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Code of Massachusetts Regulations 105 CMR - DEPARTMENT OF PUBLIC HEALTH

Title 105 CMR 300.000 - Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements Section 300.200 - Isolation and Quarantine Requirements

Universal Citation: 105 MA Code of Regs 105.300

Current through Register 1504, September 15, 2023

Upon the report of a case or suspected case of disease declared dangerous to the public health, the local board of health and the Department are authorized to implement and enforce the requirements outlined in 105 CMR 300.200. Minimum requirements for the isolation and quarantine of diseases dangerous to the public health are set forth in 105 CMR 300.200(A). Depending on the specific circumstances related to the exposure, case and/or contact with respect to any disease or condition listed in 105 CMR 300.200(A) or (B), additional control measures may be required.

(A) Diseases Reportable to Local Boards of Health.

Disease

**Minimum Period of
Isolation of Patient**

**Minimum Period of
Quarantine of Contacts**

Amebiasis	After diarrhea has resolved, food handlers may only return to food handling duties after producing one negative stool specimen. If a case has been treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy. In outbreak	Contacts with diarrhea, who are food handlers, shall be considered the same as a case and handled in the same fashion. In outbreak circumstances, asymptomatic contacts who are food handlers shall be required to produce two negative stool specimens produced at least 24 hours apart prior to returning to food handling duties. Otherwise, no
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(B) Diseases Reportable Directly to the Department of Public Health.

Disease	Minimum Period of Isolation of Patient	Minimum Period of Quarantine of Contacts
Tuberculosis a) Active tuberculosis: Pulmonary (also includes mediastinal, laryngeal, pleural, or miliary) b) Active	Clearance from isolation in the community requires one or more of the following: three appropriately collected and processed sputum smears that are collected in eight - 24 hour intervals (one of which should be an early morning specimen); or other FDA cleared/approved or generally accepted laboratory tests indicating tuberculosis is unlikely or infectiousness is unlikely, as per guidelines such as those of the CDC, the Advisory Council of the Elimination of	No restrictions of asymptomatic contacts required. No restrictions No restrictions

(C) Standard Precautions. In addition to the specific practices set out in 105 CMR 300.000, standard precautions should be followed when treating all patients and

contacts. The Department adopts, by reference, as standard practice for infection control, the most current version of the guidelines on the prevention of transmission of infection published by the U.S. Centers for Disease Control and Prevention and its Healthcare Infection Control Practices Advisory Committee.

(D) Work-related Diseases and Injuries Reportable Directly to the Department of Public Health. As these diseases are not communicable, each case should be evaluated individually regarding a return to work.

Amended by Mass Register Issue S1331, eff. 1/27/2017.

Amended by Mass Register Issue 1470, eff. 5/27/2022.

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