



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary Bassett, M.D., M.P.H.  
*Commissioner*

March 11, 2015

Dear Infection Control Practitioner,

We are writing to clarify some of the New York City Health Department's infectious disease reporting requirements. This includes some changes that will ease the reporting burden on you and your staff, and others that will improve our ability to conduct surveillance and respond efficiently to incidents.

**1. Chronic hepatitis B and hepatitis C no longer reportable**

As of March 1, 2015, healthcare providers should no longer report cases of chronic hepatitis B (unless the patient is pregnant or post-partum) and chronic hepatitis C to the Health Department. Providers are still required to report *acute* hepatitis B and C cases, and laboratories must continue to report all hepatitis B and C laboratory results via ECLRS as mandated by New York State. For questions or concerns about reporting acute or chronic hepatitis B or C, please contact Katie Bornschlegel at 347-396-2649 or [kbornsch@health.nyc.gov](mailto:kbornsch@health.nyc.gov).

Please note that the Health Department will continue to conduct case investigations for some chronic hepatitis B and C cases reported by laboratories, and that providers and infection control practitioners are still required to provide requested follow-up information for these cases.

As indicated above, chronic hepatitis B infection in pregnant or post-partum patients is still mandated as reportable to the Health Department. These cases can be reported by using Reporting Central or the paper IMM-5 form (<http://www.nyc.gov/html/doh/downloads/pdf/imm/perinatal-hepb.pdf>). For questions or concerns about reporting hepatitis B in pregnant or post-partum patients, please contact Julie Lazaroff at 347-396-2476 or [jlazarof@health.nyc.gov](mailto:jlazarof@health.nyc.gov).

**2. Severe or novel coronaviruses now reportable**

**Kawasaki syndrome, viral and aseptic meningitis no longer reportable**

On June 9, 2014, a resolution to amend various provisions of New York City's Health Code Articles 11 and 13 went into effect. Some of these directly affect provider reporting requirements:

- a. The reportable 'Severe Acute Respiratory Syndrome (SARS)' category was expanded to 'severe or novel coronavirus'. Providers should report both SARS and Middle East Respiratory Syndrome (MERS) as severe or novel coronavirus. This change will allow the Health Department to monitor for the newly recognized MERS coronavirus as well as others that may emerge in the future.
- b. 'Kawasaki syndrome', 'viral meningitis' and 'aseptic meningitis' are no longer reportable. Bacterial meningitis is still reportable. These changes are warranted because there is no public health response to an individual case of any of these diseases.

Please call the on-duty doctor in the Bureau of Communicable Diseases during business hours at 347-396-2600 or email [BCD\\_Doc@health.nyc.gov](mailto:BCD_Doc@health.nyc.gov) with questions about these changes. The full Notice of Adoption is at <http://www.nyc.gov/html/doh/downloads/pdf/notice/2014/noa-11-13.pdf>.

**3. Cases that are reportable immediately upon suspicion – call 866-692-3641**

Please note which diseases and conditions should be reported immediately upon suspicion, without waiting for laboratory confirmation, by calling the Health Department's Provider Access Line (PAL) at 866-692-3641. Outbreaks involving three or more cases of *any* disease or any other apparent or emergent public health threats should also be reported immediately.



**Diseases and conditions that should be reported immediately upon suspicion to 866-692-3641**

- Amebiasis\*
- Anthrax
- Acute arboviral infections
- Botulism (infant, foodborne and wound)
- Brucellosis
- Campylobacteriosis\*
- Carbon monoxide poisoning
- Cryptosporidiosis\*
- Cholera
- Diphtheria
- *Escherichia coli* O157:H7 and other shiga toxin producing STEC infections\*
- Food poisoning (in 2 or more individuals)
- Giardiasis\*
- Glanders
- Hantavirus disease
- Hepatitis A\*
- Influenza (novel strain with pandemic potential)
- Measles (rubeola)
- Melioidosis
- Invasive meningococcal disease
- Monkeypox
- Paratyphoid fever\*
- Plague
- Poliomyelitis
- Q fever
- Rabies or exposure to rabies (animal bite from vector species at high risk for rabies)
- Ricin poisoning
- Rubella (German measles)
- Salmonellosis\*
- Severe or novel coronavirus (e.g., SARS, MERS)
- Shigellosis\*
- Smallpox (variola)
- Staphylococcal enterotoxin B poisoning
- *Staphylococcus aureus*, vancomycin intermediate (VISA) and resistant (VRSA)
- Tularemia
- Typhoid fever\*
- Vaccinia disease
- Viral hemorrhagic fever (e.g., Ebola)
- West Nile viral disease and fever
- Yellow fever
- Yersiniosis (non-plague)\*

\*Cases of these diseases need only be reported immediately if case is a food handler, lives or works in a congregate residential setting (including correctional and homeless facilities), works in or attends a school, day care facility, or camp with children younger than age 6, or works in oral health care.

All other notifiable diseases and conditions can be reported online using Reporting Central, accessible via NYC MED at [nyc.gov/health/nycmed](http://nyc.gov/health/nycmed). For more information about reporting diseases and conditions to the Health Department, please visit [nyc.gov/health/diseasereporting](http://nyc.gov/health/diseasereporting).

As always, we greatly appreciate your assistance with our efforts to identify outbreaks, prevent infection and monitor disease burden in New York City.

Sincerely,

Jay K. Varma, MD  
Deputy Commissioner, Division of Disease Control  
New York City Department of Health and Mental Hygiene