

105 CMR: DEPARTMENT OF PUBLIC HEALTH 300.100

Diseases Reportable to Local Boards of Health Cases or suspect cases of the diseases listed as follows shall be reported by household members, physicians and other health care providers as defined by M.G.L. c. 111, § 1, and other officials designated by the Department, by telephone, in writing, by facsimile or other electronic means, as deemed acceptable by the Department, including transmission from electronic health records, immediately, but in no case more than 24 hours after diagnosis or identification, to the board of health in the community where the case is diagnosed or suspect case is identified. When available, full demographic, clinical and epidemiologic information, as defined by the Department, must be included for each report.

The local board of health's responsibility, upon receipt of a report, is set forth in 105 CMR 300.110 and 300.160. Physicians and other health care providers shall also report the diseases listed as follows when identified to be present through point of care testing.

Anthrax

Arbovirus infection, including but not limited to, infection caused by: chikungunya virus, dengue, eastern equine encephalitis virus, Jamestown Canyon virus, West Nile virus, yellow fever virus, and Zika virus

Botulism

Brucellosis

Cholera

Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease

Diphtheria

Foodborne illness due to toxins (including mushroom toxins, ciguatera toxins, scombrototoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, staphylococcus enterotoxin, and others)

Encephalitis, any

Hansen's disease (leprosy)

Hemolytic uremic syndrome (HUS)

Hepatitis A

Hepatitis B

Hepatitis C

Hepatitis D

Hepatitis E

Hepatitis syndrome, acute

Lymphocytic choriomeningitis

Malaria

Measles

Meningitis, bacterial, community-acquired

Meningitis, viral (aseptic) or other infectious (non-bacterial)

Meningococcal disease, invasive infection (with *N. meningitidis*)

Mumps

Pertussis

Plague

Poliomyelitis

Powassan

Pox virus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses

Rabies in humans

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)

Reye syndrome

Rickettsialpox

Rocky Mountain spotted fever

Rubella

Tetanus

Toxic shock syndrome

Trichinosis

Tularemia

Typhoid Fever

Typhus

Varicella (chickenpox)

Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus, Marburg virus and other filoviruses, arenaviruses, bunyaviruses and flaviviruses

The following diseases shall also be reported to the local board of health. These diseases are often primarily ascertained through laboratory testing and reported to the Department pursuant to 105 CMR 300.170 through 300.174. If reported to the Department pursuant to 105 CMR 300.170 through 300.175, this may serve in lieu of direct reporting to local boards of health:

Anaplasmosis

Amebiasis

Babesiosis

Campylobacteriosis

Cryptosporidiosis

Cyclosporiasis

Ehrlichiosis

Giardiasis

Glanders

Group A streptococcus, invasive infection

Group B streptococcus, invasive infection in children younger than one year old

Haemophilus influenzae, invasive infection

Hantavirus infection

Influenza

Legionellosis

Listeriosis

Lymphocytic choriomeningitis virus infection

Lyme disease

Melioidosis

Noroviruses infection

Psittacosis

Q Fever

Salmonellosis

Shigellosis

Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic E. coli (EHEC)

Streptococcus pneumoniae, invasive infection in individuals younger than 18 years old

Vibriosis (non-Cholera)

Yersiniosis