



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Acting Executive Deputy Commissioner

**DATE:** December 20, 2023

**TO:** Healthcare Providers, Hospitals, Nursing Homes, Diagnostic and Treatment Centers, Clinical Laboratories, Physician Office Laboratories, Medical Examiners, and Local Health Departments (LHDs)

**FROM:** New York State Department of Health, Division of Epidemiology

## **New Respiratory Syncytial Virus (RSV) and Varicella Reporting Requirement Alert**

Please distribute immediately to inpatient and outpatient clinical staff in Epidemiology, Infection Prevention and Control, Critical Care, Family Medicine, Emergency Medicine, Infectious Disease, Nursing, Internal Medicine, Pediatrics, Intensive Care, Pulmonary Medicine, Pharmacy, Pathology, and Laboratory Services

### **Purpose**

The purpose of this notification is to communicate new reporting requirements for respiratory syncytial virus (RSV) and varicella. Effective 12/20/2023, laboratory-confirmed RSV in persons of any age and deaths caused by laboratory-confirmed RSV in persons younger than 18 years and all varicella cases (not shingles/zoster) are included in the reportable communicable disease list in New York State (Section 2.1 of Title 10 New York Codes, Rules and Regulations).

### **Introduction**

The addition of laboratory-confirmed RSV in persons of any age and deaths caused by laboratory-confirmed RSV in persons younger than 18 years to the list of reportable conditions will result in more comprehensive and complete information on RSV activity, including being able to quickly detect where RSV is occurring, as well as specific strains that are circulating. The data will help anticipate hospital bed capacity challenges and help quantify the impact of newly approved RSV vaccines<sup>1</sup>.

The addition of laboratory-confirmed and clinically diagnosed varicella to the list of reportable conditions will result in more comprehensive and complete information on varicella cases, including the ability to detect where varicella (not shingles/zoster) is occurring and to prevent spread in sensitive settings. The data will help to monitor trends, prevent disease transmission, and track the impact of vaccination over time.

### **Reporting Requirements**

#### **Respiratory Syncytial Virus (RSV)**

Health care providers are NOT required to send laboratory specimens for suspected RSV cases and do NOT need to report individual cases of RSV or submit a confidential case report (DOH-389) to the local health department except for fatal pediatric RSV illnesses (see below).

<sup>1</sup> <https://www.cdc.gov/rsv/about/prevention.html>

Reporting of RSV cases will be via electronic submission from permitted clinical laboratories and limited-service laboratories approved by the Clinical Laboratory Evaluation Program. This regulation change is not intended or anticipated to result in any changes in clinical practice regarding RSV or RSV testing.

### **Pediatric Deaths Resulting from Laboratory-confirmed RSV**

Health care providers must report cases of fatal RSV illness in pediatric patients younger than 18 years of age. An RSV-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be RSV by an appropriate laboratory or rapid diagnostic test, with no period of complete recovery between the illness and death. Health care providers should report any pediatric death resulting from a clinically compatible illness by telephone to the local health department where the patient resides<sup>2</sup>. For patients who are residents of New York City, clinicians should report the death to the New York City Department of Health and Mental Hygiene (NYC Health Department) Provider Access Line at 1-866-692-3641.

### **Varicella**

Health care providers must report all laboratory-confirmed or clinically diagnosed cases of varicella (not shingles/zoster) to the local health department of the county where the patient resides. Laboratory confirmation of clinically diagnosed varicella is recommended due to changes in epidemiology and clinical presentation since the introduction of routine childhood varicella vaccination; however, clinicians are NOT required by regulation to submit specimens. PCR of material from the base of an unroofed vesicle is the recommended test for laboratory confirmation. Varicella zoster virus (VZV) IgM is not recommended and no longer included in the laboratory criteria for the varicella case classification. Laboratory confirmation is important for public health efforts and interventions to prevent further spread of disease (e.g., verification of immunity, post-exposure prophylaxis, exclusion of susceptible contacts), particularly in congregate residential settings and other high-risk settings.

### **Regulated Healthcare Facility Reporting (Article 28 Facilities)**

Healthcare facilities licensed under Article 28 of New York State public health law are required to report single cases of facility-associated (e.g., transmission within the facility) reportable conditions (now including RSV and varicella) and increases over the facility's baseline incidence of any disease. Reporting is required using existing mechanisms. Please contact the New York State Healthcare Epidemiology and Infection Control Program Central Office or the Regional Epidemiologist<sup>3</sup> in the facility's region with reporting questions.

Thank you for your cooperation and assistance with these new reporting requirements.

---

<sup>2</sup> [https://www.health.ny.gov/contact/contact\\_information/](https://www.health.ny.gov/contact/contact_information/) or <https://www.nysacho.org/directory/>

<sup>3</sup> <https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/reporting.htm#article28>

## Questions

- Questions related to the RSV reporting requirements may be directed to the Bureau of Communicable Disease Control ([bcdc@health.ny.gov](mailto:bcdc@health.ny.gov) or 518-473-4439) or to your local health department.
- Questions related to varicella cases and reporting may be directed to the Bureau of Immunization ([immunize@health.ny.gov](mailto:immunize@health.ny.gov) 518-473-4437) or to your local health department.
- For questions regarding healthcare facility-associated reporting, contact the NYSDOH Bureau of Healthcare Associated Infections (518-474-1142) or the appropriate NYSDOH Regional Epidemiology office:
  - Western Regional Office: 716-847-4503
  - Central New York Regional Office: 315-477-8165
  - Capital District Region: 518-474-1142
  - Metropolitan Area Regional Office: 914-654-7149
- Clinicians can contact the Bureau of Communicable Disease Control or the Bureau of Immunization at 1-866-881-2809 evenings, weekends, and holidays.
- Clinicians located in New York City can contact the NYCDOHMH Healthcare provider access line at 1-866-692-3641.