

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, § 300.100 - Diseases Reportable to Local Boards of Health**

105 CMR, § 300.100 - Diseases Reportable to Local Boards of Health

State Regulations Compare

Cases or suspect cases of the diseases listed below shall be reported by household members, physicians and other health care providers as defined by M.G.L. c. 111, § 1, and other officials designated by the Department, by telephone, in writing, by facsimile or other secure electronic means, as deemed acceptable by the Department, including transmission from electronic health records, immediately, but in no case more than 24 hours after diagnosis or identification, to the board of health in the community where the case is diagnosed or suspect case is identified. Full demographic, clinical and epidemiologic information, as defined by the Department, must be included for each report. The local board of health's responsibility, upon receipt of a report, is set forth in 105 CMR [300.110](#) and [300.160](#). Physicians and other health care providers shall also report the diseases listed below when identified to be present through point of care testing. If diseases primarily ascertained through laboratory testing are reported to the Department pursuant to 105 CMR [300.170](#) through [300.174](#), such report may serve in *lieu* of direct reporting to local boards of health:

Amebiasis

Anaplasmosis

Anthrax

Arbovirus infection including, but not limited to, infection caused by:

chikungunya virus, dengue, eastern equine encephalitis virus, Jamestown Canyon virus, West Nile virus, yellow fever virus, and Zika virus

Babesiosis

Botulism

Brucellosis

Campylobacteriosis

Cholera

COVID-19

Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease

Cryptosporidiosis

Cyclosporiasis

Diphtheria

Ehrlichiosis

Encephalitis, any cause

Foodborne illness due to toxins (including mushroom toxins, ciguatera toxins, scombrototoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, staphylococcus enterotoxin, and others)

Giardiasis

Glanders

Group A streptococcus, invasive infection

Group B streptococcus, invasive infection in children younger than one year old

Haemophilus influenzae, invasive infection

Hansen's disease (leprosy)

Hantavirus infection

Hemolytic uremic syndrome (HUS)

Hepatitis A

Hepatitis B

Hepatitis C

Hepatitis D

Hepatitis E

Hepatitis syndrome, acute

Influenza

Legionellosis

Listeriosis

Lymphocytic choriomeningitis

Lymphocytic choriomeningitis virus infection

Lyme disease

Malaria

Measles

Melioidosis

Meningitis, bacterial, community-acquired

Meningitis, viral (aseptic) or other infectious (non-bacterial)

Meningococcal disease, invasive infection (with *N. meningitidis*)

Mumps

Norovirus infection

Pertussis

Plague

Poliomyelitis

Powassan

Pox virus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses

Psittacosis

Q Fever

Rabies in humans

Respiratory infection due to a novel or unusual coronavirus, causing severe

disease in humans including, but not limited to, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

Reye syndrome

Rickettsialpox

Rocky Mountain spotted fever

Rubella

Salmonellosis

Shigellosis

Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic *E. coli* (EHEC)

Streptococcus pneumoniae, invasive infection in individuals younger than 18 years of age

Tetanus

Toxic shock syndrome

Trichinosis

Tularemia

Typhoid Fever

Typhus

Varicella (chickenpox)

Vibriosis (non-Cholera)

Viral hemorrhagic fevers including, but not limited to, infection caused by Ebola virus, Marburg virus and other filoviruses, arenaviruses, bunyaviruses and flaviviruses

Yersiniosis

The following diseases shall also be reported to the local board of health. These diseases are often primarily ascertained through laboratory testing and reported to the Department pursuant to 105 CMR [300.170](#) through [300.174](#). If reported to the Department pursuant to 105 CMR [300.170](#) through [300.175](#), this may serve in *lieu* of direct reporting to local boards of health:

Anaplasmosis

Amebiasis

Babesiosis

Campylobacteriosis

Cryptosporidiosis

Cyclosporiasis

Ehrlichiosis

Giardiasis

Glanders

Group A streptococcus, invasive infection

Group B streptococcus, invasive infection in children younger than one year old

Haemophilus influenzae, invasive infection

Hantavirus infection

Influenza

Legionellosis

Listeriosis

Lymphocytic choriomeningitis virus infection

Lyme disease

Melioidosis

Noroviruses infection

Psittacosis

Q Fever

Salmonellosis

Shigellosis

Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic *E. coli* (EHEC)

Streptococcus pneumoniae, invasive infection in individuals younger than 18 years old

Vibriosis (non-Cholera)

Yersiniosis

Notes

105 CMR, § 300.100

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](#)