

# 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	<input type="checkbox"/> Foodborne Illness	Influenza, laboratory-confirmed	Psittacosis	Streptococcal infection (invasive disease) <sup>5</sup>
Amebiasis	<input type="checkbox"/> Giardiasis	Legionellosis	<input type="checkbox"/> Q Fever <sup>2</sup>	Group A beta-hemolytic strep
<input type="checkbox"/> Animal bites for which rabies prophylaxis is given <sup>1</sup>	<input type="checkbox"/> Glanders <sup>2</sup>	Listeriosis	<input type="checkbox"/> Rabies <sup>1</sup>	Group B strep
<input type="checkbox"/> Anthrax <sup>2</sup>	Gonococcal infection	Lyme disease	<input type="checkbox"/> Rocky Mountain spotted fever	Streptococcus pneumoniae
<input type="checkbox"/> Arboviral infection <sup>3</sup>	Haemophilus influenzae <sup>5</sup> (invasive disease)	Lymphogranuloma venereum	<input type="checkbox"/> Rubella (including congenital rubella syndrome)	<input type="checkbox"/> Syphilis, specify stage <sup>7</sup>
Babesiosis	<input type="checkbox"/> Hantavirus disease	Malaria	Salmonellosis	Tetanus
<input type="checkbox"/> Botulism <sup>2</sup>	Hemolytic uremic syndrome	<input type="checkbox"/> Measles	<input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS)	Toxic shock syndrome
<input type="checkbox"/> Brucellosis <sup>2</sup>	Hepatitis A	<input type="checkbox"/> Melioidosis <sup>2</sup>	Shigatoxin-producing E.coli <sup>4</sup> (STEC)	Transmissible spongiform encephalopathies <sup>8</sup> (TSE)
Campylobacteriosis	<input type="checkbox"/> Hepatitis A in a food handler	Meningitis	Shigellosis <sup>4</sup>	Trichinosis
Chancroid	Hepatitis B (specify acute or chronic)	<input type="checkbox"/> Aseptic or viral	<input type="checkbox"/> Smallpox <sup>2</sup>	<input type="checkbox"/> Tuberculosis current disease (specify site)
Chlamydia trachomatis infection	Hepatitis C (specify acute or chronic)	<input type="checkbox"/> Haemophilus	Staphylococcus aureus <sup>6</sup> (due to strains showing reduced susceptibility or resistance to vancomycin)	<input type="checkbox"/> Tularemia <sup>2</sup>
<input type="checkbox"/> Cholera	Pregnant hepatitis B carrier	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> Staphylococcal enterotoxin B poisoning <sup>2</sup>	<input type="checkbox"/> Typhoid
Cryptosporidiosis	Herpes infection, infants aged 60 days or younger	<input type="checkbox"/> Other (specify type)		<input type="checkbox"/> Vaccinia disease <sup>9</sup>
Cyclosporiasis	Hospital associated infections (as defined in section 2.2 10NYCRR)	<input type="checkbox"/> Meningococemia		Vibriosis <sup>6</sup>
<input type="checkbox"/> Diphtheria		<input type="checkbox"/> Monkeypox		<input type="checkbox"/> Viral hemorrhagic fever <sup>2</sup>
E.coli O157:H7 infection <sup>4</sup>		Mumps		Yersiniosis
Ehrlichiosis		Pertussis		
<input type="checkbox"/> Encephalitis		<input type="checkbox"/> Plague <sup>2</sup>		
		<input type="checkbox"/> Poliomyelitis		

## 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 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

## ADDITIONAL INFORMATION

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.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. 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  $\geq 1:16$  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.
8. 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-vaccinal 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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