

**Topic:** Diseases Reportable Directly to DPH

**CODE OF MASSACHUSETTS REGULATIONS TITLE 105: DEPARTMENT OF PUBLIC HEALTH CHAPTER 300.000: REPORTABLE DISEASES AND ISOLATION AND QUARANTINE REQUIREMENTS [105 CMR 300.000]**

**300.180: Diseases Reportable Directly to the Department**

**(A) Reporting of Active or Suspect Active Tuberculosis Disease.** Any health care provider, laboratory, board of health or administrator of a city, state or private institution or hospital who has knowledge of a case of confirmed tuberculosis or clinically suspected tuberculosis, as defined in 105 CMR 365.004, shall notify the Division of Tuberculosis Prevention and Control in the Department within 24 hours. This notice shall include at a minimum, the case name, date of birth, sex and address, and the name and telephone number of the person reporting the case. Upon receipt of such notice, the Division of Tuberculosis Prevention and Control shall notify the local board of health in the community where the case resides within 24 hours.

**(B) Reporting of Latent Tuberculosis Infection (Positive Tuberculin Skin Test).** Any health care provider, board of health or administrator of a city, state or private institution or hospital who has knowledge of a case of latent tuberculosis infection (LTBI), as diagnosed by a tuberculin skin test performed with purified protein derivative (PPD) antigen by the Mantoux method, or by any other diagnostic test approved for this purpose by the federal Food and Drug Administration, that results in a reaction that represents a positive test according to the most recently published guidelines of the U.S. Centers for Disease Control and Prevention, shall notify the Division of Tuberculosis Prevention and Control in the Department in a written or electronic format as designated by the Department, with information regarding the name and address of the individual, date of birth, gender, size of the positive skin test or alternative test result, treatment initiated and, as requested by the Department, information about risk of exposure to tuberculosis.

**(C) The diseases listed below shall be reported directly to the Department by household members, physicians and other health care providers, laboratories and other officials designated by the Department, by telephone, in writing, by facsimile or other electronic means, as deemed acceptable by the Department. Each report shall be submitted no more than 24 hours after diagnosis or identification.**

- Acquired immunodeficiency syndrome (AIDS)
- Chancroid
- Chlamydial infection (genital)
- Genital warts
- Gonorrhea
- Granuloma inguinale
- Herpes simplex infection, neonatal (onset within 30 days after birth)
- Lymphogranuloma venereum
- Ophthalmia neonatorum caused by any agent
- Pelvic inflammatory disease of any etiology
- Syphilis

**(D) Infection with Human Immunodeficiency Virus (HIV).** HIV infection, as determined by a laboratory test diagnostic of HIV infection, shall be reported directly to the department by health care providers, as defined in M.G.L. c. 111, § 1, or other officials designated by the Department, in a form and manner designated by the Department, using a non-name reporting system as defined in 105 CMR 300.020. Each report of newly identified infection shall be submitted no more than 24 hours after diagnosis or identification.

**(E) The following work related diseases and injuries** are reportable directly to the Department by physicians and other health care providers in a manner approved by the Department no later than ten days after diagnosis or identification. Said report must include, as a minimum, the reporter's name and address; the patient's name, address, telephone number, age and sex; race, if known; the employer's name and location where the occupational exposure or injury reportably occurred; the diagnosis of the disease or description of the injury; the patient's occupation if known; and any other information as requested by the Department.

- (1) Occupational Lung Disease.
  - (a) Asbestosis
  - (b) Silicosis
  - (c) Beryllium Disease
  - (d) Chemical Pneumonitis
  - (e) Asthma caused by or aggravated by workplace exposures
- (2) Work related Heavy Metal Absorption.
  - (a) Mercury (blood > 15 mcg/L: urine > 35 mcg/grams creatinine)
  - (b) Cadmium (blood > 5mcg/L: urine > five mcg/grams creatinine)
  - (c) Other
- (3) Work related Acute Chemical Poisoning.
  - (a) Carbon Monoxide Poisoning
  - (b) Pesticide Poisoning
  - (c) Other
- (4) Work related Carpal Tunnel Syndrome.

**(F) Reporting of Work related Traumatic Injuries to a Person Less than 18 Years of Age.**

(1) By Health Care Facilities. Work related traumatic injuries to persons less than 18 years of age that are treated in a hospital or other health care facility shall be reported by the person in charge of the facility or their designee. Health care facilities shall report these cases through computer generated reports on a regular basis no less than once every six months. Said reports shall include similar information to that required under 105 CMR 300.140(B).

(2) By Physicians and Other Health Care Providers. Serious work related traumatic injuries to persons less than 18 years of age shall be reported to the Department by the physician or other health care provider who treats the minor, within ten days after the physician or health care provider initially treats the injury. Physicians and other health care providers may report all work related traumatic injuries to persons under 18 years of age. Said reports shall include similar information to that required under 105 CMR 300.140(B).