



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Memorandum

TO: Healthcare Facilities Infusing COVID-19 Monoclonal Antibodies Therapeutics

FROM: Elizabeth Daake Kelley, MBA, MPH, Director of Bureau of Health Care Safety and Quality
Larry Madoff, MD, Medical Director for the Bureau of Infectious Disease and Laboratory Sciences

DATE: December 16, 2020

RE: Required Data Collection Elements for Patients Receiving COVID-19 Monoclonal Antibodies Therapeutic Infusions, Bamlanivimab and Casirimab/Imdevimab

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners to address the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

In an effort to ensure ongoing equitable distribution of monoclonal antibodies therapeutic infusions of Bamlanivimab and Casirimab/Imdevimab, the framework in the DPH [Guidance for Allocation of COVID-19 Monoclonal Antibody Therapeutics](#) will be monitored through the data submitted by the infusing healthcare institution. As referenced in Section IV of the guidance document, required data elements as outlined on page 2 of this memo will be reported through the **DPH Healthcare Facility Reporting System (HCFRS)** by **5pm every Friday**.

Questions related to mandatory reporting related to this memorandum should be directed to kerin.milesky@mass.gov, Director for the Office of Emergency Preparedness.

Reporting Instructions: After logging into HCFRS, the user should complete for each therapeutic infusion delivered:

- Create new case
- Select "Enter Intake Report"
- Select "COVID-19 Monoclonal antibody therapeutics" as incident type
- Document the date of transfusion as the "Incident Date"
- Complete the required fields listed below
- Save the intake report
- Select "Submit intake report"

Response Options

<i>Data Element</i>	
Age	- Numeric Value
Allocation Pool	- Open Allocation - Live in SVI >50% or municipality with incidence rate in top quartile
Assigned Sex at Birth	- Male - Female - Something else
Body Mass Index	- <35 - ≥35
Employment	- Unemployed - Part-Time/Temporary - Full-Time - Choose not to answer - N/A
Is Patient Hispanic/Latino/Spanish?	- No - Yes - Unknown
Highest Level of Education	- Less than high school diploma - High school diploma - Undergraduate degree or higher
Long-Term Emotional/Learning Disorder?	- Yes - No - Choose not to answer
Physical Disability/Long-Term Health Disorder?	- Yes - No - Choose not to answer
What language does the patient prefer to use when speaking about their health?	- Multiple options - Other - Unknown
Race (Check all that apply)	- Asian - African American - Caucasian - American Indian / Alaska Native - Native Hawaiian or Other Pacific Islander - Other - Unknown

Home Zip Code (SVI Status Proxy) - Five-digit zip code

Therapeutics Referral - Internal
- External

Has the patient ever served in the military? - Yes
- No
- Unknown