Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

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

Public Health Council
January 11, 2017

Kevin Cranston, MDiv
Assistant Commissioner, Director
Bureau of Infectious Disease and Laboratory Sciences

Alfred DeMaria, Jr., MD
State Epidemiologist, Medical Director
Bureau of Infectious Disease and Laboratory Sciences

Gillian Haney, MPH
Director, Office of Integrated Surveillance and Informatics Services
Bureau of Infectious Disease and Laboratory Sciences

Review: Background

- An informational briefing was provided to the Public Health Council on September 16, 2016 on the proposed amendment to 105 CMR 300.000.
- This regulation designates diseases 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

Review: Reasons to Amend

- The proposed amendments to 105 CMR 300.000 clarify specific types of information that need to be reported to the Department,
- Removes certain diseases from the reporting list due to low public health priority
- Adds to the list of negative test results to be reported to the Department in order help identify acute infections.
- The proposed amendments do not fundamentally alter the responsibilities of the regulated parties or the Department.
- The proposed amendments are supported by an advisory committee comprised of representatives from local boards of health, MDPH, professional organizations, and other public health professionals (committee regularly participates in the review of these regulations)

Public Comment

- A public hearing was held on October 31, 2016
- The comment period was open until November 2, 2016.
- No verbal testimony was provided at the public hearing.
- Written testimony was submitted by the Boston Public Health Commission (BPHC).
- Comments received, along with responses from the BIDLS is summarized in the following chart:

Summary of Public Comments

Comment	Submitter	Response
300.120: Confidentiality Suggestion to revise language that prohibits MDPH from providing individual HIV surveillance information to local boards of health.	BPHC	This suggested amendment was not a component of the proposed amendments, nor was it raised or discussed by the Advisory Committee that regularly participates in the review of these regulations. Given the history and sensitivity of this issue, the Department would need to engage the Advisory Committee and other consultative groups for broader discussion in advance of any proposed change to this section of the regulation.
300.131 – 134 (illness due to food consumption; unusual illness and outbreaks; and 300.136 (illness due to transfusion or transplant) Suggestion to revise language in each section to include text indicating that "in the first instance" of a report, the report should go to the local board of health.	BPHC	The language in these sections was simplified in response to confusion around the reporting requirements. The revisions have the overwhelming support of the Advisory Committee. With the almost universal use of MAVEN by local boards of health, notification of the Department would result in near simultaneous notification of the local jurisdiction. This language does not prohibit local boards of health from providing additional guidance to providers.
300.171: Antimicrobial Resistant Organisms and Antibiograms A suggestion was made that language be added to require hospitals to report antibiograms to both the Department and the local board of health where the hospital is located.	BPHC	Nothing currently prohibits the Department from sharing antibiogram data with local boards of health. As a matter of policy, the Department will provide these data to all local boards of health upon request. Nothing prohibits local boards of health from providing additional guidance to providers.

Summary of Public Comments cont.

Comment	Submitter	Response
300.173: Reporting of Certain Negative and Indeterminate Diagnostic Tests and 300.174: Laboratory Findings /Point of Care Testing Suggestion to add text that upon receipt of a laboratory report, the Department shall notify the local board of health in the town in which the case resides within 24 hours.	BPHC	These data are currently available in MAVEN to all local boards of health, including the City of Boston.
300.180 (C): Diseases Reportable Directly to the Department Suggestion to add language indicating the Department shall notify the Boston Public Health Commission of all STI cases within 24 hours.	BPHC	The Department plans to enhance existing electronic data communication with BPHC. The Department is committed to providing BPHC with regular reports on STIs diagnosed among Boston residents.
300.210: Procedures for Isolation and Quarantine Suggestion to add language indicating the authority requiring isolation or quarantine is also responsible for the care of that individual (e.g., food, supportive services).	BPHC	This suggested amendment was not a component of the proposed amendments, nor was it raised or discussed with the Advisory Committee. This important issue should be explored further with the Committee, other stakeholders and legal counsel.

Further Internal Review

Additional review of the proposed regulatory language by BIDLS staff has led to the following revisions:

- **300.100: Diseases Reportable to Local Boards of Health** - ***removal*** of Rheumatic fever as it is of low public health importance.
- **300.172: Submission of Selected Isolates and Diagnostic Specimens to the Hinton State Laboratory Institute** - ***inclusion*** of carbapenem-resistant and carbapenemase producing *Enterobacteriaceae* (CRE) isolates in recognition of the particular threat presented by CRE and the need to characterize these organisms for epidemiologic purposes; *and Campylobacter* sp. isolates to monitor epidemiologic trends in the face of increased use of non-culture-dependent diagnostic tests.

Conclusion

- The BIDLS acknowledges the items identified by the commenter and has determined that no additional changes are necessary at this time.
- The BIDLS requests that the Public Health Council approve the proposed amendments to the regulations as proposed.