

---

By: **Chairman, Environmental Matters Committee (Departmental - Health and Mental Hygiene)**

Introduced and read first time: February 1, 2001

Assigned to: Environmental Matters

---

A BILL ENTITLED

1 AN ACT concerning

2 **Reporting of Communicable Diseases**

3 FOR the purpose of adding certain diseases to a list of diseases that are reportable by  
4 a director of a medical laboratory to a certain health officer within a specified  
5 period of time; modifying the existing designations of diseases on the list;  
6 defining invasive disease; providing an exemption for a report of noncholera  
7 vibriosis under certain circumstances; and generally relating to the reporting of  
8 certain diseases by medical laboratories.

9 BY repealing and reenacting, with amendments,

10 Article - Health - General

11 Section 18-205

12 Annotated Code of Maryland

13 (2000 Replacement Volume)

14 (As enacted by Chapter 419 of the Acts of the General Assembly of 2000)

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

16 MARYLAND, That the Laws of Maryland read as follows:

17 **Article - Health - General**

18 18-205.

19 (A) IN THIS SECTION, "INVASIVE DISEASE" MEANS A DISEASE IN WHICH AN  
20 ORGANISM IS DETECTED IN A SPECIMEN TAKEN FROM A NORMALLY STERILE BODY  
21 SITE.

22 [(a) (1)] (B) The director of a medical laboratory shall submit a report to the  
23 health officer for the county where the laboratory is located within 48 hours after an  
24 examination of a specimen from a human body shows evidence of any of the following:

25 [(i) Gonorrhea.

26 [(ii) Viral hepatitis type A.

- 1 (iii) Viral hepatitis type B.
- 2 (iv) Viral hepatitis type C.
- 3 (v) Haemophilus meningitis.
- 4 (vi) Meningococcal meningitis.
- 5 (vii) Streptococcus meningitis type A.
- 6 (viii) Streptococcus meningitis type B.
- 7 (ix) Viral meningitis.
- 8 (x) Meningococemia.
- 9 (xi) Typhoid or nontyphoid salmonellosis.
- 10 (xii) Syphilis.
- 11 (xiii) Tuberculosis.
- 12 (xiv) Human immunodeficiency virus infection.
- 13 (xv) CD 4+ count, if less than 200/MM3.
- 14 (xvi) Chlamydia infection.
- 15 (xvii) Crypto sporidiosis.
- 16 (xviii) E. coli 0157:H7 infection.
- 17 (xix) Lyme disease.
- 18 (xx) Pertussis.
- 19 (xxi) Rocky Mountain spotted fever.
- 20 (xxii) Shigellosis.]
- 21 (1) AMOEBIASIS.
- 22 (2) ANTHRAX.
- 23 (3) BACTEREMIA IN NEWBORNS.
- 24 (4) BOTULISM.
- 25 (5) BRUCELLOSIS.
- 26 (6) CAMPYLOBACTER INFECTION.

- 1 (7) CD 4+ COUNT, IF LESS THAN 200/MM3.
- 2 (8) CHLAMYDIA INFECTION.
- 3 (9) CHOLERA.
- 4 (10) COCCIDIOIDOMYCOSIS.
- 5 (11) CRYPTOSPORIDIOSIS.
- 6 (12) CYCLOSPORIASIS.
- 7 (13) DENGUE FEVER.
- 8 (14) DIPHTHERIA.
- 9 (15) EHRLICHIOSIS.
- 10 (16) ENCEPHALITIS, INFECTIOUS.
- 11 (17) E. COLI 0157:H7 INFECTION.
- 12 (18) GIARDIASIS.
- 13 (19) GONORRHEA.
- 14 (20) HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE.
- 15 (21) HANSEN DISEASE (LEPROSY).
- 16 (22) HANTAVIRUS INFECTION.
- 17 (23) HEPATITIS, VIRAL, TYPES A, B, C, AND OTHER TYPES.
- 18 (24) HUMAN IMMUNODEFICIENCY VIRUS INFECTION.
- 19 (25) ISOSPORIASIS.
- 20 (26) LEGIONELLOSIS.
- 21 (27) LEPTOSPIROSIS.
- 22 (28) LISTERIOSIS.
- 23 (29) LYME DISEASE.
- 24 (30) MALARIA.
- 25 (31) MEASLES.
- 26 (32) MENINGOCOCCAL INVASIVE DISEASE.

- 1 (33) MENINGITIS, INFECTIOUS.
- 2 (34) MICROSPORIDIOSIS.
- 3 (35) MUMPS.
- 4 (36) PERTUSSIS.
- 5 (37) PLAGUE.
- 6 (38) POLIOMYELITIS.
- 7 (39) PSITTACOSIS.
- 8 (40) Q FEVER.
- 9 (41) RABIES.
- 10 (42) RICIN TOXIN.
- 11 (43) ROCKY MOUNTAIN SPOTTED FEVER.
- 12 (44) RUBELLA AND CONGENITAL RUBELLA SYNDROME.
- 13 (45) SALMONELLOSIS (NONTYPHOID FEVER TYPES).
- 14 (46) SHIGA-LIKE TOXIN PRODUCTION.
- 15 (47) SHIGELLOSIS.
- 16 (48) SMALLPOX AND OTHER ORTHOPOX VIRUSES.
- 17 (49) STAPHYLOCOCCAL ENTEROTOXIN.
- 18 (50) STREPTOCOCCAL INVASIVE DISEASE, GROUP A.
- 19 (51) STREPTOCOCCAL INVASIVE DISEASE, GROUP B.
- 20 (52) STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE.
- 21 (53) SYPHILIS.
- 22 (54) TRICHINOSIS.
- 23 (55) TUBERCULOSIS.
- 24 (56) TULAREMIA.
- 25 (57) TYPHOID FEVER.
- 26 (58) VARICELLA (CHICKENPOX), FATAL CASES ONLY.

1 (59) VIBRIOSIS, NONCHOLERA.

2 (60) VIRAL HEMORRHAGIC FEVERS (ALL TYPES).

3 (61) YELLOW FEVER.

4 (62) YERSINIOSIS.

5 [(2)] (C) (1) When more than 1 specimen is taken from a patient  
6 during 1 disease episode, the director of the medical laboratory need not report every  
7 test result of a specimen that shows evidence of the same disease in that patient if:

8 (i) At least 1 positive test result is reported; and

9 (ii) The health officer has approved the reporting of less than all  
10 test results.

11 (2) THE DIRECTOR OF THE MEDICAL LABORATORY NEED NOT REPORT  
12 VIBRIOSIS, NONCHOLERA, UNDER SUBSECTION (B)(59) OF THIS SECTION IF THE  
13 DISEASE IS FOUND IN A SPECIMEN OBTAINED FROM THE PATIENT'S TEETH,  
14 GINGIVAL TISSUES, OR ORAL MUCOSA.

15 [(b)] (D) The report shall:

16 (1) Be either in the form that the Department prescribes or on the form  
17 that the Department provides; and

18 (2) State:

19 (i) The date, type, and result of the test that shows evidence of a  
20 disease required to be reported;

21 (ii) 1. Except as provided in item 2 of this item, the name, age,  
22 sex, and residence address of the patient from whom the specimen was taken; and

23 2. For reports of human immunodeficiency virus infection  
24 and CD 4+ count under 200/MM3, the unique patient identifying number, age, sex,  
25 and zip code of residence of the patient; and

26 (iii) The name and address of the physician who requested the test.

27 [(c)] (E) This section does not relieve an attending physician of the duty to  
28 report under § 18-201 of this subtitle.

29 [(d)] (F) A health officer shall inform the Secretary of each laboratory  
30 examination report received under this section.

31 [(e)] (G) The Secretary, a health officer, or an agent of the Secretary or health  
32 officer may discuss a laboratory report with the attending physician, but, if the  
33 physician is reasonably available, may communicate with a patient only with the  
34 consent of the attending physician.

