

Request for Final Promulgation: Revisions to 105 CMR 300.000: Reportable Diseases, Surveillance, and Isolation and Quarantine

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Bureau of Infectious Disease



Synopsis

- Recommending comprehensive update now to reflect technological changes, new federal notifiable disease surveillance recommendations, and latest recommendations for isolation and quarantine
- Response to testimony received through public comment

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 and Comment Period

- Public hearing held October 18, 2013
 - no oral testimony received
- Public comment period
 - one written comment received
 - from the Chief of Infectious Disease, Harvard Vanguard Medical Associates, requesting *B. miyamotoi* and novel coronaviruses, be added to list of reportable conditions

Response to Comment

- The Bureau of Infectious Disease is in agreement with both proposed additions
 - SARS is currently reportable per 105 CMR 300.100. The language will be expanded as follows:
 - respiratory infection thought to be due to any novel coronavirus, including but not limited to severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS)
 - SARS is also currently reportable per 105 CMR 300.170. The language will be expanded as follows:
 - novel coronaviruses causing severe disease
 - *B. miyamotoi* will be added to 105 CMR 300.170

Request for Promulgation of Proposed Revisions

- The Bureau of Infectious Disease is requesting adoption of the proposed amended regulations, with the two additions noted during the public comment period, to ensure the Department's regulations are current with the latest recommendations for surveillance and isolation and quarantine of infectious disease.