http://www.clsi-m100.com>).

<sup>7</sup> 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.