

- LII > State Regulations > Massachusetts Regulations
 - > 105 CMR - DEPARTMENT OF PUBLIC HEALTH
 - > 105 CMR, 105 CMR 300.000 - Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements
 - > **105 CMR, § 300.200 - Isolation and Quarantine Requirements**

105 CMR, § 300.200 - Isolation and Quarantine Requirements

State Regulations Compare

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 circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.
Anaplasmosis	No restrictions	No restrictions
Anthrax	For cutaneous anthrax, place on contact precautions until lesions are healed or free from anthrax bacilli.	No restrictions
Arbovirus infection	No restrictions	No restrictions
Babesiosis	No restrictions except for exclusion from blood donation.	No restrictions
<i>B. miyamotoi</i>	No restrictions	No restrictions
Botulism	No restrictions	No restrictions
Brucellosis	No restrictions	No restrictions

Campylobacteriosis	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 circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.
Cholera	After diarrhea has resolved, food handlers may only return to food handling duties after producing two negative stool specimens produced at least 24 hours apart. 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.	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 restrictions.
<i>Clostridium difficile</i>	No restrictions	No restrictions

Infection due to coronaviruses	Subject to recommendations based on the specific coronavirus infection as determined by the Department based on the most current recommendations by the Centers for Disease Control and Prevention.	Subject to recommendations based on the specific coronavirus exposure as determined by the Department.
Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease	No restrictions	No restrictions
Cryptosporidiosis	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 circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.

Cyclosporiasis	Food handlers may return to food handling duties after diarrhea has resolved. In certain situations however, food handlers may be required to produce one or two negative stool specimens before returning to food handling duties. 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.	Contacts with diarrhea, who are food handlers, shall be considered the same as a case and handled in the same fashion. In certain outbreak situations, asymptomatic contacts who are food handlers may be required to produce one or two negative stool specimens prior to returning to food handling duties. Otherwise, no restrictions.
Diphtheria	Maintain isolation until two successive pairs of nose and throat cultures (and cultures of skin lesions in cutaneous diphtheria) obtained greater than 24 hours apart and at least 24 hours after completion of antimicrobial therapy are negative. If there was no antimicrobial therapy, these two sequential pairs of cultures shall be taken after symptoms resolve and greater than two weeks after their onset. If an avirulent (nontoxigenic) strain is documented, isolation is not necessary.	All contacts (both symptomatic and asymptomatic) who are food handlers must be excluded from work until two successive pairs of nose and throat cultures obtained greater than two weeks after completion of antimicrobial prophylaxis (if any) and greater than 24 hours apart are negative. Symptomatic contacts who are not food handlers shall be considered the same as a case until their culture results are negative and they are cleared by the appropriate public health authority. Asymptomatic contacts who are not foodhandlers must be on appropriate antibiotics and personal surveillance.

Ehrlichiosis	No restrictions	No restrictions
Encephalitis, any case	No restrictions	No restrictions
Food poisoning and toxicity	No restrictions	No restrictions
Giardiasis	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 circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.
Glanders	No restrictions	No restrictions
Group A streptococcus, invasive infection	Persons with streptococcal pharyngitis or skin infections, with or without invasive disease, shall not return to school or child care until at least 24 hours after initiating antimicrobial treatment.	Personal surveillance and prophylaxis with an antimicrobial when appropriate. Otherwise, no restrictions.

Group B streptococcus, invasive infection	No restrictions	No restrictions
<i>Haemophilus influenzae</i> , invasive infection a) type B b) non type B	Until 24 hours after initiating antimicrobial treatment. No restrictions	Personal surveillance and prophylaxis with an appropriate antimicrobial when indicated by clinical situation of the contact or by potential for transmission. Otherwise, no restrictions. No restrictions
Hansen's disease	No restrictions if under medical care.	No restrictions
Hantavirus infection	No restrictions	No restrictions
Hemolytic uremic syndrome	After diarrhea has resolved, food handlers may only return to food handling duties after producing two negative stool specimens, produced at least 24 hours apart. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy.	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 restrictions.

Hepatitis A	Isolation until one week after onset of symptoms or for cases where the onset date is not known, one week past the date the specimen positive for IgM antibody to HAV was provided.	No restrictions except for susceptible food handlers, who shall be excluded from their occupations for 28 days unless they receive a prophylactic dose of immune globulin (IG) and/or hepatitis A vaccine within 14 days of exposure, or in accordance with the latest recommendations from the Department.
Hepatitis B	No restrictions except for exclusion from organ and blood donation. Case shall receive counseling to modify activities in order to prevent transmission.	Personal surveillance for high-risk contacts who should receive hepatitis B immune globulin (HBIG) and vaccine. Infants born to infected women should also receive HBIG and vaccine. Otherwise, no restrictions.
Hepatitis C	No restrictions except for exclusion from organ and blood donation. Case shall receive counseling to modify activities in order to prevent transmission.	Personal surveillance for high-risk contacts. Otherwise, no restrictions.
Hepatitis D	Same as co-infecting hepatitis B	Same as co-infecting hepatitis B
Hepatitis E	Isolation until one week after onset of symptoms, or for cases where the onset date is not known, one week past the date of the specimen positive for evidence of acute hepatitis E was provided.	No restrictions, except for susceptible food handlers, who shall be excluded from their occupations for 28 days.

Influenza	No restrictions	No restrictions
Legionellosis	No restrictions	No restrictions
Listeriosis	No restrictions	No restrictions
Lyme disease	No restrictions	No restrictions
Lymphocytic choriomeningitis virus infection	No restrictions, except for exclusion from organ and blood donation	No restrictions
Malaria	No restrictions except for exclusion from blood donation.	No restrictions

Measles	Through four days after onset of rash (counting the day of rash onset as day zero).	Contacts born in or after 1957, who are not appropriately immunized or do not have laboratory evidence of immunity, will be excluded from work, classes or other public activities from the fifth through the 21st day after their exposure even if they receive immune globulin. If exposure was continuous and/or if multiple cases occur, susceptibles will be excluded through the 21st day after rash onset in the last case. Health care workers and inpatients, regardless of year of birth, who are not appropriately immunized or do not have laboratory evidence of immunity, will be excluded from work (health care workers) or isolated with airborne precautions (inpatients) from the fifth day after their first exposure through the 21st day after their last exposure. These restrictions for health care workers and inpatients remain even if the contact received IG or was vaccinated post-exposure.
Melioidosis	No restrictions	No restrictions

Meningitis a) bacterial, community-acquired b) viral (aseptic), and other non-bacterial	If infected with <i>H. influenzae</i> or <i>N. meningitidis</i>, droplet precautions until 24 hours after initiation of appropriate antibiotic therapy. Otherwise, no restrictions. No restrictions	Personal surveillance and antibiotic prophylaxis, where appropriate, if case has <i>H. influenzae</i> or <i>N. meningitidis</i>. Otherwise, no restrictions. No restrictions
Meningococcal disease, invasive infection	Droplet precautions until 24 hours after initiation of appropriate antibiotic therapy. Otherwise, no restrictions.	Personal surveillance and antibiotic prophylaxis, where appropriate. Otherwise no restrictions.
Monkeypox	Until lesions have dried and crusts have separated. If no lesions, until seven days after onset of fever.	Personal surveillance. Otherwise no restrictions.

Mumps	Through five days after onset of gland swelling (counting the initial day of gland swelling as day zero).	Contacts born in or after 1957, who are not appropriately immunized or do not have laboratory evidence of immunity, will be excluded from work, classes or other public activities from the 12 th through the 25 th day after their exposure. When multiple cases occur, susceptibles need to be excluded through 25 days after the onset of the last case. Health care workers, and inpatients, regardless of year of birth, who are not appropriately immunized or do not have laboratory evidence of immunity will be excluded from work (health care workers) or isolated with droplet precautions (inpatients) from the 12 th through the 25 th date after their exposure.
Noroviruses	Food handlers must be excluded from food handling duties for either 72 hours past the resolution of symptoms or 72 hours past the date the specimen positive for norovirus was produced, which ever occurs last.	Contacts with diarrhea or vomiting who are food handlers shall be excluded from food handling duties for 72 hours past the resolution of symptoms.

Pertussis	Until 21 days from onset of cough or five days after initiation of appropriate antibiotic therapy.	If the contact is symptomatic, use same restrictions as for cases. If the contact is an asymptomatic healthcare worker not receiving antibiotic prophylaxis, exclude from the workplace for 21 days after last exposure or, if unknown, for 21 days after the onset of the last case in the setting. If the contact is asymptomatic, not a healthcare worker, and exposed within the last 21 days, s/he should receive antibiotic prophylaxis but no exclusion is generally required. In certain situations deemed to be high-risk, the public health authority may require exclusion of asymptomatic contacts not receiving antibiotic prophylaxis and/or other contacts, and/or may extend the exclusion period beyond 21 days up to a maximum of 42 days.
Plague	For pneumonic plague, droplet precautions until 72 hours after initiation of appropriate antibiotic therapy. For bubonic plague, case shall be placed on contact precautions until 48 hours after initiation of effective therapy.	Contacts of cases of pneumonic plague should be provided prophylaxis and placed under personal surveillance for seven days; those who refuse prophylaxis shall be placed in quarantine and under personal surveillance for seven days.

Poliomyelitis	Place case on enteric precautions for six weeks after onset of symptoms or until poliovirus can no longer be recovered from feces (the number of negative specimens required will be determined by the Department on a case-by-case basis).	According to applicable Department guidelines, administer an appropriate preparation of polio virus vaccine if the immune status is unknown or incomplete. Otherwise, no restrictions.
Powassan	No restrictions	No restrictions
Psittacosis	No restrictions	No restrictions
Q Fever	No restrictions	No restrictions
Rabies- human	For duration of illness	Post-exposure prophylaxis of contacts when appropriate, using recommendations of the Department. Otherwise, no restrictions.
Reye Syndrome	No restrictions	No restrictions
Rickettsialpox	No restrictions	No restrictions
Rocky Mountain spotted fever	No restrictions	No restrictions

Rubella a) Congenital	Isolation from susceptible persons for the first year of life or until two cultures of clinical specimens (nasopharyngeal secretions or urine) obtained one month apart after age three months are negative for rubella virus.	No restrictions except for susceptibles, then same as for non-congenital rubella.
b) Non-Congenital	Until seven days after onset of rash (counting the day of rash onset as day zero).	Contacts born in or after 1957, who are not appropriately immunized or do not have laboratory evidence of immunity, will be excluded from work, classes or other public activities from the seventh through the 23rd day after their last exposure. When multiple cases occur, susceptibles need to be excluded until 23 days after the onset of the last case. Health care workers inpatients, regardless of year of birth, who are not appropriately immunized or do not have laboratory evidence of immunity, will be excluded from work (health care workers) or isolated with droplet precautions (inpatients) from the seventh day after first exposure through the 23rd day after their last exposure.

Salmonellosis a) Not including typhoid fever	After diarrhea has resolved, food handlers may only return to food handling duties after producing one negative stool specimen. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy. In outbreak circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.
--	---	---

b) <i>S. typhi</i> (typhoid fever)	Food handlers may only return to food handling duties after producing three consecutive negative stool specimens each produced no less than 48 hours apart and one month after onset of first symptoms. If one culture is positive, repeat cultures shall be collected at one month intervals until three consecutive negative cultures are obtained. If the case has been treated with an antimicrobial, the first stool specimen shall not be collected until 48 hours after cessation of therapy.	All food handlers, symptomatic or asymptomatic, who are contacts of a typhoid case shall be considered the same as a case and handled in the same fashion.
Shiga toxin-producing organisms, including <i>E. coli</i> O157:H7	After diarrhea has resolved, food handlers may only return to food handling duties after producing two negative stool specimens, produced at least 24 hours apart. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy.	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 restrictions.

Shigellosis	After diarrhea has resolved, food handlers may only return to food handling duties after producing two negative stool specimens produced at least 24 hours apart. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy.	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 restrictions.
Smallpox	In conjunction with public health authorities, place case(s) on highest level of isolation to prevent direct contact, droplet contact and airborne exposure until lesions have dried and crusts have separated.	Afebrile contacts shall be placed under fever surveillance (quarantine) for 18 days from the last contact or 14 days from successful vaccination (whichever comes first), with monitoring and recording of temperature twice daily (morning and evening). Febrile contacts with or without rash shall be considered the same as a case and handled in the same fashion (isolation). If no rash develops after five days and the fever is diagnosed as being caused by recent vaccination or some other non-smallpox etiology, contact may be released from isolation to home to continue fever surveillance for 18 days following their last contact with a case or 14 days following successful vaccination (whichever comes first).

<i>Streptococcus pneumoniae</i> , invasive infection	No restrictions	No restrictions
Tetanus	No restrictions	No restrictions
Toxic shock syndrome	No restrictions	No restrictions
Trichinosis	No restrictions	No restrictions
Tularemia	No restrictions	No restrictions
Typhus	No restrictions	No restrictions

Varicella (chickenpox)	If vesicles are present, until lesions have dried and crusted, or until no new lesions appear, usually by the fifth day (counting the day of rash onset as day zero). If no vesicles are present, until the lesions have faded (i.e. the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.	Contacts in non-health care settings, who are not appropriately immunized or are without laboratory evidence of immunity or a reliable history of chickenpox, shall be excluded from school, work or other public activities from the eighth through the 21st days after their exposure to the case during the case's infectious period. If the exposure was continuous, contacts shall be excluded from the eighth through the 21st days after the case's rash onset. Neonates born to mothers with active varicella shall be isolated from susceptibles until 21 days of age. Health care workers who are not appropriately immunized or are without laboratory evidence of immunity shall be excluded from work (health care workers) or isolated with airborne precautions (inpatients) from the eighth day after their first exposure through the 21st day after the last exposure. In all settings, anyone receiving varicella zoster immune globulin (VZIG) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post-exposure.
Vibriosis (non-Cholera)	Food handlers with diarrhea may return to work after diarrhea has resolved.	No restrictions

Viral hemorrhagic fevers	Place on hemorrhagic fever specific barrier precautions with airborne, contact, and droplet precautions, and double gloving, with strict hand hygiene, impermeable gowns, face shields, eye protection, and leg and shoe coverings until clinical illness has resolved.	Personal surveillance
Yersiniosis	After diarrhea has resolved, food handlers may only return to food handling duties after producing one negative stool specimen. If a case was treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy. In outbreak circumstances, two negative stool specimens produced at least 24 hours apart will be required prior to returning to food handling duties.	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 restrictions.

(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 tuberculosis: Extra-pulmonary c) Latent TB infection	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 Tuberculosis (ACET) or the American Thoracic Society (ATS); or until the patient has undergone a period of effective chemotherapy in accordance with current treatment standards, such as those of CDC, ACET or ATS, and there is demonstration of clinical improvement (<i>i.e.</i> decreasing cough, reduced fever, resolving lung infiltrates). No restrictions except for appropriate handling of infected fluids. No restrictions	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.

Notes

105 CMR, § 300.200

Amended by Mass Register Issue S1331, eff. 1/27/2017. Amended by Mass Register Issue 1470, eff. 5/27/2022.

State Regulations Toolbox

[Accessibility](#)
[About LII](#)
[Contact us](#)
[Advertise here](#)
[Help](#)
[Terms of use](#)
[Privacy](#)