Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10). 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.

### 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 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.

### 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.
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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, St. Louis encephalitis virus, La Crosse virus, Powassan virus, and Jamestown Canyon virus.
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 >= 1:16 or any positive primary or secondary stage disease or prenatal or delivery test result regardless of titer should be reported by phone; all others may be reported by mail.
8 persons with vaccinia infection due to contact transmission, and persons with the following complications from vaccination: eczema vaccinatum, erythema multiforme, progressive vaccinia, pyogenic infection of the vaccination site, and any other serious adverse events.

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**Severe Acute Respiratory Syndrome (SARS)**

- Shigatoxin-producing infection
- Shigellosis
- Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin)
- Streptococcal infection (invasive disease)
- Group A beta-hemolytic strep

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**General Healthcare Provider Reporting Requirements**

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**Amoebiasis**

- **Animal bites for which rabies prophylaxis is given**
- **Anthrax**
- **Arboviral infection**
- **Botulism**
- **Brucellosis**
- **Cholera**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **Diphtheria**
- **E. coli 0157:H7 infection**
- **Ehrlichiosis**
- **Encephalitis**
- **Foodborne illness**
- **Giardiasis**
- **Glanders**
- **Hantavirus disease**
- **Hepatitis A**
- **Hepatitis A in a food handler**
- **Hepatitis B, C**
- **Hospital associated infections (as defined in section 2.2 10NYCRR)**
- **Legionellosis**
- **Listeriosis**
- **Lyme disease**
- **Lymphogranuloma venereum**
- **Malaria**
- **Measles**
- **Meningitis**
- **Meningococcal disease**
- **Meningococcemia**
- **Monkeypox**
- **Mumps**
- **Pertussis**
- **Plague**
- **Polioymyelitis**
- **Psittacosis**
- **Q Fever**
- **Rabies**
- **Rocky Mountain spotted fever**
- **Rubella (including congenital rubella syndrome)**

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**New York State Department of Health**

**Communicable Disease Reporting Requirements**

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**SPECIAL NOTES**

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**WHERE SHOULD REPORT BE MADE?**

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**Contact Person** __________________________________________

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**REPORTING PURPOSE**

- Primary source of infectious disease control
- Identification, control and elimination of infectious diseases
- Prevention and control of communicable diseases

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**VACCINE AGENCIES**

- Bureau of Communicable Disease Control
- Bureau of Immunization

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