

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 2.10a). The primary responsibility for reporting rests with the physician; however, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10) are also required to report the diseases listed below.

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| <ul style="list-style-type: none"> ☞ Amebiasis ☞ Animal bites for which rabies prophylaxis is given¹ ☞ Anthrax² Babesiosis ☞ Botulism² ☞ Brucellosis² Campylobacteriosis Chancroid Chlamydia trachomatis infection ☞ Cholera Cryptosporidiosis Cyclosporiasis ☞ Diphtheria E. coli O157:H7 infection Ehrlichiosis ☞ Encephalitis ☞ Foodborne illness Giardiasis ☞ Glanders² Gonococcal infection Haemophilus influenzae⁴ (invasive disease) Hantavirus disease Hemolytic uremic syndrome (HUS) Hepatitis A, B, C ☞ Hepatitis A in a food handler Pregnant hepatitis B carrier Hospital associated infections (as defined in section 2.2 10NYCRR) | <ul style="list-style-type: none"> Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria ☞ Measles ☞ Melioidosis² Meningitis Aseptic or viral ☞ Haemophilus ☞ Meningococcal Other (specify type) ☞ Meningococemia Mumps Pertussis ☞ Plague² ☞ Poliomyelitis Psittacosis ☞ Q Fever² ☞ Rabies Rocky Mountain spotted fever ☞ Rubella (including congenital rubella syndrome) Salmonellosis Shigellosis ☞ Smallpox² Staphylococcus aureus³ (due to strains showing reduced susceptibility or resistance to vancomycin) | <ul style="list-style-type: none"> ☞ Staphylococcal enterotoxin B poisoning² Streptococcal infection (invasive disease)⁴ Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae ☞ Syphilis⁵ Tetanus Toxic shock syndrome Trichinosis ☞ Tuberculosis current disease (specify site) ☞ Tularemia² ☞ Typhoid Vibriosis³ ☞ Viral hemorrhagic fever² Yellow Fever Yersiniosis |
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- 1 Local health unit must be notified prior to initiating rabies prophylaxis.
- 2 Diseases that are possible indicators of bioterrorism.
- 3 Proposed addition to list.
- 4 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.
- 5 Any non-treponemal test \geq 1:16 or any positive prenatal or delivery test regardless of titer should be reported by phone; all others may be reported by mail.

SPECIAL NOTES

- Diseases listed in **bold type** (☞) warrant prompt action and should be reported **immediately** to local health units by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form 395V.
- 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 to:**

Division of Epidemiology
P.O. Box 2073, ESP Station
Albany, NY 12220-2073
(518) 474-4284

In New York City: New York City Department of Health
For HIV/AIDS reporting, call:
(212) 442-3388

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. In New York City, 1 (866) NYC-DOH1. To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY

WHO SHOULD REPORT?

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/Address _____

Phone _____

Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- phone or fax diseases in bold type,
- mail case report, DOH-389, for all other diseases.
- in New York City use form 395V.