

Lincoln County
City-County Board of Health Agenda
Lincoln County Courthouse
6:00 PM, February 8, 2022

- **Call to Order**
 - Pledge of Allegiance
 - Roll Call
- **Administrative Items**
 - *Action Item:* Meeting schedule and location discussion
- **Public Comment on Items Not on Agenda**
- **Public Comment on Non-Action Agenda Items**
- **Approval of Minutes**
 - *Action Item:* Approval of 1/11/22 minutes
- **Unfinished Business**
 - *Action Item:* Operating Procedure #1/Focus Area Liaisons
- **New Business**
 - *Action Item:* Dissolve IC Steering Committee
- **Program Reports:**
 - **Public Health**
 - Communicable disease update
 - *Action Item:* Communicable Disease Response Plan Review
 - **Environmental Health**
 - County Burn Permit Service
 - Permitting, inspection, and tracking software
 - Wastewater Treatment and Disposal Regulation update
 - **Solid Waste and Recycling**
 - Expansion update
 - **Asbestos Resource Program**
 - O&M Update
- **City Representative Reports**
- **Health Officer Report**
- **Adjourn**

MISSION STATEMENT

The City-County Board of Health for Lincoln County works to prevent disease and illness, ensures a healthy environment and promotes healthy choices by setting county-wide policies to protect the health of Lincoln County residents.

PUBLIC COMMENT

The Board encourages public comment and time is designated for public comment on every agenda. Public comment on non-action agenda items and non-agenda items is welcomed during the general public comment period. Action items will include public comment as follows:

- Presentation of the action item
- Board motion and second
- Board discussion
- **Public comment**
- Additional Board discussion
- Board vote

GROUND RULES

1. Plan comments to be concise, relevant, and meaningful.
2. Keep questions and comments respectful in content and tone.
3. Submit lengthy, detailed comments or supporting documentation in writing
4. Address the problem not the person.
5. Be prepared by reviewing the agenda and pertinent information.
6. Listen with an open mind.
7. Focus on the mission statement.
8. Encourage participation of all board members and attendees.
9. Public participation according to Operating Procedure #2:
 - Participants will address the Board at the time designated in the agenda or as directed by the Board, by presenting before the Board and stating their name audibly.
 - Persons wishing to speak, including Board members, shall first be recognized by the Chair. One speaker shall be given the floor at a time and may not re-enter the discussion without being given recognition by the Chair.
 - Verbal comments will be limited to 3 minutes per individual or as time permits.
10. Participants ask the chair for permission to speak. Participants are to give their full name and topic.
11. Questions or remarks shall be addressed to the board as a body and not to any member of the board or staff without permission from the chair.
12. If a remark has been made, the attendee can agree with what was previously stated. Repetition is unnecessary.

Everyone is responsible for enforcing ground rules.

Lincoln County
City-County Board of Health Minutes
Lincoln County Courthouse
6:00 PM, January 11, 2022

Call to Order at 6:00 p.m.

- Pledge of Allegiance
- Roll Call: Jan Ivers (via Zoom), Josh Letcher (via Zoom), Jim Seifert, Amy Fantozzi, Deb Armstrong (via Zoom), Patty Kincheloe (via Zoom), Dr. Diana Carvey (via Zoom). Quorum present.

Administrative Items: Election of Officers

- Amy nominated Josh for Chairperson. No other nominations made. Josh elected Chairperson.
- Jim nominated Amy for Vice Chairperson. No other nominations made. Amy elected Vice Chairperson.
- Deb nominated Patty for Secretary. Jan nominated Jim. Deb, Diana, Josh, Patty vote for Patty. That made a majority vote. Patty elected Secretary.
- Vice chair Amy Fantozzi chaired the remainder of the meeting.

Public Comment on Items Not on Agenda and Non-Action Agenda Items

- None at this time.

Approval of Minutes

- Jim motioned to approve 11/9/21 minutes. Patty abstained, all others in favor. Motion passed.

Unfinished Business

- *Action Item:* Approval of Mission Statement: Discussion of wording in Mission statement focused on "setting policies and regulations". Jim motioned approval of current Mission Statement, minus 'and regulations'. Patty seconded. All in favor. Motion passed.
- Discussion of focus Area Liaisons: Josh will reach out to George Jamison and ask if he would be interested in Liaison position as it is not written anywhere that position be filled by Board member.

New Business: None at this time.

Program Reports:

- **Public Health**
 - Communicable disease update: Jenn McCully discussed Public Health snapshot as well as provided communicable disease and COVID update for the county.
- **Environmental Health**
 - Dustin Webb, LCHD Sanitarian, gave health inspection update for the past year.
 - *Action Item:* Approval of 2022 DPHHS Cooperative Agreement. Jan motioned approval of 2022 DPHHS Cooperative Agreement. Jim seconded. All in favor. Motion passed.
 - Nick Raines, LCHD Planner/Sanitarian, is currently reviewing wastewater treatment/septic permit application process and wastewater regulations. He will be bringing that to the Board for approval when complete.
- **Solid Waste and Recycling**
 - Nick provided an update on expansion. Three engineering firms submitted a statement of qualifications in December that are being reviewed and a firm will be selected in the next couple of weeks.
- **Asbestos Resource Program**
 - Amanda Harcourt gave O&M and Asbestos Resource Program updates for December.

City Representative Reports

- Troy: No update at this time.
- Libby: No update at this time.
- Eureka: Patty said that Eureka Supt. Jim Mephram had very positive remarks of what health department is doing for Eureka schools and is sure that Troy and Libby superintendents feel the same.

Health Officer Report

- Dr. Black shared that we still have to be concerned about serious illness in the coming months, would like for residents to get fully vaccinated and practice precautions.
- **Jim motioned to adjourn. Deb seconded. All in favor. Meeting adjourned at 6:48 p.m. Next meeting will be Tuesday, February 8, 2022 at 6 pm.**

**Operating Procedure #1
City-County Board of Health
Lincoln County, Montana
(Final- Approved 8 March 2017)**

Focus Area Liaisons

1. The Board may assign a Liaison for specific focus areas, with the objective of promoting:
 - A. Communication and cooperation between the Board and the Department;
 - B. Support of Department activities, including technical expertise;
 - C. Increased understanding of focus area issues and activities; and
 - D. Increased advocacy with the public and other entities for Board and Department activities.
2. Liaisons may be assigned, or reassigned, at any time by Chair with input from the Board, as documented in minutes, and other means as desired. Assignments will be reviewed and updated at least annually at the first meeting of each calendar year.
3. Focus Areas may include, but are not limited to, the following:
 - A. Environmental Health;
 - B. Superfund Sites;
 - C. Public Health; and
 - D. Landfill.
4. For each Focus Area, one to three Board members will be assigned to act as Liaisons. If more than one Board member is assigned, then one (or two) will be designated as the leader, or co-leaders.
5. A Focus Area Liaison may recommend the formation of one or more work groups that include public or specialized participants, such as legal counsel, consultants, etc. Any such work groups must be approved in advance by the Board.
6. The Focus Area Liaisons are expected to work closely with the Department Director and staff. The Liaison roles are not supervisory or management roles for the Department. Focus area reports at Board meetings will be conducted by the Department staff, and may include input from the Board Focus Area Liaisons.
7. Creation and functioning of Focus Area Liaisons is not intended to be exclusionary to Board Members not assigned to that particular area.

**Superfund Focus Area Liaison
City-County Board of Health
Lincoln County, Montana**
(Revision Date: February 28, 2017)

Assigned Liaison(s):

Commissioner Mark Peck (Co-Lead)
George Jamison (Co-Lead)

Overall Objectives:

Provide liaison and support of Asbestos Resource Program, and successful implementation of the O&M program for the Libby Asbestos Superfund Site.
Be responsive to future considerations of the Libby Groundwater Superfund Site.

Primary Objectives (Asbestos site):

Short Term:

- Support for Grant Renewal
- Gain detailed understanding of O&M issues
- Interaction with EPA and DEQ staff (in support and conjunction with the County's Asbestos Resource Program Manager)
- Begin process of forming IC Steering Committee (solicit interest, applications, interviews)
- Identify sources for specialized support, e.g., legal, consulting, etc

Longer Term:

- Appointment by BOH of IC Steering Committee members based on recommendations from Focus Area Liaisons; goal is for April BOH meeting
- Engage technical and legal services
- Identify issue areas
- Identify specific authorities and responsibilities of BOH, Commissioners, Cities, etc relative to O&M plan and implementation
- Engage proactively in development of ICs
- Recommend ICs to the BOH and Commissioners

Anticipated Milestones:

Appoint IC Steering Committee- April BOH meeting
Acquire technical and legal support services- April/May

Resources Needed:

Technical services
Legal services

Checklist for Review & Approval of Communicable Disease Reporting & Transport Protocol(s)

The following checklist will assist with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol. The checklist should be submitted in your 3rd quarter progress report by no later than April 15th, 2022.

<i>Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.</i>			
Required Basic Elements	Included in protocol?		
	Yes	No	Comments
1. Does your protocol describe the way disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)?	X		
a. Does your protocol describe how reports are reviewed? (e.g. reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, family planning, etc.)?	X		
b. Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?	X		
c. If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred?	X		
2. If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are?		X	
3. Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?	X		
4. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?	X		
5. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?	X		
6. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. MIDIS data entry, expanded case investigation forms, foodborne outbreak form)?	X		
7. Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?	X		
8. Does your protocol specifically address rabies response issues, including: who is involved in response, issuing PEP recommendations, observation and testing of animals and sharing information with relevant response partners?		X	Rabies Policy addresses Rabies
9. Does your protocol identify how to prioritize during case investigation and contact tracing when a surge of cases occurs? This may include considering time-based factors for the disease, household contacts, sensitive settings, and those most at risk for severe illness.	X		

10. Does your protocol identify partners within your jurisdiction that can assist with case follow-up during surge events?	X		
11. Does your protocol identify methods to quickly scale up staffing for your department during emergencies? You may be able to cross reference other portions of your emergency operations plan.	X		

Required Routine Active Surveillance Elements with Key Surveillance Partners (KSPs)

Required Active Surveillance Elements	Included in protocol?		
	Yes	No	Comments
1. Does your protocol detail how your agency conducts active surveillance?	X		
2. Does it list the key providers/laboratories routinely contacted?	X		
3. Does it detail the frequency of your active surveillance calls with each contact?	X		
4. Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls?	X		
5. Standing request for release of Department of Veteran's Affairs medical record data is up to date for local health jurisdictions until the end of 2021. CDEpi will contact you to update this standing request.			Date your jurisdiction submitted the letter:

Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.

Required 24/7 elements:	Included in protocol?		
	Yes	No	Comments
1. Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?		X	
2. If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?	X		
3. Does the protocol describe how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?	X		
4. Does the protocol provide for the periodic local testing of the 24/7 system?	X		
5. Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?		X	

Protocol detailing your agency's "Epi Team" approach to communicable disease events.

Required Epi Team Elements:	Included in protocol?		Not included Comments
	Yes	No	
1. Does the protocol provide for core and expanded team members?			
2. Does the core team have at least one public health nursing and one environmental health staff members?			
3. Does the protocol define what conditions or events will require notification of the core team members (i.e. suspect foodborne illness, animal bite, etc.)?			
4. Does the protocol define what circumstances that may require expanding the team to include other members associated with your agency?			
5. Does the protocol define how information is shared among team members and within what timeframe?			

Packaging and Transport of Urgent Specimens Requiring Immediate Testing

Required Sample Transport Protocol Elements:	Included in protocol?		
	Yes	No	Comments
1. NOTIFICATION/CONSULTATION WITH DPHHS: Does your plan outline processes to consult with DPHHS staff regarding the need for IMMEDIATE testing of clinical or environmental samples prior to implementing your transport plan?			
2. ROLE OF LOCAL PARTNERS: Does your plan include contact information for <i>local partners, such as HAZMAT, water operators, local clinical laboratories, law enforcement and others</i> , who may be called upon in the event of a significant public health event requiring immediate collection, transport and testing?			
3. PARTICIPATION OF LOCAL PARTNERS: Has your plan been reviewed and approved by <i>all local partners</i> who may be involved in packaging and/or transport of samples requiring immediate testing?			
4. COLLECTION KITS: Does you plan detail the types and locations of emergency sampling kits to be used by your jurisdiction and is the information current in the Montana Public Health Directory? Note: Kits include the Chemical/Biological Agent Transport (CBAT), Drinking Water Emergency Sampling (DWES), and Category A agent kits.			
5. KIT REPLACEMENT: Does your protocol include details on getting replacement DWES kits or CBAT kits/supplies from MTL SB as needed?			
6. SAMPLE TRANSPORT: Does your protocol provide specific details regarding the different methods used to transport samples requiring immediate testing, including options if DPHHS resources are unavailable (e.g. DPHHS/laboratory courier, local law enforcement, private party, air transport, etc.)?			
NOTE: Please do not include utilizing Montana Highway Patrol as part of your transport plan. This is a state resource, not a local one.			

The above protocols/plans have been reviewed / revised as necessary and are satisfactory at this time.

 Date _____
 Jurisdiction Health Officer (Must be signed by the acting health officer)

 Date _____
 Board of Health Chairperson (Must be signed by the acting Chairperson)

Lincoln County Communicable Disease Response Plan

February 2022

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens, radiological hazards, and toxins. This is a hazard-specific annex to the Lincoln County All-Hazards Emergency Operations Plan. Should an actual event occur, the response may vary depending on the type of emergency situation. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designee. This version supersedes all previous versions of this document.

APPROVAL AND IMPLEMENTATION
LCHD Communicable Disease Response Plan

This document is hereby approved for implementation and supersedes all previous editions.

Signature
Brad Black, MD
Health Officer

Date

Signature
Josh Letcher, Chair
Board of Health

Date

Signature
Kathi Hooper, Director
Health Department

Date

Record of Distribution for 2017

Plan Holder Name	Agency/Department	Form of EOP Copy	Date of Distribution

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
1/2016	Total re-write		
3/2020	Updated active surveillance contact list and expanded active surveillance list.		
	Added paragraph about outbreaks and emergency events		

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Introduction

Communicable disease outbreaks, epidemic or pandemics are a threat to the public health and well-being. This plan was developed to be specific for guidelines for the prevention, mitigation and response to communicable diseases. Montana law requires the reporting of suspected communicable diseases to the local Health Department. Timely reporting of suspected disease helps public health officials to conduct follow-up on cases of significance to protect the public's health, limit further spread of disease and assure that those affected are screened and treated appropriately. This will also help identify outbreaks or emerging health concerns.

Purpose

This plan was developed to ensure communicable disease monitoring and containment in an effort to save lives, mitigate loss and assist in preventing further catastrophe. The role of the LCHD is to:

- Gather and report communicable disease data: As directed by Montana ARM Chapter 114, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services will be gathered and sent in a confidential manner
- Education: Provide accurate and comprehensive information about communicable diseases to the affected individual and provide guidance to health professionals as needed
- Delineate responsibilities to LCHD staff members: A team approach is considered the most successful manner to monitor and respond to emergency events
- Create a partnership with key surveillance partners and stakeholders: Communicate with designated key surveillance partners regarding the most effective methods of reporting and response during planning

Scope & Authority

This communicable disease response plan is limited in scope to events that affect or potentially affect public health. This plan also contains activities that will be conducted during non-emergency phases. The implementation and responsibility of activation of the response portion of this plan is the Health Department Director, Health Officer, Board of Health or appointed designee(s) of these listed individuals and entities.

Protocol

Reportable diseases and suspicious trends should be reported to the Health Department as soon as possible for investigation. Those requiring immediate reporting include: Anthrax, Botulism, Plague, Poliomyelitis, SARS-CoV disease, Smallpox, Tularemia, Viral Hemorrhagic Fevers or any unusual illness or cluster of illnesses. A list of these reportable diseases and conditions and the timelines within which they must be reported are found on Appendix A. Reportable diseases fall within HIPAA medical privacy exceptions for release of information; therefore patient consent is not required.

Reporting Contacts

For reporting during regular hours: Monday–Friday 8:00–5:00 phone the Communicable Disease Coordinator at 406-283-2447 or fax reports to 406-283-2466.

For reporting after hours, holidays and weekends please call the Lincoln County Sheriff's Office Dispatch. Dispatch will call the public health call down list until someone is available to take the report:

- **Health Department 24/7: Lincoln County Sheriff's Department Dispatch at 406-293-4112.**

If you are unable to locate anyone locally and the report requires immediate response please phone the Department of Public Health and Human Services (DPHHS) Communicable Disease 24/7 reporting number at 406-444-3075 and they will put you in contact with someone from Helena.

Routine Disease Surveillance Protocol

The following protocol has been developed to ensure consistency in reporting and investigation of reportable communicable diseases. This protocol is applicable to all communicable diseases that may be reported in Lincoln County.

Disease reports may be received from hospitals, laboratories, physicians, the State Health Department, individuals or other health jurisdictions.

All reports will be reviewed by the Communicable Disease Coordinator or team member within 24 hours of receipt. The team member assigned will be responsible for investigation, completion and submission of reporting forms.

In the event of a report of communicable disease the following steps should be taken:

1. Confirm the report of communicable disease. This may be done by contacting the laboratory or health-care provider.
2. If the report comes as a result of testing by a physician.
 - a. Contact the physician to coordinate notification of the patient, assure that the physician knows the diagnosis and has communicated that to the patient before the Health Department makes contact with the patient.
 - b. Physicians should also be encouraged to inform the patient that the Health Department may be calling to investigate communicable diseases.
3. Notify other professionals as necessary. This may include:

- a. The Sanitarian in cases of food borne illness, rabies or when exposure is not limited to humans.
 - b. The Health Officer and/or other medical providers in cases requiring mass prophylaxis, unusual events or when large numbers of people are involved.
 - c. Veterinarians would be notified in the case of animal illness or when increased surveillance of the animal population is required.
4. If the reported illness involves a case or case contact outside of Lincoln County, fax the information to MT DPHHS at 1-800-616-7460 for referral to the appropriate jurisdiction.
5. Locate the appropriate disease specific form and interviewing tool available from the DPHHS CD/Epi.
6. Review recommendations for treatment, isolation and communicability. The standard resource is the current American Public Health Association Control of Communicable Diseases Manual – current edition is 20th dated 2015.
7. Initiate contact with the person named in the report maintaining confidentiality in all contacts.
8. Conduct investigation of case using the appropriate guidelines. Solicit information about source, other contacts and treatment.
9. Educate the client about the disease and appropriate precautions including treatment, work restrictions, follow-up testing and prevention of spread of the disease.
10. Follow-up with any contacts assuring compliance with screening and treatment as appropriate. If contacts are out-of-county, report them via epass or fax to DPHHS.
11. Assure that necessary steps are taken to eliminate exposure of others to disease. This may include closure of food establishments, quarantine of animals or isolation of people. Increased surveillance may be implemented to identify additional cases. In taking these steps the Board of Health may be required to take action.
12. In the event that a communicable disease is of interest to the general public and the media assure that accurate information is given to the media and that client confidentiality is protected. Press releases and media contact are the responsibility of the Public Information Officer in consultation with the Lead Local Public Health Official, Health Officer or Board of Health.
13. Cases will be reported to MT DPHHS within 7 days or within the time guidelines for that specific disease.

14. For most reportable communicable diseases, data entry is required through Montana Infections Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed via the MT DPHHS confidential fax line 1-800-616-7460. *Email is not an acceptable method of disease reporting.*
15. File paper report in Communicable Disease file cabinet which is located in a locked file cabinet accessible only to communicable disease staff.
16. Conduct ongoing surveillance and case investigation until all cases have resolved and potential incubation periods have expired.
17. Highly active surveillance will be utilized to solicit case reports throughout an outbreak or as long as the potential remains utilizing the active surveillance contact list.

During outbreaks, emergency events or a surge in cases, prioritization of cases may have to occur. The prioritized individuals will be those at highest risk of severe disease and congregate settings (schools, long term care facilities, corrections, group homes, etc.). During these events, staff may be pulled from other health department duties and trained in proper case investigation and contact tracing.

Active Surveillance Protocol

The following active surveillance contact list is utilized by the Communicable Disease Coordinator to conduct ongoing surveillance on a weekly basis.

In the event of an outbreak or public health emergency the following expanded contact list would be contacted on a daily or more frequent basis to elicit case reports and assure ongoing reporting. Providers would be contacted by phone and/or fax as appropriate.

In the event of a mass outbreak or public health emergency all providers in Lincoln County would be notified of events however the following people have been designated as key contacts and are responsible for dissemination of information within their facilities.

Active surveillance contact list:

Name	Title	Phone	Email	Cell Phone
Roger Riddle	CPMC Lab	406-283-7090	rridd@cabinetpeaks.org	
Stacey Wood	CPMC Infection Control	406-283-7059	swoo4@cabinetpeaks.org	
Emily Gary	Libby Clinic Nurse	406-293-8711	emilygary25@yahoo.com	

Allison Mischenko	CHC Nurse	406-283-6912	allison.mischenko@northwestchc.org	
Krystal Fleenor	Eureka Health Nurse	406-297-3145	kfleenor@nvhosp.org	
Kim Lane	Eureka Health Nurse	406-297-3145	klane@nvhosp.org	
Brad Black, MD	LC Health Officer	406-293-9274	brad@libbyasbestos.org	

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center Nurse	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Mountain View Manor Administrator	406-297-2541	ddemmerly@good-sam.com	
Jim Mephram	Superintendent, Eureka School District	406-297-5650	jmephram@teameureka.net	
Ron Goodman	Superintendent, Libby School District	406-293-8811	goodmanrw@libbyschools.org	
Jacob Francom	Superintendent, Troy School District	406-295-4606	jfrancom@troyk12.org	

Appendix A: List of Reportable Diseases in Montana



LINCOLN COUNTY PUBLIC HEALTH
 418 Mineral Ave | Libby, MT 59923
 Tel: (406) 283-2447 | Confidential Fax: (406) 283-2466
 www.lincolnmthealth.com

COMMUNICABLE DISEASE REPORTING

The following diseases must be reported IMMEDIATELY, whether suspected or confirmed, to Lincoln County Public Health (LCPH) in compliance with ARM 37.114.203. **Please fax the appropriate form to (406) 283-2466**

For questions, call *Riley Black, RN* at (406) 283-2447

- | | |
|---|--|
| Acquired Immune Deficiency Syndrome (AIDS) | Legionellosis |
| Anaplasmosis | Leptospirosis |
| Anthrax ϕ | Listeriosis ϕ |
| Arboviral diseases: | Lyme Disease |
| - California serogroup | Lymphogranuloma venereum |
| - Eastern equine encephalitis | Malaria |
| - Powassan | Measles (rubeola) ϕ |
| - St. Louis Encephalitis | Meningococcal disease (<i>Neisseria meningitides</i>) ϕ |
| - West Nile Virus | Mumps |
| - Western Equine Encephalitis | Pertussis ϕ |
| Babesiosis | Plague (<i>Yersinia pestis</i>) ϕ |
| Botulism ϕ | Poliomyelitis ϕ |
| Brucellosis ϕ | Psittacosis |
| <i>Campylobacter</i> ϕ | Q fever (<i>Coxiella burnetii</i>) |
| Chancroid | Rabies (human and animal) ϕ |
| <i>Chlamydia trachomatis</i> infection | Rubella ϕ |
| Colorado tick fever | Salmonellosis ϕ |
| Cryptosporidiosis | Severe Acute Respiratory Syndrome (SARS) ϕ |
| Coccidioidomycosis | Shigellosis ϕ |
| Cyclosporiasis | Smallpox ϕ |
| Dengue Virus | <i>Streptococcus pneumoniae</i> |
| Diphtheria ϕ | <i>Syphilis</i> ϕ |
| Ehrlichiosis | Tetanus |
| <i>Escherichia coli</i> , Shiga-toxin producing (STEC) ϕ | Tickborne relapsing fever |
| Gastroenteritis Outbreak (Noro Virus) ϕ | Toxic Shock Syndrome |
| Giardiasis | Transmissible spongiform encephalopathies |
| <i>Gonorrheal infection</i> ϕ | Trichinellosis (Trichinosis) ϕ |
| Granuloma inguinale | Tuberculosis ϕ |
| <i>Haemophilus influenzae</i> ϕ | Tularemia |
| Hansen's Disease (Leprosy) | Typhoid Fever ϕ |
| Hantavirus Pulmonary Syndrome/Infection ϕ | Varicella |
| Hemolytic uremic syndrome, Post-diarrheal | <i>Vibrio cholera</i> (Cholera) |
| Hepatitis A | Vibriosis ϕ |
| Hepatitis B | Viral hemorrhagic fevers |
| Hepatitis C | Yellow fever |
| Human Immunodeficiency Virus (HIV) ϕ | Outbreak in an institutional or congregate setting |
| Influenza ϕ | |
| Lead Poisoning | |

DPHHS March 2017

ϕ - Indicates specimen/isolate that must be sent to the Montana Public Health Laboratory for confirmation
 All diseases in black text must use COMMUNICABLE DISEASE CASE REPORT FORM only to report to LCPH
 Any diseases in Green text must use CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE RECORD form only to report to LCPH
 Any diseases in Red text must use SEVERE INFLUENZA CASE REPORT HOSPITALIZATIONS/DEATH form only to report to LCPH