

Proposed Revisions to 105 CMR 300.000: Reportable Diseases, Surveillance, and Isolation and Quarantine

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Synopsis

- Updates to regulations in 2012 and 2011 with a substantive revision in 2008
- Recommending comprehensive update now to reflect technological changes, new federal notifiable disease surveillance recommendations, and latest recommendations for isolation and quarantine

Advisory Committee

- Broad stakeholder engagement and participation:
 - State and local public health officials
 - Professional organizations
 - MA Medical Society
 - MA Health Officers Association
 - MA Association of Health Boards
 - MA Hospital Association
 - Clinical partners
 - Boston Medical Center
 - Atrius Health
 - UMass Memorial Medical Center
 - Beth Israel/Deaconess Medical Center
 - Boston Children's Hospital
 - Schools of public health
 - Harvard University
 - Boston University
 - Tufts University

General Revisions

- Updates to definitions
- Designation of Massachusetts Virtual Epidemiologic Network (MAVEN) as reporting mechanism for local boards of health (LBOH)
- Requirement that race and ethnicity be included in all disease reports
- Specification of how the Department is to be contacted for reporting purposes when the LBOH is unavailable

Key Revisions

105 CMR 300.120 and 170

List of Reportable Conditions by Health Care Providers and/or Laboratories

- **Added**

- *Cryptococcus gattii*
- Foodborne illness due to toxins
- Hepatitis D
- Hepatitis E
- Hepatitis syndrome, acute
- Pox virus infections
- Simian herpes
- Rabies

- **Removed**

- Chagas disease
- Toxoplasmosis

105 CMR 300.135

Specific Influenza Reporting Requirements

- Modified to include reporting of:
 - influenza in pregnant women
 - severe and unusual cases of influenza
 - potential resistance of influenza virus to antiviral agents

105 CMR 300.136

Contaminated Blood, Organ, or Tissue Products

- New requirement for reporting to the Department any case or suspect case of infection transmitted by potentially contaminated blood, organ, or tissue products

105 CMR 300.171

Antimicrobial Resistance

- Carbapenemase-producing and/or carbapenem-resistant *Enterobacteriaceae* added
- New requirement for hospitals to report antibiograms in format specified by Department

105 CMR 300.172

Isolate and Specimen Submission to HSLI

- **Added:**
 - Measles virus and measles virus-containing specimens
 - Mumps virus and mumps virus-containing specimens
 - *Neisseria gonorrhoeae*
 - Organisms with antimicrobial resistance of a novel nature

105 CMR 300.173

Reporting of Negative Results

- New requirement to report selected negative results to support accurate classification of syphilis, tickborne diseases, and viral hepatitis to the Department:
 - Non-treponemal syphilis serologic tests
 - Hepatitis C nucleic acid amplification tests
 - Negative tests that are part of a panel of diagnostic tests for viral hepatitis and tickborne infections that are associated with a concurrent positive result

105 CMR 300.174

Point-of-Care Testing

- New requirement to report to the Department results ascertained through point-of-care tests (unless testing is subject to routine reflex testing)

105 CMR 300.175

Laboratory Exposures

- New requirement to report to the Department
 - potential exposures to certain specified infectious agents in laboratory or research settings
 - bites, scratches, or contact with body fluids from macaque monkeys in laboratory or research settings

105 CMR 300.200

Isolation and Quarantine Requirements

- (A) Diseases Reportable to Local Boards of Health: disease-specific updates
- (B) Diseases Reportable to the Department: removal of all isolation and quarantine requirements not specified as actions of public health (i.e. non-monitored personal behavior)

105 CMR 300.300

Required AIDS Education

- Applies to patients/clients of drug treatment facilities, hospitals, STD clinics, and recipients of pre-natal care and family planning services, and individuals planning to marry
- **Deleted** to reflect changes to state HIV testing statute, current Departmental contract requirements, and prevailing clinical and public health practice

Public Hearing

- Scheduled for October 18, 2013
- Report back on public hearing at forthcoming PHC meeting