

Proposed Rescission of 105 CMR 310.000:  
Transportation and Funerals of Persons Dead of  
Diseases Dangerous to Public Health

Public Health Council

October 21, 2015

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# Background

- This regulation, promulgated in 1907, governs the transportation and funereal handling of persons dead of diseases dangerous to public health
- In the early 20<sup>th</sup> century, the leading causes of death were from infectious diseases such as scarlet fever, typhoid fever, and tuberculosis.
- At the time, disease transmission was less well understood leading to caution about transmission of these infections by cadavers and statutory requirements of the Department of Public Health to promulgate governing regulations.
- Current understanding of disease transmission has greatly lessened these concerns.

# Reasons to Rescind

- As of 2013, the leading causes of death in the United States, such as stroke, heart disease and cancer have replaced infectious diseases.
- The transmission of infectious diseases is better understood.
- Cadavers, except in rare cases, do not present a significant risk of transmission given standard funereal practices and precautions.
- 105 CMR 310.000 is no longer necessary as relevant protocols exist at the national level (sources: CDC, Department of Transportation, OSHA).

# Recommendation/Next Steps

- The Bureau of Infectious Disease has conducted a comprehensive review of 105 CMR 310.000 and recommends rescission.
- Following this presentation to the Public Health Council, a public hearing and comment period will be held.
- Following review of public comments, rescission will likely be requested at a subsequent meeting of the Public Health Council.

Proposed Rescission of 105 CMR 370.000:  
Approved Prophylactic Remedy  
for Use in the Eyes of Infants

Public Health Council  
October 21, 2015

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# Background

- During childbirth, the eyes of infants may be contaminated with bacteria the resulting infection, ophthalmia neonatorum – a type of pink eye - can lead to eye damage.
- Ophthalmia neonatorum (ON) is primarily caused by *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, both sexually transmitted bacterial infections.
- For a newborn to contract these infections of the eye the mother must have a current chlamydia or gonorrhea infection of the birth canal.
- In the late 1880s, silver nitrate was discovered to prevent infection. Prophylactic treatment evolved in the 1940s with the advent of antibiotics. In the early 1930s, many states enacted regulations or state laws to require prophylactic treatment of eye infection in newborns.

# Reasons to Rescind

- Screening of women for chlamydia and gonorrhea is standard of prenatal care in the United States and several national organizations have issued treatment protocols and recommendations:
  - U.S. Preventive Services Task Force (USPSTF)
  - American Association of Family Physicians (AAFP)
  - American Academy of Pediatrics (AAP)
  - Centers for Disease Control and Prevention (CDC)
- 105 CMR 370.000 is duplicative of hospital licensure regulations, under the Bureau of Health Care Quality and Safety (BHCQS) which include prophylaxis for ophthalmia neonatorum (105 CMR 130.616 (D)(12)(c))
- 105 CMR 370.000 is no longer necessary and should be rescinded.

# Recommendation/Next Steps

- Bureau of Infectious Disease has conducted a comprehensive review of 105 CMR 370.000: Approved Prophylactic Remedy for Use in the Eyes of Infants and recommends rescission.
- Following this presentation to the Public Health Council, a public hearing and comment period will be held.
- Following review of public comments, rescission will likely be requested at a subsequent meeting of the Public Health Council.

# Proposed Rescission of 105 CMR 730.000 and 105 CMR 731.000

105 CMR 730.000: The Distribution of Biologic Products  
and  
105 CMR 731.000 The Sale of Surplus Biologic Products

Public Health Council  
October 21, 2015

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# Background

- Both regulations were established in the 1930s
  - 105 CMR 730.000 The Distribution of Biologic Products was established in 1935. It designates boards of health in cities and towns as the responsible agencies in their communities for the procurement, proper storage, and issue of biologic products used to control diseases dangerous to public health, and provides standards for the procurement, proper storage and issue of these biologic products .
  - 105 CMR 731.000 The Sale of Surplus Biologic Products was established in 1939. It provides for the sale of "excess" biologic products to out-of-state providers

# Background

- At that time, these regulations were necessary to authorize unlicensed entities to acquire, store, and distribute vaccines.
- Starting in 1904, the Department was producing smallpox vaccine and distributing it to cities and towns.
- As more vaccines became available, childhood vaccines in particular were distributed using local boards of health in cities and towns as depots for local clinical providers.

# Reasons to Rescind 105 CMR 730.000 and 731.000

- Both of these regulations were promulgated prior to consolidated and centralized vaccine procurement and distribution by the Department of Public Health.
  - Receipt of vaccines by local boards of health is limited to influenza vaccine.
  - CDC centrally purchases vaccine from manufacturers in response to state vaccine orders and stores them at regional distribution depots (ours is in Nashville, TN).
  - In 2008, via the MIIS the Department began accessing the federal vaccine depot and distribution system through vaccines are directly allocated and delivered to providers and boards of health on an on-demand basis
  - Proper short-term storage and administration are the responsibility of receiving providers and health departments and is reviewed by state vaccine assessment staff on an annual basis
  - Unused vaccine is reallocated to sites that can use it, eliminating “excess” product.
- The responsibility of distributing biologics no longer sits with the local boards of health so 105 CMR 730.000 should be rescinded.

# Recommendation/Next Steps

- The Bureau of Infectious Disease has conducted a comprehensive review of 105 CMR 730.000 and 731.000 and recommends rescission.
- Following this presentation to the Public Health Council, a public hearing and comment period will be held.
- Following review of public comments, rescission will likely be requested at a subsequent meeting of the Public Health Council.