

# Baseline Capacity Assessment - “Disease Control and Prevention” PDF Information

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*Public Health Excellence (PHE) Grant Program Partners, thank you for taking this PHASE 1 (of 3) - Baseline Capacity Assessment. Please see below for more information regarding how the survey PDFs you received can be of assistance when completing the Baseline Capacity Assessment.*

## Utilizing this PDF

- For convenience, we have broken the survey down by topic area and created section-specific PDFs (*Administration, Disease Control and Prevention, Environmental Health, & Tobacco Use Prevention*).
- This section-specific PDF includes a Table of Contents that lists all topic areas (*ex. Nuisances, Disease Control, Reporting, etc.*) within the PDF. Please note that you may click on the survey questions next to the topic area of interest in order to move directly to those questions within the PDF.
- This PDF is editable, so partners can provide their responses directly in the document or through another method such as print, email, phone call, etc. Please select only one choice for each survey question, unless the question specifies you may select more than one response option.
  - Please note that in order to save your responses when editing the PDF, you must save the file to your computer. Once completed, return this document to the individual who sent you the PDF.
- The survey uses skip logic to advance past follow-up questions that are not relevant to you. The PDF will indicate when skip logic should be utilized to continue through the survey. Instructions in **BLUE** are attached to questions with skip logic.

If you have any questions on how to complete the survey, utilize the PDFs, and/or need support, please reach out to Michelle Surdyk ([michelle.k.surdyk@state.ma.us](mailto:michelle.k.surdyk@state.ma.us)) using the subject line “Survey Help”.

## Disease Control and Prevention - PDF Table of Contents

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### Disease Control and Prevention

Nuisances (Questions 36 - 38)

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Reporting (Questions 42 - 52)



## Disease Control and Prevention

### Nuisances

\* 36. In the last five years, has your Health Department/Board of Health examined all *complaints* of nuisances, sources of filth, and causes of sickness within your municipality that, in your opinion, may be injurious to the public health? (M.G.L. c. 111, s. 122)

- |   |   |
|---|---|
| <input type="radio"/> <b>Yes</b>                              | <input type="radio"/> <b>No</b> - Lack of funding (not staffing related).   |
| <input type="radio"/> <b>No</b> - More staff required.        | <input type="radio"/> <b>No</b> - I was not aware of this requirement.  |
| <input type="radio"/> <b>No</b> - Additional training needed. | <input type="radio"/> <b>Not applicable</b> - We have not received a complaint regarding nuisances, sources of filth, and causes of sickness that may be injurious to the public health in the last five years. |

\* 37. In the last five years, has your Health Department/Board of Health logged all of the complaints received related to nuisances, sources of filth, and causes of sickness? (M.G.L. c. 111, s. 122)

- |   |   |
|---|---|
| <input type="radio"/> <b>Yes</b>                              | <input type="radio"/> <b>No</b> - Lack of funding (not staffing related).                                 |
| <input type="radio"/> <b>No</b> - More staff required.        | <input type="radio"/> <b>No</b> - I was not aware of this requirement.                                    |
| <input type="radio"/> <b>No</b> - Additional training needed. | <input type="radio"/> <b>Not applicable</b> - We have not received any complaints in the last five years. |

\* 38. In the last five years, has your Health Department/Board of Health taken action (*issue orders or act upon*) for the destruction, removal, or prevention of all confirmed nuisances, sources of filth, and causes of sickness in your municipality as the case required? (M.G.L. c. 111, s. 122)

- |   |   |
|---|---|
| <input type="radio"/> <b>Yes</b>                              | <input type="radio"/> <b>No</b> - Lack of funding (not staffing related).   |
| <input type="radio"/> <b>No</b> - More staff required.        | <input type="radio"/> <b>No</b> - I was not aware of this requirement.  |
| <input type="radio"/> <b>No</b> - Additional training needed. | <input type="radio"/> <b>Not applicable</b> - We have not had any confirmed cases of nuisances, sources of filth, and causes of sickness that required action in our municipality in the last five years. |



## Disease Control and Prevention

### Disease Control

\* 39. In the last five years, has your Health Department/Board of Health ever utilized the provisions in M.G.L. c. 111, s. 109 to supervise or carry out the disinfection of a house upon receiving notice of the death, recovery, or removal of such person with a disease dangerous to the public health? (M.G.L. c. 111, s.109)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our Health Department/Board of Health has not been notified of a house that needed disinfection in the last five years.

\* 40. In the last five years, upon the receipt that either eye of an infant is inflamed, swollen, red, or shows unnatural discharge within two weeks after birth, has your Health Department/Board of Health taken immediate action as deemed necessary (*including consultation with an oculist and the employment of a trained nurse*) to prevent blindness? (M.G.L. c. 111, s.110)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our Health Department/Board of Health has not encountered this situation in the last five years.

\* 41. Within the last five years, upon receiving an application, did your Health Department/Board of Health provide access to an anti-rabic vaccine and anti-rabic treatment free of charge to any uninsured resident who had or may have been exposed to rabies? (M.G.L. c.140, s.145A)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our Health Department/Board of Health has not encountered this situation in the last five years.



## Disease Control and Prevention

### Reporting

\* 42. Does your Health Department/Board of Health report cases of disease (pursuant to 105 CMR 300.100) via MAVEN to DPH, including full clinical data, demographic data, and epidemiological data, as defined by DPH, no later than 24 hours after receipt? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.

\* 43. In the last five years, has your Health Department/Board of Health reported the existence of a domestic animal affected with, or suspected to be affected with, a contagious disease to the Massachusetts Department of Agricultural Resources (MDAR), Bureau of Animal Health as required under M.G.L. c. 129, s. 28? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related)
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any domestic animal affected with, or suspected to be affected with, a contagious disease in the last five years.

\* 44. In the last five years, has your Health Department/Board of Health reported immediately via MAVEN (or by telephone if indicated by DPH), a case of unusual illness or cluster or outbreak of disease, including the full demographic, clinical, epidemiologic, and laboratory information of each case? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related)
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any cases of unusual illness or clusters or outbreaks of disease in the last five years.

\* 45. In the last five years, has your Health Department/Board of Health notified DPH of any case of confirmed tuberculosis or clinically suspected tuberculosis within 24 hours? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related)
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any tuberculosis cases in the last five years.

\* 46. In the last five years, has your Health Department/Board of Health reported cases of disease pursuant to 105 CMR 300.180(C) to DPH within 24 hours? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related)
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any cases of the diseases listed in 105 CMR 300.180(C) in the last five years.

\* 47. In the last five years, has your Health Department/Board of Health complied with the provisions of 105 CMR 300.200 and 105 CMR 300.210 (B through I) when implementing isolation or quarantine? (105 CMR 300)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related)
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any of the situations outlined in 105 CMR 300.200 or 105 CMR 300.210 requiring isolation or quarantine in the last five years.

\* 48. In the last five years, has your Health Department/Board of Health certified to the Department of Public Health Commissioner or documented in MAVEN any non-hospitalized person who (1) is affiliated with active tuberculosis, (2) is unwilling or unable to accept proper medical treatment, and (3) is thereby a serious danger to public health? (M.G.L. c. 111, s.94A)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any such persons in our municipality in the last five years.

\* 49. How do you report new communicable disease cases? Please select all that apply. (105 CMR 300)

- MAVEN**
- Fax**
- Mail**
- Phone call**
- Email**
- Other (please specify)**

\* 50. In the last five years, has your Health Department/Board of Health sent a weekly report of deaths from diseases declared by DPH to be dangerous to the public health in the municipality for the week ending Saturday noon to DPH? (M.G.L. c. 111, s. 29)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - We have not had any deaths from diseases declared by DPH to be dangerous to the public health in the last five years.

\* 51. In the last five years, has your Health Department/Board of Health annually reported cases of cerebral palsy in the municipality to DPH? (M.G.L. c. 111, s. 111A)

- Yes**
- No** - Lack of funding (not staffing related).
- No** - More staff required.
- No** - I was not aware of this requirement.
- No** - Additional training needed.
- Not applicable** - We have not had any such persons in our municipality in the last five years.

\* 52. Does your Health Department/Board of Health have a nurse who works directly with reporting, surveillance, isolation, and quarantine requirements for specific diseases, including tuberculosis (TB)? (105 CMR 365)

- Yes**
- No** - Lack of funding (not staffing related).
- No** - More staff required.
- No** - I was not aware of this requirement.
- No** - Additional training needed.

If "**YES**" - [End of Disease Control and Prevention Section.](#)  
If "**NO**" - [End of Disease Control and Prevention Section.](#)