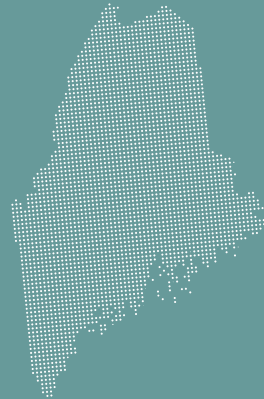
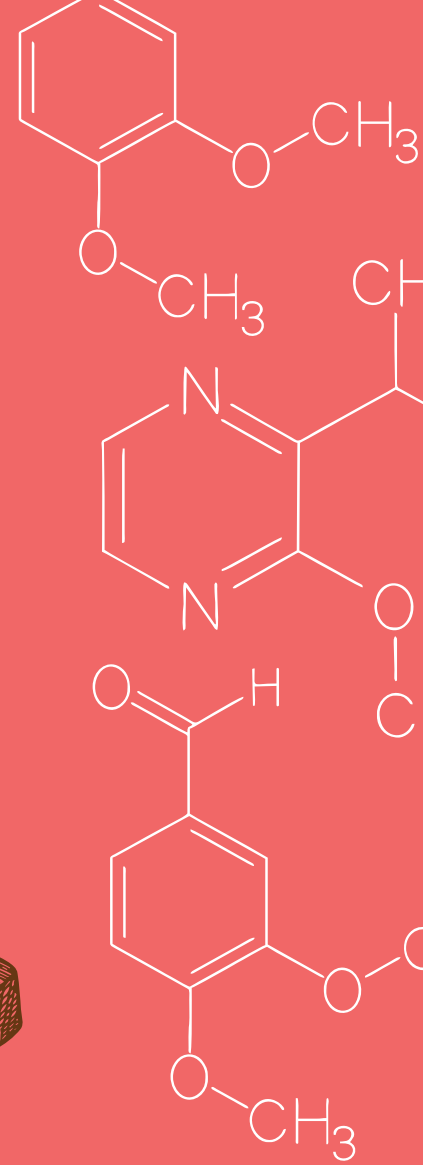
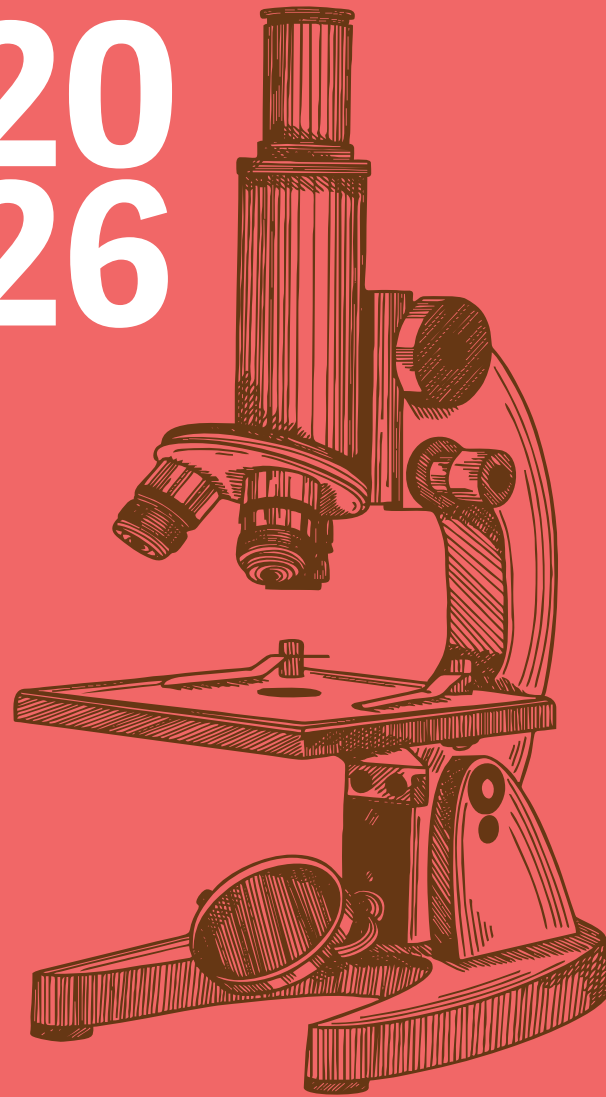


# LABORATORY REPORTING OF NOTIFIABLE CONDITIONS

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MAINE CENTER FOR  
DISEASE CONTROL  
AND PREVENTION

# IMPORTANT PHONE NUMBERS

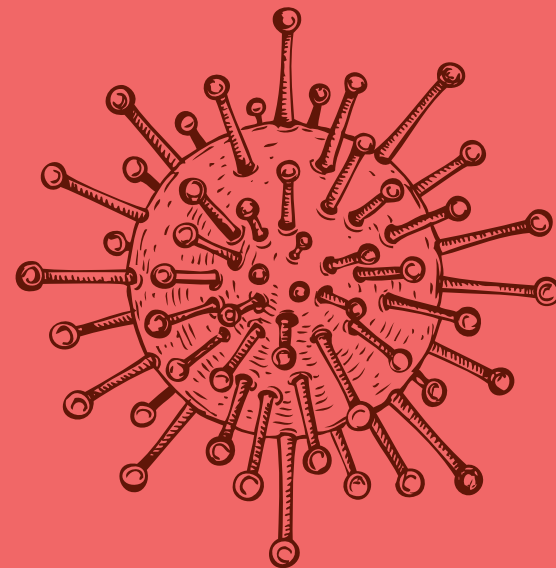
Disease Reporting and Consultation Line | 800-821-5821

- Healthcare Associated Infections Program  
**207-592-3783** | **800-293-7534** (fax)
- HIV, STD, and Viral Hepatitis Program  
**207-287-3747** | **207-287-3498** (fax)
- Immunization Program  
**207-287-3746** | **207-287-8127** (fax)
- Infectious Disease Epidemiology Program  
**800-821-5821** | **800-293-7534** (fax)
- Tuberculosis Control Program  
**800-821-5821** | **800-293-7534** (fax)

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

- Bacteriology  
**207-287-5769**
- Chlamydia and Gonorrhea  
**207-287-9529**
- Molecular Biology  
**207-287-9575**
- Mycobacteriology and Rabies  
**207-287-1706**
- Virology and Serology  
**207-287-9529**

Northern New England Poison Control | 800-222-1222



# A NOTE TO OUR COLLEAGUES

Maine Center for Disease Control and Prevention (Maine CDC) is pleased to provide you with this updated guide for laboratory reporting of notifiable conditions. This guide incorporates changes to the Notifiable Conditions Rules in 2025 and reflects current laboratory procedures and technology. We hope you find this guide useful.

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

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

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

Partnering for Prevention,



*Isaac Benowitz*

**Isaac Benowitz, MD**  
State Epidemiologist

Maine Center for Disease Control  
and Prevention

*Samson Omole*

**Samson Omole, Ph.D.**

Associate Director

Maine Health and Environmental Testing Laboratory  
Maine Center for Disease Control and Prevention

# FREQUENTLY ASKED QUESTIONS

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

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

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

**A** All reports should be submitted to Maine CDC. Per Maine State Statute [10-144 CMR, Chapter 258], all lab results must be reported electronically (ELR or eCR).

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

**A** Notifiable conditions, as indicated by the bold text and phone icon on the Reporting Procedures List contained in this guide, must be reported immediately by telephone on recognition or strong suspicion of disease. Non-bolded notifiable conditions require reporting by electronic lab reporting as soon as possible, but no later than 48 hours from the time of recognition or strong suspicion of disease.

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

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

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

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

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

**A** Yes. Any emerging pathogen not listed (e.g., suspected pan-drug resistant organism) would be subject to reporting as an “unusual illness/disease.” In addition, organisms that may inadvertently be excluded due to changes in nomenclature are still reportable.

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**Q What is meant by “invasive” in the guide?**

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

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

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

**Q Is electronic laboratory reporting of test results mandatory?**

**A** Yes, electronic laboratory reporting to Maine CDC is required by Maine State Statute [\[10-144 CMR, Chapter 258\]](#). New tests must be manually reported to Maine CDC while being added to ELR. Facilities must notify Maine CDC of changes.

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

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

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

**A** Yes, all reactive/repeatedly reactive initial HIV immunoassay results and all results from all supplemental HIV immunoassays are reportable. All HIV nucleic acid (RNA or DNA) detection tests (quantitative or qualitative), including tests on individual specimens for confirmation of nucleic acid amplification testing (NAAT) screening results, all CD4 lymphocyte counts, and percentages ordered for HIV; all HIV genotypic resistance testing, nucleotide sequence results; and all positive HIV detection tests (including, but not limited to, culture and p24 antigen) are also reportable.

# REPORTING PROCEDURES






## Abbreviations and Acronyms



<b>Ab</b> .....	Antibody	<b>IgG</b> .....	Immunoglobulin G
<b>AFB</b> .....	Acid-Fast Bacillus	<b>IgM</b> .....	Immunoglobulin M
<b>Ag</b> .....	Antigen	<b>IGRA</b> .....	Interferon Gamma Release Assay
<b>AIDS</b> .....	Acquired Immunodeficiency Syndrome	<b>LGV</b> .....	Lymphogranuloma venereum
<b>ALT</b> .....	Alanine Aminotransferase	<b>mCIM</b> .....	Modified Carbapenem Inactivation Method
<b>bDNA</b> .....	Branched Deoxyribonucleic Acid	<b>MEIA</b> .....	Microparticle Enzyme Immunoassay
<b>CIA</b> .....	Chemiluminescence Immunoassay	<b>MIC</b> .....	Minimum Inhibitory Concentration
<b>CLIA</b> .....	Clinical Laboratory Improvement Amendments	<b>NAAT</b> .....	Nucleic Acid Amplification Test
<b>CMIA</b> .....	Chemiluminescent Microparticle Immunoassay	<b>PCR</b> .....	Polymerase Chain Reaction
<b>COHb</b> .....	Carboxyhemoglobin	<b>PFAS</b> .....	Per- and Polyfluoroalkyl Substances
<b>CPO</b> .....	Carbapenemase-Producing Organism	<b>PFDA</b> .....	Perfluorodecanoic Acid
<b>CSF</b> .....	Cerebrospinal Fluid	<b>PFHpA</b> .....	Perfluoroheptanoic Acid
<b>DNA</b> .....	Deoxyribonucleic Acid	<b>PFHxS</b> .....	Perfluorohexanesulfonic Acid
<b>DFA</b> .....	Direct Fluorescent Antibody	<b>PFNA</b> .....	Perfluorononanoic Acid
<b>eCR</b> .....	Electronic Case Reporting	<b>PFOA</b> .....	Perfluorooctanoic Acid
<b>EIA</b> .....	Enzyme Immunoassay	<b>PFOS</b> .....	Perfluorooctanesulfonic Acid
<b>ELISA</b> .....	Enzyme-linked Immunosorbent Assay	<b>RIBA</b> .....	Recombinant ImmunoBlot Assay
<b>ELR</b> .....	Electronic Laboratory Reporting	<b>RNA</b> .....	Ribonucleic Acid
<b>HAV</b> .....	Hepatitis A Virus	<b>RPR</b> .....	Rapid Plasma Reagin
<b>HBc</b> .....	Hepatitis B Core	<b>TMA</b> .....	Transcription-Mediated Amplification
<b>HBeAg</b> .....	Hepatitis Be Antigen	<b>TPPA</b> .....	Treponema Pallidum Particle Agglutination
<b>HBsAg</b> .....	Hepatitis B Surface Antigen	<b>TRF</b> .....	Time Resolved Fluorescence
<b>HBV</b> .....	Hepatitis B Virus	<b>U.S. CDC</b> ...	United States Centers for Disease Control & Prevention
<b>HCV</b> .....	Hepatitis C Virus	<b>VDRL</b> .....	Venereal Disease Research Laboratory Test
<b>HIV</b> .....	Human Immunodeficiency Virus	<b>WGS</b> .....	Whole Genome Sequencing









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





AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
<i>Anaplasma phagocytophilum</i>	Anaplasmosis	Positive by any method	No	No	
Arboviruses: Bourbon virus, California Serogroup viruses, Chikungunya virus, Deer tick virus, Dengue virus, Jamestown Canyon virus, Heartland virus, Oropouche virus, Powassan virus, St. Louis Encephalitis virus, Venezuelan Equine Encephalitis virus, West Nile virus, Yellow Fever virus, Zika virus	Arboviral infection, viral encephalitis/ meningitis	Positive by any method	Yes for California serogroup viruses (including Jamestown Canyon virus), Deer tick virus, Powassan virus, and West Nile virus; recommended for suspect Chikungunya	IgM for St. Louis Encephalitis virus, West Nile virus; Real-Time PCR for Bourbon virus, Chikungunya virus, Dengue virus, Heartland virus, Jamestown Canyon virus, Powassan/ Deer tick virus (no lineage identification), Zika virus; Reverse transcriptase PCR and plaque-reduction neutralization test available for Oropouche virus at U.S. CDC for patients meeting suspect case definition	

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
 <b>Arenaviruses (Lassa, Junin)</b>	Viral hemorrhagic fever	Positive by any method	No (not required but requested)	Confirmatory testing may be performed by U.S. CDC	Yes
<i>Babesia</i> spp.	Babesiosis	Positive blood smear, NAAT or serologic evidence, Real-Time PCR	No	No	
 <b><i>Bacillus anthracis</i></b>	Anthrax	Positive by any method	Yes	Real-Time PCR, culture	Yes
<i>Bordetella pertussis</i>	Pertussis	Positive by any method	No	No	
<i>Borrelia burgdorferi</i> and <i>B. mayonii</i>	Lyme disease	ELISA positive or equivocal; Immunoblot positive or equivocal; Real-Time PCR positive or equivocal	No	No	
<i>Borrelia miyamotoi</i>	Hard Tick Relapsing Fever	Positive by any method	No	No	
 <b><i>Brucella</i> spp.</b>	Brucellosis	Positive by any method	Yes	Real-Time PCR, culture	
 <b><i>Burkholderia mallei</i></b>	Glanders	Positive by any method	Yes	Real-Time PCR, culture	Yes
 <b><i>Burkholderia pseudomallei</i></b>	Melioidosis	Positive by any method	Yes	Real-Time PCR, culture	Yes
<i>Campylobacter</i> spp.	Campylobacteriosis	Positive by any method	No	Culture, WGS, serotyping	




AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
 <p><b><i>Candida auris</i></b> <b>(<i>Candidozyma auris</i>)</b></p>	<i>Candida auris</i>	Culture or culture independent diagnostic test; or detection of an organism that commonly represents a <i>Candida auris</i> misidentification	Yes	Confirmatory testing may be performed by Wadsworth	
 <p><b>Carbapenemase-Producing Organisms (CPOs), including carbapenemase-producing <i>Pseudomonas aeruginosa</i> or <i>Acinetobacter baumannii</i></b></p>	CPO infection or colonization	Positive phenotypic (mCIM) or genotypic (Real-Time PCR) test by any method	Yes, including carbapenem-resistant isolates when phenotypic or genotypic testing is not available at the facility level.	mCIM, Real-Time PCR for KPC, NDM, OXA-48, IMP, VIM; WGS	
Carbon Monoxide	Carbon monoxide poisoning	Carboxyhemoglobin (COHb) level $\geq$ 10%	No	No	
<i>Chlamydia psittaci</i>	Psittacosis	Positive culture or serologic evidence	No	No	


AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
<i>Chlamydia trachomatis</i>	Chlamydia, all infections including lymphogranuloma venereum (LGV) and eye infections	Positive by any method from all body sites	No	NAAT	
 <b><i>Clostridium botulinum</i></b>	Botulism	Positive culture or toxin in blood or stool	Yes	Confirmatory testing performed by U.S. CDC	Yes
 <b><i>Clostridium tetani</i></b>	Tetanus	Positive culture	Yes	Culture	
 <b>Coronavirus, Novel and SARS-CoV, MERS-CoV</b>	Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Novel Coronavirus	Positive by any method	Yes	Confirmatory test performed by U.S. CDC	Yes: SARS-CoV
 <b><i>Corynebacterium diphtheriae</i></b>	Diphtheria	Positive culture	Yes	Culture	
 <b><i>Coxiella burnetii</i></b>	Q fever	Positive by any method	No	No	Yes
Creutzfeldt-Jakob agent	Creutzfeldt-Jakob Disease	Positive by any method in patients younger than 55 years of age	No	No	
<i>Cryptosporidium</i> spp.	Cryptosporidiosis	Positive by any method	No	No	
<i>Cyclospora cayetanensis</i>	Cyclosporiasis	Positive by any method	No	No	
 <b>Eastern Equine Encephalitis virus (EEE)</b>	Arboviral infection, viral encephalitis/ meningitis	Positive by any method	Yes	IgM	Yes
<i>Ehrlichia</i> spp.	Ehrlichiosis	Positive by any method	No	No	



AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
<i>Enterococcus</i> spp. resistant to daptomycin, linezolid, and vancomycin (DLVRE)	Enterococcal disease	<i>Enterococcus</i> spp. resistant to daptomycin, linezolid, and vancomycin from all body sites as defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 ( <a href="http://www.clsi-m100.com">http://www.clsi-m100.com</a> )	Yes	WGS	
<i>Enterococcus</i> spp. resistant to linezolid and vancomycin (LVRE)	Enterococcal disease	<i>Enterococcus</i> spp. resistant to linezolid and vancomycin as defined by the most current Clinical Laboratory Standards Institute Performance Standards for Antimicrobial Susceptibility Testing M100 ( <a href="http://www.clsi-m100.com">http://www.clsi-m100.com</a> )	Yes	WGS	
<i>Escherichia coli</i> , Shiga toxin producing	Shiga toxin-producing <i>E. coli</i> (STEC) disease	Positive shiga toxin producing <i>E. coli</i>	Yes	Real-Time PCR Shiga toxin 1/Shiga toxin 2, culture, WGS, serotyping	
 <b>Filoviruses (Ebola, Marburg)</b>	Viral hemorrhagic fever	Positive by any method	No	Ebola: Real-Time PCR for Zaire strain only; Marburg: Performed at U.S. CDC	Yes
 <b><i>Francisella tularensis</i></b>	Tularemia	Positive by any method	Yes	Real-Time PCR, culture	Yes
<i>Giardia duodenalis</i>	Giardiasis	Positive by any method	No	No	
<i>Haemophilus ducreyi</i>	Chancroid	Positive by any method	No	No	



AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
<i>Haemophilus influenzae</i>	<i>Haemophilus influenzae</i> invasive disease	Positive by any method, from invasive sites only	Yes	WGS, serogroup identification, culture	
Hantavirus	Hantavirus pulmonary syndrome; hemorrhagic fever with renal syndrome	Positive IgM or rising IgG titer or positive RNA by NAAT or positive immunochemistry; hemorrhagic fever with renal syndrome	Yes	Confirmatory testing performed by U.S. CDC	
 <b>Hepatitis A virus</b>	Hepatitis A	Positive serology for IgM anti-HAV	No	No	
 <b>Hepatitis B virus</b>	Hepatitis B	Positive serology for HBsAg, anti-HBc, IgM anti-HBc, all DNA results (positive or negative)	No	No	
 <b>Hepatitis C virus</b>	Hepatitis C	Any hepatitis C virus RNA test results, including all HCV RNA results (e.g. positive, negative, indeterminate, undetected for both qualitative and quantitative tests) including PCR, bDNA, TMA, and genotype); positive serology for anti-HCV (including signal-to-cut-off ratio for EIA, CIA, MEIA, or CMIA); positive anti-HCV RIBA and ALT > 200 IU/L (in combination with one or more positive or detectable HCV result)	No	EIA	
 <b>Hepatitis D virus</b>	Hepatitis D	Positive by any method	No	No	
 <b>Hepatitis E virus</b>	Hepatitis E	Positive by any method	No	No	

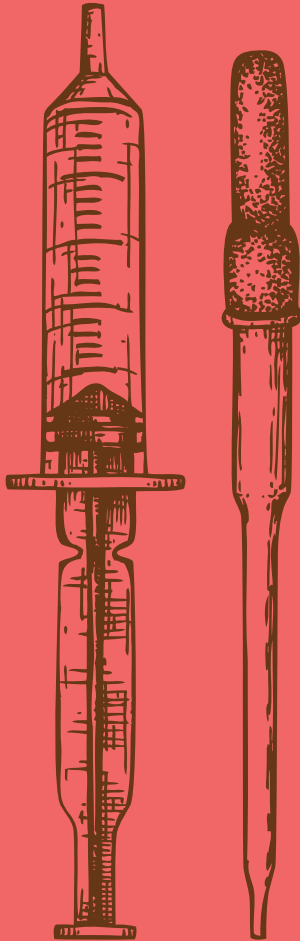
AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
Human Immunodeficiency Virus (HIV)	HIV and AIDS	Positive antibody/antigen tests; Viral load tests, all results; CD4 lymphocyte counts, all results; HIV genotypic resistance testing, nucleotide sequence results	No	EIA, 4th generation Ag/Ab; Geenius HIV 1/2 supplemental assay	
 <b>Influenza, novel</b>	novel Influenza	Positive influenza A, unable to serotype or novel strain	Yes	Real-Time PCR screening A/B and Real-Time PCR subtyping 2009 H1N1, H3N2, H5, H7; drug resistance by WGS; N and H in silico typing by WGS	Yes: Avian H5N1 (exempt until June 2027)
<i>Legionella</i> spp.	Legionellosis	Positive by any method	No	No	
<i>Leptospira</i> spp.	Leptospirosis	Positive by any method	No	No	
<i>Listeria monocytogenes</i>	Listeriosis	Positive by any method	Yes	Culture, WGS	
Monkeypox virus	Mpox	Positive by any method	No	Real-Time PCR	Yes. If monkeypox virus clade undetermined or Clade I is identified in a clinical or diagnostic specimen, the material is a select agent.

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
 <b>Mumps virus</b>	Mumps	Paired sera showing rising IgG titer, single serum showing mumps IgM antibody, positive viral culture, Real-Time PCR	Yes	Real-Time PCR; IgM/IgG performed by U.S. CDC	
 <b><i>Mycobacterium tuberculosis</i></b>	Tuberculosis	Positive Real-Time PCR or culture for <i>M. tuberculosis</i> , or historic evidence of disease (negative culture results on follow up specimens must also be reported); clinical suspicion of active disease	Yes	AFB smear, Real-Time PCR, QuantiFERON Plus (IGRA) serology; Drug susceptibilities on isolates are forwarded to California Department of Public Health	
<i>Neisseria gonorrhoeae</i>	Gonorrhea, Gonococcal conjunctivitis	Positive by any method from all body sites	No	NAAT	
 <b><i>Neisseria meningitidis</i></b>	Meningococcal disease, invasive	Positive culture from invasive sites only; see Q & A for definition; or Gram stain showing Gram-negative diplococci in CSF or blood	Yes	Real-Time PCR, culture, WGS, Serotyping	
Norovirus	Gastrointestinal infections	Positive by any method ONLY when outbreak suspected	No, if individual cases; Yes, for outbreaks; only at the request of Maine CDC	Real-Time PCR GI/ GII	
Per- and polyfluoroalkyl substances (PFAS)	PFAS detectable in serum	Positive detection of linear or branched PFOA; linear or branched PFOS; PFNA; PFHxS; PFHpA; or PFDA	No	No	

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
<i>Plasmodium</i> spp.	Malaria	Positive blood smear, NAAT, or rapid Ag	No	No	
 <b>Polio virus</b>	Poliomyelitis	Positive viral culture or NAAT	Yes	Confirmatory testing will be performed by U.S. CDC	Yes
 <b>Rabies virus, animal</b>	Rabies	Domestic animal or human exposure to either high risk wildlife or to domestic animals	Yes, if indicated after consultation with Maine CDC	DFA	
 <b>Rabies virus, human</b>	Rabies	Clinical symptoms consistent with human rabies virus	Yes	Confirmatory testing performed by U.S. CDC	
 <b>Ricin</b>	Ricin poisoning	Positive by any method	Yes	TRF-ELISA	Yes
 <b>Rubella virus</b>	Rubella (German Measles), including congenital	Paired sera showing rising IgG titer, single serum showing rubella IgM antibody, positive viral culture, Real-Time PCR	Yes	Confirmatory testing performed by U.S. CDC or Wadsworth	
 <b>Rubeola virus</b>	Measles	Paired sera showing rise in IgG titer, single serum showing measles IgM antibody, positive viral culture, Real-Time PCR	Yes	Real-Time PCR, IgM/IgG performed by U.S. CDC or Wadsworth	
<i>Salmonella</i> species, including typhi	Salmonellosis, including Typhoid fever	Positive culture	Yes	Culture, WGS, serotyping	

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
SARS-CoV-2	Coronavirus Disease 2019 (COVID-19)	Any molecular or antigen result performed by a CLIA-licensed or CLIA-waived facility	No	Real Time PCR	
 <b>Saxitoxin, domoic acid</b>	Paralytic and Amnesic Shellfish Poisoning	Positive by any method	No	Confirmatory testing may be facilitated in collaboration with Maine Department of Marine Resources	Yes
<i>Shigella</i> spp.	Shigellosis	Positive culture	Yes	Culture, WGS, serogrouping	
Spotted fever group <i>Rickettsia</i> ( <i>R. parkeri</i> , <i>R. rickettsii</i> , <i>R. akari</i> )	Spotted Fever Rickettsiosis	Positive by any method	No	No	
 <b><i>Staphylococcus aureus</i>, non-susceptible to Vancomycin (VRSA)</b>	Staphylococcal disease	Positive culture from any site (only if MIC $\geq$ 8 $\mu$ g/ml)	Yes	WGS	
 <b>Staphylococcal enterotoxin B</b>	Staphylococcal enterotoxin B poisoning	Positive for toxins A through E from blood or urine by any method	No	No	Yes
<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae</i> invasive disease	Positive culture from invasive sites only; see Q & A for definition; include antibiotic susceptibility pattern	No, but recommended for children 12 years and under	WGS, serogrouping	
<i>Streptococcus pyogenes</i> (Group A Beta Hemolytic Strep)	Group A streptococcal invasive disease	Positive culture from invasive sites only (see Q & A)	No	culture, WGS	
<i>Treponema pallidum</i>	Syphilis	Positive by any method, including RPRs	No	TPPA, RPR, VDRL (CSF only)	
<i>Trichinella</i> spp.	Trichinosis	Positive biopsy or serology	No	No	

AGENT	DISEASE/CONDITION	WHAT TO REPORT TO MAINE CDC	LAB SUBMISSION OF ISOLATES OR SPECIMENS FOR CONFIRMATION REQUIRED	TESTING PERFORMED AT HETL	SELECT AGENT
Vaccinia virus	Vaccinia infection	Positive by any method	Yes	Real-Time PCR	
Varicella-zoster virus	Chickenpox	Positive by any method	No	Real-Time PCR, IgM/IgG serology to U.S. CDC	
 <b>Variola virus</b>	Smallpox	Positive by any method	Yes	Confirmatory testing performed by U.S. CDC	Yes
<i>Vibrio</i> spp, including <i>cholerae</i>	Vibriosis, including Cholera	Positive by any method	Yes	Culture, WGS, serogrouping	
 <b><i>Yersinia pestis</i></b>	Plague	Positive by any method	Yes	Real-Time PCR, culture	Yes



MAINE CENTER FOR DISEASE CONTROL AND PREVENTION  
[www.maine.gov/dhhs/mecdc/](http://www.maine.gov/dhhs/mecdc/)

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

HEALTH AND ENVIRONMENTAL TESTING LABORATORY (HETL)  
[www.mainepublichealth.gov/lab](http://www.mainepublichealth.gov/lab)

RULES FOR THE CONTROL OF NOTIFIABLE CONDITIONS  
[www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2025-06/10-144%20CMR%20Ch.%20258%20Control%20of%20Notifiable%20Diseases%20and%20Conditions%20Rule\\_0.pdf](http://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2025-06/10-144%20CMR%20Ch.%20258%20Control%20of%20Notifiable%20Diseases%20and%20Conditions%20Rule_0.pdf)

NOTIFIABLE CONDITIONS LIST  
<https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/Notifiable-Conditions-List-6-4-25.pdf>



## MAINE CENTER FOR DISEASE CONTROL AND PREVENTION

Infectious Disease Epidemiology Program  
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[www.maine.gov/idepi](http://www.maine.gov/idepi)

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