

WESTCHESTER COUNTY DEPARTMENT OF HEALTH COMMUNICABLE DISEASE REPORTING REQUIREMENTS

Reporting of suspected or confirmed communicable diseases is mandated under the New York Sanitary Code (10NYCRR 2.10) and Westchester County Sanitary Code Article IV, Section 873.402. 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.

<p>Anaplasmosis Amebiasis (Animal bites for which rabies prophylaxis is given¹) (Anthrax²) (Arboviral Infection³) Babesiosis Botulism² Brucellosis² Campylobacteriosis Chancroid Chlamydia trachomatis infection (Cholera) Cryptosporidiosis Cyclosporiasis (Diphtheria) E. coli 0157:H7 infection⁴ Ehrlichiosis (Encephalitis)</p>	<p>(Foodborne illness) Giardiasis (Glanders²) Gonococcal infection Haemophilus influenzae⁵ (invasive disease) (Hantavirus Disease) Hemolytic uremic syndrome (HUS) Hepatitis A (Hepatitis A in a food handler) Hepatitis B (specify acute or chronic) Hepatitis C (specify acute or chronic) Pregnant Hepatitis B carrier Herpes Infection, infants age 60 days or younger Hospital associated infections (as defined in section 2.2 10NYCRR)</p>	<p>Influenza, laboratory confirmed Legionellosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria (Measles) (Melioidosis²) Meningitis Aseptic or viral (Haemophilus meningococcal) Other (specify type) (Meningococcemia) (Monkeypox) Mumps Pertussis (Plague²) (Poliomyelitis)</p>	<p>Psittacosis (Q Fever²) (Rabies¹) Rocky Mountain spotted fever (Rubella) (including congenital rubella syndrome) Salmonellosis (Severe Acute Respiratory Syndrome (SARS)) Shigatoxin-producing infection⁴ Shigellosis⁴ (Smallpox²) Staphylococcus aureus⁶ (due to strains showing reduced susceptibility or resistance to vancomycin) (Staphylococcal enterotoxin B poisoning²)</p>	<p>Streptococcal infection (invasive disease)⁵ Group A beta-hemolytic strep Group B strep Streptococcus pneumoniae (Syphilis, specify stage⁷) Tetanus Toxic shock syndrome Transmissible spongiform encephalopathies⁸ Trichinosis (Tuberculosis current disease (specify site)) (Tularemia²) Typhoid Vibriosis⁶ (Vaccinia Disease⁹) (Viral hemorrhagic fever²) Yersiniosis</p>
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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.

Name/Address: **Westchester County**

**Department of Health – DC
145 Huguenot Street – 7th Floor
New Rochelle, New York 10801**

Phone: **(914) 813-5159 [M-F 8:30-4:30]
(914) 813-5000 [After Hours & Weekends]**

Fax: **(914) 813-5182**

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 PD-1

SPECIAL NOTES

- Diseases listed in **bold type (t)** 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, New York 12220-2073
 (518) 474-4284

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

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 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. 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 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 vaccination site, and any other serious adverse events.

ADDITIONAL INFORMATION

Reporting Forms (DOH 389) are available for download at:
http://health.westchestergov.com/images/stories/pdf/s/form_doh_389.pdf
For more information on disease reporting, call Westchester County Department of Health Division of Disease Control at (914) 813-5159, or New York State Department of Health Bureau of Communicable Disease Control at (518)-473-4439. In New York City (866) NYC-DOH1.

PLEASE POST THIS CONSPICUOUSLY