

CHAPTER 40

CLINICAL ACTIVITIES

CLINICAL ACTIVITIES RELATED TO COMMUNICABLE DISEASE PREVENTION AND CONTROL BY LOCAL BOARDS OF HEALTH

Board of Health Role at a Glance

Local boards of health have a crucial role in the prevention and control of communicable diseases. The continued successful control of communicable diseases depends on the following:

- maintaining the communicable disease surveillance system;
- follow-up of disease reports;
- control of outbreaks;
- enforcement of isolation and quarantine regulations;
- ensuring treatment;
- provision of immunizations;
- assurance of safe and sanitary conditions; and
- effective communication/collaboration with health care providers.

These activities help protect the safety of the public, many of them are mandated by statute and regulation and require clinical assessment and intervention.

Clinical intervention provided by nurses and other health care practitioners is critical to infection control at the community level. Broad and comprehensive training of nurses includes clinical evaluation, case management, epidemiology, community health and health education. These skills are essential for:

- assessment;
- diagnosis;
- development of care plans
- administration of medications and vaccines;
- disease investigation;
- interpretation of signs, symptoms and laboratory results;
- provision of health care advice and information;
- formulation of disease control guidelines and strategies;
- implementation of guidelines and strategies;
- evaluation

While we try to cope with an often insufficient public health infrastructure, we must keep in focus critical and essential activities. Failure to do this results in increased morbidity and mortality, the spread of communicable disease, and compounding of cost and suffering that occurs when basic disease prevention is no longer effective.

The following is a list of responsibilities of local boards of health, established by law, regulation and good practice, which require clinical skills.

- Receive reports of diseases dangerous to the public health (MGL c.111, ss.6, 7, 18 and 111; 105 CMR 300.100). Requires interpretation and evaluation of clinical data. Reports must be sent to other jurisdictions where an infected individual may reside, where the patient is known to have contracted the disease and where the patient is known to have exposed another person to the disease. This activity requires detailed knowledge of the epidemiology of a number of contagious diseases. Case investigation forms for many diseases require awareness to numerous and complex medical questions.
- Report cases of dangerous diseases to the Department of Public Health within twenty-four hours (MGL c.111, s.112; 105 CMR 300.110). Clusters or outbreaks must be reported immediately to the Department (105 CMR 300.130). Requires clinical judgment as to whether the available information constitutes an adequate diagnosis.
- Treatment, transportation and protection of a sick person and the protection of the community at-large in the case of a disease dangerous to the public health (MGL c.111, ss.6, 7, 94A; 95, 96, 96A, 97, 104). Requires persons trained in the care of persons with diseases dangerous to the public health.
- Consultation with the Department of Public Health regarding prevention of dangerous diseases (MGL c.111, s.7). Requires a clinical background to be able to investigate outbreaks and discuss control, and implement interventions.
- Enforce isolation and quarantine regulations (MGL c.111, ss.6, 95; 105 CMR 300.200). Requires clinical interpretation and correct information transmitted to a variety of institutions and public facilities, including health care facilities.
- Refer exposed individuals for anti-rabic vaccine and treatment (MGL c.140, s.145A) and, on occasion, administer post-exposure prophylaxis.
- Maintenance of close contact with area physicians and other practitioners is essential for successful disease intervention, adequate surveillance and prevention of outbreaks.
- Receive reports of food poisonings and send these reports to the Department of Public Health (105 CMR 300.120). Requires understanding of signs and symptoms of foodborne disease and epidemiologic parameters to interpret reports, implement control interventions and provide for enforcement of Chapter X of the State Sanitary Code which regulates food service establishments (MGL c.111, s.127A, 105 CMR 590.000).
- Immunization and up-to-date immunization guidelines and procedures must be interpreted and implemented.
- Provide means for vaccinations, without charge, if such vaccinations are required by the board (MGL c.111, s.181). Requires personnel to administer such vaccinations in an appropriate and safe manner as necessary. Immunization clinics have been shown to be a highly cost-effective public health activity. Expansion of immunization clinic services

during influenza season and during outbreaks is essential to limit the spread of this vaccine-preventable disease.

- Maintenance of an established biologic (vaccine) distribution station (105 CMR 730.000). Requires knowledge of appropriate handling of biologics and dispensing of vaccine with adequate and accurate information.
- Receive and record reports of pulmonary and extrapulmonary tuberculosis (MGL c.111, ss.7, 112, 113). Requires interpretation of medical reports and laboratory studies (105 CMR 300.140 (d) and 105 CMR 350.000).
- Investigate each reported case or suspect case of tuberculosis to determine the source and possible spread of infection to other persons. Identify contacts and determine if infected. Screen selected groups using the Mantoux tuberculin skin test procedure. Requires knowledge of the medical and epidemiologic aspects of tuberculosis and the administration and interpretation of the Mantoux skin test. (MGL. c.111, s.81A)
- Assist in the identification, transportation and hospitalization of patients eligible for admission to the hospital designated by the Department of Public Health for tuberculosis treatment (MGL c.111, s.94A; 105 CMR 360.000). Requires clinical case management.
- Ensure prompt diagnostic and follow-up examinations of patients and suspected tuberculosis cases and the uninterrupted treatment of patients with diagnosed tuberculosis (105 CMR 365.000). Requires knowledge of the epidemiology of tuberculosis and control methods.
- Collaborate with hospitals and other care facilities in the discharge planning for patients with confirmed or suspected tuberculosis (105 CMR 365.000). Requires knowledge of community resources, as well as knowledge of the epidemiology and treatment of tuberculosis.
- Provide appropriate case management and nursing services, under medical orders, for administration of injectable anti-tuberculosis drugs or supervised chemotherapy apart from a tuberculosis clinic. These services must be provided until the patient has completed therapy (105 CMR 365.000).
- Proceed with compulsory hospitalization of uncooperative tuberculosis patients after exhausting all reasonable attempts to influence the patient to accept treatment or isolation (MGL c.111, ss.94A through 94C).
- Designate a staff person or a person or agency under contract as a clinical case manager to enforce the laws, rules and regulations pertaining to tuberculosis and related public health duties and responsibilities (105 CMR 365.000). The public health nurse has traditionally and effectively performed this function and is uniquely suited to these activities.

- Resident aliens newly arrived in the United States, with diagnosed or suspected tuberculosis must be identified and all appropriate forms must be completed (Federal P.L. 87-301). This requires the evaluation of medical records, an understanding of tuberculosis clinical guidelines and procedures and proper implementation of disease control protocols.