

Massachusetts Department
of Public Health



MDPH Tuesday Infectious Disease Webinar Series

“Tools for Local Boards of Health”

Hillary Johnson, MHS

Senior Epidemiology Advisor to Local Health, Division of Epidemiology

Scott Troppy, MPH, PMP

Senior Epidemiologist – MAVEN User Management & Data Visualization Lead

Julie Coco, MPH

Internship Program and Training Coordinator, Division of Epidemiology

Kate Hamdan, MPH

Surveillance Epidemiologist, MAVEN Training Team Lead

Petra Schubert, MPH

Emerging Infections Coordinator, Division of Epidemiology

Lionel White, MSIT

Senior Surveillance Research Analyst, MAVEN Training Team

January 13, 2026



Answering Public Health Questions Using Immunization Data:

Tips and tricks for leveraging data from the MIIS, MA school immunization survey, and more

1/13/2026

Joshua Norville, MPH
Data Assessment Unit (DAU)
Epidemiologist

January 13, 2026

- **2026 DPH Updates:**
 - Childhood Vaccination Schedule Guidance
 - Influenza & Respiratory Illness Cluster Reporting
 - COVID-19 is no longer a separate cluster type
 - HPAI
 - Measles
 - **Foodborne & Waterborne Illness (Johanna Vostok, Foodborne & Waterborne Illness Coordinator)**
 - Norovirus: New Guidance and Resources
 - Foodborne Illness Complaint Reporting is Live!
 - Foodborne & Waterborne Illness Data Available
- **Featured Presentation: Answering Public Health Questions using Immunization Data: Tips and tricks for leveraging data from the MIIS, MA school immunization survey, and more.**
 - Joshua Norville, MPH, Data Assessment Unit (DAU)



Mollie Goodfellow 
@hansmollman

well, well, well if it isn't all my
“we'll deal with it in January”
chickens home to roost

Woman Who Runs 'to Escape the News'
Hasn't Stopped Since Last Wednesday

August 15, 2017 / Mark Remy



ISTOCKPHOTO.COM

Infectious Disease Tools for LBOH Webinar Schedule!

2026 Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2 nd Tues 1/13/26	MIIS for LBOHs
4 th Tues 1/27/26	4 th Tuesday Office Hours
2 nd Tues 2/10/26	Pivot Tables and MAVEN Data
4 th Tues 2/24/26	4 th Tuesday Office Hours
2 nd Tues 3/10/26	Case Investigation Tips & Tricks
4 th Tues 3/24/26	4 th Tuesday Office Hours

WEBINAR REGISTRATION PAGE:
<http://tinyurl.com/MAVEN-Webinars>

- You help us identify topics, needs, & content!
- Be sure to send ideas, requests, and questions to Hillary and Scott!

MAVEN Help has Guidance Documents and Previous Webinars:

<http://www.maven-help.maventrainingsite.com/toc.html>



You can always contact mavenhelp@mass.gov or The MDPH Epi Program at **617-983-6800** with specific questions.

Join us for Office Hours
Tuesday, January 27, 2026 @11:00!

Updates - A quick recap for January 13, 2026

All Recordings:	2025 Webinars & Materials Available in MAVEN Help
2 nd Tues 1/14/25	MAVEN - Local Health Reports Review and eCR updates
2 nd Tues 2/11/25	Pivot Table Introduction for MAVEN Users and ELR updates
2 nd Tues 3/11/25	Case Investigation Updates 2025
2 nd Tues 4/8/25	Tuberculosis
2 nd Tues 5/13/25	Viral Hepatitis
2 nd Tues 6/10/25	Arbovirus Season
2 nd Tues 7/8/25	Enteric Diseases (Foodborne)
2 nd Tues 9/9/25	Foodborne Illness (FBI) Complaints
2 nd Tues 10/14/25	25-26 Respiratory Illness Season
2 nd Tues 12/9/25	MAVEN Refresher



Bookmark the URLs!

Always Remember you can see recent webinar recordings and slides in MAVEN Help.

Each Presentation has : [PDF Slides](#), [Recording](#)



MAVEN Help:

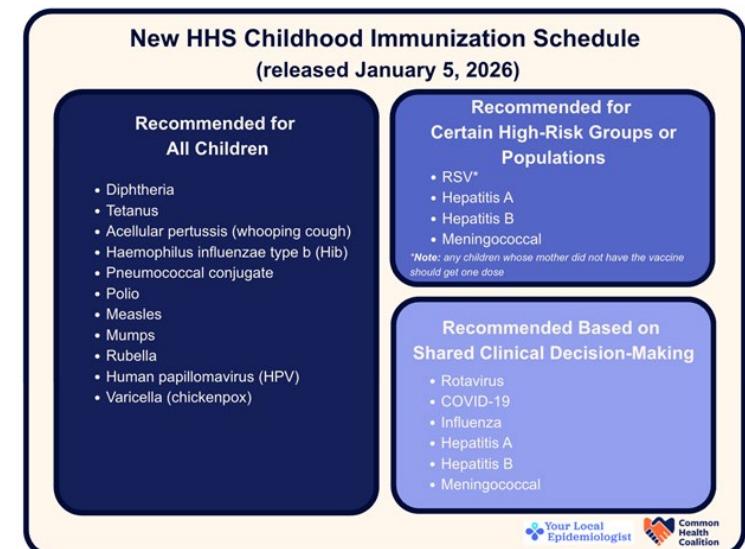
<http://www.maven-help.maventrainingsite.com/toc.html>

Register for Future 2026 Webinars and Office Hours:

<http://tinyurl.com/MAVEN-Webinars>

Federal Childhood Immunization Schedule Changes

- On January 5, 2026, the Department of Health and Human Services (HHS) issued a [memo](#) changing the childhood immunization schedule.
- The change reduced the number of vaccines recommended for all children from **17 to 11**.
- The justification from HHS was to align the US schedule with “peer nations.”**
 - To date no high-income country has made its vaccination decisions based only on what a “peer” country does.
- The changes made now closely align with Denmark’s vaccine schedule.
 - Denmark is a small, highly homogeneous country with a centralized health care system that guarantees universal access to care, low baseline disease prevalence, and strong social infrastructure.
- The US healthcare system and social infrastructure has many care gaps; therefore, prevention is the best option.



PRESS RELEASE

Governor Healey Condemns CDC Rollback of Childhood Vaccine Recommendations

Governor Healey ensures safe and effective vaccines continue to be recommended and available for all children in Massachusetts

FOR IMMEDIATE RELEASE: 1/05/2026 Governor Maura Healey and Lt. Governor Kim Driscoll Department of Public Health

BOSTON — Today, Governor Maura Healey condemned the Centers for Disease Control and Prevention (CDC)'s decision to significantly reduce the number of recommended routine childhood vaccines. Governor Healey and the Massachusetts Department of Public Health are making clear that despite these misguided federal decisions, Massachusetts will continue to recommend and provide easy access to all the vaccines that for decades have enabled families to protect their children from preventable diseases.

"President Trump and Secretary Kennedy are yet again putting the health and wellbeing of our children at risk. They're abandoning longstanding vaccine recommendations that have been proven to safely and effectively protect our children from diseases," said Governor Maura Healey. "In Massachusetts, our vaccine recommendations continue to be rooted in science and evidence. We are making sure all Massachusetts families can get the vaccines they need to keep their children healthy."

"The decision to change CDC's childhood immunization schedule is reckless and deeply dangerous. It abandons decades of rigorous, evidence-based science and replaces clear public health guidance with confusion and doubt," said Public Health Commissioner Robbie Goldstein, MD, PhD. "At a moment when we are seeing measles outbreaks, the resurgence of whooping cough, and a flu season that has already taken the lives of children in our state, this ill-advised federal action puts families in an impossible position and puts infants, children, and communities at risk. Families count on public health leaders to help protect their children, and

MEDIA CONTACT
Karissa Hand, Press Secretary
Phone
617-725-4025

MA Guidance on Childhood Vaccination Schedule

DPH Guidance Issued January 2026: *Change your reference materials for pediatric immunization schedules from CDC to AAP.*

- DPH now recommends that clinicians in Massachusetts use the [American Academy of Pediatrics \(AAP\) Recommended Child and Adolescent Immunization Schedule](#) as the primary reference for the routine immunization of infants, children, and adolescents.
- **Insurance coverage for childhood vaccines will not change.**
- The federal schedule can influence state policy and insurance access, however **the states ultimately determine which vaccines are recommended for children and required for school entry.**



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619
617-624-6000 | mass.gov/dph

Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Kiame Mahaniah, MD, MBA
Secretary
Robert Goldstein, MD, PhD
Commissioner

Massachusetts Department of Public Health (DPH) Guidance on Recommended Reference Materials for Pediatric Immunization Schedules January 2026

The Massachusetts Department of Public Health (DPH) is issuing this notification to inform clinicians of a change in recommended reference materials for pediatric immunization schedules.

DPH has a longstanding and ongoing commitment to promoting evidence-based immunization practices that protect communities from vaccine preventable illnesses. Following a review of recent changes to the Centers for Disease Control and Prevention (CDC) pediatric immunization schedule, DPH now recommends that clinicians in Massachusetts use the [American Academy of Pediatrics \(AAP\) Recommended Child and Adolescent Immunization Schedule](#) as the primary reference for the routine immunization of infants, children, and adolescents.

DPH recognizes the importance of clear, consistent, and evidence-based guidance to facilitate safe and effective vaccination practices. AAP is a national professional organization representing pediatric physicians, and its immunization schedule is developed by pediatric experts and updated regularly to reflect current evidence and clinical best practices for immunizing children and adolescents. The AAP immunization schedule aligns with science-backed pediatric standards of care and provides detailed guidance that supports clinical decision-making in pediatric settings.

Clinicians should continue to follow all applicable state requirements, including the [immunization requirements for school and camp entry](#) (aligned with AAP recommendations), and reporting obligations, including documentation of administered immunizations in the [Massachusetts Immunization Information System \(MIS\)](#).

DPH will continue to monitor national immunization policy updates and will communicate any additional guidance as needed.

DPH Recommended Guidance for Vaccines

- Keep tabs on current DPH Guidance for vaccines here:

<https://www.mass.gov/info-details/dph-recommended-guidance-for-vaccines>

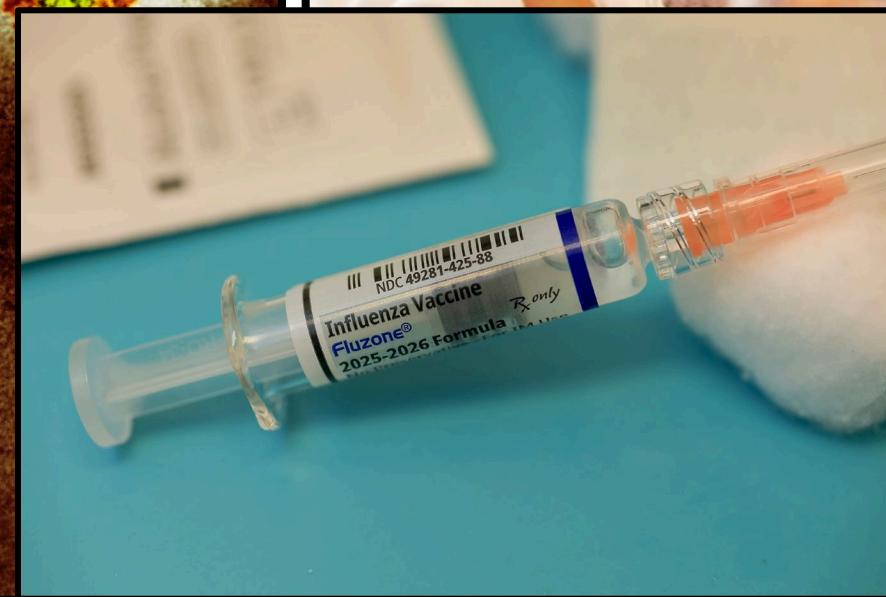
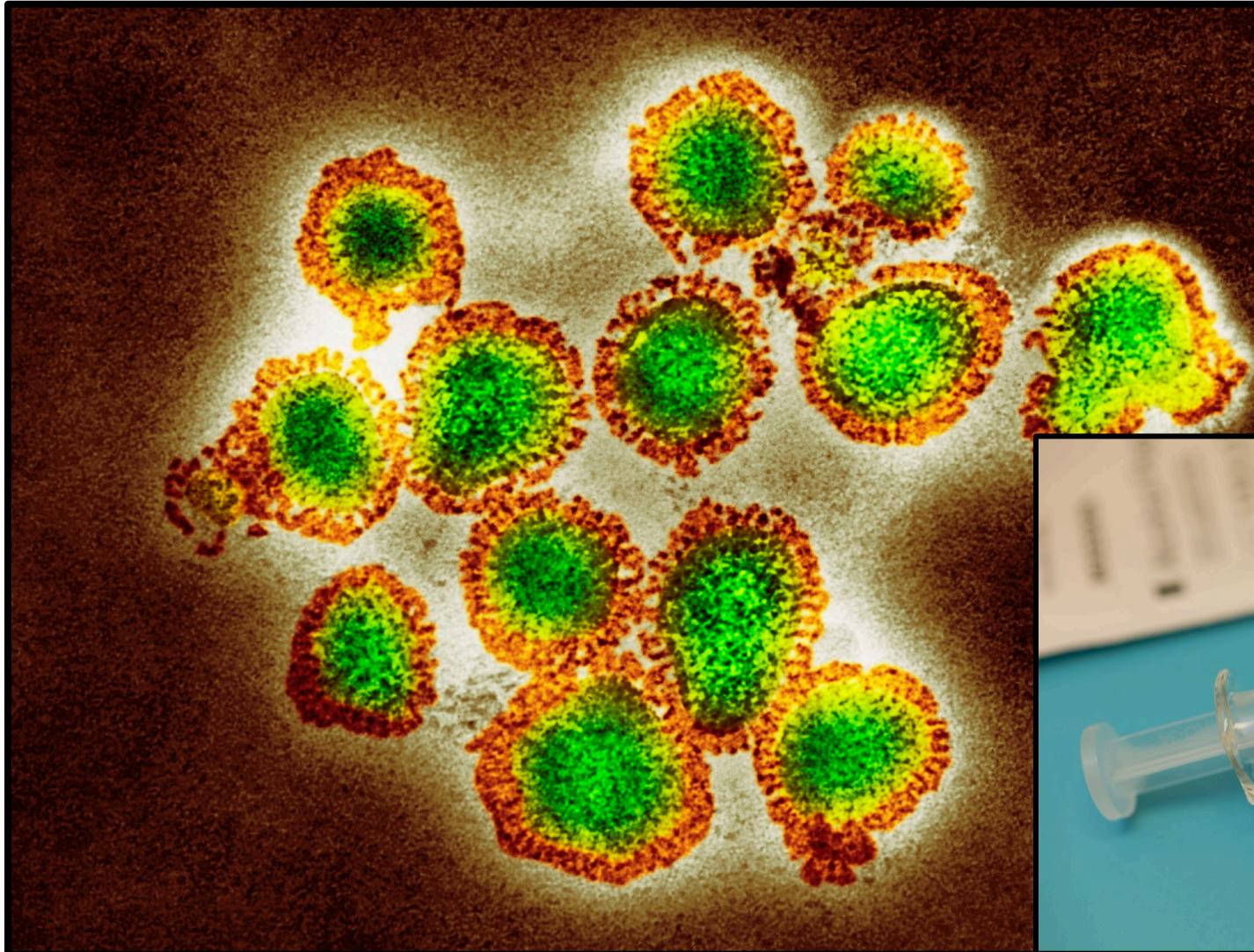


The screenshot shows a screenshot of the Mass.gov website. At the top, there is a green header bar with the text "An official website of the Commonwealth of Massachusetts" and a link "Here's how you know". Below the header is a blue navigation bar with a "Menu" icon and the "Mass.gov" logo. To the right of the logo is a search bar with the placeholder "Search Mass.gov" and a "SEARCH" button with a magnifying glass icon. The main content area has a white background. At the top of this area, there is a breadcrumb navigation: "Home > Health & Social Services > ... > Immunization > Vaccine information for healthcare and public health professionals". Below the breadcrumb is a section titled "OFFERED BY" with links to "Bureau of Infectious Disease and Laboratory Sciences" and "Department of Public Health". The main title of the page is "DPH recommended guidance for vaccines". Below the title, there is a subtext: "Download current recommendations from the Massachusetts Department of Public Health (DPH)". A green "TABLE OF CONTENTS" button is located in the lower-left corner of the main content area. Below the table of contents, there is a list of five items, each preceded by a green circular icon with a white downward arrow: "COVID-19 vaccine guidance", "Hepatitis B vaccine guidance for infants and children", "Measles, Mumps, Rubella, Varicella (MMRV) vaccine guidance", "Pediatric Immunization Guidance", and "Adult Immunization Guidance".

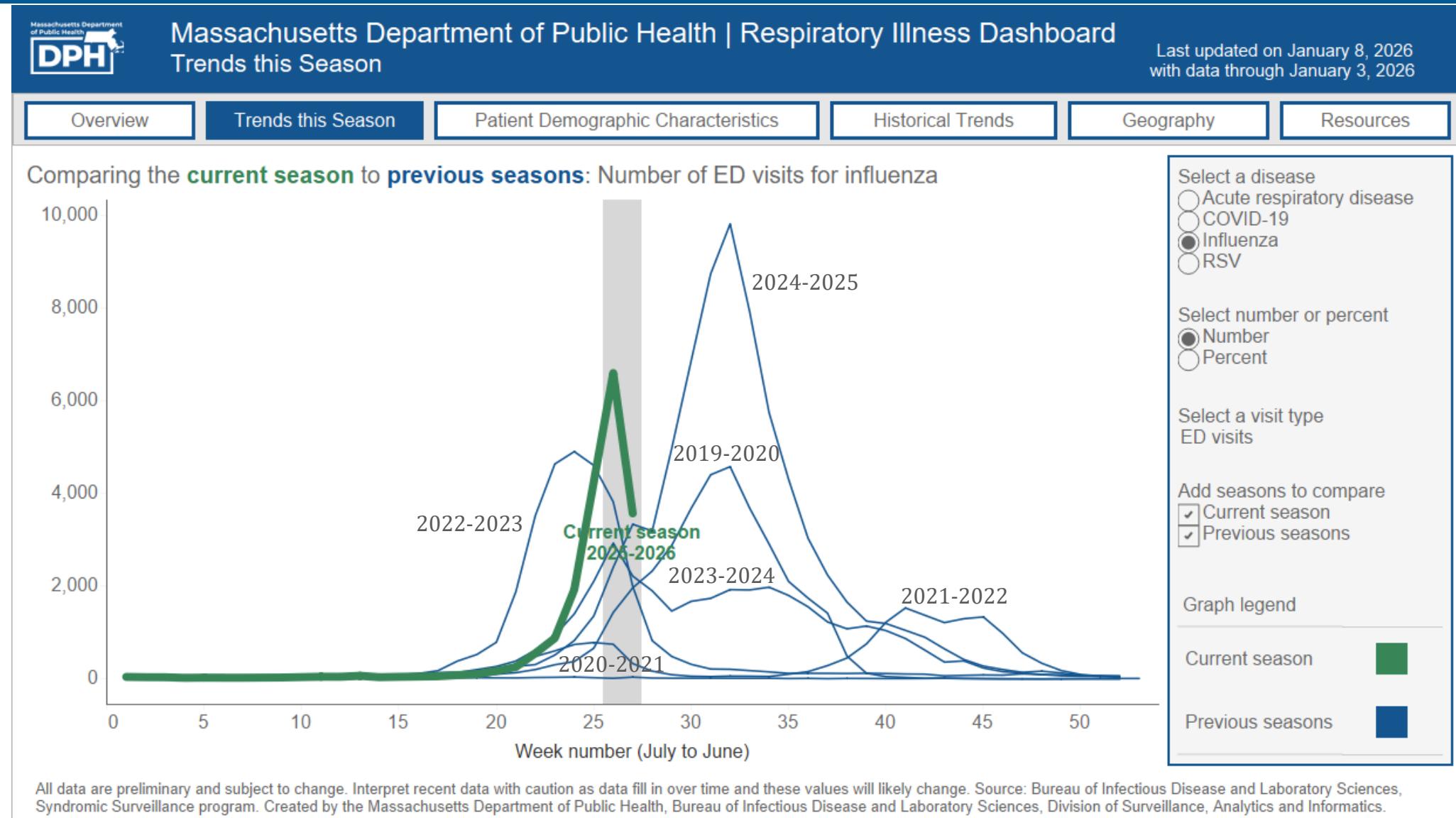
Additional Resources

- [The American Academy of Pediatrics Recommended Child and Adolescent Immunization Schedule](#)
- [Massachusetts Immunization Requirements for School and Camp Entry](#)
- [Massachusetts Immunization Information System \(MIIS\)](#)
- [AAP Communicating with Families and Promoting Vaccine Confidence](#)
- [DPH recommended guidance for vaccines](#)

Seasonal Influenza Updates



Influenza Season 2025-2026



Influenza Season 2025-2026

- DPH alerting the public and providers about high number of influenza cases
 - [DPH Public Press Release](#), 1/5/26
 - [DPH Influenza Clinical Advisory](#), 1/8/26
- As of January 8, 2026, there have been **4 pediatric influenza deaths in MA.**
- The predominant circulating influenza strain in the U.S. is influenza A (H3N2) subclade K which is slightly different than the H3N2 strain in the 2025-2026 vaccine.
- Early estimates from other countries suggest that the 2025-2026 influenza vaccine is effective against the circulating influenza A (H3N2), subclade K.
 - Preliminary data from the U.K. show that flu vaccination reduces hospitalization by 70–75% in kids and 30–40% in older adults.
 - **The influenza vaccination remains an effective tool in preventing influenza related hospitalizations.**

PRESS RELEASE

Massachusetts reports very high flu activity with cases climbing

Pediatric deaths underscore urgent need for vaccination and preventive measures

FOR IMMEDIATE RELEASE:
1/05/2026 Department of Public Health

BOSTON — The Massachusetts Department of Public Health (DPH) is reporting very high and rising levels of influenza activity statewide as the Commonwealth moves through peak flu season. Thousands of residents have become ill, forcing them to miss work, school, and other activities. Many are experiencing serious complications, leading to increased visits to urgent care centers and emergency departments, and high levels of hospitalization.

The current widespread burden of illness underscores the importance of taking preventive measures, especially vaccination, to reduce severe disease and protect individuals, families, and communities.

Tragically, influenza has already been reported to be associated with the deaths of three pediatric patients in Massachusetts. Massachusetts Department of Public Health (DPH) influenza deaths reported (RSV) rates currently remain two possible COVID-19-associated deaths than 18 years.

"This is a moment for clarity," said Governor Maura T. Healey. "We must take action now to protect our children and families. The influenza vaccine is safe and effective, and it can prevent serious illness and even save lives. We encourage everyone to get vaccinated against flu or COVID-19 if they have not already done so."

 The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4819
617-624-6000 | mass.gov/dph

Maura T. Healey
Governor
Kimberley Driscoll
Lieutenant Governor

Kiame Mahanahia, MD
Secretary
Robert Goldstein, MD, PhD
Commissioner

Massachusetts Department of Public Health (DPH)
Clinical Advisory for the 2025-2026 Seasonal Influenza Epidemic
January 2026

This document is a clinical advisory from the Massachusetts Department of Public Health (DPH) regarding the rising number of seasonal influenza cases occurring in Massachusetts and nationwide.

DPH recommends clinicians to:

- Vaccinate all eligible patients against influenza. Annual influenza vaccination is recommended for all people ≥6 months of age who do not have contraindications. Vaccination is especially important for people who are at higher risk of developing serious flu complications. It is not too late to receive influenza vaccine this season.
- Use molecular tests on nasopharyngeal specimens for influenza and other respiratory virus diagnosis.
- Promptly provide influenza antiviral treatment to people with severe or progressive influenza disease, people with documented or suspected influenza at increased risk of influenza complications and to hospitalized patients with known or suspected influenza.
- Consider post exposure prophylaxis with antivirals for asymptomatic, exposed people in selected circumstances.

Influenza, also called flu, is a disease caused by infection of the respiratory tract with influenza viruses. Influenza viruses typically circulate annually in the United States from the late fall through the early spring and cause seasonal epidemics of influenza disease. Typical symptoms of influenza are abrupt onset of fever, cough, runny nose, headache, malaise and muscle aches. While most people with influenza will recover without serious issues, for some people, influenza causes serious illness, hospitalization, or death. Older adults, very young children, pregnant people, and people of all ages with certain chronic medical conditions are particularly susceptible to severe influenza. Influenza is an important cause of missed work and school.

Clinical Advisory for the 2025-2026 Seasonal Influenza Epidemic

DPH recommends clinicians to:

- **Vaccinate all eligible patients against influenza.**
 - Annual influenza vaccination is recommended for all people ≥ 6 months of age who do not have contraindications. Vaccination is especially important for people who are at higher risk of developing serious flu complications. **It is not too late to receive influenza vaccine this season.**
- **Test** for influenza and other respiratory virus diagnosis.
- **Promptly provide influenza antiviral treatment** to people with severe or progressive disease, people at increased risk of complications and to hospitalized patients with known or suspected influenza.
- **Consider post exposure prophylaxis with antivirals** for asymptomatic, exposed people in selected circumstances.



COVID Cluster Reporting Changes

- The stand-alone COVID-19 Healthcare Facility Cluster Reporting Form was retired this fall.
- Moving forward, facilities will report COVID clusters using the [Influenza/Respiratory Illness Facility Cluster Reporting Form](#) and using the same criteria for what constitutes a respiratory illness cluster:
 - 3 or more clients with Influenza-Like Illness: Fever of \geq 100F and cough and/or sore throat.

The screenshot shows a web-based reporting form titled "Influenza/Respiratory Illness Facility Cluster Reporting Form". The form is divided into several sections: "Facility Information", "Facility Census", and "Cluster Information".

Facility Information: Fields include Report Date (MM/DD/YYYY), Facility Name, Facility Address, Facility State (None selected), Facility City (None selected), Facility Zip, Facility Type (radio buttons for Assisted Living Facility, Daycare, Hospital/Medical Center, Long Term Care Facility, School, Other), Facility Contact, Facility Phone, and Email.

Facility Census: Fields include Total Clients/Students, Total Staff, Total Wings/Units, Age Group of Clients/Students (checkboxes for < 25, 25-49, 50-64, 65+), Number of ill clients/students, Number of ill staff, and Number of wings/units impacted.

Cluster Information: Fields include Percentage of clients/students vaccinated against Influenza (None selected), Percentage of staff vaccinated against Influenza (None selected), First Onset Date (MM/DD/YYYY), and Latest Onset Date (MM/DD/YYYY).

Symptoms observed: Fields include Fever (>=100 degree F) (radio buttons for Yes, No, Unknown), Cough (radio buttons for Yes, No, Unknown), Sore Throat (radio buttons for Yes, No, Unknown), Pneumonia (radio buttons for Yes, No, Unknown), and Other (text input field).

Total Clients/Students and Staff: Fields include Number died and Number hospitalized.

MAVEN Respiratory Illness Clusters (now include COVID-19)

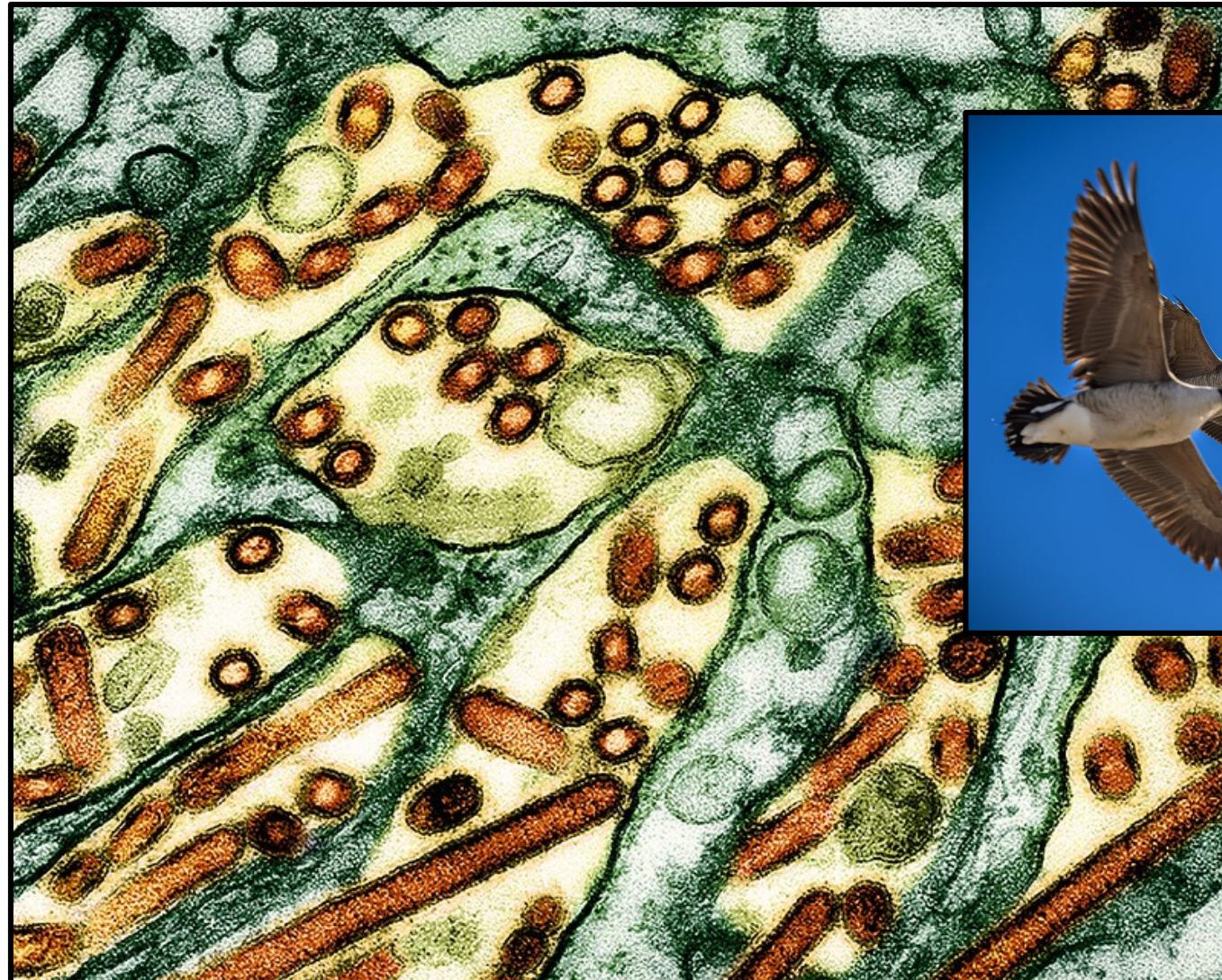
- **Influenza-Like Illness (ILI):** Fever of $\geq 100^{\circ}$ F and cough and/or sore throat)
- This should result in far fewer healthcare facility COVID clusters being reported to MAVEN, as now, only resident cases are reportable through this mechanism, and only if they have three or more cases meeting the criteria above.
- Reported ILI Clusters indicating COVID-19 cases will remain Respiratory Illness/ILI clusters (and not be changed to Novel Coronavirus) and COVID-19 should be listed in the Respiratory Question Package under “What virus was identified.”

School Respiratory Illness Clusters

- Schools utilize the same [Respiratory Illness Facility Cluster Reporting Form](#) as other facilities. *(It's imperfect, we know.)*
- Routine seasonal illness in schools is expected and does not need to be reported via Cluster forms. **Above normal levels of illness can be reported.** Examples include:
 - Above expected absentee rates for this time of year, and/or
 - Above expected visits to school nurse reporting respiratory illness for this time of year.
- Reports should be for a school, not for each classroom, unless there is a specific issue of note in a classroom or group.
- Schools do not have access to lab test results, so reporter can indicate a particular 'bug' in the lab section (other (specify)) if they are aware from student reports.



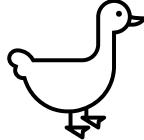
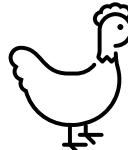
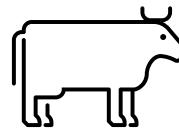
Avian Influenza Updates



HPAI Massachusetts, January 2026

- Highly Pathogenic Avian Influenza (HPAI) viruses cause severe disease and high mortality **in infected poultry**. Only some avian influenza A(H5) and A(H7) viruses are classified as HPAI A viruses.
- H5N1 is a type of HPAI and remains primarily a Zoonotic Disease (animal to human).
- H5N1 human cases have been rare in the US and have been primarily associated with direct contact with infected commercial poultry or dairy cattle.
- **No human cases of H5N1 have been identified in Massachusetts.**

HPAI Among Animals in MA, 2026

Wild Bird	 	HPAI continues to circulate among wild birds, primarily wild waterfowl
Domestic Birds		1 backyard flock identified (as of 1/5)
Dairy Cows		Milk supply from MA dairies remains negative. Milk is tested monthly.

<https://www.mass.gov/info-details/avian-influenza>

<https://www.cdc.gov/bird-flu/situation-summary/data-map-commercial.html>

Reporting Sick Birds

Report observations of Dead Wild Birds - MA Div. of Fisheries & Wildlife [MassWildlife](#)

- **When to report:**
 - If you find **5 or more** sick or deceased wild birds at a single location.
 - If you observe a deceased bald eagle, peregrine falcon, or snowy owl.
- **How to report:**
 - Submit [form](#) through the webpage.

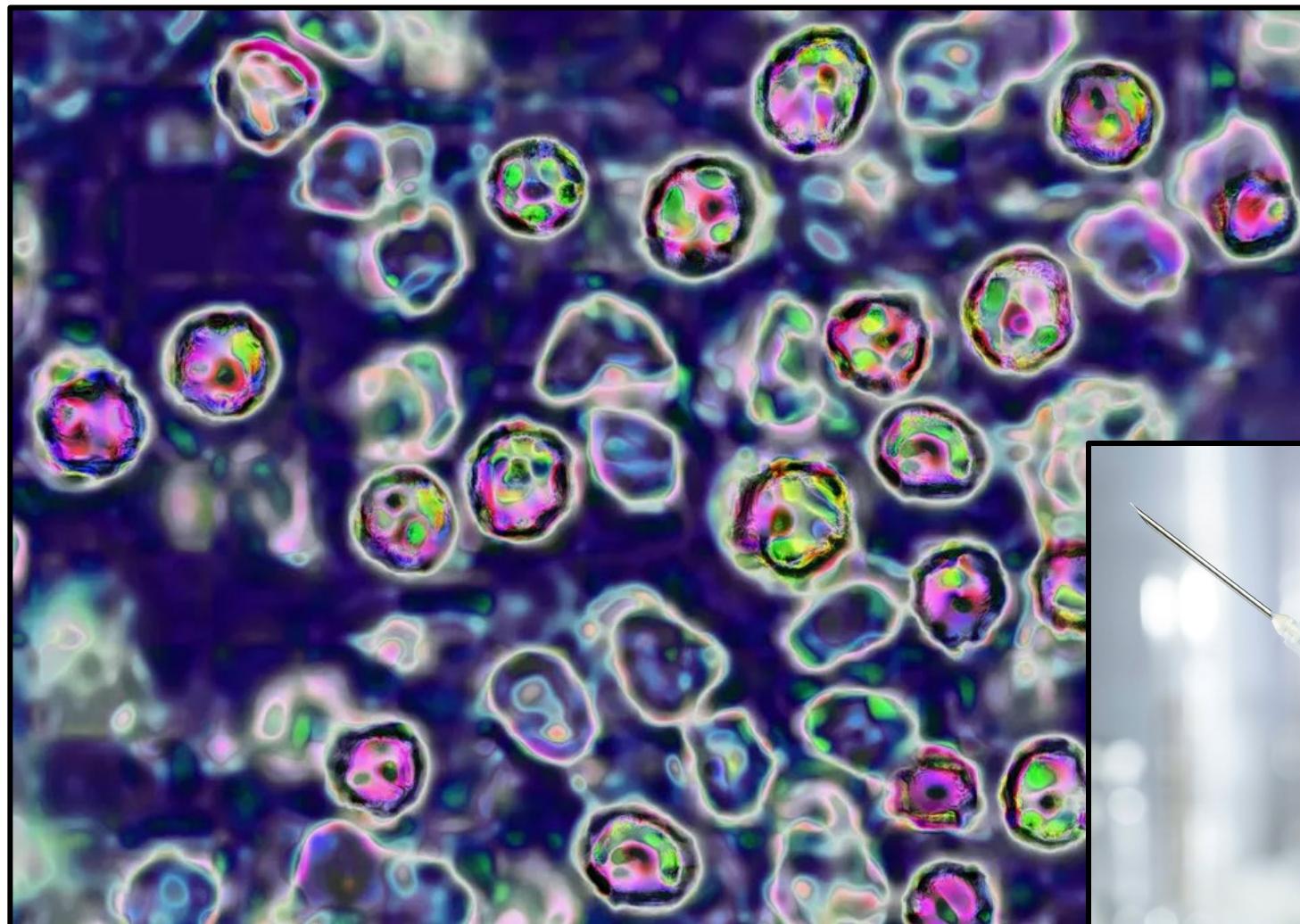


Poultry Disease Reporting Form - MA Dept of Agricultural Resources [MDAR](#)

- **How to Report Sick or Dead Domestic Birds:**
 - Submit a [form](#) through the webpage OR call the Division of Animal Health at 617-626-1795.
 - This form should be used to report sickness or death in **DOMESTIC** poultry, such as chickens, turkeys, gamebirds, pigeons, guinea fowl, and domestic ducks and geese.

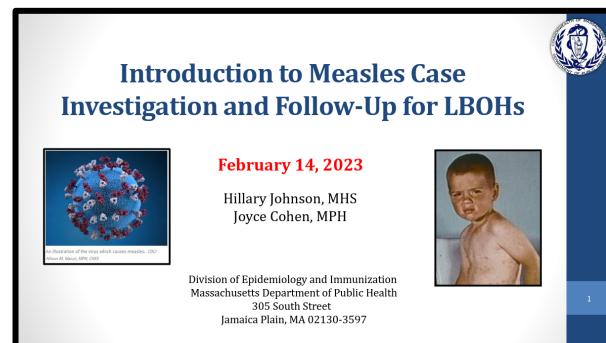


Measles Updates



U.S. Measles Cases, 2026

- There continues to be no cases of measles in Massachusetts
- A total of 2,144 measles cases were reported by 45 jurisdictions in 2025. 93% of cases were unvaccinated or unknown. There were 3 confirmed deaths.
- For 2026, 3 measles cases have been reported by NC and SC [all outbreak associated (3+ related cases)].
- Measles training on MAVEN Help:



[Slides](#)
[Recording](#)

Intro to Measles Case Investigation and Follow-up

Weekly measles cases by rash onset date

2023–2026* (as of January 6, 2026)

120 measles cases

100

80

60

40

20

0

2022

2023

2024

2025

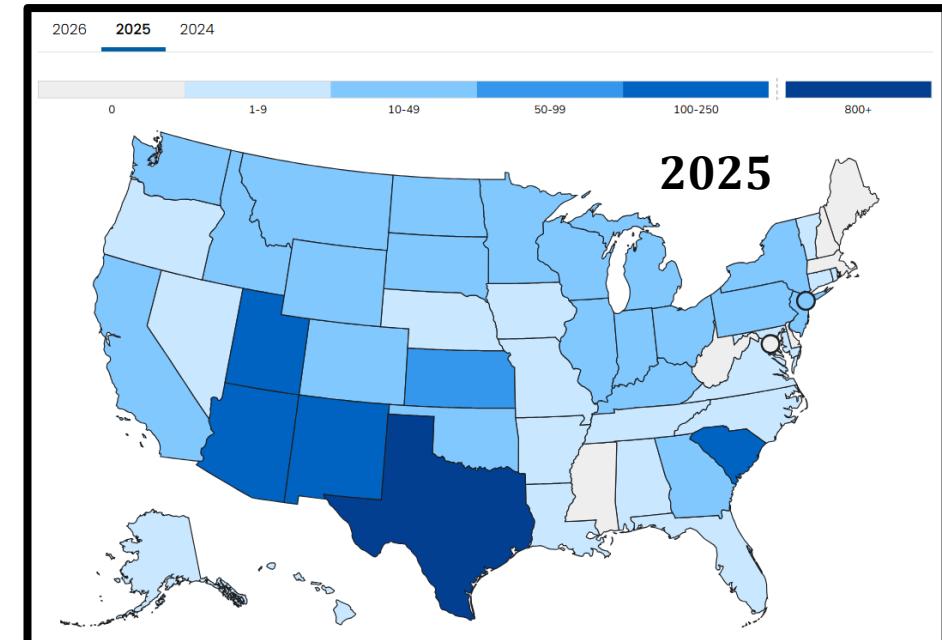
Jan. 2023

Jan. 2024

Jan. 2025

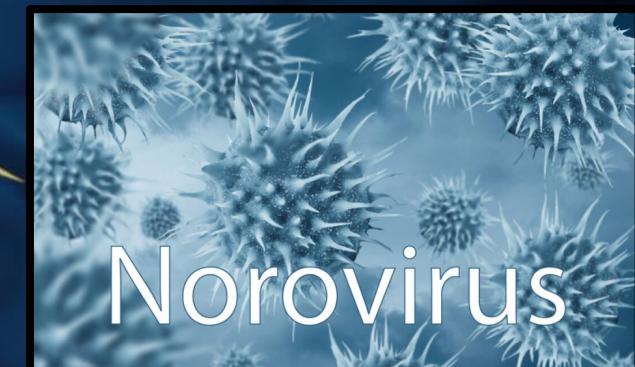
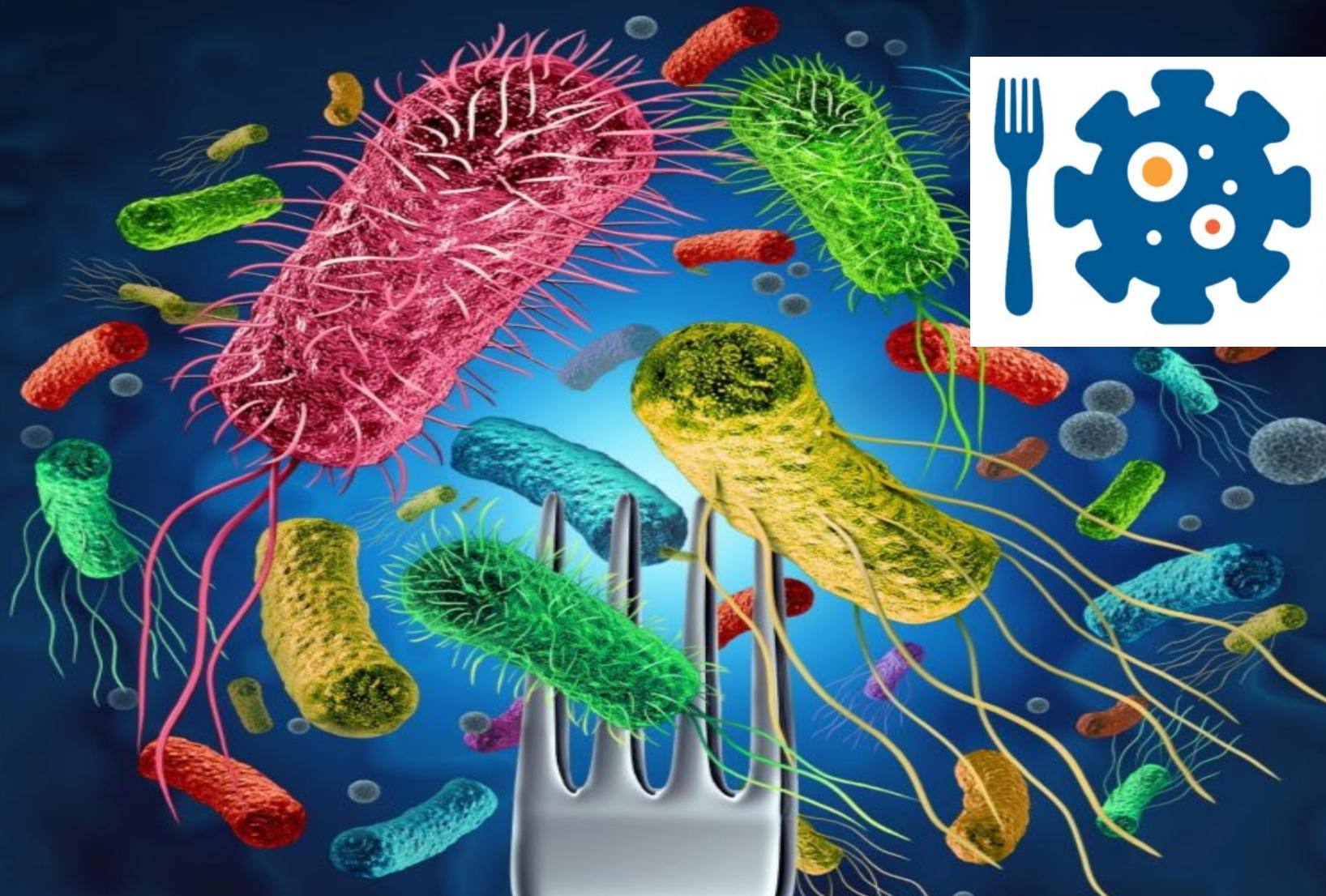
Jan. 2026

March 30, 2025
Weekly cases: 115



Data as of 1/7/2026. Source: <https://www.cdc.gov/measles/data-research/index.html>

Foodborne & Waterborne Illness Updates



ICYMI: New norovirus case investigation guidance

- Foodborne and Enteric (Gastrointestinal) Disease
 - Foodborne Illness Complaint
 - Presentations
 - Case Investigation Tip Sheets
 - Foodhandler Exclusion Tip Sheet
 - Campylobacter Investigation Tip Sheet new
 - Crypto Investigation Tip Sheet new
 - Cyclospora Investigation Tip Sheet new
 - Giardia Investigation Tip Sheet new
 - Listeria Investigation Tip Sheet new
 - Update to the Investigation of Norovirus Disease Events new
 - Salmonella Investigation Tip Sheet new
 - Shigella Investigation Tip Sheet new
 - STEC Investigation Tip Sheet new
 - Vibrio Investigation Tip Sheet new
 - Yersinia Investigation Tip Sheet new
 - September 2018 ePostcard for LBOHs about outbreak reporting



Notification to LBOH MAVEN users via email on 12/9/25

Update to the Investigation of Norovirus Disease Events

Currently all "calicivirus/norovirus" disease events (referred to as just "norovirus" moving forward) are investigated as a routine disease across the Commonwealth.

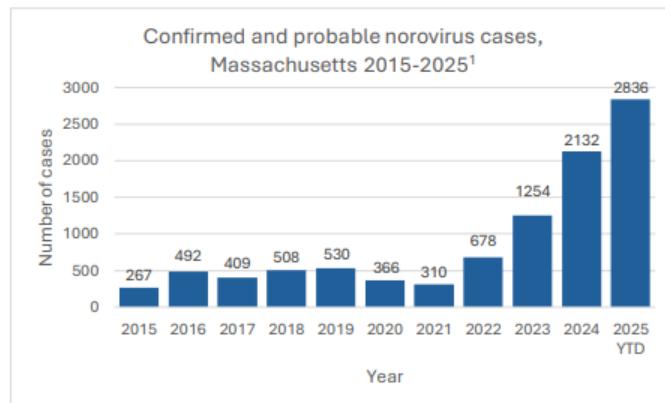
As of December 1, 2025, the Massachusetts Department of Public Health (DPH) recommends the routine investigation of norovirus disease events for two age groups: children under 12 years old and adults 80 years and over. Individuals in these age groups may experience prolonged courses of illness and are more likely to belong to a semi-closed community such as a child care program, school, assisted living residence, or long term care facility where the implementation of control measures can prevent transmission to others.

DPH no longer recommends the routine investigation of norovirus disease events for individuals aged 12 to 79 years old.

Routine investigation	No investigation needed
✓ Children under 12 years	✗ Individuals 12 through 79 years
✓ Adults 80 years and over	

Why change is needed

This update is being made due to an increase in norovirus disease events reported over the past three years.

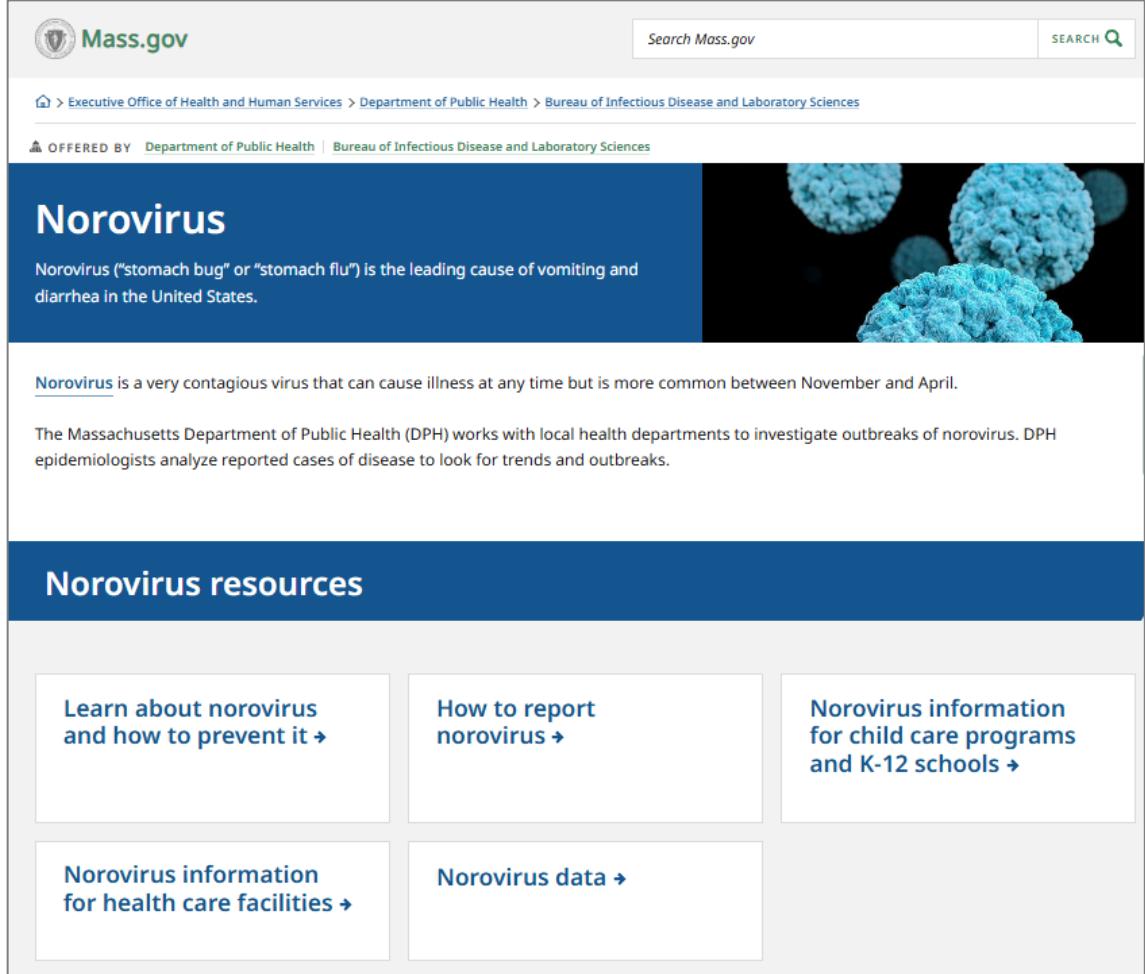


¹ Data are current as of 12/01/2025 and include year-to-date (YTD) case counts through 12/01/2025. Data are preliminary and subject to change. Find the most up-to-date data here: [Foodborne and waterborne illness data](https://www.mass.gov/info-details/foodborne-and-waterborne-illness-data) | [mass.gov](https://www.mass.gov/info-details/food-and-waterborne-illness-data)

New norovirus webpages

How to report norovirus:

- How to report if you're sick
- Reporting suspected norovirus outbreaks
- Requirements for certain people with norovirus



The screenshot shows the Mass.gov norovirus webpage. At the top, there is a navigation bar with the Mass.gov logo, a search bar, and a 'SEARCH' button. Below the navigation bar, the URL 'Executive Office of Health and Human Services > Department of Public Health > Bureau of Infectious Disease and Laboratory Sciences' is visible. The page is offered by the 'Department of Public Health | Bureau of Infectious Disease and Laboratory Sciences'. The main title is 'Norovirus', with a subtext stating 'Norovirus ("stomach bug" or "stomach flu") is the leading cause of vomiting and diarrhea in the United States.' To the right of the text is a high-magnification image of norovirus particles, appearing as blue, spherical structures. Below the main title, a paragraph explains that norovirus is a very contagious virus that causes illness between November and April, and that DPH epidemiologists analyze reported cases to investigate outbreaks. A 'Norovirus resources' section follows, containing links to 'Learn about norovirus and how to prevent it', 'How to report norovirus', 'Norovirus information for child care programs and K-12 schools', 'Norovirus information for health care facilities', and 'Norovirus data'.

<https://www.mass.gov/norovirus>

New norovirus webpages

For child care programs and K-12 schools:

- Reporting outbreaks
- Prevention and control
- Exclusion checklist for staff and children

<https://www.mass.gov/norovirus>

Gastrointestinal Illness Symptom Checklist for Children and Staff in Child Care Programs and K-12 Schools

Gastrointestinal (GI) illness, often caused by norovirus infection, can spread easily from one person to another in child care programs and schools. Use the following checklists to determine when sick children or staff should stay home from child care programs and K-12 schools and when they can return to prevent the spread of GI illness to others. More information on norovirus can be found at mass.gov/Norovirus.

For Children with GI Illness

Should I keep my child home?

In the past week:	Yes	No
1. Has your child received a diagnosis of norovirus by their health care provider based on symptoms or laboratory testing? <i>If your child has received a diagnosis of a different GI pathogen, the child care program or school should be notified. Different exclusion recommendations may be advised.</i>		
2. Has your child experienced a sudden onset of vomiting and/or diarrhea with no other apparent cause? <i>Diarrhea is defined as three or more loose stools in a 24-hour period. Non-infectious causes may include a reaction to medicine, pre-existing health condition, food intolerance, or food allergy.</i>		

If you answered YES to either question above, keep your child at home until the criteria below are met.

After GI illness: Can my child return to child care or school?

	Yes	No
1. Has your child gone 24 hours with improvement in diarrhea, as evidenced by: <ul style="list-style-type: none">• Stool frequency of no more than 2 above what is normal for the child, <u>and</u>• Diapered children have stools contained in the diaper, and toilet-trained children have not had toileting accidents? <i>If baseline stool frequency is not known, the child should stay <u>home until</u> 24 hours after their diarrhea has resolved.</i>		
2. Has your child gone 24 hours since their last vomiting episode?		
3. Is your child well enough to participate in child care or school?		

If you answered NO to any questions above, keep your child at home until all three criteria are met to prevent spreading illness to others.

If you answered YES to all the questions above, your child can return to child care or school. During an outbreak, your local board of health may provide additional recommendations.

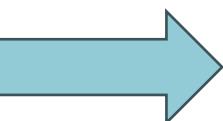
- Students with GI illness who have food handling duties at school (e.g., participation in a culinary course or program) cannot perform food handling duties until 72 hours past the resolution of their symptoms, per regulation [105 CMR 300.200](https://www.mass.gov/105-CMR-300.200).

New norovirus webpages

For health care facilities:

- Reporting outbreaks
- Prevention and control
- Exclusion of staff and volunteers

Memo announcing new online guidance distributed to health care facilities this week



<https://www.mass.gov/norovirus>



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130

Maura T. Healey
Governor
Kimberley Driscoll
Lieutenant Governor

Division of Epidemiology
Tel: (617) 983-6800
Fax: (617) 983-6840
www.mass.gov/dph/epi

Kiame Mahaniah, MD, MBA
Secretary
Robert Goldstein, MD, PhD
Commissioner

January 12, 2026

Dear Colleagues,

Each winter, outbreaks of gastrointestinal (GI) illness, commonly caused by norovirus, occur in health care settings including long-term care facilities, assisted living residences, and hospitals. In 2025, there were 189 suspected and confirmed norovirus outbreaks reported by health care facilities in Massachusetts. This season we are already aware of numerous outbreaks. Norovirus outbreaks can result in severe morbidity, disrupt essential services, and can be difficult to control.

Norovirus is a very contagious virus that causes a sudden onset of vomiting and diarrhea. It can spread easily from one person to another in health care settings. Early recognition of symptoms and the [implementation of infection control measures](#), which should include strict adherence to hand hygiene measures, restrictions in client and staff movement and activities, and enhanced facility cleaning, are necessary to preventing spread within facilities.

Suspected norovirus outbreaks in health care facilities are reportable to the local board of health or the Massachusetts Department of Public Health (DPH) Division of Epidemiology per regulation [105 CMR 300.134](#), as well as to the facility's licensing agency.

DPH has developed a comprehensive norovirus webpage for health care facilities that is now available. It includes:

- [A norovirus fact sheet](#),
- [Guidance on reporting outbreaks](#),
- [Prevention and control recommendations](#),
- [Exclusion requirements for ill staff and volunteers](#), and
- [Other infection prevention resources](#).

The webpage can be found at: mass.gov/info-details/norovirus-information-for-health-care-facilities

We appreciate your assistance in reporting and responding to GI illness outbreaks at your facility.

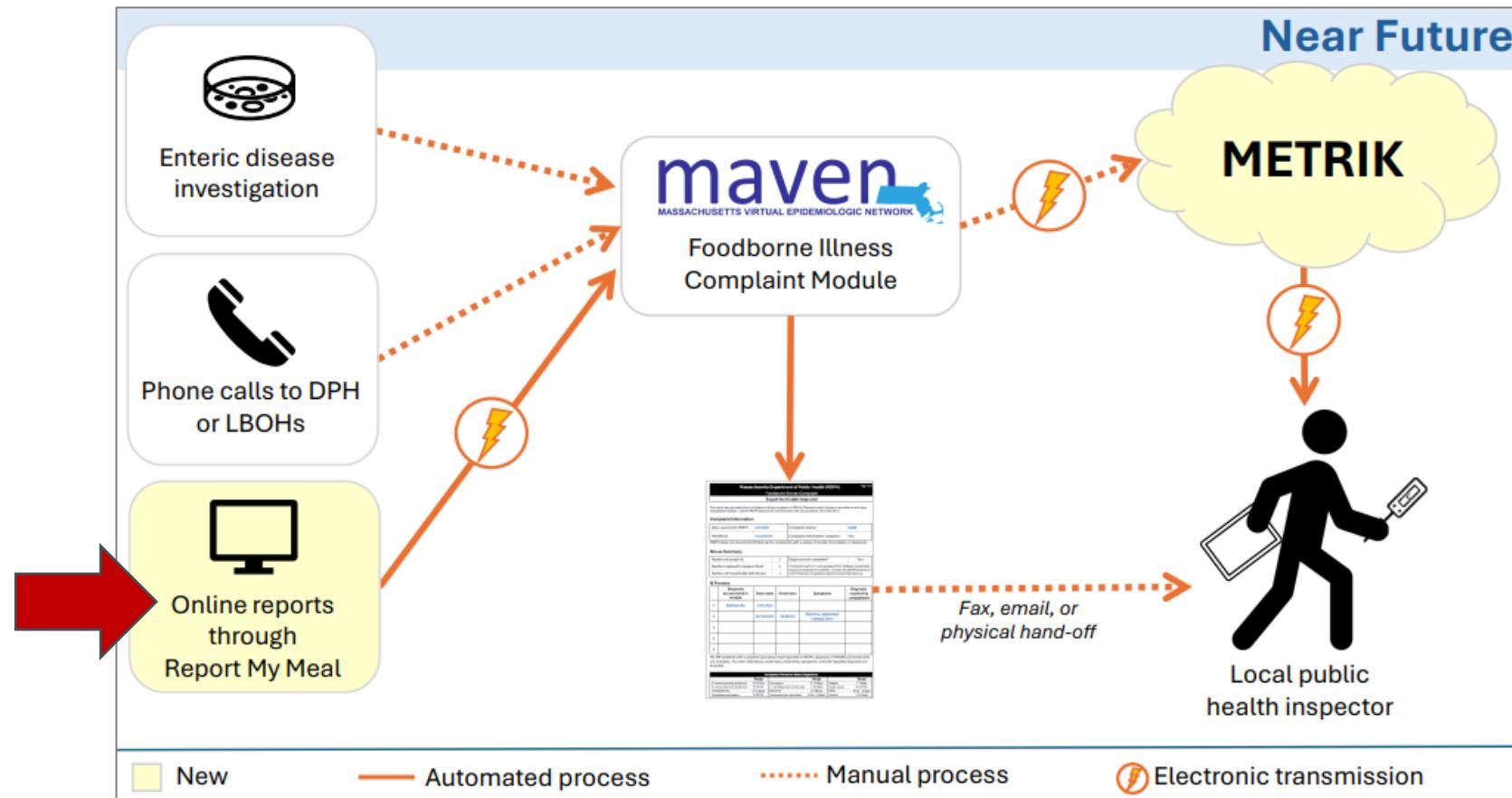
Sincerely,

Catherine M. Brown, DVM, MSc, MPH
State Epidemiologist

Larry Madoff, MD
Medical Director

Update on foodborne illness complaint reporting

In September 2025, we reviewed **BIG changes to foodborne illness complaint reporting** (Webinar [Slides](#) & [Recording](#); [Updated Tip Sheet](#))



Report My Meal is LIVE!



Search Mass.gov

[Home](#) > [Executive Office of Health and Human Services](#) > [Foodborne illness](#) > [Foodborne illness information for the public](#)

OFFERED BY [Bureau of Infectious Disease and Laboratory Sciences](#)

Report My Meal

If you think you or a family member has foodborne illness, it's important to report the problem quickly to public health officials.



[Go to Report My Meal to report suspected foodborne illness](#) +

Online report form

What is Report My Meal?

Report My Meal is an online system for reporting suspected foodborne illness to public health officials in Massachusetts. After completing an online form, the information goes to the Massachusetts Department of Public Health (DPH) where it is reviewed and shared with local health departments within the state for follow-up.

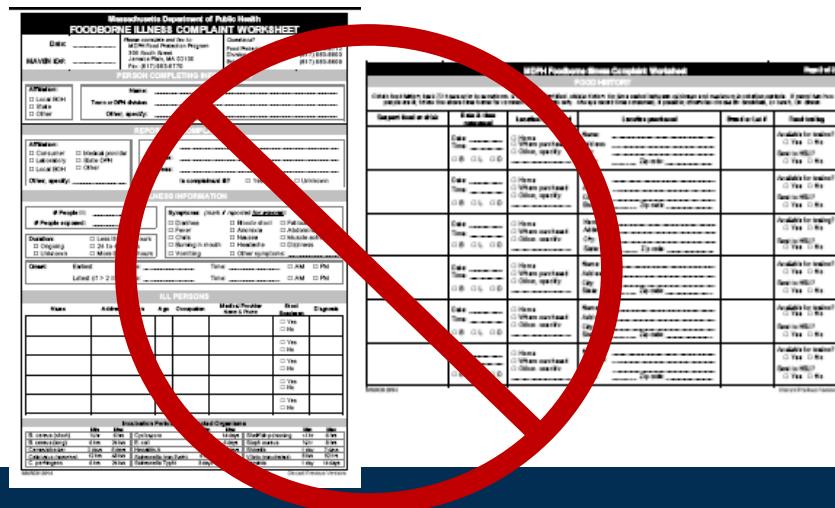
<https://www.mass.gov/info-details/report-my-meal>

- Webpage and online report form are now live!
- Each report entered and submitted creates a foodborne illness complaint event in MAVEN

Note: If you enter fake data to check out the new online form, please do not click SUBMIT.

Report My Meal is LIVE!

- Report My Meal can be used by the public to report foodborne illness for themselves or individuals in their household
- Can also be used by LBOH staff (especially those not on MAVEN) to document FBI complaints
- Report My Meal replaces the old FBI Complaint Report Form



From the [Report My Meal webform](#):

PERSONAL INFORMATION

Completing this form is voluntary. Some answers are required because we cannot follow-up on reports that are missing answers to these questions. Providing your contact information is essential for public health to effectively respond to your foodborne illness report. Information submitted will be stored securely and kept confidential by DPH in accordance with applicable law.

- The information will be accessible to DPH staff who investigate foodborne illness, the local board(s) of health where ill individuals live, and the local board(s) of health where listed food establishments are located.
- The information will be reviewed by the DPH Division of Food Protection who will advise the local board(s) of health who permit listed food establishments if further follow up is recommended.

Generally it takes about 10 minutes to fill out a complete report.

By submitting this report, you are attesting that the information provided is true and accurate to the best of your knowledge.

If you would prefer, you can submit a report by phone. Please call the Division of Food Protection at (617) 983-6712 between 9:00 AM and 5:00 PM Monday through Friday.

I have read the above statement and wish to continue with my report.
(required)

Yes
 No

What is your phone number? (required) _____

What is your email address? _____

What is your preferred contact method if we have questions about this report? (required)

Phone
 Email
 Text

Please select which best applies to you:

I am: (required)

A member of the public reporting illness for myself
 A member of the public reporting illness for someone else
 An employee of a local health department reporting illness for the public
 An employee of the MA DPH reporting illness for a member of the public
 None of the above

Foodborne & waterborne illness data

Foodborne and waterborne illness 10-year morbidity report

- Includes annual case counts for the current year and past 10 years
- Data are updated at the beginning of each month

Foodborne and waterborne illness reported in Massachusetts

The Massachusetts Department of Public Health (DPH) conducts ongoing surveillance of several foodborne and waterborne illnesses.

The [Foodborne and Waterborne Illness 10-Year Morbidity Report](#) gives an overview of incidence of reported foodborne and waterborne illness in Massachusetts.

Disease	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025 YTD ¹
	43	50	31	31	46	22	20	22	44	53	41
Amebiasis	43	50	31	31	46	22	20	22	44	53	41
Campylobacter	1458	1368	1408	1547	1726	1062	1440	1690	1662	1932	1885
Cryptosporidiosis	210	198	156	247	226	119	138	172	190	162	277
Cyclospora	21	23	25	33	211	24	37	38	97	84	74
Giardia	682	584	556	559	529	273	377	606	582	748	522
Legionella	164	141	203	389	256	180	290	214	258	208	209
Listeria	19	21	36	31	29	39	30	41	45	49	29
Norovirus	267	492	409	508	530	366	310	678	1254	2128	3101
Salmonella	1166	1198	1168	1244	1129	718	901	1106	1208	1245	1118
Shiga toxin-producing E. coli	89	140	159	182	179	127	177	199	227	347	435
Shigella	164	183	186	206	257	120	162	256	303	396	404
Vibrio	76	65	72	82	91	62	108	103	99	126	114
Yersiniosis	33	46	36	51	87	59	90	118	134	184	189

<https://www.mass.gov/info-details/foodborne-and-waterborne-illness-data>

Foodborne & waterborne illness data

Foodborne Illness Outbreak Report, 2023

- Number of local and multi-state whole genome sequencing clusters and associated cases (*Listeria*, *Salmonella*, *Shigella*, and Shiga toxin-producing *E. coli*)
- Summary of the number and types of foodborne illness outbreaks by month, year, and etiology

Figure 9. Confirmed cases of Salmonellosis, by inclusion in a local or multistate WGS cluster, Massachusetts, 2023

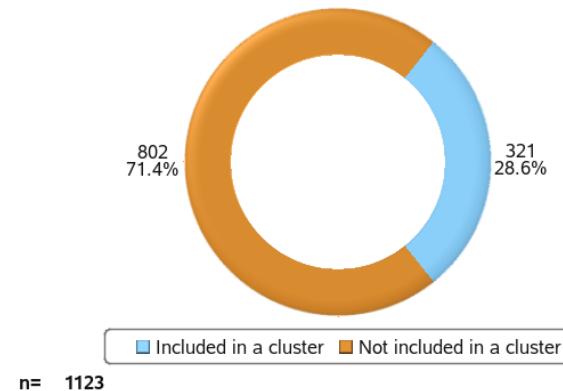
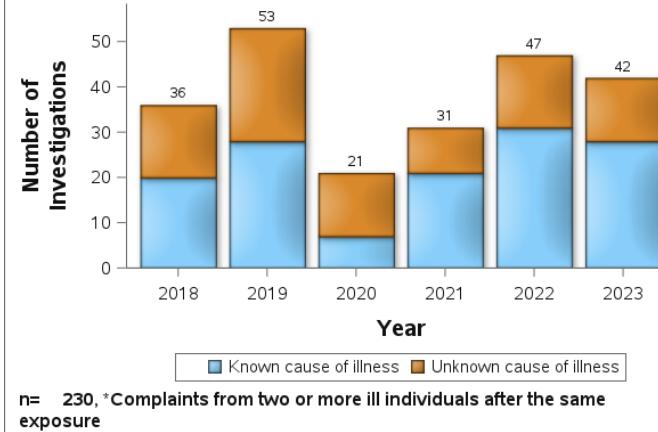
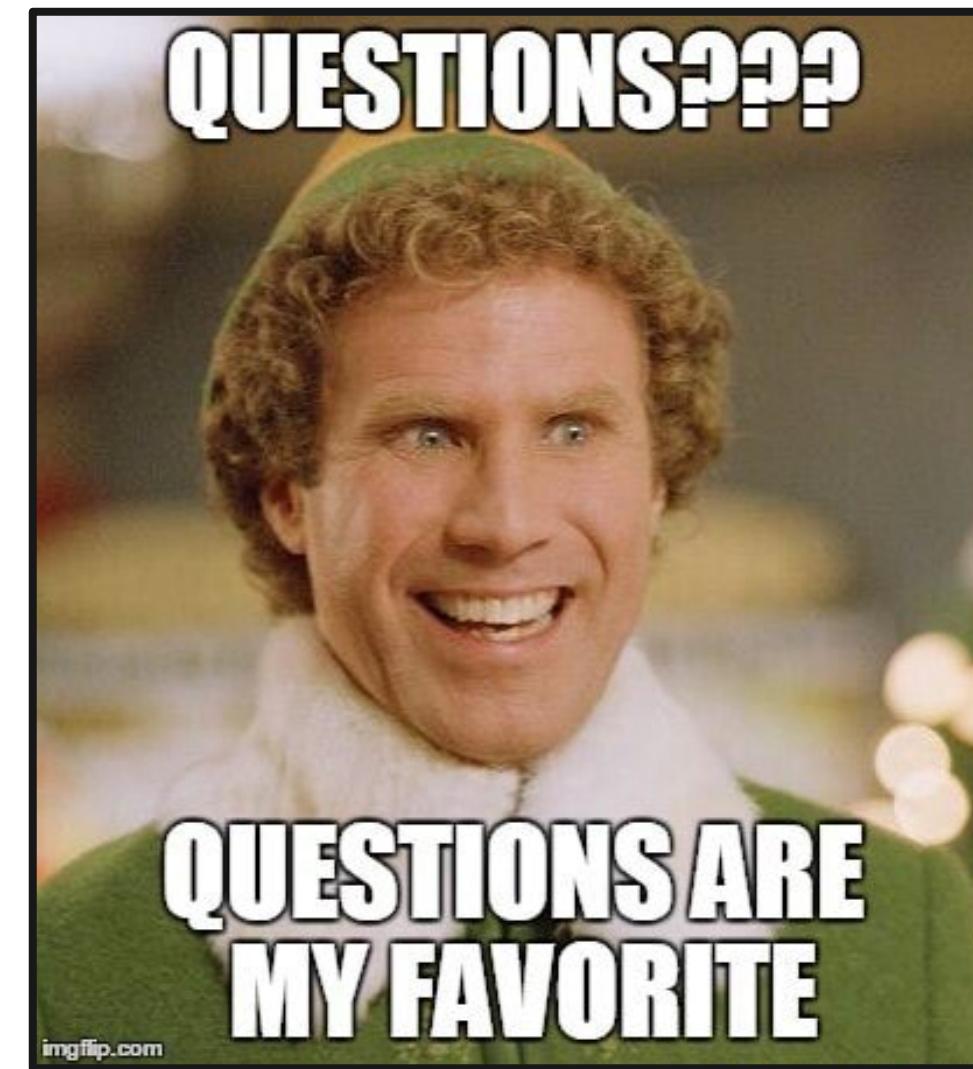


Figure 21. Foodborne illness complaints* by cause of illness status, Massachusetts, 2018-2023



<https://www.mass.gov/info-details/foodborne-and-waterborne-illness-data>



imgflip.com