NEW YORK STATE DEPARTMENT OF HEALTH

Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

Anaplasmosis Cryptosporidiosis Pregnant hepatitis B carrier **Amebiasis** Cyclosporiasis Herpes infection, infants Mumi Animal bites for which **C** Diphtheria aged 60 days or younger Pertu rabies prophylaxis is E.coli 0157:H7 infection4 Hospital associated C Plac given1 Ehrlichiosis infections (as defined in C Poli C Anthrax² C Encephalitis section 2.2 10NYCRR) Psitta C Arboviral infection³ Foodborne Illness Influenza. C Q Fe **Babesiosis** Giardiasis laboratory-confirmed **C** Rab Botulism² Glanders² Legionellosis Rocky Brucellosis² Gonococcal infection Listeriosis C Rub Campylobacteriosis Haemophilus influenzae5 Lyme disease (in Lymphogranuloma venereum Chancroid (invasive disease) rub Chlamydia trachomatis C Hantavirus disease Malaria Salmo infection Hemolytic uremic syndrome Measles Shiga Melioidosis² **C** Cholera Hepatitis A (ST Coronavirus (severe or novel) C Hepatitis A in a food Meningitis Shige 2019 Novel Coronavirus handler Aseptic or viral **C** Sma (COVID-19) Hepatitis B (specify acute or C Haemophilus Staph Severe Acute Respiratory chronic) Meningococcal to s Syndrome (SARS) Hepatitis C (specify acute or Other (specify type) sus to vancomycin) chronic) Meningococcemia Middle East Respiratory

keypox		
os	enterotoxin B poisoning ²	
ssis	Streptococcal infection	
lue ²	(invasive disease) 5	
omyelitis	Group A beta-hemolytic	
cosis	strep	
ver ²	Group B strep	
ies¹	Streptococcus pneumoniae	
Mountain spotted fever	Syphilis, specify stage ⁷	
ella	Tetanus	
cluding congenital	Toxic shock syndrome	
ella syndrome)	Transmissable spongiform	
onellosis	encephalopathies8 (TSE)	
toxin-producing E.coli ⁴	Trichinosis	
EC)	Tuberculosis current	
llosis ⁴	disease (specify site)	
llpox ²	ℂ Tularemia²	
ylococcus aureus6 (due	C Typhoid	
strains showing reduced	🕻 Vaccinia disease9	
ceptibility or resistance	Vibriosis ⁶	
/ancomycin)	Viral hemorrhagic fever ²	

WHO SHOULD REPORT?

Syndrome (SARS)

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.		
Contact Person		
Name		
Phono	Fav	

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- · Phone diseases in bold type,
- · Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** (warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent
 or emerging disease or syndrome that could possibly be caused by a transmissible
 infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:

Division of Epidemiology, Evaluation and Research P.O. Box 2073, ESP Station Albany, NY 12220-2073

(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene

For HIV/AIDS reporting, call:

(212) 442-3388

- 1. Local health department must be notified prior to initiating rabies prophylaxis.
- 2. Diseases that are possible indicators of bioterrorism.
- 3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.

Yersiniosis

- Positive shigatoxin test results should be reported as presumptive evidence of disease.
- Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
- 6. Proposed addition to list.
- 7. Any non-treponemal test ≥1:16 or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
- Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
- 9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours.

In New York City, 1 (866) NYC-DOH1.

To obtain reporting forms (DOH-389), call (518) 474-0548.

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