The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Infectious Disease and Laboratory Sciences

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**MEMORANDUM**

January 6, 2023

**TO:** ESP Reporting Facilities

**FR:** Kevin Cranston, MDiv, Assistant Commissioner, Director, Bureau of Infectious Disease and Laboratory Sciences

Catherine Brown, DVM, MSc, MPH, State Epidemiologist

**RE:** Update and Clarification on Notifiable Disease Reporting Processes for ESP Facilities

This serves as an update on and further clarification of notifiable infectious disease reporting requirements and related processes for health care facilities participating in the **E**lectronic medical record **S**upport for **P**ublic Health (ESP) system. The primary goals of ESP implementation are to facilitate more timely, complete, and accurate reporting to inform public health actions and to reduce provider reporting burden. Facilities reporting data through ESP must still meet the regulatory requirements of *105 CMR 300: Reportable diseases, surveillance, and isolation and quarantine requirements*. [(105 CMR 300.00: Reportable diseases, surveillance, and isolation and quarantine requirements | Mass.gov](https://www.mass.gov/regulations/105-CMR-30000-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements)).

For facilities providing information on reportable conditions through ESP, DPH will continue to adapt the mechanisms used to obtain data essential to protect the public health. ESP considerably reduces the daily burden of infectious disease reporting for participating facilities, particularly for initial reporting of relatively high-volume infections such as latent tuberculosis infection (LTBI), chlamydia, syphilis, and gonorrhea. At the same time, more information on cases and the circumstances surrounding their incidence than is routinely contained in structured fields in electronic medical records may require state and local health departments to request supplementary data from clinicians to inform public health actions.

The ESP-specific processes for latent tuberculosis infection, active tuberculosis disease, chlamydia, syphilis, gonorrhea, hepatitis A, and HIV are summarized below. The ESP-associated data collection mechanisms for each condition are effective immediately upon a facility going “live” reporting that condition via ESP. The accompanying table summarizes initial case report form (CRF) submission requirements, if any, for providers in ESP reporting facilities (ESP providers) and describes supplementary data needed for public health action that may necessitate follow-up engagement of reporting clinicians.

We are currently finalizing plans for changes to reporting for other conditions reportable through ESP, including hepatitis B and hepatitis C, and will communicate those to you in the near future. We sincerely appreciate your engagement with the ESP process and look forward to continuing to work with you to develop new detection algorithms for submitting data on additional reportable diseases and to refining these data collection mechanisms.

***Tuberculosis (latent tuberculosis infection and active tuberculosis disease):*** ESP providers are not required to submit CRFs on cases of LTBI. **Suspected or confirmed cases of active TB disease, however, must be reported to DPH within 24 hours by** [**initial CRF**](https://www.mass.gov/doc/active-tb-case-report-form/download) **faxed to 617-983-6813 or by phone at 617-983-6801.** Clinicians reporting LTBI cases may be contacted for additional information (e.g., regarding high-priority LTBI cases such as children or possible unreported active TB). Clinicians treating cases of active TB disease will submit regular clinic notes by fax to 617-983-6813 or by a mechanism determined by contractual relationship with DPH, as applicable, and assist with health department case management.

***Chlamydia:***ESP providers are not required to submit CRFs on cases of chlamydia. DPH may request additional information on a small, random sample of ESP-reported cases to request data not reported via ESP.

***Syphilis:*** ESP providers are not required to submit CRFs on cases of syphilis. Reporting clinicians may be contacted by DPH to request data not reported via ESP. Priority cases may prompt follow-up by DPH staff to inform public health actions.

***Gonorrhea:***ESP providers are not required to submit CRFs on cases of gonorrhea. Reporting clinicians may be contacted by DPH to request data not reported via ESP. Priority cases (e.g., antibiotic resistance, disseminated infection, or outbreaks or clusters of concern) may prompt follow-up by DPH staff to inform public health actions.

***Hepatitis A:*** ESP providers are not required to submit CRFs on cases of Hepatitis A. **Cases of Hepatitis A, however, must be reported immediately by phone to the Division of Epidemiology at 617-983-6800 (available 24/7).** A DPH epidemiologist may contact the reporting clinician to gather critical case information not received through ESP (e.g., whether the case is a food handler).

***HIV:*** ESP providers are not required to submit CRFs on cases of HIV. Reporting clinicians may be contacted by DPH to request data not reported via ESP (e.g, exposure mode). Clinicians who do not respond to telephone requests for information will receive a CRF via US mail, fax, or other approved reporting method, and are required to complete and submit it

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| **Reportable Disease** | **Regulatory requirement** | **Initial reporting** | **Follow-up reporting** |
| **Latent TB Infection** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case  (105 CMR 300.180 (B)) | ESP is sufficient for initial reporting requirement. No CRF is required. | DPH may contact the reporting clinician for additional information on high-priority latent TB cases (e.g., children) as needed for case management per 105 CMR 365. |
| **Suspected/Confirmed Active TB Disease** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case  (105 CMR 300.180 (A)) | ESP is **not** sufficient for reporting. **Initial case report is required within 24 hours** (either by phone call to DPH at  617-983-6801 or by completing [initial CRF](https://www.mass.gov/doc/active-tb-case-report-form/download) and faxing to  617-983-6813). | DPH may contact the reporting clinician for additional information related to disease investigation as needed. After initial CRF, treating clinician will submit regular visit notes by fax to 617-983-6813 or by a mechanism determined by contractual relationship with DPH, as applicable. DPH staff may follow up with treating clinician as needed for case management per 105 CMR 365. |
| **Chlamydia** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case  (105 CMR 300.180 (C)) | ESP is sufficient for the initial reporting requirement. No CRF is required. | For a small, random sample of cases, DPH may request a CRF from the reporting clinician to supplement information not reported via ESP. |
| **Suspected, Probable, and Confirmed Syphilis** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case (105 CMR 300.180 (C)) | ESP is sufficient for the initial reporting requirement. No CRF is required. | DPH may contact the reporting clinician for additional information on a subset of cases. |
| **Gonorrhea** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case (105 CMR 300.180 (C)) | ESP is sufficient for the initial reporting requirement. No CRF is required. | For a small, random sampling of reported cases DPH may request a CRF from the reporting clinician to supplement information not reported via ESP.  DPH may also contact the reporting clinician in scenarios of public health importance, including antibiotic resistance, disseminated infection or for outbreaks or clusters of concern. |
| **Hepatitis A** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case (105 CMR 300.180 (C)) | ESP is sufficient for the initial reporting requirement. No CRF is required. **Providers are required to report cases of Hepatitis A** **immediately by phone** to the Division of Epidemiology at 617-983-6800 (available 24/7). | DPH may contact the reporting clinician to gather critical case information (e.g., whether case is a food handler) not reported via ESP. |
| **HIV** | Notification to DPH within 24 hours; full demographic, epidemiologic, clinical, and laboratory information on the case (105 CMR 300.180 (C)) | ESP is sufficient for the initial reporting requirement. No CRF is required. | DPH may contact the reporting clinician to request additional information not reported via ESP (e.g., exposure mode). Providers who do not respond to telephone requests for information will receive a CRF via US mail or fax and are required to complete and submit it. |