

Why, What and How to Report to the New York City Department of Health and Mental Hygiene

Why report?

Physicians are required by Article 11 of the New York City Health Code to report certain diseases, conditions and events to the New York City Department of Health and Mental Hygiene (NYC DOHMH). Even though laboratories report findings associated with these diseases and conditions, only physicians can provide the valuable clinical and demographic data that the Department needs to identify and prevent outbreaks and monitor disease trends.

As emphasized in the “**Dear Colleague**” letter sent by NYC DOHMH Commissioner, Dr. Thomas R. Frieden, in May 2003 and included in this section as **Attachment 1**, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) *does not* affect the legal requirements in the New York City Health Code for reporting of notifiable diseases and providing access to medical records, when needed as part of a public health investigation. The NYC DOHMH protects the confidentiality of information reported by providers.

What to report?

The **Universal Reporting Form**, included as **Attachment 2**, lists all reportable conditions; instructions for using the form are included in Attachment 2 as well. Section 11.03 of the New York City Health Code requires the *immediate reporting by telephone* of a suspected outbreak among three or more persons of *any* disease or condition (whether or not it is listed among reportable conditions), and of any unusual manifestation of disease in an individual: therefore, in spring 2003, physicians were also mandated to report suspected cases of Severe Acute Respiratory Syndrome (SARS). As of January 2003, the New York State Sanitary Code also mandated the reporting of suspected and confirmed adverse events associated with smallpox vaccination, including transmission of vaccinia to contacts, autoinoculation, generalized vaccinia, eczema vaccinatum, progressive vaccinia, fetal vaccinia and post-vaccination central nervous system disease. (**Attachment 3**)

Physicians need report these conditions only to the NYC DOHMH, not to the New York State Department of Health. The NYC DOHMH is responsible for reporting diseases and conditions for the city to the State Department of Health; the city is an independent reporting jurisdiction, and therefore reports directly to the Centers for Disease Control and Prevention, as well as to the State.

It is important that physicians remain aware of new reporting requirements that may be developed to assist public health authorities in monitoring an emerging condition or assessing and responding to an emergency, even before these conditions are defined in the Health Code. For example, to enable the Department to rapidly investigate a possible case of H5N1 Avian Influenza and institute appropriate measures to prevent spread of this disease, physicians have been given criteria that define suspected cases and are asked to immediately report patients who meet such criteria to the Department. These instructions are conveyed to physicians through Health Alerts that are sent to hospitals and posted on the NYC DOHMH website. As an example, the 2006 Health Alert #37, on “*E. coli* 0157:H7 Infections Associated with Bagged, Fresh Spinach in Multiple States,” is included as **Attachment 4**: this Alert advises health care providers on the reporting of suspected and confirmed cases of Shiga toxin producing *E. coli* or hemolytic uremic syndrome. Since the time this manuscript was prepared, this advisory may have been updated. Physicians should check the NYC DOHMH website to remain informed of reporting requirements that are developed.

How to report?

Reporting of Communicable Diseases and Injuries

During normal working hours, health care providers can rapidly report all conditions by calling the **Provider Access Line (1-866-NYC-DOH1/1-866-692-3641)**. If a provider needs to report a condition outside of normal working hours, he or she should call the Poison Control Center (212-POISONS/212-764-7667). Health care providers can also call the Provider Access Line to have forms mailed or faxed to their offices; consult with expert medical staff; access the immunization registry and other NYC DOHMH registries; and obtain information or publications. The Universal Reporting Form (**Attachment 2**) may also be downloaded from the Health Alert Network (www.nyc.gov/health/han): if you do not have access to the HAN, e-mail han@health.nyc.gov. *Reporting to the Provider Access Line or to a Department program, however, is not a substitute for reporting diseases and conditions in writing.*

The Universal Reporting Form (URF) can be used to notify the Department of almost all communicable conditions for which reporting is mandated, including tuberculosis and sexually transmitted diseases, as well as various types of poisonings. Certain conditions, as designated on this form, should be reported immediately by telephone; if immediate reporting is not required, cases should be reported within 24 hours or on the next working day. In five instances (measles, diphtheria, polio, hepatitis B during pregnancy and congenital syphilis), the form advises physicians to report directly to the Department program that would be responsible for intervening, rather than to the Provider Access Line. Even when telephone reporting occurs, however, the form should be mailed or faxed to the Department: mailing address and fax numbers are included on the form. The URF is now available for on-line reporting. Instructions for completing the paper URF and for submitting it electronically are included in **Attachment 2**.

The Universal Reporting Form (URF) can be used to report almost all mandated conditions and instructs providers in how to report three mandated conditions for which the URF cannot itself be used:

- **HIV/AIDS and known contacts of persons with HIV/AIDS:** New York State Public Health Law Article 21, Title III, requires named reporting of diagnoses of HIV and AIDS and all known partners and contacts. Detailed instructions on how to report a case can be obtained by accessing the NYCDOHMH HIV Epidemiology Program's web site at www.nyc.gov/html/doh/html/dires/hivepi.shtml or by calling the program's HIV provider call line (212-442-3461). Copies of the "Medical Provider HIV/AIDS and Partner/Contact Report Form" (PRF) that must be used to report HIV/AIDS diagnoses and partner information are included as **Attachment 5**. The forms can be ordered from the New York State Department of Health Bureau of HIV/AIDS Epidemiology (518-474-4284). For assistance on how to report a case, use the PRF, or to arrange for pickup of a completed PRF by a NYCDOHMH Public Health Advisor, call the NYCDOHMH HIV Epidemiology Program at 212-442-3388. Forms may not be mailed, FAXed or emailed.

- **Animal Bites:** Health care providers must report animal bites immediately by using the **Universal Reporting Form (Attachment 2)** or the Form VPHS-55 (**Attachment 6**) for providers who still have the form in stock. Please be aware that the Form VPHS-55 has been discontinued and can no longer be ordered. Also, animal bites can be reported online at: www.nyc.gov/html/doh/html/vet/vetegp.shtml For consultation on rabies prophylaxis, health care providers should call the Provider Access Line or, after normal working hours, the Poison Control Center (212-POISONS/212-764-7667).
- **Window falls** must be reported within 24 hours by phone to the Window Fall Prevention Program at 212-442-2631/30 during business hours. A copy of the fall report may also be faxed to 212-442-2629 during business hours; outside of business hours call the Poison Control Center at 1-800-222-1222. After reporting by phone, the “Child Window Fall Report” card (blue notification card) must also be completed and mailed within 24 hours. See **Attachment 7**. To order cards or for any questions, please call 212-442-2631/30.

Additional Information on Reporting Specific Conditions Tuberculosis

Medical providers and infection control practitioners are required by the New York City Health Code Article 11, in particular, Sections 11.03, 11.05 and 11.47(a), to report all patients suspected and confirmed with tuberculosis (TB) to the New York City Department of Health and Mental Hygiene (DOHMH), Bureau of Tuberculosis Control, within 24 hours of the time the diagnosis is first suspected. Medical providers must report these patients even though microbiologists and pathologists are also required to report findings consistent with TB. Note that the reports have to be received by the DOHMH within 24 hours, whether by express or overnight mail, fax, telephone or electronically.

It is **mandatory** to report patients who meet at least one the following criteria:

- Smear (from any anatomic site) positive for acid-fast bacilli (AFB);
- Nucleic acid amplification test (e.g., Roche's AMPLICOR®, Genprobe's MTD™)¹ result positive for *Mycobacterium tuberculosis* complex;
- Culture positive for *Mycobacterium tuberculosis* complex including: *M. tuberculosis*, *M. africanum*, *M. bovis-BCG*, *M. caprae*, *M. canettii*, *M. microti*, *M. pinnipedii*, *M. bovis*.
- Biopsy, pathology, or autopsy findings consistent with active tuberculosis disease, including but not limited to caseating granulomas in biopsy of lung, lymph nodes or other specimens;
- Treatment with two or more anti-TB medications for suspected or confirmed active TB;
- Clinical suspicion of pulmonary or extrapulmonary tuberculosis such that the physician or other health care provider has initiated or intends to initiate isolation or treatment for tuberculosis;
- In addition, any child younger than five years old (up to the day of the fifth birthday) who has a positive result on a Tuberculin Skin Test 2 should also be reported to the DOHMH

When an individual has an AFB-positive smear or has started treatment for TB, reporting should never be delayed pending identification of *M. tuberculosis* complex with rapid diagnostic tests (e.g., nucleic acid amplification tests). Whenever TB is suspected, the patient should be reported, even if bacteriologic evidence of disease is lacking or treatment has not yet started; each year, approximately 15% of patients with confirmed TB do not have bacteriologic specimens that yield *M. tuberculosis* complex on culture.

Microbiology and Pathology Laboratories

The New York City Health Code also requires laboratories to report as per Articles 11 and 13, Sections 11.03, 11.05 and 13.03, all of the following to the New York City DOHMH, Bureau of Tuberculosis Control:

- AFB-positive smears (regardless of anatomic site);
- Cultures positive for *M. tuberculosis*;
- Any culture result associated with an AFB-positive smear (even if negative for *M. tuberculosis*);
- Rapid diagnostic test results that identify *M. tuberculosis* (e.g. AMPLICOR®, MTD™);
- Results of susceptibility tests performed on *M. tuberculosis* cultures;
- Pathology findings consistent with TB, including the presence of AFB and granulomas.

Reporting by telephone and on the URF

Suspected and confirmed TB patients may be reported by telephone to the TB Hotline, (212) 788-4162, but a completed Universal Reporting Form (URF) must follow within 48 hours. The URF should be faxed to the Bureau of Tuberculosis Control at (212) 788-4179 and the original mailed to DOHMH at 125 Worth Street, Room 315, CN-6, NY, NY 10013. The URF can also be completed online, by first creating an account on NYC-MED at www.nyc.gov/health/nycmed. Assistance is available by calling (888) NYCMED9 or (212) 442-3384.

Information reported on the URF should be as complete as possible. The following essential information must be included when the report is submitted to the New York City DOHMH:

- Information needed to identify and locate the individual (i.e., name, telephone, address, and date of birth);
- Provider information (i.e., physician's name and telephone number, reporting facility);
- Results of smear for AFB (including date specimen obtained and accession number, if available);
- Results of chest radiographs.

Laboratories can report via the Electronic Clinical Laboratory Reporting System (ECLRS); as of July 1, 2006. ECLRS will be the mandatory method of laboratory reporting in New York City. Assistance with ECLRS is available by calling (212) 442-3380. In addition, within 24 hours of observing growth of *M. tuberculosis* complex in a culture from any specimen, the New York City Health Code Section 13.05(a) requires that a portion of the initial culture be sent to the NYC DOHMH Public Health Laboratory for DNA analysis, at 455 First Avenue, Room 236, New York, NY 10016. Laboratories outside of New York City will submit isolates directly to the Wadsworth Center Mycobacteriology Laboratory in Albany, NY for genotyping.

Patient follow-up

Treating physicians should also report whether the patient completed treatment and the outcome of the patient (cured, failed, relapsed, lost, moved) or whether treatment was discontinued if the patient was found not to have TB. Physicians must assist the DOHMH in its efforts to evaluate persons suspected of having TB and in patient follow-up. Case managers will be in contact with the treating physicians to request updates and ensure that appropriate treatment and monitoring is being conducted. A Report of Patient Services Form (TB 65) may need to be filled.

Reporting TB-related evaluation and treatment of contacts

Medical providers are required, under Section 11.47(b) of the New York City Health Code, to report to the DOHMH, when requested, all information on the evaluation, testing, and treatment of individuals who have been in contact with a person with active TB disease.

Inquiries and forms

To inquire further about reporting procedures, please call the Surveillance Office at the Bureau of Tuberculosis Control at (212) 788-4155. To order copies of the Report of Patients Services Form (TB 65), and Laboratory Report Form (TB 159) call (212) 442-5100 or visit www.nyc.gov/html/doh/html/tb/tb-hcp.shtml. Obtain the Universal Reporting Form by calling toll free (866) NYC-DOH1 (866-692-3641) or at www.nyc.gov/html/doh/html/hcp/hcp-urf2.shtml.

Section I : Reporting Requirements

To report tuberculosis skin tests in children less than 5 years old, use the Universal Reporting Form. For guidelines for interpreting skin test results, see New York City Department of Health and Mental Hygiene, Guidelines for Testing and Treatment for Latent Tuberculin Infection, January 2005, www.nyc.gov/html/doh/html/tb/tb.html

Please note: Product names are provided for identification purposes only; their use does not imply endorsement by the New York City Department of Health and Mental Hygiene.

Reporting of Immunizations

The New York City Health Code (section 11.04 and subsection [d] of 11.07) mandates that health care providers who order the administration of immunizations to children and adolescents from birth through age 18 years in New York City must report the immunizations to the Citywide Immunization Registry (CIR) within 14 days of administration. Immunizations administered to individuals aged 19 years or older may be reported to the CIR, with the individual's consent documented in the medical record. Consent may be obtained by having the patient sign on the bottom of the reporting form or on the separate consent form. See **Attachment 8** for information on reporting to the CIR and relevant fact sheets and forms. Health care providers may report on paper forms, but are encouraged to report electronically from their own system or report online. It should be noted that providers must report to the CIR in order to receive vaccines through the Vaccines for Children Program. For more information, or to set up online access to CIR for reporting immunizations and/or for obtaining patient or plan member immunization and lead test histories, call 212-676-2323.

Federal law requires that Vaccine Information Statements be handed out to the patient or authorized individual before any vaccine is administered. Included in **Attachment 8** are the instructions for **Use of Vaccine Information Statements** and for reporting of **Vaccine Adverse Events**.

Reporting of Lead Test Results

The New York City health code requires that health care providers report all blood lead levels (BLLs) ≥ 10 $\mu\text{g/dL}$ within 24 hours of receiving results. This prompt notification allows the **Lead Poisoning Prevention Program** to quickly initiate services. Providers using an office-based portable analyzer are required to report BLLs < 10 $\mu\text{g/dL}$ as well.

Reports of BLLs ≤ 10 $\mu\text{g/dL}$ in children should be faxed to 212-676-6326 and reports of BLLs ≥ 10 $\mu\text{g/dL}$ in pregnant women should be faxed to 212-676-6188.

Termination of Pregnancy

All terminations of pregnancy in New York City, whether they are spontaneous or surgically or medically induced, must be reported to the New York City Department of Health and Mental Hygiene. Questions on legal requirements for filing termination of pregnancy certificates as well as birth and death certificates should be directed to 212-788-4585.

School Health Forms

Healthcare providers who see school age children can facilitate their entry into school and improve the continuity of care they receive by timely completion of the following three forms, copies of which are included in **Attachment 9**. The New Admission Examination Form" may be downloaded from: www.nyc.gov/html/doh/downloads/pdf/scah/scah211s.pdf.

- New Admission Examination Form
- Guidelines for the Provision of Health and Educational Services for Students in the New York City Public Schools 2006-2007
- Asthma Action Plan

Parents should receive two copies of completed forms downloaded from the Internet or they may request a duplicate form by contacting the local school.

Section I : List of Attachments

- Attachment 1:** Dear Colleague letter dated May 27, 2003
DOHMH Commissioner
- Attachment 2:** DOHMH Universal Reporting Form (URF)
- Attachment 3:** Smallpox Vaccination Adverse Events Reporting Form
- Attachment 4:** 2006 DOHMH Alert #37: E. coli 0157: H7 infections Associated with Bagged, Fresh Spinach in Multiple States
- Attachment 5:** HIV AIDS Reporting Forms:
 1. Medical Provider HIV/AIDS and Partner/Contact Report Form
 2. Additional Partner/Contact Report Form
- Attachment 6:** Animal Bite Report
- Attachment 7:** Child Window Fall Report
- Attachment 8:** Immunization Reporting Documents
 1. Reporting to the Citywide Immunization Registry
 2. Instructions for Vaccine Information Statements
 3. Vaccine Adverse Event Reporting System
- Attachment 9:** School Health Forms:
 1. DOHMH – Department of Education New Admission Exam Form
 2. Guidelines for the Provision of Health Services and Accommodations for Students in the New York City Public Schools
 3. Asthma Action Plan

