

DISEASE SURVEILLANCE AND REPORTING REGULATION

PREAMBLE

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 Communicable Disease Program

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.

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/Ethnicity;
 - d. Residential zip code;
 - e. Chief complaint; and
 - f. Diagnostic code (if available).
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 or 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; and,
 - f. Disease.
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 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, 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, 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

This regulation shall take effect thirty days from the date of enactment.

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.