

## IN ACCORDANCE WITH M.G.L.c. 111D, s. 6.,

# EVIDENCE OF INFECTION\* DUE TO THE FOLLOWING INFECTIOUS AGENTS IS REPORTABLE BY ALL

### CLINICAL LABORATORIES

### TO THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

\*Evidence of infection includes results from culture methods, specific antigen or genomic tests, histology, other microscopy, and clinically-relevant serologic tests. Infection in Massachusetts' residents, ascertained out-of-state, should also be reported.

# **TREPORT IMMEDIATELY BY PHONE!**

This includes both suspect and confirmed cases.

Telephone: (617) 983-6800 and ask for the Epidemiologist On-Call

### • REPORT WITHIN 24 HOURS Telephone: (617) 983-6801 Confidential Fax: (617) 983-6813

"...all laboratories, including those outside of Massachusetts, performing examinations on any specimens derived from Massachusetts residents that yield evidence of infection due to the organisms listed below shall report such evidence of infection directly to the Department through secure electronic laboratory reporting mechanisms, or other method, as defined by the Department." 105 CMR 300.170

Isolates should

be submitted to

Hinton State

Laboratory

Institute.

- · Anaplasma sp.
- · Babesia sp.
- Bacillus anthracis 
   □
- Bordetella pertussis, B. bronchiseptica, B. holmseii and B. parapertussis
- Borrelia burgdorferi
- Brucella sp. 

   □
- · Campylobacter sp.
- · Chlamydophila psittaci
- Clostridium botulinum ⇒ [■]
- · Clostridium difficile
- · Clostridium perfringens (stool only)
- Clostridium tetani
- Corvnebacterium diphtheriae
- Coxiella burnetii
- · Cryptococcus neoformans
- · Cryptosporidium sp.
- · Cyclospora cayetanensis
- · Dengue virus
- · Ehrlichia sp.
- · Entamoeba histolytica
- · Enteroviruses (from CSF)
- Escherichia coli O157:H7 or other shiga-toxin producing E. coli; and other E. coli if found in CSF ⇒ □
- Giardia sp.
- Group B streptococcus (from blood, CSF or other normally sterile body fluid)
- Haemophilus influenzae (from blood, CSF or other normally sterile body fluid) 

   □
- Hantavirus
- Hemorrhagic fever viruses (including Ebola, Marburg and other filoviruses, arenaviruses, bunyaviruses and flaviviruses)
- Hepatitis A virus (IgM+ only)
- · Hepatitis B virus
- · Hepatitis C virus
- Human prion disease (evidence of)
- Influenza virus (⇒ ☐ if antiviral resistant)
- Influenza A virus, novel ⇒ :
- . Legionella sp. ⇒ ⊡
- Leptospira sp.
- Listeria sp. ⇒ ∃
- · Lymphocytic choriomeningitis virus
- Measles virus (IgM+ only)
- Monkeypox or other orthopox virus

- · Mumps virus (IgM+ only)
- · Mycobacterium africanum, M. bovis
- Mycobacterium leprae
- Mycobacterium tuberculosis 
  □
  ■
- Norovirus
- Plasmodium falciparum, P. malariae, P. ovale, P. vivax
- Poliovirus
- · Rickettsia akari
- · Rickettsia prowazekii
- · Rickettsia rickettsii
- Rubella virus (IgM+ only)
- Salmonella typhi ⇒
- SARS-associated coronavirus
- Shiga-toxin producing organisms ⇒
- . Shigella sp. ⇒ 🖃
- Staphylococcus aureus enterotoxin producing organisms
- · Staphylococcus aureus, methicillin-resistant (MRSA), invasive
- Staphylococcus aureus, vancomycin-intermediate (VISA) and vancomycin-resistant (VRSA) ⇒ ■
- Streptococcus pneumoniae (from blood, CSF or other normally sterile body fluid) (⇒ ≡ if patient <18 years)</li>
- · Streptococcus pneumoniae, invasive, penicillin-resistant
- · Toxoplasma sp.
- · Trichinella sp.
- Trypanosoma cruzi
- Vaccinia virus
- Variola virus
- · Varicella virus (DFA+, viral culture or PCR+)
- Vibrio sp. ⇒ 🖃
- · Yellow fever virus
- Yersinia pestis 

   □
- Yersinia sp. ⇒

MDPH, its authorized agents and local boards of health have the authority to collect pertinent information as part of epidemiological investigations (M.G.L. c. 111, s. 7.).

#### HIV/AIDS Surveillance: (617) 983-6560

- AIDS (CD4 counts <200/ul or <14% total lymphocytes)
- Human immunodeficiency virus (HIV)

### Sexually transmitted infections: (617) 983-6940

- Chlamydia trachomatis (ophthalmic, genital and neonatal infections, lymphogranuloma venereum)
- Calymmatobacterium (Donovania) granulomatis
- · Haemophilus ducreyi
- Herpes simplex virus, neonatal infection (onset within 30 days after birth)
- Neisseria gonorrhoeae (results indicating resistance to fluoroquinolones or ceftriaxone should also be reported)
- Treponema pallidum