



Building a Healthy Boston

April 5, 2013

Dear Health Care Provider:

On January 13, 2013, the Boston Public Health Commission (BPHC) Board passed an amendment to the BPHC infectious disease reporting regulation. This regulation, which is now in effect, requires the reporting of specified infections (including but not limited to Chlamydia, Gonorrhea, and Syphilis) *directly* to BPHC. A copy of the regulation, as well as guidelines for compliance and reporting forms, are included with this letter.

For several conditions, reporting is required by health care providers, health institutions, and clinical laboratories. Please note that the guidelines allow for health care institutions to submit a plan BPHC to for approval to streamline reporting to BPHC. In addition, BPHC is in the process of developing the capacity to receive reports through Electronic Laboratory Reporting. In the interim, health care institutions and laboratories may wish to propose alternate methods to securely transfer files directly to BPHC. These plans should be submitted to BPHC for approval.

We look forward to working with you to ensure complete and timely reporting of infectious diseases in order to protect the public's health. If you have any questions, please call 617-534-5611.

Sincerely,

A handwritten signature in black ink that reads "Barbara Ferrer".

Barbara Ferrer, PhD, MPH
Executive Director
Boston Public Health Commission

A handwritten signature in black ink that reads "M. Anita Barry, MD".

M. Anita Barry, MD, MPH
Director, Infectious Disease Bureau
Boston Public Health Commission

DISEASE SURVEILLANCE AND REPORTING REGULATION

(As Amended on January 10, 2013)

WHEREAS, The Boston Public Health Commission is charged with protecting, preserving and promoting the health and well-being of all Boston residents, particularly those who are most vulnerable.

WHEREAS, The Boston Public Health Commission is charged with responsibility for the investigation, prevention, and control of communicable diseases in Boston, including named pathogens and infectious outbreaks of unspecified etiology.

WHEREAS, additional new infectious diseases are expected to arise and require public health containment measures.

WHEREAS, the continued threat of bioterrorism presents public health issues unprecedented in modern times that may require the effective and timely identification of outbreaks or clusters of diseases harmful to the public health.

WHEREAS, the laws of the Commonwealth of Massachusetts requires that a board of health investigate diseases dangerous to the public health and take such measures as may be necessary to prevent the spread of such disease.

WHEREAS, a real time surveillance system of hospital and other health care facility emergency and urgent care units will allow for the earliest possible detection of increases in morbidity due to infectious and non-infectious causes.

WHEREAS, the timely access to information regarding an outbreak, cluster or incident of a disease deemed harmful to the public health is critical in protecting the health of the citizens of the City of Boston.

NOW THEREFORE, The Boston Public Health Commission enacts the following regulation, to be adopted for the express purpose of protecting the public health from Infectious Disease Dangerous to the Public Health.

Section 1.00 Definitions

For the purposes of this regulation and its guidelines, the following terms shall be defined as follows:

Commission - Boston Public Health Commission

Director – The Director of the Boston Public Health Commission’s Infectious Disease Bureau.

Emergency Care - Medical care required immediately due to illness or injury with symptoms of sufficient severity that a prudent lay person would believe there is an immediate threat to life or high risk of permanent damage to the individual's health. Emergency conditions are those which require immediate medical treatment at the most accessible hospital equipped to provide emergency services. Emergency care does not include elective, primary, or urgent care.

Emergency Department - A hospital's Emergency Room or Level I Trauma Center which is located at the same site as the hospital's inpatient department.

Executive Director – The Executive Director of the Boston Public Health Commission.

Health Care Facility - Any hospital, clinic, community health center, dispensary, institute, or other entity however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained for the purpose of providing medical, surgical, dental, physical rehabilitation, or mental health services.

Health Care Provider - Any doctor of medicine, osteopathy, or dental science, or a registered nurse, social worker, doctor of chiropractic, or psychologist licensed under the provisions of chapter one hundred and twelve, or an intern, or a resident, fellow, or medical officer licensed under section nine of said chapter one hundred and twelve, or a hospital, clinic or nursing home licensed under the provisions of chapter one hundred and eleven and its agents and employees, or a public hospital and its agents and employees or any Emergency Medical Technician as define in M.G.L. c. 111 section 1.

Hospital - Any institution, however named, whether conducted for charity or for profit, which is licensed pursuant to M.G.L. c.111 §51 and advertised, announced, established or maintained for the purpose of caring for persons admitted thereto for diagnosis and/or medical, surgical or restorative treatment which is rendered within said institution.

Laboratory-A facility or place, however named, the purpose of which is to make biological, serological, chemical, immune-hematological, cytological, pathological, or other examinations of materials derived from a human body. This includes laboratories in hospitals and other facilities.

Outbreak or Cluster – The occurrence in a community, facility, workplace or region of cases of an illness clearly in excess of the number of cases usually expected. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the site conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Outbreaks or clusters are therefore identified by significant increases in the usual frequency of the disease in the same area, among the specified population, at the same season of the year.

Urgent Care Facility – Any office, department or clinic of any hospital which provides, in the usual course of business, urgent care.

Urgent care - Services required promptly to prevent impairment of health due to symptoms that a prudent lay person would believe require medical attention, but are not life-threatening and do not pose a high risk of permanent damage to an individual's health. Urgent care does not include elective, emergency, or routine primary care.

Visit - A face-to-face meeting between a recipient and a physician, physician's assistant, nurse practitioner, or registered nurse within a health care setting, for purposes of examination, diagnosis, or treatment.

Section 2.00 Emergency Department and Urgent Care Facility Reporting Requirements

1. All health care facilities in the City of Boston, that operate or maintain in the usual course of business an emergency department and/or an urgent care facility, shall report the total number of visits to their emergency departments and/or urgent care facilities to the Boston Public Health Commission every twenty-four hours.
2. All health care facilities in the City of Boston, that operate or maintain an emergency department and/or an urgent care facility, shall report for each visit during a twenty-four (24) hour period, to such emergency department or urgent care facility, the following information about each patient:
 - a. Age;
 - b. Gender;
 - c. Race;
 - d. Ethnicity
 - e. Residential zip code;
 - f. Chief complaint;
 - g. Diagnostic code (when available);
 - h. Measured Temperature; and
 - i. Disposition
3. The provisions of this section do not amend, modify or otherwise relieve any health care facility of any other regulatory, administrative or statutory reporting requirements.
4. The report shall be made in an electronic format specified by the Executive Director.

Section 3.00 Reporting Requirements for Outbreaks or Clusters

1. Every health care provider, health care facility and any person in a supervisory position in a school, day care facility, institution, clinic, laboratory, labor or other camp, who has knowledge of an occurrence of any suspected cluster or outbreak of any illness, shall report immediately, but in no case more than 24 hours after diagnosis or identification, the same to the Commission by telephone, facsimile or other electronic means.
2. In the event that the Director determines that there is an outbreak or cluster, all health care facilities and health care providers reporting cases related to the outbreak or cluster shall be immediately notified of the outbreak or cluster.

3. Upon notification of an outbreak or cluster, each health care facility and health care providers, shall immediately provide to the Director all medical records and such other information as the Director may require, for each patient who is part of the outbreak or cluster.

Section 4.00 Reporting Requirements for Unusual Diseases or Diseases Dangerous to the Public Health

1. Any case or suspected case of diseases listed in 105 CMR 300.100, any case of Chlamydia, Gonorrhea or Syphilis, and any unusual disease or any other disease designated by the Director, shall be reported to the Commission by a household members, physician, other health care provider or laboratory in manner proscribed by the Director.
2. All reports must contain, whenever possible, the following information about the case:
 - a. Name;
 - b. Gender;
 - c. Date of Birth;
 - d. Residential address;
 - e. Place of Employment and/or school;
 - f. Disease; and
 - g. Race/Ethnicity
3. Reports must be submitted immediately, but in no case more than 24 hours after diagnosis or identification, to the Commission.

Section 5.00 Guidelines

1. The Executive Director shall issue guidelines setting forth the format and reporting procedures.
2. All health care facilities and laboratories that submit information pursuant to this order shall be provided with a periodic report setting forth in summary format all data collected under this regulation.

Section 6.00 Enforcement

1. Authority to enforce this regulation shall be held by the Boston Public Health Commission and its subsidiary programs or designees.
2. Any violation of this regulation may be enforced in the manner provided in M.G.L. c.111 §187 by the Boston Public Health Commission and its subsidiary programs or designees.

Section 7.00 Violation

1. Any person or healthcare provider who violates any provision of this regulation may be subject to a fine not to exceed \$1000.00 per violation.
2. Each violation of this regulation shall be deemed a separate offense.

Section 8.00 Severability

If any provision, clause, sentence, paragraph or word of this regulation or the application thereof to any person, entity or circumstances shall be held invalid, such invalidity shall not affect the other provisions of this article which can be given effect without the invalid provisions or application and to this end the provisions of this regulation are declared severable.

Section 9.00 Effective Date

The amended sections of the Regulation shall take effect after sixty days from the date of amendment.

Authority. These regulations are promulgated pursuant to: M.G.L. c. 111, §§ 31, 111, 112, and App. §§ 2-6(b), 2-7(a)(1) and 2-7(a)(15); 105 CMR 300.00 et. seq.

**GUIDELINES FOR THE IMPLEMENTATION AND
ENFORCEMENT OF BOSTON PUBLIC HEALTH COMMISSION'S
DISEASE SURVEILLANCE AND REPORTING REGULATION**

APPROVED: Barbara Ferrer
Barbara Ferrer
Executive Director
March 26, 2013

Section I. Purpose

The Boston Public Health Commission (herein after “the Commission”) has determined that prompt reporting of any outbreaks and infections deemed harmful to the public health is critical in protecting the health of the citizens of the City of Boston. In addition, a syndromic surveillance system of hospital and other health care facility emergency and urgent care units and reporting of infections or significant exposures in research laboratories working with certain agents, will allow for the earliest possible detection of increases in morbidity due to infectious and non-infectious causes in the City.

Authority

These guidelines are promulgated by the Executive Director of the Boston Public Health Commission, pursuant to the Boston Public Health Commission’s Disease Surveillance and Reporting Regulation as amended on January 10, 2013, effective March 11, 2013 (herein after “Regulation.”)

Definitions

For the purposes of this regulation and its guidelines, the following terms shall be defined as follows:

Case or Patient means one who is ill, infected, injured or diagnosed with a reportable disease or injury.

Commission means the Boston Public Health Commission

Director means the Director of the Commission’s Infectious Disease Bureau.

Emergency Care means medical care required immediately due to illness or injury with symptoms of sufficient severity that a prudent lay person would believe there is an immediate threat to life or high risk of permanent damage to the individual's health. Emergency conditions are those which require immediate medical treatment at the most accessible hospital equipped to provide emergency services. Emergency care does not include elective, primary, or urgent care.

Emergency Department means a hospital's Emergency Room or Level I Trauma Center which is located at the same site as the hospital's inpatient department.

Executive Director means the Executive Director of the Boston Public Health Commission.

Expose or Exposure means any situation arising from or related to the work operation of an employer where an employee or a community resident may ingest, inhale, absorb through the skin or eyes or otherwise come into contact with any high risk agent.

Food Poisoning means poisoning that results from eating foods contaminated with toxins. These toxins may occur naturally, as in certain mushrooms or seafoods; they may be chemical or biologic contaminants; or they may be metabolic products of infectious agents that are present in the food.

Health Care Facility means any hospital, clinic, community health center, dispensary, institute, or other entity however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained for the purpose of providing medical, surgical, dental, physical rehabilitation, or mental health services.

Health Care Provider means any doctor of medicine, osteopathy, or dental science, or a physician's assistant, nurse practitioner, registered nurse, social worker, doctor of chiropractic, or psychologist licensed under the provisions of M.G.L. c. 112, or an intern, or a resident, fellow, or medical officer licensed under M.G.L. c. 119, § 9, or a hospital, clinic or nursing home licensed under the provisions of M.G.L. c. 111 and its agents and employees, or a public hospital and its agents and employees or any Emergency Medical Technician as defined in M.G.L. c. 111, § 1.

Hepatitis Syndrome, Acute means illness associated with symptoms, including but not limited to, jaundice, nausea, vomiting, abdominal pain, and laboratory evidence of liver damage or dysfunction occurring without an identified cause or due to an unexpected or unusual cause.

High Risk Agent means any select agent, agents in risk group RG-4 as specified in the National Institute of Health's Guidelines for Research Involving Recombinant DNA Molecules and Biosafety in Microbiological and Biomedical Laboratories published by the US Centers for Disease Control and Prevention and the National Institutes of Health and the amendments and rulings made relative thereto from time to time (hereinafter "NIH Guidelines/BMBL"), highly pathogenic avian influenza, SARS or any other agent identified by the Director. The Director shall compile and update, as necessary, a list of high risk agents. The list shall be posted on the Commission's website at www.bphc.org and attached hereto.

Hospital means any institution, however named, whether conducted for charity or for profit, which is licensed pursuant to M.G.L. c.111, § 51 and advertised, announced, established or maintained for the purpose of caring for persons admitted thereto for

diagnosis and/or medical, surgical or restorative treatment which is rendered within said institution.

Laboratory means a facility or place, however named, the purpose of which is to make biological, serological, chemical, immune-hematological, cytological, pathological, or other examinations of materials derived from a human body. This includes laboratories in hospitals and other facilities.

Novel Influenza A Viruses means a strain of influenza A that substantially differs antigenically from circulating or recently circulating influenza A viruses.

Occupational Health Officer means a licensed physician experienced in occupational medicine or a registered nurse experienced in occupational health nursing, designated by the employer. The Occupational Health Officer may also name a designee to perform occupational health assessments or evaluations, who is also a licensed physician experienced in occupational medicine or a registered nurse experienced in occupational health nursing.

Outbreak or Cluster means the occurrence in a community, facility, workplace or region of cases of an illness clearly in excess of the number of cases usually expected. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the site conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Outbreaks or clusters are therefore identified by significant increases in the usual frequency of the disease in the same area, among the specified population, at the same season of the year.

Point of Care Testing means testing done at or near the site of patient care by use of a test approved by the federal Food and Drug Administration for such use, with or without further supplementary or confirmatory testing in another laboratory.

Report of a Disease or an Outbreak means an official notice directly to the Commission of the occurrence of a specified disease or outbreak by telephone, in writing, by facsimile, or by electronic means approved by the Commission.

Research Laboratory means a workplace or a work area of a workplace which is used primarily for research, development, non-routine testing or experimentation activity in which any high risk agent is used by or under the direct supervision of a technically qualified individual.

Select Agent means microbial and toxic agents listed at 42 CFR 73.4, 42 CFR 73.5, and 9 CFR 121.2 and the rulings made by the US Centers for Disease Control and US Department of Agriculture relative thereto as amended from time to time.

Surveillance of Disease means monitoring the occurrence and spread of disease and indications of such occurrence and spread.

Suspect Case means a person with clinical and/or laboratory evidence suggestive of the existence of a disease or condition dangerous to the public health but prior to the confirmation of such a diagnosis.

Unusual Illness means an illness, by any indication, occurring for the first time or under rare circumstances, or an illness associated with signs and symptoms not otherwise expected to occur based on the known or presumed etiology of the illness.

Urgent Care Facility means any office, department or clinic of any hospital which provides, in the usual course of business, urgent care.

Urgent Care means services required promptly to prevent impairment of health due to symptoms that a prudent lay person would believe require medical attention, but are not life-threatening and do not pose a high risk of permanent damage to an individual's health. Urgent care does not include elective, emergency, or routine primary care.

Visit means a face-to-face meeting between a recipient and a physician, physician's assistant, nurse practitioner, or registered nurse within a health care setting, for purposes of examination, diagnosis, or treatment.

Work Area means a defined space, or a room or rooms, or other area where infectious agents or substances are produced, stored, or used, and where employees are present in the course of their employment. A work area may include an entire workplace.

Workplace means an establishment or business of an employer at one geographic location at which work is performed and containing one or more work areas.

Section II. Emergency Department and Urgent Care Facility Surveillance Reporting

A. Reporting Requirements

1. All healthcare facilities must report information for each visit made to the emergency room and urgent care facility that it operates.
2. A separate report must be filed for each emergency room and urgent care facility.

B. Report Content

1. The report must contain information for all visits made to the facility commenced during the period from 12:00 a.m. until 11:59 p.m. Information regarding each visit shall be submitted using an electronic format provided by the Commission. The following information shall be submitted for each visit:
 - a. Age at the time of visit

- b. Gender – Male, Female or as otherwise determined by the health care provider
 - c. Race and Ethnicity
 - d. Zip code of patient’s primary residence
 - e. Chief Complaint
 - f. Diagnostic code
 - g. A unique identifier so that the facility can obtain additional information as needed by the Commission as part of an investigation
 - h. Measured temperature
 - i. Disposition
2. All information must be provided according to the timeline in Subsection C of this Section, with the exception of diagnostic codes. If the diagnostic code is not available at the time of the visit, it shall be submitted within 24 hours of when it becomes available.

C. Report Submission

1. Data shall be transmitted using Secure File Transfer Protocol (SFTP) to the Commission’s syndromic surveillance system. Alternative methods may be used only with prior Commission approval.
2. Data for the reporting period must be sent by 7:00 a.m. the following day. For example, data for 04/01/13 would be sent between 12:00 a.m. and 7:00 a.m. on 04/02/13.
3. All facilities will be provided with a unique user ID and password by the Commission.

Section III. Reporting of Outbreaks or Clusters

Health care providers, health care facilities, clinical laboratories, and supervisors in schools, daycare facilities, institutions, clinics, and camps are required to report suspected or confirmed outbreaks to the Commission immediately but in no case more than 24 hours of identification by phone, fax, or other electronic means approved by the Commission.

The Commission will specify additional information to be provided for each outbreak or cluster.

Section IV. Reporting Requirements for Unusual Diseases or Diseases Dangerous to the Public Health

A. Health care provider reporting requirements

All health care providers and health care facilities must report cases (confirmed or suspect) from the list of infections reportable directly to the Commission within the timeframe specified. The list of reportable infections and the timeframe for reporting, which may be updated by the Director as necessary, is available as

Attachments A and B and can be found at the Commission's website:
www.bphc.org.

B. Health care provider report content

1. The following information must be included for all case reports:
 - a. Case name
 - b. Date of birth
 - c. Age
 - d. Residential address
 - e. Phone number(s)
 - f. Gender
 - g. Race and ethnicity
 - h. Primary language and whether an interpreter is needed
 - i. Case's school or workplace
 - j. Whether the case was hospitalized with dates and medical record number
 - k. Laboratory results supportive of the diagnosis
 - l. Reporting source and contact information
 - m. Diagnosing provider and contact information
 - n. Primary care provider and contact information

2. For the following infections, additional information must be provided:
 - a. Chlamydia: treatment provided and whether the expedited partner therapy was given
 - b. Hepatitis B: whether the case is pregnant
 - c. Influenza: whether the case is pregnant

C. Clinical laboratory reporting requirements

Clinical laboratories must directly report to the Commission laboratory results that provide evidence of infection for infections specified at www.bphc.org within the time frame specified. The list of reportable laboratory results and the timeframe for reporting, which may be updated by the Director as necessary, is available as Attachment C and can be found at the Commission's website:
www.bphc.org.

D. Clinical laboratory report content

1. Clinical laboratories are required to report the following variables for each case:
 - a. Case name
 - b. Date of birth
 - c. Address
 - d. Gender
 - e. Race and ethnicity
 - f. Medical record number
 - g. Specific laboratory results including source of specimen and date the sample was obtained

- h. Ordering healthcare provider
- i. Reporting laboratory including address, phone number, and the name of a laboratory contact in case additional information is needed.

Additional information necessary for the Commission to fulfill its mandate to perform surveillance and control of diseases dangerous to the public health shall be provided to the Commission upon request.

Reports must be directly submitted to the Commission by fax, phone, or other electronic means approved by the Commission. Health care providers, health care facilities, and clinical laboratories are not required to use these forms, but must report all required information regardless of format.

Section V. Research Laboratory Reporting Procedures

A. Registration of Facilities and Agents

1. All research laboratories possessing, producing, storing, or otherwise working with any high risk agent shall register with the Commission.
2. Such registration, on a form provided by the Commission's Office of Environmental Health, shall include the following:
 - a. Name of the high risk agent or agents;
 - b. The location of each high risk agent;
 - c. Principal Investigator responsible for the high risk agent(s);
 - d. Title and a brief description of the nature of the project;
 - e. Grant identification number or other unique institutional identifier number for the project;
 - f. Contact information of the institutional biosafety committee (IBC) (if applicable); and,
 - g. Name and contact information of the Occupational Health Officer.
3. The information in the registration form shall be updated, on a form provided by the Commission's Office of Environmental Health, every July 31 and January 31 (or on the next business day if it falls on a holiday or weekend) following registration.

B. Research Laboratory Reporting Requirements

1. The Occupational Health Officer or designee shall perform an occupational health assessment for any laboratory employee or other individual having access to the laboratory who; has been diagnosed with; is exhibiting symptoms of; or, may have been exposed to, any high risk agent registered pursuant to Section V. Part A of these guidelines. The findings of the assessment shall be immediately reported, but not later one business day after completion of the assessment, to the Commission.

2. Any employee absent from the work place due to illness for a period of two or more consecutive work days shall be evaluated by the Occupational Health Officer or designee prior to returning to work. If the Occupational Health Officer has a reasonable suspicion that the employee's illness may be related to an exposure to any high risk agent registered pursuant to Section V. Part A of these guidelines, the Occupational Health Officer shall immediately notify, but not later than one business day of the assessment, the Commission.
3. The IBC, Principal Investigator or Occupational Health Officer, shall report to the Commission within one business day: any diagnosis of any disease caused by a high risk agent registered pursuant to Section V. Part A of these guidelines; and, any violation or breach of any laboratory procedures or any other incident which the IBC, Project Director or Occupational Health Officer should reasonably believe released beyond the work area, any high risk agent registered pursuant to Section V. Part A of these guidelines.
4. The Director shall notify each facility registered pursuant to Section V. Part A. of these guidelines of the appropriate procedures for reporting. Reporting forms and the list of high risk agents, which may be updated by the Director as necessary, is included as Attachment D and can be found at the Commission's website: www.bphc.org.
5. Institutions operating multiple laboratories may direct their IBC, Biosafety Office or Occupational Health Office to coordinate all registration and reporting required by these guidelines.
6. All reporting pursuant to Section V. B. shall be made to the Director. Contact information is available at www.bphc.org or (617) 534-5611.

Section VI. Coordination of reporting to the Commission

To avoid duplicate reporting to the Commission, healthcare facilities can submit a plan to the Commission to designate a reporter to provide information that must be reported by healthcare providers and clinical laboratories. The Commission will review these plans for compliance with all reporting requirements and either approve or deny the plan within two weeks of documented receipt of the plan at the Commission. Approval of a plan may be revoked by the Commission if complete information is not being provided.

Reporting to other agencies does not fulfill the obligation of health care providers or laboratories to report directly to the Commission.

Health care facilities are required to submit reports for any clinical site operating under that health care facility's license.

Section VII. Effective Date

These guidelines shall be effective immediately.

Attachment A



Boston Public Health Commission
 Infectious Disease Bureau
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Communicable Disease Reporting Form

DIAGNOSIS: _____

ONSET DATE: ____/____/____

Case Identification	NAME, LAST		FIRST		GENDER <input type="checkbox"/> male <input type="checkbox"/> female			
	STREET ADDRESS			APT. #	CITY		STATE	ZIP
	PHONE ()		CELL PHONE ()		DOB ____/____/____		AGE	
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	ETHNICITY:			NEEDS INTERPRETER? <input type="checkbox"/> yes <input type="checkbox"/> no Language: _____				
	CARETAKER/CONTACT INFO: (if other than case)				PATIENT WORKPLACE/SCHOOL:			
	WAS CASE HOSPITALIZED? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: from ____/____/____ to ____/____/____						PATIENT RECORD #	

Supporting Lab Findings	Test	Specimen Type	Result	Result Date
				____/____/____
				____/____/____
				____/____/____
				____/____/____
				____/____/____

Other	
Hepatitis B: Is the case pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Influenza: Is the case pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	
Chlamydia: Treatment given: _____	Check here if not treated <input type="checkbox"/>
Additional information: _____	

Reporting	Reporting Source _____ Phone () _____	
	Site _____	Address _____ Date ____/____/____
	Primary Care Provider _____	Diagnosing Provider _____
	Facility _____	Facility _____
	Phone () _____ Fax () _____	Phone () _____ Fax () _____



BOSTON PUBLIC HEALTH COMMISSION
1010 Massachusetts Avenue, Boston, MA 02118
Telephone: 617-534-5611 Confidential Fax: 617-534-5905

Healthcare providers in Boston must report the following diseases (suspect or confirmed) directly to the Boston Public Health Commission

Report suspect or confirmed cases **immediately by phone to (617) 534-5611**

Any case of an unusual illness	Plague (<i>Yersinia pestis</i>)
Any cluster/outbreak of illness (including but not limited to foodborne illness)	Poliomyelitis
Anthrax (<i>Bacillus anthracis</i>)	Poxvirus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses
Botulism (<i>Clostridium botulinum</i>)	Rabies in humans
Brucellosis (<i>Brucella sp.</i>)	Rubella
Cholera (<i>Vibrio cholerae</i>)	Severe acute respiratory syndrome (SARS)
Coronavirus, novel	Tetanus (<i>Clostridium tetani</i>)
Diphtheria (<i>Corynebacterium diphtheriae</i>)	Tularemia (<i>Francisella tularensis</i>)
Hantavirus infection	Typhoid fever (<i>Salmonella typhi</i>)
Hepatitis A (IgM positive only)	Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus, Marburg virus, and other filoviruses, arenaviruses, bunyaviruses, and flaviviruses
Influenza A virus, novel	
Measles	
Meningococcal disease, invasive (<i>Neisseria meningitidis</i>)	

Report suspect or confirmed cases within **1 business day**

Telephone: (617) 534-5611 or Confidential Fax: (617) 534-5905 • Reporting forms are available on-line at www.bphc.org

Arbovirus infection, including but not limited to, infection caused by dengue, Eastern Equine Encephalitis virus, West Nile virus, and yellow fever virus	Influenza, deaths in children (<18 years) or pregnant women
Amebiasis (<i>Entamoeba histolytica</i>)	Legionellosis (<i>Legionella sp.</i>)
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Leptospirosis (<i>Leptospira sp.</i>)
Animal Bites	Listeriosis (<i>Listeria sp.</i>)
Babesiosis (<i>Babesia sp.</i>)	Lyme disease (<i>Borrelia burgdorferi</i>)
Campylobacteriosis (<i>Campylobacter sp.</i>)	Lymphocytic choriomeningitis
<i>Chlamydia trachomatis</i>	Malaria (<i>Plasmodium falciparum</i> , <i>P. malariae</i> , <i>P. vivax</i> , <i>P. ovale</i> , <i>P. knowlesi</i>)
Creutzfeldt-Jakob disease (CJD) and variant CJD	Melioidosis (<i>Burkholderia pseudomallei</i>)
Cryptococcosis (<i>Cryptococcus neoformans</i>)	Meningitis, bacterial, community acquired
Cryptosporidiosis (<i>Cryptosporidium sp.</i>)	Meningitis, viral (aseptic), and other infectious (non-bacterial)
Cyclosporiasis (<i>Cyclospora cayetanensis</i>)	Mumps
Ehrlichiosis (<i>Ehrlichia sp.</i>)	Noroviruses
Encephalitis, any cause	Pertussis
<i>Escherichia coli</i> O157:H7	Psittacosis (<i>Chlamydophila psittaci</i>)
Foodborne illness due to toxins (including mushroom toxins, ciguatera toxins, scombrotoxin, tetrodotoxin, paralytic shellfish toxin, amnesic shellfish toxin, and others)	Q fever (<i>Coxiella burnetii</i>)
Giardiasis (<i>Giardia sp.</i>)	Reye syndrome
Glanders (<i>Burkholderia mallei</i>)	Rheumatic fever
Group A streptococcus, invasive	Rickettsialpox (<i>Rickettsia akari</i>)
Group B streptococcus, invasive	Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	Salmonellosis (<i>Salmonella sp.</i> , non typhi)
<i>Haemophilus influenzae</i> , invasive	Shiga-toxin producing organisms isolated from humans, including enterohemorrhagic <i>E. coli</i> (EHEC)
Hansen's disease (leprosy)	Shigellosis (<i>Shigella sp.</i>)
Hemolytic uremic syndrome	<i>Streptococcus pneumoniae</i> , invasive infection
Hepatitis B (acute or chronic)	Syphilis
Hepatitis C (acute or chronic)	Toxic shock syndrome
Hepatitis D	Transfusion or transplant associated infection
Hepatitis E	Trichinosis (<i>Trichinella sp.</i>)
Hepatitis syndrome, acute	Typhus (<i>Rickettsia prowazekii</i>)
Influenza (confirmed by any laboratory test, including point of care tests)	Varicella (chickenpox)
	Vibriosis (<i>Vibrio sp.</i> , non- <i>cholerae</i>)
	Yersiniosis (<i>Yersinia sp.</i>)

CALL (617) 534-5611 FOR MORE INFORMATION OR TO REPORT A DISEASE

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.

Attachment B



Boston Public Health Commission (BPHC)
Reporting Form for Animal Bites

(Use Research Laboratory Reporting Form if the animal bite was from a research lab animal. Additional reporting forms can be found at www.bphc.org.)

Patient	Last Name		First Name			Gender <input type="checkbox"/> male <input type="checkbox"/> female		
	Street Address			Apt. #	City		State	Zip
	Phone		Cell Phone		DOB / /		Age	
	Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	Ethnicity		If a minor, Name of Parent or Guardian			Parent/Guardian Phone		
Exposure	Date of Exposure _ / _ / _		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location (address)				
	Animal: <input type="checkbox"/> Wild <input type="checkbox"/> Domestic		<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Bat <input type="checkbox"/> Raccoon	<input type="checkbox"/> Ferret <input type="checkbox"/> Skunk	<input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	Description (Breed, Color, Sex)	
	Any pertinent animal testing/vaccination:					Animal Specimen Sent for Rabies Test <input type="checkbox"/> Yes, Date _ / _ / _ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Saliva to mucous membrane <input type="checkbox"/> Other direct contact with animal (describe): _____			<input type="checkbox"/> Indirect contact with pet/ animal following that animal's exposure to another suspect rabid animal <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		Circumstances surrounding incident: (please describe) _____ _____ _____		
Clinical	Seen by Medical Provider? <input type="checkbox"/> Yes, Date of Visit _ / _ / _ <input type="checkbox"/> No <input type="checkbox"/> Unknown		Medical record #		Name of Provider			
	Facility					Phone		
	Name of Primary Care Provider (PCP)			PCP Facility		Phone		
	Description of wound (location on body, severity, number, etc.)							
Treatment	HRIG (Human Rabies Immune Globulin) <input type="checkbox"/> Yes, Date: _ / _ / _ <input type="checkbox"/> No		Tetanus (Td or Tdap) <input type="checkbox"/> Yes, Date: _ / _ / _ <input type="checkbox"/> No					
	Rabies vaccine (HDCV or PCECV) <input type="checkbox"/> Yes, Date: _ / _ / _ <input type="checkbox"/> No		Previous Post-Exposure or Pre-Exposure Prophylaxis for Rabies <input type="checkbox"/> Yes, Date: _ / _ / _ <input type="checkbox"/> No					
	If rabies vaccine series has been initiated, please note facility where subsequent injections will be given. Facility: _____				Other Treatment/Medication:			
Animal	Last Name (owner)		First Name (owner)			Phone Number		
	Address			Apt. #	City		State	Zip
	Current Location of Animal (if different from above)					Owner known by victim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Reporter	Name		Phone		Worksite		Date	

If assistance is needed with animal follow-up, call Boston Animal Control at (617) 635-5349.
 If additional information is needed call BPHC at 617-534-5611.

FAX COMPLETED FORM TO 617-534-5905.

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.

Attachment C



Boston Public Health Commission
 Infectious Disease Bureau
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Clinical Laboratory Reporting Form

Case Identification	NAME, LAST		FIRST		GENDER <input type="checkbox"/> male <input type="checkbox"/> female			
	STREET ADDRESS			APT. #	CITY		STATE	ZIP
	PHONE ()		CELL PHONE ()		DOB		AGE	
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	ETHNICITY:			PATIENT RECORD #				

Infection/Test	INFECTION:		
	Laboratory Test	Date Obtained	Result
		____/____/____	
		____/____/____	
		____/____/____	
Source of Specimen: <input type="checkbox"/> Pharynx/throat <input type="checkbox"/> Stool <input type="checkbox"/> Anal Canal <input type="checkbox"/> Plasma <input type="checkbox"/> Urethra <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Tissue (specify) _____ <input type="checkbox"/> Cervix <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____			

Reporting Laboratory	REPORTING LAB		DATE
	PHONE ()		FAX ()
	ADDRESS		
	CONTACT PERSON (FOR MORE INFORMATION)		
	PHONE ()		FAX ()
ORDERING PROVIDER			

This form must be completed by all clinical laboratories.
Fax the completed form to BPHC, confidential fax # (617) 534-5905

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.



BOSTON PUBLIC HEALTH COMMISSION (BPHC)
1010 Massachusetts Avenue, Boston, MA 02118
Telephone: 617-534-5611 Confidential Fax: 617-534-5905

IN ACCORDANCE WITH THE BOSTON PUBLIC HEALTH COMMISSION DISEASE SURVEILLANCE AND REPORTING REGULATIONS (Section 4.00), **EVIDENCE OF INFECTION* DUE TO THE FOLLOWING ORGANISMS IS REPORTABLE IN BOSTON BY ALL LABORATORIES DIRECTLY TO BPHC**

*Evidence of infection includes results from cultures, specific antigen or genomic tests, histology, other microscopy, and clinically-relevant serologic tests.

REPORT SUSPECT OR CONFIRMED CASES IMMEDIATELY BY PHONE:
Telephone: (617) 534-5611

- *Bacillus anthracis* (Anthrax)
- *Brucella* sp.
- *Clostridium botulinum*
- *Clostridium tetani*
- Coronavirus, novel
- *Corynebacterium diphtheriae*
- *Francisella tularensis*
- Hantavirus
- Hepatitis A virus (IgM positive only)
- Influenza A virus, novel
- Measles virus (IgM, PCR, or culture positive)
- *Neisseria meningitidis* (from a normally sterile site)
- Poliovirus
- Poxvirus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses
- Rabies virus
- Rubella virus (IgM, PCR, or culture positive)
- *Salmonella typhi*
- SARS-associated coronavirus
- *Staphylococcus aureus*, *vancomycin-intermediate (VISA)* or *vancomycin-resistant (VRSA)*
- Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus, Marburg virus and other filoviruses, arenaviruses, bunyaviruses and flaviviruses
- *Yersinia pestis*

REPORTABLE WITHIN ONE BUSINESS DAY
Telephone: (617) 534-5611 Confidential Fax: (617) 534-5905
Reporting forms are available on-line at www.bphc.org

- *Anaplasma* sp.
- Arbovirus infection, including but not limited to, infection caused by dengue, Eastern Equine Encephalitis virus, West Nile virus and yellow fever virus
- *Babesia* sp.
- *Bordetella pertussis*, *B. bronchiseptica*, *B. holmseii* and *B. parapertussis*
- *Borrelia burgdorferi*
- *Burkholderia mallei* and *pseudomallei*
- *Campylobacter* sp.
- *Chlamydomytila psittaci*
- *Chlamydia trachomatis* (ophthalmic, genital and neonatal infections, lymphogranuloma)
- *Coxiella burnetii*
- *Cryptococcus neoformans*
- *Cryptosporidium* sp.
- *Cyclospora cayetanensis*
- *Ehrlichia* sp.
- *Entamoeba histolytica*
- Enteroviruses
- *Escherichia coli* O157:H7
- *Giardia* sp.
- Group A streptococcus (from a normally sterile site)
- Group B streptococcus (from a normally sterile site)
- *Haemophilus influenzae* (from a normally sterile site)
- Hepatitis B virus
- Hepatitis C virus
- Hepatitis D virus
- Hepatitis E virus
- Human prion disease (evidence of)
- Influenza A&B viruses
- *Legionella* sp.
- *Leptospira* sp.
- *Listeria* sp.
- Lymphocytic choriomeningitis virus
- Mumps virus (IgM, PCR, or culture positive)
- *Mycobacterium leprae*
- *Neisseria gonorrhoeae*
- Noroviruses
- *Plasmodium falciparum*, *P. malariae*, *P. ovale*, *P. vivax*, *P. knowlesi*
- *Rickettsia akari*, *R. prowazekii* and *R. rickettsii*
- *Salmonella* sp. (*non-typhi*)
- Shiga-toxin producing organisms
- *Shigella* sp.
- Simian herpes virus
- *Staphylococcus aureus* enterotoxin producing organisms
- *Streptococcus pneumoniae* (from a normally sterile site)
- *Treponema pallidum*
- *Trichinella spiralis*
- Varicella zoster virus
- *Vibrio* sp.
- *Yersinia* sp.

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.

Attachment D



Boston Public Health Commission
 Infectious Disease Bureau
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Biologic Research Laboratory Reporting Form

Case Identification	TYPE OF REPORT: <input type="checkbox"/> Infection <input type="checkbox"/> Exposure (without associated illness)				
	NAME, LAST		FIRST		GENDER <input type="checkbox"/> male <input type="checkbox"/> female
	STREET ADDRESS		APT. #	CITY	STATE ZIP
	PHONE ()		CELL PHONE ()		DOB / / AGE
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____				
	ETHNICITY				
	NAME / AFFILIATION OF LAB				
	LABORATORY POSITION / TITLE				
	LABORATORY PHONE ()		FAX ()		SPECIFIC LABORATORY LOCATION
	WAS CASE HOSPITALIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: from ____ / ____ / ____ to ____ / ____ / ____				
Infection/Exposure	CAUSATIVE AGENT (IF KNOWN)			ILLNESS ONSET DATE / /	
	TYPE OF INFECTION <input type="checkbox"/> bacteremia <input type="checkbox"/> constitutional <input type="checkbox"/> other (please describe): _____ <input type="checkbox"/> gastrointestinal <input type="checkbox"/> hepatitis <input type="checkbox"/> neurologic <input type="checkbox"/> respiratory <input type="checkbox"/> skin or soft tissue				
	Laboratory Test		Date Obtained		Result
			____ / ____ / ____		
			____ / ____ / ____		
Exposure	AGENT (IF KNOWN)			INCIDENT DATE / /	
	TYPE OF EXPOSURE <input type="checkbox"/> ingestion <input type="checkbox"/> bite/scratch species _____ <input type="checkbox"/> inhalation <input type="checkbox"/> other (describe) _____ <input type="checkbox"/> percutaneous <input type="checkbox"/> splash				
Reporting	REPORTING SOURCE			DATE / /	
	SITE		PHONE ()		FAX ()
	ADDRESS				
	OCCUPATIONAL HEALTH OFFICER			FACILITY	
	PHONE ()		FAX ()		

This form is to be used only for exposures/illnesses associated with Biological Research Laboratories
Fax completed form to BPHC, confidential fax # (617) 534-5905

The collection of this information is authorized under BPHC Biologic Laboratory Regulations (adopted Sept 19, 2006), BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and Jan 10, 2013). These became effective March 11, 2013.



Research Laboratories: Reportable Infectious Disease Agents and Toxins

BOSTON PUBLIC HEALTH COMMISSION
1010 Massachusetts Avenue, Boston, MA 02118
Telephone: 617-534-5611 Confidential Fax: 617-534-5905

Infection (suspect or confirmed) or exposure due to the following agents should be reported to BPHC IMMEDIATELY at 617-534-5611.

HHS SELECT AGENTS AND TOXINS

- Abrin
- Botulinum neurotoxins
- Botulinum neurotoxin producing species of *Clostridium*
- Cercopithecine herpesvirus 1 (Herpes B virus)
- *Clostridium perfringens* epsilon toxin
- *Coccidioides posadasii* / *Coccidioides immitis*
- Conotoxins
- *Coxiella burnetii* (Q Fever)
- Crimean-Congo Haemorrhagic Fever virus
- Diacetoxyscirpenol
- Eastern Equine Encephalitis virus (EEEV)
- Ebola virus
- *Francisella tularensis* (Tularemia)
- Influenza virus (replication competent 1918 virus)
- Lassa fever virus
- Marburg virus
- Monkeypox virus
- Ricin
- *Rickettsia prowazekii*
- *Rickettsia rickettsii* (Rocky Mountain Spotted Fever)
- Saxitoxin
- Shiga-like ribosome inactivating proteins
- Shigatoxin
- South American Haemorrhagic Fever viruses (Junin, Machupo, Sabia, Flexal, Guanarito)
- Staphylococcal enterotoxins
- T-2 toxin
- Tetrodotoxin
- Flaviviruses
 - Tick-borne encephalitis complex (flavi) viruses
 - Central European Tick-borne encephalitis
 - Far Eastern Tick-borne encephalitis
 - Russian Spring and Summer encephalitis
 - Kyasanur Forest disease
 - Omsk Hemorrhagic Fever
- Variola major virus (Smallpox virus)
- Variola minor virus (Alastrim)

OVERLAP SELECT AGENTS AND TOXINS

- *Bacillus anthracis* (Anthrax)
- *Brucella abortus* (Brucellosis)
- *Brucella melitensis* (Brucellosis)
- *Brucella suis* (Brucellosis)
- *Burkholderia mallei* (formerly *Pseudomonas mallei*) (Glanders)
- *Burkholderia pseudomallei* (formerly *Pseudomonas pseudomallei*) (Meliodiosis)
- Hendra virus
- Nipah Virus
- Rift Valley Fever virus
- Venezuelan Equine Encephalitis virus (VEE)

NIH RISK GROUP 4 AGENTS

- Arenaviruses
 - Guanarito virus
 - Lassa virus
 - Junin virus
 - Machupo virus
 - Sabia
- Bunyaviruses (Nairovirus)
 - Crimean-Congo hemorrhagic fever virus
- Filoviruses
 - Ebola virus
 - Marburg virus
- Flaviviruses (Togaviruses) - Group B Arboviruses
 - Tick-borne encephalitis virus complex, including:
 - Absetterov, Central European encephalitis
 - Hanzalova, Hypr, Kumlinge
 - Kyasanur Forest virus
 - Omsk hemorrhagic fever
 - Russian spring-summer encephalitis
- Herpesviruses (alpha)
 - Herpesvirus simiae (Herpes B or Monkey virus)
- Paramyxoviruses
 - Equine morbillivirus
- Hemorrhagic fever agents and viruses as yet undefined

OTHER TOXINS/AGENTS/EXPOSURES

- Avian influenza virus (highly pathogenic)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*
- Primate bites or scratches
- SARS- CoV, (Severe Acute Respiratory Syndrome)
- Vaccinia virus

RECOMBINANT DNA

- Within thirty (30) days an institution shall report any significant problems with or violations of the NIH Guidelines and any significant RDNA related accidents or illnesses to BPHC and the Boston RDNA Advisory Committee. Any such problems, accidents, or illnesses which have a potential impact on the public health and safety shall be reported immediately.