



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

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

Public Health Council
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Background- 105 CMR 300.000

- Originally promulgated in 1964
- Designates diseases designated dangerous to public health
 - approximately 90 reportable diseases and conditions
 - subset are nationally notifiable and reported to the Centers for Disease Control and Prevention
- Establishes reporting criteria for healthcare providers
- Authorizes isolation and quarantine requirements
- Routinely updated to reflect changes in epidemiology, emerging diseases and federal surveillance and isolation and quarantine recommendations
 - Last update in 2013

Proposed Revisions

- Recommended by advisory committee comprised of representatives from local boards of health, MDPH, professional organizations, and other public health professionals
- Clarify language to specify and enhance reporting requirements
- Remove certain diseases from the reporting requirements due to low public health priority
- These amendments are proposed as part of the regulatory review process, mandated by Executive Order 562, which requires all state agencies to undertake a review of each and every regulation under its jurisdiction currently published in the Code of Massachusetts Regulations.

Proposed Amendments

300.004: Definitions

- Add term “*cluster*”
- *Report of a Disease*: clarify reporting content to vary by disease and contain specific personal, demographic, epidemiologic, and laboratory information
- *Tuberculosis*: distinguish active disease from tuberculosis infection

Proposed Amendments

300.100: Diseases Reportable to Local Boards of Health

- Add for clarity and consistency
 - Arboviruses: chikungunya virus, Jamestown Canyon virus , Powassan virus, and Zika virus
 - *Staphylococcus* enterotoxin
- Modify age reporting criteria
 - Group B streptococcus (invasive infection in children aged less than one year)
 - *Streptococcus pneumoniae* (invasive infection in individuals aged less than eighteen years)
- Remove due to public health priority
 - Leptospirosis
 - Cryptococcosis
 - E. coli O157:H7 infection (covered by STEC)

300.110: Case Reports by Local Board of Health

- Clarify reporting content to include personal, demographic, epidemiologic, and laboratory information, as defined by the Department

Proposed Amendments

300.131 - .134: illnesses due to food consumption, transmissible through food, unusual or part of a cluster and 300.136: infection transmitted by transfused blood product or transplanted organ, tissue or tissue product

- Simplify language to indicate that the reporter may notify the local board of health or the Department, in order to expedite investigations:
 - “...shall report the same immediately by telephone, by facsimile or other electronic means to the local board of health in the community in which the facility is located **or if** ~~the reporter unable to communicate with a representative of the local board of health the same day, he/she shall~~ contact the Department directly.”

Proposed Amendments

300.160: Diseases reportable by local boards of health to the Department

- Specify that reports shall include personal demographic, clinical, epidemiologic and laboratory information, as defined by the Department:
 - “Whenever there shall occur in any municipality, report of a case **or condition listed in 105 CMR 300.000, a case** of unusual illness or cluster or outbreak of disease,... it shall be the duty of the local board of health to report immediately by secure electronic disease surveillance and case management system (MAVEN) designated and maintained by the Department and, if indicated by the Department, by telephone the existence of such an unusual disease, outbreak, cluster, or increased incidence of illness to the Department. **Information contained in the report shall be defined by the Department and shall include when available full demographic, clinical, epidemiologic and laboratory information.** “

Proposed Amendments

105 CMR 300.170: Laboratory Reporting

- Require specimen source and ordering health care provider be included in reports
- Modify age reporting criteria
 - Group B streptococcus (invasive infection in children aged less than one year)
 - *Streptococcus pneumoniae* (invasive infection in individuals aged less than eighteen years)
- Remove due to low public health priority
 - Leptospirosis
 - Cryptococcosis
- Sexually transmitted infections moved to a distinct list to reflect that these reports are only reported to the state

Proposed Amendments

105 CMR 300.171: Antimicrobial Resistant Organisms and Antibiograms

- Include ordering health care provider in reports, when available

105 CMR 300.172: Submission of Selected Isolates and Diagnostic Specimens to the State Public Health Laboratory

- Formally names State Public Health Laboratory

105 CMR 300.173: Reporting of Certain Negative and Indeterminant Diagnostic Tests

- Add language to enhance identification of cases of infectious syphilis, vector-borne diseases and acute cases of hepatitis C
- Add specific indeterminant and negative HIV tests associated with a concurrent positive result

Proposed Amendments

105 CMR 300.180: Diseases Reportable Directly to the Department

- Clarify reporting of active tuberculosis disease and latent tuberculosis infection to include means of reporting and detailed data elements
- Clarify timing of reporting (within 24 hours) and to include detailed information for certain infectious diseases

105 CMR 300.200: Isolation and Quarantine Requirements

- Update isolation requirements for TB patient to reflect the current recommendations
- Remove requirements for cryptococcosis and leptospirosis

Recommendation/Next Steps

- The Bureau of Infectious Disease and Laboratory Sciences has conducted a comprehensive review of 105 CMR 300.000: *Reportable Diseases, Surveillance, and Isolation and Quarantine* and recommends these proposed amendments
- Following this presentation to the Public Health Council, a public hearing and comment period will be held
- A summary of public comments and any changes to the proposed amendments will be presented at a subsequent meeting of the Public Health Council