



Boston Public Health Commission  
 Infectious Disease Bureau  
 1010 Massachusetts Avenue  
 Boston, MA 02118  
 Phone: 617-534-5611 Fax: 617-534-5905

# Biologic Research Laboratory Reporting Form

<b>Case Identification</b>	<b>TYPE OF REPORT:</b> <input type="checkbox"/> Infection <input type="checkbox"/> Exposure (without associated illness)			
	NAME, LAST		FIRST	GENDER <input type="checkbox"/> male <input type="checkbox"/> female
	STREET ADDRESS		APT. #	CITY
			STATE	ZIP
	PHONE (       )	CELL PHONE (       )	DOB        /        /	AGE
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____			
	ETHNICITY			
	NAME / AFFILIATION OF LAB			
	LABORATORY POSITION / TITLE			
	LABORATORY PHONE (       )		FAX (       )	SPECIFIC LABORATORY LOCATION
WAS CASE HOSPITALIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: from ____ / ____ / ____ to ____ / ____ / ____				
<b>Infection/Exposure</b>	CAUSATIVE AGENT (IF KNOWN)		ILLNESS ONSET DATE        /        /	
	TYPE OF INFECTION <input type="checkbox"/> bacteremia <input type="checkbox"/> constitutional <input type="checkbox"/> other (please describe): _____ <input type="checkbox"/> gastrointestinal <input type="checkbox"/> hepatitis <input type="checkbox"/> neurologic <input type="checkbox"/> respiratory <input type="checkbox"/> skin or soft tissue			
	<b>Laboratory Test</b>	<b>Date Obtained</b>	<b>Result</b>	
		____ / ____ / ____		
		____ / ____ / ____		
<b>Exposure</b>	AGENT (IF KNOWN)		INCIDENT DATE        /        /	
	TYPE OF EXPOSURE <input type="checkbox"/> ingestion <input type="checkbox"/> bite/scratch    species _____ <input type="checkbox"/> inhalation <input type="checkbox"/> other (describe) _____ <input type="checkbox"/> percutaneous <input type="checkbox"/> splash			
<b>Reporting</b>	REPORTING SOURCE		DATE        /        /	
	SITE	PHONE (       )	FAX (       )	
	ADDRESS			
	OCCUPATIONAL HEALTH OFFICER		FACILITY	
	PHONE (       )	FAX (       )		

**This form is to be used only for exposures/illnesses associated with Biological Research Laboratories**  
**Fax completed form to BPHC, confidential fax # (617) 534-5905**

The collection of this information is authorized under BPHC Biologic Laboratory Regulations (adopted Sept 19, 2006), BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and Jan 10, 2013). These became effective March 11, 2013.



## Research Laboratories: Reportable Infectious Disease Agents and Toxins

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**Infection (suspect or confirmed) or exposure due to the following agents should be reported to BPHC IMMEDIATELY at 617-534-5611.**

### HHS SELECT AGENTS AND TOXINS

- Abrin
- Botulinum neurotoxins
- Botulinum neurotoxin producing species of *Clostridium*
- Cercopithecine herpesvirus 1 (Herpes B virus)
- *Clostridium perfringens* epsilon toxin
- *Coccidioides posadasii* / *Coccidioides immitis*
- Conotoxins
- *Coxiella burnetii* (Q Fever)
- Crimean-Congo Haemorrhagic Fever virus
- Diacetoxyscirpenol
- Eastern Equine Encephalitis virus (EEEV)
- Ebola virus
- *Francisella tularensis* (Tularemia)
- Influenza virus (replication competent 1918 virus)
- Lassa fever virus
- Marburg virus
- Monkeypox virus
- Ricin
- *Rickettsia prowazekii*
- *Rickettsia rickettsii* (Rocky Mountain Spotted Fever)
- Saxitoxin
- Shiga-like ribosome inactivating proteins
- Shigatoxin
- South American Haemorrhagic Fever viruses (Junin, Machupo, Sabia, Flexal, Guanarito)
- Staphylococcal enterotoxins
- T-2 toxin
- Tetrodotoxin
- Flaviviruses
  - Tick-borne encephalitis complex (flavi) viruses
  - Central European Tick-borne encephalitis
  - Far Eastern Tick-borne encephalitis
  - Russian Spring and Summer encephalitis
  - Kyasanur Forest disease
  - Omsk Hemorrhagic Fever
- Variola major virus (Smallpox virus)
- Variola minor virus (Alastrim)

### OVERLAP SELECT AGENTS AND TOXINS

- *Bacillus anthracis* (Anthrax)
- *Brucella abortus* (Brucellosis)
- *Brucella melitensis* (Brucellosis)
- *Brucella suis* (Brucellosis)
- *Burkholderia mallei* (formerly *Pseudomonas mallei*) (Glanders)
- *Burkholderia pseudomallei* (formerly *Pseudomonas pseudomallei*) (Meliodiosis)
- Hendra virus
- Nipah Virus
- Rift Valley Fever virus
- Venezuelan Equine Encephalitis virus (VEE)

### NIH RISK GROUP 4 AGENTS

- Arenaviruses
  - Guanarito virus
  - Lassa virus
  - Junin virus
  - Machupo virus
  - Sabia
- Bunyaviruses ( Nairovirus)
  - Crimean-Congo hemorrhagic fever virus
- Filoviruses
  - Ebola virus
  - Marburg virus
- Flaviviruses (Togaviruses) - Group B Arboviruses
  - Tick-borne encephalitis virus complex, including:
    - Absetterov, Central European encephalitis
    - Hanzalova, Hypr, Kumlinge
    - Kyasanur Forest virus
    - Omsk hemorrhagic fever
    - Russian spring-summer encephalitis
- Herpesviruses (alpha)
  - Herpesvirus simiae (Herpes B or Monkey virus)
- Paramyxoviruses
  - Equine morbillivirus
- Hemorrhagic fever agents and viruses as yet undefined

### OTHER TOXINS/AGENTS/EXPOSURES

- Avian influenza virus (highly pathogenic)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*
- Primate bites or scratches
- SARS- CoV, (Severe Acute Respiratory Syndrome)
- Vaccinia virus

### RECOMBINANT DNA

- Within thirty (30) days an institution shall report any significant problems with or violations of the NIH Guidelines and any significant RDNA related accidents or illnesses to BPHC and the Boston RDNA Advisory Committee. Any such problems, accidents, or illnesses which have a potential impact on the public health and safety shall be reported immediately.