Lincoln County
Communicable Disease Response Plan

This document contains the plans and protocols regarding the investigation, identification, and containment of illnesses caused by pathogens. Should an actual event occur, the response may vary depending on the type of emergency. This plan will be reviewed and updated annually or as necessary by the Health Director, Public Health Emergency Preparedness Coordinator, or designer. This version supersedes all previous versions of this document.

Lincoln County Health Department | 418 Mineral Ave. Libby, MT 59923 | 406-283-2463

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in Lincoln County against communicable diseases. City-County Board of Health for Lincoln County acknowledges that Lincoln County Health Department (LCHD) has the responsibility and duty to execute this plan in defense of public health.

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

Brad Black, MD — 10-14-25

Signature ***Date***

Brad Black, MD
Health Officer

10-14-25

Signature ***Date***

Amy Fantozzi, Chair
Board of Health

10-14-25

Signature ***Date***

Kathi Hooper,
Health Department Director

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.		
2/2022	Added paragraph about outbreaks and emergency events		
1/2023	Added promulgation of authorization. Updated active surveillance contact list.		
11/14/2024	Updated active and expanded surveillance contacts and communicable disease reporting in Montana form-rev. June 2024.		
10/07/2025	Formatting, add HD Director signature line, update active surveillance contacts		

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Introduction

Communicable disease outbreaks, epidemics and pandemics are a threat to 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 to reduce disease-related morbidity and mortality to save lives, mitigate loss and assist in preventing further catastrophe. The role of LCHD is to:

- Gather and report communicable disease data: As directed per **ARM 37.114.201**, data regarding reportable illnesses in the jurisdiction to Montana Department of Health and Human Services (DPHHS) 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 way 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 includes 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, 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 406-283-2467 or fax reports to 406-283-2466.

For reporting after hours, holidays and weekends follow the 24/7 Emergency Contact System Protocol by calling 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 contact: Lincoln County Sheriff's Department Dispatch at 406-293-4112. Ex.5**

If you are unable to contact 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 406-444-0273 and they will put you in contact with someone from CD/EPI at DPHHS.

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 by LCHD by phone or confidential fax from hospitals, laboratories, physicians, the State Health Department, individuals or other health jurisdictions.

All reports will be reviewed by the Communicable Disease Coordinator, Disease Intervention Specialist or a team member within 24 hours of receipt. The team member assigned will be responsible for case investigation, implementation of control measures, follow up, 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 because 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 contacts 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. In cases of animal bites or potential rabies exposure follow the Rabies Prevention and Control Policy and Procedure.

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 21st dated 2022.

7. Initiate contact with the individual named in the report maintaining confidentiality in all contacts.

8. Conduct case investigation using the appropriate and most current guidelines. Solicit information about potential sources, 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 act.

12. If a communicable disease is of interest to the public and the media, assure that accurate information is given 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 Infectious Disease Information System (MIDIS) to complete case reports. Those diseases requiring paper forms may be faxed to the MT DPHHS confidential line 1-800-616-7460. ***Email is not an acceptable method of disease reporting.***

15. Conduct ongoing surveillance and case investigation until all cases have been resolved and potential incubation periods have expired.

16. 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. This is not an exhaustive list of providers or surveillance partners.

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
Lyn Thompson	CPMC Lab	406-283-7090	lthompson@cabinetpeaks.org	
Lacey Poirier	CPMC Infection Control	406-283-7059	lacpoi@cabinetpeaks.org	
	Libby Clinic Nurse	406-293-8711		
Lacey Uithof	NW Community Health Center (CHC)	406-283-6912	Lacey.uithof@northwestchc.org	
Krystal Fleenor	Logan Health Eureka	406-297-3145	kfleenor@logan.org	
	Family Health and Wellness Libby	406-293-3113		
	Family Health and Wellness Eureka	406-297-3266		

Expanded active surveillance contacts:

Name	Title	Phone	Email	Cell Phone
Sarah Soete	Libby Care Center of Cascadia	406-293-6285	ssoete@cascadiahc.com	
Dan Demmerly	Care Center of Cascadia	406-297-2541	ddemmerly@cascadiahc.com	
Joel Graves	Superintendent, Eureka School District	406-297-5650	jgraves@teameureka.net	
Ron Goodman	Superintendent, Libby School District	406-293-8811	goodmanrw@libbyschools.org	
Christina Schertel	Superintendent, Troy School District	406-295-4321 x1	cschertel@troyk12.org	

Appendix A-List of Reportable Diseases in Montana

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Communicable Disease Reporting in Montana

Suspected or confirmed cases of the following diseases must be reported to your local or tribal health department, per ARM 37.114.201. Additionally reportable is any unusual incident or unexplained illness or death in a human or animal with potential human health implications, per ARM 37.114.203. If your Local or Tribal Public Health Jurisdiction is unavailable, call 406-444-0273 (*available 24/7*).

Acquired Immune Deficiency Syndrome (AIDS)
Acute flaccid myelitis (AFM) ①
Anthrax①
Arboviral diseases, neuroinvasive and non-neuroinvasive① (California serogroup, Chikungunya, Eastern equine encephalitis, Powassan, St. Louis encephalitis, West Nile virus, Western equine encephalitis, Zika virus infection)
Arsenic poisoning (urine levels ≥70 micrograms/liter total arsenic or ≥35 micrograms/liter methylated plus inorganic arsenic)
Babesiosis
Botulism (infant, foodborne, wound, and other) ①
Brucellosis①
Cadmium poisoning (blood level ≥5 micrograms/liter or urine level ≥3 micrograms/liter)
Campylobacteriosis
*Candida auris*①
Carbapenemase-producing carbapenem-resistant organisms (CP-CRO) ①
Chancroid
Chlamydia trachomatis infection
Cholera①
Coccidioidomycosis
Colorado tick fever
Coronavirus Disease 2019 (COVID-19)
Cronobacter in infants①
Cryptosporidiosis
Cyclosporiasis
Dengue virus infection
Diphtheria①
Escherichia coli, Shiga toxin-producing (STEC) ①
Gastroenteritis outbreak
Giardiasis
Gonorrheal infection
Leptospirosis
Listeriosis①
Lyme disease
Lymphogranuloma venereum
Malaria
Measles (rubeola) ①
Melioidosis①
Meningococcal disease (*Neisseria meningitidis*) ①
Mercury poisoning (urine level ≥10 micrograms/liter or urine level ≥10 micrograms/liter elemental mercury/gram of creatinine or blood level ≥10 micrograms/liter elemental, organic, and inorganic mercury)
Mpox
Multisystem inflammatory syndrome in children (MIS-C)
Mumps
Pertussis
Plague (*Yersinia pestis*) ①
Poliomyelitis①
Psittacosis
Q Fever (*Coxiella burnetii*), acute and chronic
Rabies, human① and animal (including exposure to a human by a species susceptible to rabies infection)
Rickettsial diseases (including Rocky Mountain spotted fever, other spotted fevers, flea-borne typhus, scrub typhus, anaplasmosis, and ehrlichiosis)
Rubella, including congenital①
Salmonellosis (including *Salmonella* Typhi and Paratyphi)①
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease①
Shigellosis①
Smallpox①

Granuloma inguinale
Group A *Streptococcus*, invasive disease
Haemophilus influenzae, invasive disease①
Hansen's disease (leprosy)
Hantavirus pulmonary syndrome/infection①
Hemolytic uremic syndrome, post diarrheal
Hepatitis A, acute
Hepatitis B, acute, chronic, perinatal
Hepatitis C, acute, chronic, perinatal
Human Immunodeficiency Virus (HIV)
Influenza (including hospitalizations and deaths) ①
Lead levels in a capillary blood specimen ≥3.5 micrograms per deciliter in a person less than 16 years of age
Lead levels in a venous blood specimen at any level
Legionellosis
Streptococcus pneumoniae, invasive disease
Streptococcal toxic shock syndrome (STSS)
Syphilis
Tetanus
Tickborne relapsing fever
Toxic shock syndrome, non-streptococcal (TSS)
Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
Trichinellosis (Trichinosis) ①
Tuberculosis① (including latent tuberculosis infection)
Tularemia①
Varicella (chickenpox)
Vibriosis①
Viral hemorrhagic fevers①
Yellow fever
Outbreak in an institutional or congregate setting

Additional Laboratory Requirements for submission of Selected Specimens/Reports:

① a specimen must be sent to the Montana Public Health Laboratory for confirmation, per ARM 37.114.313. Additional specimens may be requested by CDEpi. For additional information, contact the Montana Public Health Laboratory at 1-800-821-7284.

Isolates: In addition to selected conditions noted above, suspected or confirmed isolates of Multidrug-Resistant Organisms (MDRO) of significance, including Carbapenem-resistant organisms (CRO), Vancomycin-intermediate or resistant *Staphylococcus aureus* (VISA or VRSA) must be sent to MTPHL for confirmation, when possible.

Influenza specimens may be requested for confirmation of severe presentations/mortality and outbreaks, or subtyping for surveillance purposes. In addition, suspected novel influenza strains are required to be submitted for confirmation and additional testing by CDC.

ARM 37.114.313: In the event of an outbreak, emergence of a communicable disease or a disease of public health importance, specimens must be submitted at the request of the department until a representative sample has been reached as determined by the department.

DPHHS DISEASE REPORTING | Rev. June 2024