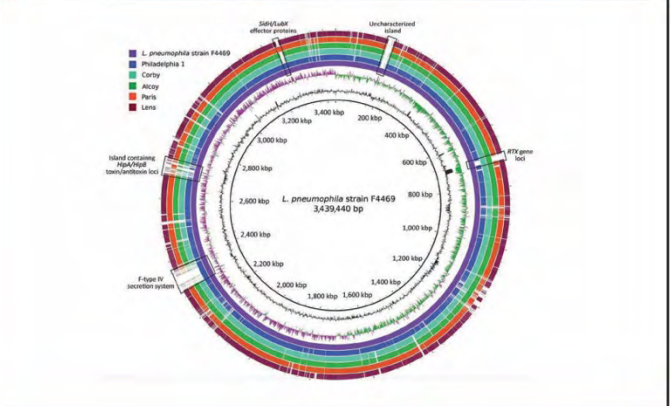
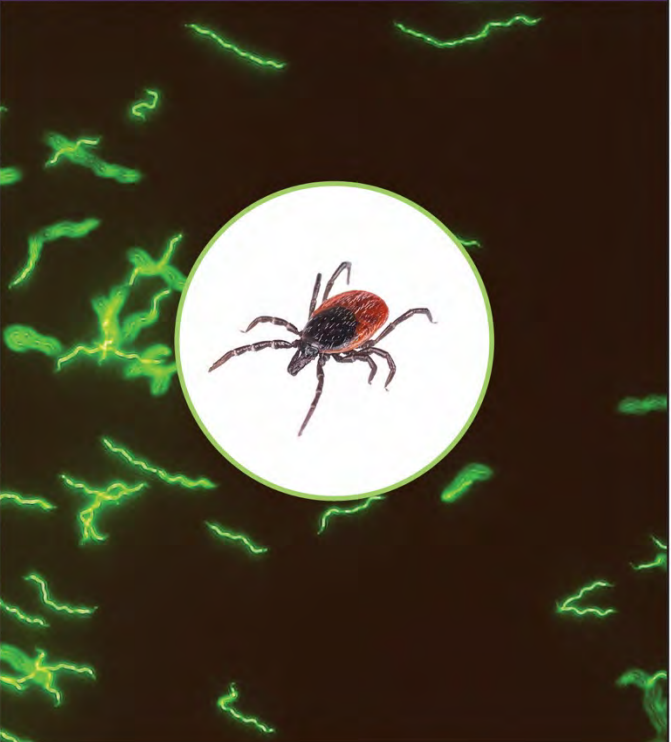
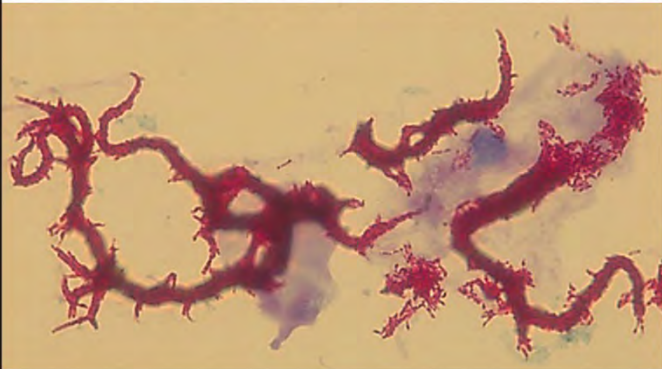
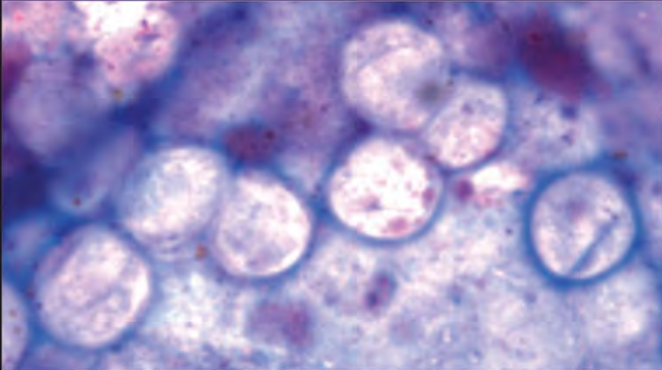


Laboratory Reporting of Communicable Diseases

2020 Edition



New York City Department of Health and Mental Hygiene

Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases

2020

Dear Colleague in the Medical Laboratory Community,

We are pleased to present the updated guidelines for reporting communicable diseases and specimen submission for New York public health epidemiologists and laboratorians. These guidelines are designed to assist laboratories in determining what diseases need to be reported and which specimens to submit. **The requirements below are for patients residing in New York City.** New York State requirements are in a companion document. Please note that the reporting jurisdiction is based on the patient's permanent residence regardless of the location of the healthcare facility, provider or laboratory.

Laboratory reporting of suspected or confirmed positive findings or markers of communicable diseases is mandated under New York State (NYS) Public Health Law 2102 and NYC Health Code Articles 11 and 13.

If further information is needed, please contact the New York City Department of Health and Mental Hygiene's (NYC DOHMH) Provider Access Line at 866-NYC-DOH1 (866-692-3641). For additional details on the submission of isolates or specimens, please contact the NYC Public Health Laboratory's Virology Section at 212-447-2864, Microbiology Section at 212-447-6783 or the BioThreat Response Laboratory at 212-671-5834. For further information on reporting, providers may also consult the NYCDOHMH website at: <http://nyc.gov/health/diseasereporting>. For further information on reporting poisonings, providers may also contact the NYC Poison Control Center at 1-800-222-1222 or 212-POISONS (212-764-7667).

We thank you for your commitment to public health in New York!

Cover photos: Clockwise from top left: Modified acid fast stained oocysts of *Cyclospora*; deer tick *Ixodes scapularis* overlaid on fluorescent stained cells of *Borrelia burgdorferi*; diagram of the genome of *Legionella pneumophila* strains; *Candida auris* on CHROMagar with an inset of lactophenol cotton blue stained cells; Ziehl-Neelsen stained cells of *Mycobacterium tuberculosis* showing classical roping morphology.

Directory

New York City:

New York City Department of Health and Mental Hygiene (NYC DOHMH)

Provider Access Line

(866) 692-3641 (NYC-DOH1)

Bureau of Communicable Disease
Bureau of HIV/AIDS Prevention and Control
Bureau of Immunization
Bureau of Sexually Transmitted Infections
Bureau of Tuberculosis Control

Public Health Laboratory

Virology Laboratory (212) 447-2864
Microbiology Laboratory (212) 447-6783
Biothreat Response Laboratory (212) 671-5834

Electronic Clinical Laboratories Reporting System (ECLRS) nyceclrs@health.nyc.gov

Laboratory Reporting of HIV Results (518) 474-4284

Poison Control (for reporting poisonings) (212) 764-7667 (POISONS)

New York State (Outside New York City):

New York State Department of Health (NYSDOH)

Division of Epidemiology, Center for Community Health

Bureau of Communicable Disease Control (518) 473-4439
Bureau of Healthcare-Associated Infections (518) 474-1142
Bureau of Tuberculosis Control (518) 474-4845
Bureau of Immunization (518) 473-4437

Division of Epidemiology, Evaluation and Partner Services, AIDS Institute

Bureau of HIV/AIDS Epidemiology (518) 474-4284
Bureau of Sexual Health and Epidemiology (518) 474-3598

Electronic Clinical Laboratories Reporting System (ECLRS)

ECLRS (eclrs@health.ny.gov) (866) 325-7743

Wadsworth Center

Microbiology Laboratories (518) 474-4177
Biodefense Laboratory

Laboratory Reporting of HIV Results (518) 474-4284

NYSDOH Duty Officer (after hours) (866) 881-2809

New York City Department of Health and Mental Hygiene

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NYC - Frequently Asked Questions

A. Are laboratories and blood banks required to report communicable diseases?

Yes, NYC Health Code Articles 11 and 13 require laboratories and blood banks to report to public health authorities positive and, in select cases negative, findings or markers of the specific communicable diseases indicated below for all NYC residents, to the NYC Department of Health and Mental Hygiene (NYC DOHMH). Specimen source, test and result must be indicated. Specimens obtained from cord blood must have “cord blood” listed as the specimen source.

B. To whom should reports of positive findings or markers of disease be submitted?

Under NYC Health Code Section 13.03 all reports for residents of NYC or ordered by a NYC provider should be made via the Electronic Clinical Laboratory Reporting System (ECLRS), which will direct the reports to the NYC DOHMH (see section D). All HIV-related laboratory reporting, including that for NYC residents, should be made directly to the NYSDOH, submitted electronically via ECLRS. Results from HIV tests performed on NYS residents or ordered by NYS providers (regardless of the patient’s residence) are reportable to NYS.

C. What information should be provided to public health authorities at the NYC DOHMH for residents of NYC?

- 1) **Patient Information** - Patient/donor name, date of birth, address, telephone number, and if known: gender; race/ethnicity, email address, mobile phone number, medical record number, and known or probable pregnancy status (for individuals with reportable diseases for which pregnancy status is clinically relevant, including chlamydia, gonorrhea, HIV, hepatitis B and C, influenza, listeriosis, malaria, measles, rubella, invasive *Streptococcus* Group A, syphilis, tuberculosis and Zika virus);^①
- 2) **Specimen Information** - Accession number, source of specimen, date collected, date of specimen receipt by the testing laboratory;
- 3) **Test information** - Name of test performed, test results, including quantitative results if performed, and observation/result date, date of final report;
- 4) **Facility Information** - Requesting facility, including the health care facility or clinical laboratory that referred the specimen for testing, facility address and telephone number;
- 5) **Provider Information** - Requesting provider’s name, address, telephone number, and if available: email address, fax number, mobile phone number, and National Provider Identification (NPI).
- 6) **Laboratory information** - Name and address of clinical laboratory that performed the test.

For complete information on current NYC requirements, consult both Article 11 and Article 13 of the NYC Health Code at: <https://www1.nyc.gov/site/doh/about/about-doh/health-code-and-rules.page>. Please note that the NYC Health Code is amended regularly and changes in reporting requirements may not be reflected in this guidance if they occur after it was issued.

D. When and how should reports be submitted?

All required reports should be submitted within 24 hours of the time and date when test results are first available. **However, positive results for those diseases indicated by 📞 on the list must also be reported to the NYC DOHMH immediately by phone so that control measures can be implemented promptly.**

For NYC residents, electronic reporting via ECLRS of reportable diseases diagnosed by laboratories and blood banks are mandated by the NYC Health Code, Section 13.03. ECLRS sends reports to the appropriate local jurisdiction as required under NYS Public Health Law, thereby meeting the laboratory’s responsibility for reporting directly to local jurisdictions. ECLRS provides a secure system for reporting communicable diseases, heavy metal and other poisonings, cancer, congenital malformation testing, and HIV/AIDS.

Questions regarding ECLRS may be directed to nyceclrs@health.nyc.gov

E. Which laboratory-diagnosed diseases and conditions are reportable ONLY for residents of New York City (Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? How should these diseases and conditions be reported by laboratories?

The following diseases are reportable only for NYC residents and should be reported via ECLRS:

- Granuloma inguinale (*Calymmatobacterium* [*Klebsiella*] *granulomatis* infection)
- Leprosy (*Mycobacterium leprae* infection)
- Leptospirosis, including Weil's disease
- Lymphocytic choriomeningitis virus (LCMV) infection
- Methicillin-resistant *Staphylococcus aureus* (MRSA) infection (any site)
- Norovirus (formerly the Norwalk agent) infection
- Respiratory syncytial virus (RSV) infection
- Rickettsialpox (*Rickettsia akari* infection)

The following conditions are reportable only for NYC residents and should be reported via ECLRS:

Carbon monoxide poisoning (carboxyhemoglobin levels):

Report the results of Carboxyhemoglobin (COHb) tests performed to evaluate suspected and confirmed cases of carbon monoxide poisoning, regardless of test result. In addition, when COHb levels are ≥10%, labs must also report results immediately by telephone to the NYC Poison Control Center at 212-764-7667 immediately.

Hemoglobin A1C is reported directly to NYC DOHMH in a separate file from ECLRS for all labs reporting via file to ECLRS. Please contact nyceclrs@health.nyc.gov to make arrangements to report Hemoglobin A1C.

Toxic Alcohol Poisoning (methanol and ethylene glycol):

Report via ECLRS all test results of any methanol or ethylene glycol tests.

F. Are providers required to report communicable diseases and poisonings too?

Yes, in addition to the reporting required by laboratories, physicians are required to report suspect or confirmed cases of communicable diseases and poisonings to the local health department of the patient's/donor's residence. The clinical information contained in their reports such as symptoms, risk exposure history, treatment, occupation, illness in family members, hospitalization, and other epidemiological factors supplements the data provided by diagnostic laboratories. Providers do not need to report all the diseases laboratories are required to report. For more information about diseases mandated by NYC as reportable by providers, physicians can refer to <http://nyc.gov/health/diseasereporting>.

G. Do isolates or specimens have to be submitted for confirmation?

Yes, under Article 11 of the NYC Health Code, laboratories are required to submit isolates or specimens as determined by the NYC Commissioner of Health. The last column of the table indicates which isolates or specimens must be submitted to either the NYC Public Health Laboratory or New York State Department of Health Wadsworth Center as indicated in the guidance. Preliminary laboratory results indicating the potential presence of a reportable condition should be reported immediately in ECLRS without awaiting confirmation results. Blood banks do not need to submit specimens for confirmation unless specifically requested.

When culture-independent diagnostic tests (CIDT) are used to diagnose/screen for enteric bacterial infections, reflex to culture is required for public health purposes. Isolates should be submitted to the NYC Public Health Laboratory. On January 12, 2017 an amendment to the NYC Health Code became effective (13.03(b)(4)) which provides that if a CIDT demonstrates the possible presence of *Listeria monocytogenes*, *Salmonella*, *Shigella*, *Vibrio*, or *Yersinia* in a patient specimen, the laboratory must perform, or refer the specimen to another laboratory for performance of, culture on the original specimen to isolate the organism. The culture must be initiated, or the specimen forwarded to another laboratory, within 72 hours of obtaining the positive CIDT result. The laboratory that performed the culture must submit any resulting isolates to the NYC Public Health Laboratory. In the case of Shiga toxin-producing *Escherichia coli*, the laboratory must submit (i) an isolate or (ii) a Shiga toxin-positive broth (if available) and stool to the NYC Public Health Laboratory. All reflex culture results (both positive and negative) must be reported to the NYC DOHMH. The laboratory that performed the CIDT results must also report the results of the subsequent culture test, regardless of the result (positive or negative) and whether performed by their laboratory or referred to another laboratory, within 24 hours of obtaining the results.

H. Is additional testing available?

Yes, the NYC Public Health Laboratory is available to assist clinical laboratories in the identification or further characterization of isolates or specimens indicating the presence of a reportable disease or condition, and also to confirm the presence of serologic markers of such diseases and conditions. To arrange such testing, the appropriate section at the Public Health Laboratory should be contacted at the telephone numbers listed in the introductory section of this document.

I. Is reporting required for donor testing?

Yes, blood banks must report positive results for any reportable condition via ECLRS (see section D) to the local health department of the donor's residence, except for positive HIV test results which are reportable directly to the NYSDOH. Blood banks do not need to report negative hepatitis B virus, hepatitis C virus, and HIV nucleic acid test results. Blood and tissue banks do not need to submit specimens for confirmation unless specifically requested.

HIV-related donor testing

Blood and tissue banks must report positive HIV test results directly to the NYSDOH, by submitting electronically via ECLRS, (as soon as possible but no later than 7 days). Blood and tissue banks do not need to report negative HIV nucleic acid test results. Reportable results in a donor include:

- (1) HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative)
- (2) Reactive/repeatedly reactive HIV screening immunoassay (HIV-1/HIV-2 EIA or CIA; Anti-HIV-2 EIA)
- (3) Supplemental Assay (HIV-1 or HIV-2 Western Blot; HIV-1 IFA)

J. Are HIV-related test results reportable?

Yes, the following test results are reportable by Clinical Laboratories and Physician Office Laboratories:

- (1) All reactive/repeatedly reactive initial HIV immunoassay results AND all results (e.g. positive, negative, indeterminate) from all supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
- (2) All HIV nucleic acid (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid test screening results;
- (3) All CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV;
- (4) HIV subtype and antiviral resistance. This reporting requirement should be met with the electronic submission of the HIV nucleotide sequence (e.g., protease, reverse transcriptase and integrase sequence) determined through genotypic resistance testing; and,
- (5) Positive HIV detection tests (culture, P24 antigen).

All HIV-related laboratory reporting should be made directly to the NYSDOH, by submitting electronically via ECLRS. Results from HIV tests performed on NYC residents or ordered by NYC providers (regardless of the patient's residence) are reportable to NYS.

Clinical Laboratories and Physician Office Laboratories are required to report HIV-related results with patient identifying, demographic, and locating information, as well as the original ordering medical provider's full name, address and National Provider Identifier (NPI). For reference laboratories, the original ordering medical provider's full name, address and NPI must be included. Referring laboratory name and address with NPI should be reported as well. For a complete list of this information and instructions on how to report required data elements, please call 518-474-4284 or email BHAELab@health.ny.gov.

Diagnosis of acute HIV infection, including primary HIV infection, acute retroviral syndrome, and/or early HIV infection, is reportable within one day (24 hours) of diagnosis. Acute infection is the earliest stage of HIV disease and precedes the development of detectable antibodies to HIV resulting from the viral infection and can be diagnosed based on laboratory testing results demonstrating the presence of HIV virus (p24 antigen and HIV nucleic acid RNA or DNA) in the absence of HIV antibodies. Physicians and others authorized to order diagnostic tests or make medical diagnoses should report HIV diagnoses and AIDS diagnoses (using NYSDOH Form 4189) as soon as possible but no longer than 7 days from receipt of a positive laboratory result or after diagnosis, whichever is sooner. Clinician reporting of HIV infection can be completed electronically using the **HIV/AIDS Provider Portal** on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov>. For questions regarding laboratory or physician reporting of HIV or accessing the **HIV/AIDS Provider Portal**, please call 518-474-4284 or email ePRFhelp@health.ny.gov.

K. How do laboratories submit specimens related to Select Agents²?

When a Select Agent cannot be ruled out, all work on the specimen must be stopped immediately. The specimen and all derivatives (culture plates, tubes, Gram stains, and specimen aliquots) must be secured within an incubator or refrigerator in a leak proof container (i.e., biosafety carrier). Note that clinical laboratories should not attempt to isolate viruses that are Select Agents.

For NYC residents, immediately contact the NYC DOHMH Provider Access Line at 1-866-692-3641 for guidance on next steps, including packaging and shipping of the specimen for further testing at the NYC Public Health Laboratory. If a specimen is confirmed as a Select Agent by the NYC DOHMH, additional guidance will be provided regarding specimen disposition and destruction, evaluation of laboratory exposures, and CDC reporting requirements. A current list of Select Agents and toxins can be accessed at <http://www.selectagents.gov>.

- L. If multiple laboratories perform testing on a specimen, which testing laboratories should report results?**
If multiple laboratories perform testing on a specimen, then each laboratory is required to report only their own test result(s) to ECLRS, with the exceptions below. If a specimen is sent to another laboratory for testing, the originating send-out laboratory must include all required information (see Sections C and I above) on the requisition to ensure each testing laboratory's reporting will be complete. The New York City Health Code provides that if a blood bank refers a specimen to a laboratory for testing without donor identifying information, the referring blood bank and not the testing laboratory is responsible for reporting results.
- M. Are laboratories required to report the results of indeterminate or equivocal syphilis test results?**
Yes. The New York City Health Code provides that where the result of a syphilis test is indeterminate, the laboratory must report the indeterminate test result to the Department. For purposes of subsection (b)(2), an indeterminate test result is one in which the result of a test is weakly reactive, minimally reactive, equivocal, inconclusive, or otherwise indeterminate; an indeterminate result does not include instances where two separate tests have conclusive but discordant results.
- i. When a treponemal test result is indeterminate, the laboratory must perform, or refer the specimen to another laboratory for the performance of, a second treponemal test on the same specimen using an alternate treponemal test within 24 hours of obtaining the indeterminate result and report the results of that second test to the Department. Where the result of the second treponemal test is also indeterminate, whether performed by the same laboratory or a different laboratory, no additional treponemal test is required.
 - ii. When a non-treponemal test result is indeterminate, the laboratory must perform, or refer the specimen to another laboratory for the performance of, a second non-treponemal test on the same specimen using the same or an alternate non-treponemal test within 24 hours of obtaining the indeterminate result, and report the results of that second test to the Department. Where the result of the second non-treponemal test is also indeterminate, whether performed by the same laboratory or a different laboratory, no additional non-treponemal test is required.
- N. Are antibiotic susceptibility testing results reportable?**
Yes, antibiotic susceptibility testing results are reportable in NYC for bacterial diseases listed under subdivision (a) of §11.03 of the NYC Health Code at <https://www1.nyc.gov/site/doh/about/about-doh/health-code-and-rules.page>. This includes reporting all results of conventional broth and agar-based methods, automated methods of antibiotic susceptibility testing, and nucleic acid sequence-based methods to detect determinants of antibiotic resistance.

New York City Department of Health and Mental Hygiene

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◆ **☎ Suspected or confirmed organisms/diseases** must be reported **immediately** by phone to the local or city health department in which the patient resides. For residents of NYC, call the NYCDOHMH's Provider Access Line at 1-866-NYC-DOH1 (1-866-692-3641) immediately for guidance on how and where to submit specimens.

◆◆ Specimens REQUIRED to be submitted for confirmation are listed in the table. Additional tests on non-required submissions are also available at public health laboratories. Details on required forms and on how to submit isolates or specimens are available at:

▪ **New York City Public Health Laboratory:**

Laboratory test request forms and general submission guidelines can be accessed at:
<https://www1.nyc.gov/site/doh/providers/reporting-and-services/public-health-lab.page>

For additional information, call: Virology Section at 212-447-2864, the Microbiology Section at 212-447-6783, or the BioThreat Response Laboratory at 212-671-5834. Outside routine business hours, call the Poison Control Center at 212-764-7667 and ask for the on-call physician or the PHL Duty Officer.

▪ **New York State Department of Health Wadsworth Center Laboratory:**

Some diseases require further testing at the Wadsworth Center Laboratory. Electronic submission of specimen information to the Wadsworth Center is preferred. Details can be found at <https://www.wadsworth.org/programs/id> under 'Electronic Test Request/Reporting'. Labs that do not have electronic access may print the paper requisition from the link found on that site.

For additional information call: the Wadsworth Center's Microbiology Laboratories or Biodefense Laboratory at 518-474-4177. Outside routine business hours contact the NYSDOH Duty Officer at 866-881-2809.

Proper packaging and shipping of infectious substances and diagnostic specimens are defined in the International Air Transport Association (IATA), Department of Transportation (DOT), and United States Postal Service (USPS) regulations. The shipper's responsibility is to properly classify, identify, package, mark, label, and document shipments for transport by air or surface. Consult the following web sites for compliance with packaging and shipping regulations:




<http://www.iata.org>








<https://bookstore.gpo.gov/agency/department-transportation-dot>

<http://www.who.org>

<http://www.cdc.gov>


Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
<i>Anaplasma phagocytophilum</i>	Anaplasmosis	Positive by any method	No
Arboviruses: California serogroup virus (LaCrosse, Jamestown Canyon, etc.), Chikungunya virus, Deer Tick virus, Dengue virus, Venezuelan, Western equine or 🦠 Eastern encephalitis virus , Japanese encephalitis virus, 🦠 Powassan virus , Rift Valley fever virus, St. Louis encephalitis virus, 🦠 West Nile virus , Yellow Fever virus, Zika virus. Note: telephone those in red/bold only	Arboviral infection (acute), viral encephalitis/meningitis	Positive by culture, nucleic acid test or IgM antibody	Yes ^② - Submit to Wadsworth Center Yes - Submit positive serum serology specimens, IgM positive CSF specimens, and culture or nucleic acid test positive specimens
🦠 Arenaviruses (Lassa, Junin)	Viral hemorrhagic fever	Positive by any method	Yes ^② - Submit to Wadsworth Center Submit primary specimens only. Do not attempt to culture.
<i>Babesia</i> species	Babesiosis	Positive blood smear, nucleic acid test, immunoblot, or <i>Babesia</i> -specific antibody titer ≥ 256 with an indirect fluorescent antibody (IFA) test for IgG or total antibody	Yes - Submit to Wadsworth Center Positive blood smear or nucleic acid test positive specimens.
🦠 <i>Bacillus anthracis</i>	Anthrax	Positive by any method	Yes ^②
<i>Bordetella pertussis</i>	Pertussis	Positive by any method	No
<i>Borrelia burgdorferi</i>	Lyme disease	Report a positive or equivocal ELISA/IFA/EIA only when the second step assay (immunoblot/WB) is positive, equivocal, inconclusive, or if a second step assay is not performed	No
🦠 <i>Brucella</i> species	Brucellosis	Positive by any method	Yes ^②
🦠 <i>Burkholderia mallei</i>	Glanders	Positive by any method	Yes ^②
🦠 <i>Burkholderia pseudomallei</i>	Melioidosis	Positive by any method	Yes ^②
<i>Calymmatobacterium granulomatis</i> (<i>Klebsiella granulomatis</i>)	Granuloma inguinale	Positive by any method	No
<i>Campylobacter</i> species	Campylobacteriosis	Positive by any method ^③	No
<i>Candida auris</i>	<i>Candida auris</i> infection	Positive by any method	Yes - Submit to Wadsworth Center






Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
<i>Chikungunya</i> - See <i>Arboviruses</i>	Chikungunya	See <i>Arboviruses</i>	See <i>Arboviruses</i>
<i>Chlamydia psittaci</i>	Psittacosis	Positive by any method	No
<i>Chlamydia trachomatis</i>	<i>C. trachomatis</i> , including lymphogranuloma venereum	Positive by any method ^①	No
 <i>Clostridium botulinum</i>	Botulism	Positive by any method	Yes ^②
<i>Clostridium tetani</i>	Tetanus	Positive culture	No
 <i>Corynebacterium diphtheriae</i>	Diphtheria	Positive culture	Yes
 <i>Coxiella burnetii</i>	Q fever	Positive by any method, including serology when IgG antibody titer is ≥ 64	Yes - Submit nucleic acid test positive specimens to Wadsworth Center
Creutzfeldt-Jakob agent	Creutzfeldt-Jakob disease	Positive by any method ^④	No
<i>Cryptosporidium</i> species	Cryptosporidiosis	Positive by any method	Yes - Submit to Wadsworth Center Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.
<i>Cyclospora cayetanensis</i>	Cyclosporiasis	Positive by any method	Yes - Submit to Wadsworth Center Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.
<i>Dengue</i> - See <i>Arboviruses</i>	Dengue fever, Dengue hemorrhagic fever	See <i>Arboviruses</i>	See <i>Arboviruses</i>
<i>Ehrlichia</i> species	Ehrlichiosis	Positive by any method	No
<i>Entamoeba histolytica/dispar</i>	Amebiasis	Positive cyst, trophozoite, or antigen noted by any method	Yes - Submit to Wadsworth Center Submit original slide and stool specimens. Stool specimens should be unfixed or be in PCR-compatible fixative.





Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
<i>Enterobacteriaceae</i> , carbapenem-resistant (CRE)	Carbapenem-resistant <i>Enterobacteriaceae</i> infection or colonization	<i>Enterobacter</i> spp., <i>Klebsiella</i> spp., and <i>Escherichia coli</i> that are resistant to imipenem, meropenem, doripenem (MIC of $\geq 4 \mu\text{g/ml}$), or ertapenem (MIC of $\geq 2 \mu\text{g/ml}$) by standard susceptibility testing methods. Include positive and negative carbapenemase testing results (phenotypic and/or molecular), if available.	No
<i>Escherichia coli</i> , Shiga toxin-producing	Shiga toxin-producing <i>E. coli</i> (STEC) disease	Positive culture or positive shiga toxin ⁽³⁾⁽⁵⁾	Yes - Submit shiga toxin-positive brothss and stool; or isolate
<i>Escherichia coli</i> O157	<i>E. coli</i> O157 disease	Positive by any method ⁽³⁾⁽⁵⁾	Yes - Submit isolates only
 Filoviruses:   Marburg	Viral hemorrhagic fever	Positive by any method	Yes ⁽²⁾ - Submit primary specimens only. Do not attempt to culture.
  Ebola	Viral hemorrhagic fever	Positive by any method	Yes ⁽²⁾ - Submit primary specimens only. Do not attempt to culture.
 <i>Francisella tularensis</i>	Tularemia	Positive by any method	Yes ⁽²⁾
<i>Giardia duodenalis</i> (formerly <i>G. lamblia</i> , <i>G. intestinalis</i>)	Giardiasis	Positive by any method	No
<i>Haemophilus ducreyi</i>	Chancroid	Positive by any method	No
<i>Haemophilus influenzae</i>	Invasive <i>Haemophilus influenzae</i> disease	Positive culture or nucleic acid test from any sterile site; CSF positive antigen test ⁽³⁾	Yes - Submit isolates only
 Hantavirus	Hantavirus pulmonary syndrome	Positive IgM or rising IgG titer, positive RNA by nucleic acid test, or positive immunohistochemistry	Yes - Submit primary specimens only. Do not attempt to culture.
Hepatitis A virus	Hepatitis A	Positive IgM anti-HAV. Along with positive reportable hepatitis results, include results for all other viral hepatitis markers (positive or negative), ALT and bilirubin results.	No



Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
Hepatitis B virus	Hepatitis B	<p>Positive IgM anti-HBc, HBsAg, HBeAg, or HBV nucleic acid test (including genotype) ^{①⑥}</p> <p>All negative hepatitis B DNA results along with any positive reportable hepatitis results, include all other viral markers (positive or negative), ALT and bilirubin results</p> <p>NYC only: For children < 5 years old, report all results (positive, negative, and indeterminate) for HBsAg and HBsAb</p>	No
Hepatitis C virus	Hepatitis C	<p>Anti-HCV screening test positive and all positive and negative nucleic acid test results, including genotype ^{①⑥}</p> <p>Along with positive reportable hepatitis results, include all other viral hepatitis markers (positive or negative), ALT and bilirubin results.</p> <p>If the anti-HCV test is positive, a confirmatory HCV RNA test must be performed on a specimen collected at the same time as the initial specimen. The HCV RNA test must be initiated within 72 hours of the positive anti-HCV result. (See NYC Health Code Article 13103(b)(3) for details on this requirement)</p>	No
Herpes simplex virus	Neonatal herpes simplex infection, infants ≤ 60 days	Positive by any method	<p>Yes⁽⁷⁾ - Submit to Wadsworth Center</p> <p>Submit primary specimens (and cultured isolates, if available)</p>

Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
Human immunodeficiency virus 🚨 Acute HIV infection	Acute HIV infection , HIV infection, HIV-related illness, and Stage 3 (AIDS)	HIV-related laboratory test results are reported to the NYSDOH, <u>not</u> the local health department. Results must include the patient name and address as well as original ordering medical provider information. See Section J for a listing of reportable results.	No
Influenza virus	Influenza disease, laboratory confirmed	Positive by any method, excluding serology ^①	No
🚨 Influenza - suspected novel subtype	Suspect novel subtype Influenza virus	Positive by any method	Yes [Ⓞ] - Submit swab in viral transport media. Do not attempt to culture.
🚨 Lassa fever virus - see Arenaviruses	Viral hemorrhagic fever	See <i>Arenaviruses</i>	See <i>Arenaviruses</i>
<i>Legionella</i> species	Legionellosis	Positive culture, nucleic acid test, DFA or urine antigen or acute/ convalescent serology showing a rising titer to <i>L. pneumophila</i>	Yes - Submit isolates only
<i>Leptospira</i> species	Leptospirosis	Positive by any method	Yes - Submit antibody or nucleic acid test positive specimens
<i>Listeria monocytogenes</i>	Listeriosis	Positive by any method ^{①③⑤}	Yes - Submit isolates only
Lymphocytic choriomeningitis virus	Lymphocytic choriomeningitis	Positive IgM or nucleic acid test	Yes - Submit IgM or nucleic acid test positive specimens
🚨 Measles virus (Rubeola)	Measles	Positive by viral culture, nucleic acid test, single serum with IgM antibody or paired sera with rising IgG antibody ^①	Yes - Submit primary specimens (and isolates, if available), and IgM positive serum only
🚨 MERS Coronavirus	MERS	Positive by any method	Yes - Submit primary specimens only. Do not attempt to culture.
🚨 Monkeypox virus	Monkeypox	Positive by any method	Yes^② - Submit primary specimens only. Do not attempt to culture
Mumps virus	Mumps	Positive by viral culture, nucleic acid test, single serum with IgM antibody or paired sera with rising IgG antibody	Yes - Submit primary specimen (and isolate, if available). Submit IgM positive serum.


Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
<i>Mycobacterium leprae</i>	Leprosy (Hansen's disease)	Acid-fast bacilli in skin biopsy, positive nucleic acid test or serology for <i>M. leprae</i>	No
<i>Mycobacterium tuberculosis</i>, <i>M. bovis</i>, <i>M. bovis</i> BCG, and other members of the <i>M. tuberculosis</i> complex	Tuberculosis	<p>Positive acid-fast bacilli smear (including any subsequent nucleic acid test or culture result for that specimen);^①</p> <p>Nucleic acid test or culture positive for <i>M. tuberculosis</i>, <i>M. bovis</i> and other members of the <i>M. tuberculosis</i> complex from any site;</p> <p>Any susceptibility test results from a <i>M. tuberculosis</i> complex positive culture;</p> <p>Biopsy, pathology, or autopsy findings consistent with active TB;</p> <p>All subsequent TB test results, including negative or inconclusive results, on samples collected within one year from patients with a prior positive acid-fast bacilli smear or test for <i>M. tuberculosis</i> complex.</p> <p>All test results positive, negative and indeterminate for tuberculosis (TB) infection from a blood-based test for all ages.</p>	Yes - Submit all initial isolates of <i>M. tuberculosis</i> complex. Save all other isolates for 1 year.
<i>Neisseria gonorrhoeae</i>	Gonorrhea	<p>Positive by any method^①</p> <p>If performed, antibiotic susceptibility test results should be reported, regardless of susceptibility pattern^③</p>	Yes - Submit isolates only if decreased susceptibility to cephalosporins or azithromycin is identified ^⑨
 <i>Neisseria meningitidis</i>	Meningococcal disease, invasive	Positive culture from any sterile site, positive CSF antigen test, positive nucleic acid test, or Gram stain showing Gram-negative diplococci in CSF or blood ^③	Yes - Submit isolates only

Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
Norovirus	Noroviral gastroenteritis	Positive by any method	No
<i>Plasmodium</i> species	Malaria	Positive by any method ⁽¹⁾	Yes - Submit to Wadsworth Center Submit blood smear and whole blood
 Polio virus	Poliomyelitis	Positive nucleic acid test	Yes - Submit primary specimens to Wadsworth Center. Do not attempt to culture.
 Rabies virus	Rabies	Only the Wadsworth Center is approved for testing human rabies cases	Yes - Submit to Wadsworth Center
Respiratory syncytial virus	Respiratory syncytial virus	Positive by any method	No
<i>Rickettsia akari</i>	Rickettsialpox	Positive serology for <i>R. akari</i> or non-specific rickettsiae or spotted fever group rickettsiae	No
<i>Rickettsia rickettsii</i>	Rocky Mountain Spotted Fever	Positive by any method	No
Rotavirus	Rotavirus	Positive by any method	No
 Rubella virus	Rubella (German measles)	Positive culture, nucleic acid test, single serum with IgM antibody, or paired sera with rising IgG antibody ⁽¹⁾	Yes - Submit primary specimens (and cultured isolates, if available), and IgM positive serum only
<i>Salmonella</i> species	Salmonellosis	Positive by any method ⁽³⁾⁽⁵⁾	Yes - Submit isolates only
Salmonella Typhi	Typhoid fever	Positive by any method ⁽³⁾⁽⁵⁾	Yes - Submit isolates only
 SARS coronavirus (Severe acute respiratory syndrome coronavirus 1 or 2)	COVID-19 or Coronavirus disease	Positive by any method	Yes - Submit primary specimens <u>only</u> for SARS-CoV-1. Do <u>not</u> submit specimens for SARS-CoV-2 (COVID-19). Do <u>not</u> attempt to culture either SARS-CoV-1 or SARS-CoV-2 ⁽²⁾ .
<i>Shigella</i> species	Shigellosis	Positive by any method ⁽³⁾⁽⁵⁾	Yes - Submit isolates only
 Staphylococcus aureus, intermediate or resistant to glycopeptides	Glycopeptide (e.g., teicoplanin, vancomycin) intermediate or resistant S. aureus (GISA/GRSA) infection	Isolate showing reduced susceptibility or resistance to glycopeptides (e.g., vancomycin, teicoplanin) ⁽³⁾	Yes
<i>Staphylococcus aureus</i> , methicillin-resistant (MRSA)	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	Isolate showing resistance to oxacillin ⁽³⁾	No

Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
 Staphylococcal enterotoxin B	Staphylococcal enterotoxin B poisoning	Positive for toxin in blood or urine by any method	Yes - Submit to Wadsworth Center
<i>Streptococcus agalactiae</i> (Group B Strep)	Group B streptococcal disease, invasive	Positive culture from any sterile site ^③	No
<i>Streptococcus pneumoniae</i>	<i>Streptococcus pneumoniae</i> disease, invasive	Positive culture or nucleic acid test from any sterile site ^③	Yes - Submit invasive isolates from patients <5 years of age only
<i>Streptococcus pyogenes</i> (Group A Beta Hemolytic Strep)	Group A streptococcal disease, invasive	Positive culture from any sterile site, or any surgically-obtained site, or any site from a patient with necrotizing fasciitis or toxic shock syndrome ^{①③}	No
<i>Treponema pallidum</i>	Syphilis	Report any treponemal or non-treponemal results, whether qualitative or quantitative, which are positive or reactive by any method. In addition, any negative or non-reactive results, or any quantitative results on syphilis tests associated with the positive or reactive results must also be reported. ^{①⑩} For NYC residents, see Section L for additional requirements related to retesting specimens with indeterminate results and reporting indeterminate results	No
<i>Trichinella</i> species	Trichinosis	Positive biopsy or serology	No
 Vaccinia virus	Vaccinia infection	Positive by any method	Yes - Primary specimens only. Do not attempt to culture.
Varicella zoster virus	Chickenpox, zoster	Positive IgM, viral culture, DFA or nucleic acid test	No
 Variola virus	Smallpox	Positive by any method	Yes - Primary specimens only. Do not attempt to culture ^②
 Vibrio cholerae	Cholera	Positive by any method ^{③⑤}	Yes - Submit isolates only
<i>Vibrio</i> species	Vibriosis	Positive by any method ^{③⑤}	Yes - Submit isolates only

Agent	Reportable Disease	What to report to New York City Health Department	Submit specimens to the NYC Public Health Lab (or Wadsworth Center where indicated)
 West Nile virus - See Arboviruses	West Nile neuroinvasive disease, WN fever	See Arboviruses	See Arboviruses
<i>Yersinia species</i>	Yersiniosis	Positive by any method ^{③⑤}	Yes - Submit isolates only
 Yersinia pestis	Plague	Positive by any method	Yes ^②
<i>Zika</i> - See Arboviruses	Zika Infection	See Arboviruses	See Arboviruses

NYC REPORTABLE CONDITIONS

Analyte	Condition	What to report to New York City Health Department	Submit specimens to NYC Public Health Lab
Carboxyhemoglobin (COHb) (NYC only)  (Report levels ≥10% immediately)	Carbon Monoxide Poisoning	Results of any Carboxyhemoglobin test performed to evaluate suspected carbon monoxide or confirmed carbon monoxide poisoning. See Section E.	No
Hemoglobin A1C (NYC only)	Hemoglobin A1C	All results, including HgbA1c; HgbA1c by HPLC; HbA1c; Glycohemoglobin A1C; Gycolhaemoglobin; Glycohemoglobin; Glycated Hgb; Glyco-Hb; GHb; Ghb. See Section E.	No
Toxic Alcohols (methanol and ethylene glycol) (NYC only)	Toxic Alcohol Poisoning	All test results of any methanol or ethylene glycol tests. See Section E.	No

Footnotes

- ① Include pregnancy status with positive reports of chlamydia, gonorrhea, hepatitis B, hepatitis C, influenza, listeriosis, malaria, measles, rubella, invasive Group A Streptococcus, invasive, syphilis, and tuberculosis if patient is indicated as pregnant or pregnancy is probable (e.g., a pre-natal panel is ordered, a pregnancy related diagnostic code is included in the lab requisition, testing is ordered by a hospital Labor and Delivery Unit, etc.). Document known or probable pregnancy in the OBR-13 field (RelevantClinicalInfo) using any of the following terms: "Pregnant", "Prenatal" or "Delivery." Additionally, pregnancy related diagnostic codes with related description, (i.e., ICD10 codes), may be inserted into the OBR-31 field (ReasonforStudy). Questions regarding ECLRS may be directed to the NYSDOH at 866-325-7743 or to the NYCDOHMH at nyceclrs@health.nyc.gov for more information.
- ② For NYC residents, if a Select Agent cannot be ruled out from a clinical specimen, please contact the NYCDOHMH Provider Access Line at 1-866-692-3641 for consultation. If warranted, further instruction will be given regarding packaging and shipping of the specimen and/or isolate to the NYC Public Health Laboratory for testing. Refer to <http://www.selectagents.gov/> for more information.
- ③ This includes reporting results of conventional broth and agar-based methods, automated methods of antibiotic susceptibility testing, and nucleic acid sequence-based methods to detect determinants of antibiotic resistance. Reports should include quantitative MIC or zone diameter values (and units of measurements, e.g., millimeters for zone diameter) and qualitative interpretations (e.g., S, I, R).

- ④ Creutzfeldt-Jakob disease (and suspicion of) should be reported directly to the NYC DOHMH Provider Access Line at 1-866-692-3641.
- ⑤ When culture-independent detection (CIDT) methods are used (i.e. molecular methods) to diagnose/screen for certain enteric bacterial infections, reflex to culture is required for public health purposes. Isolates should be submitted to the NYC Public Health Laboratory as indicated in the Table above. The laboratory that performed the CIDT test must also report the results of the subsequent culture test to the NYC DOHMH via ECLRS, regardless of the result (positive or negative) and whether performed by their laboratory or referred to another laboratory, within 24 hours of obtaining the results. In the case of Shiga toxin-producing *Escherichia coli*, the laboratory must submit an isolate or a Shiga toxin-positive broth (if available) and stool.
- ⑥ Both negative hepatitis B DNA and hepatitis C virus RNA results are reportable. Blood banks are exempt from reporting negative hepatitis B DNA and C virus RNA results (see Section I).
- ⑦ Laboratories detecting herpes simplex virus in any specimen from an infant aged 60 days or younger must submit all such primary specimens and related materials (e.g. isolates, etc.) directly to the NYS Wadsworth Center (does not apply to serology). Providers evaluating an infant aged 60 days or younger with suspected herpes simplex virus must collect and submit a swab specimen from vesicular lesion(s) (if present) directly to the NYS Wadsworth Center.
- ⑧ Suspect novel Influenza virus: For specimens from patients meeting CDC case criteria for suspected novel influenza, contact the NYC Public Health Laboratory. Whenever possible, patient histories should be immediately reviewed for specimens testing positive for influenza A but failing to test positive for any seasonal circulating human subtypes. If there is any recent history of travel to a geographic location of concern regarding novel influenza activity or relevant animal contact such as poultry or swine, specimens should be forwarded immediately to the NYC Public Health Laboratory.
- ⑨ *Neisseria gonorrhoeae* isolates with any one of the following minimum inhibitory concentrations (MIC) values should be submitted for confirmation: a) ceftriaxone MIC greater than or equal to 0.125 ug/ml, b) cefixime MIC greater than or equal to 0.250 ug/ml, or c) azithromycin MIC greater than or equal to 2 ug/ml.
- ⑩ Report all reactive syphilis results via ECLRS within 24 hours. Report negative or non-reactive results for any testing associated with positive/reactive results. All reported reactive non-treponemal results must be titrated to end-point and include a titer value using standard notation (e.g., end-point reactivity at a serum dilution of 1:8 is reported as a titer of 8). All reactive non-treponemal screens should be confirmed with a standard treponemal test unless the patient had a known documented prior syphilis infection. Reports of reactive non-treponemal screens must also include either current treponemal test results (positive or negative) or prior confirmation information.

The following reporting guidance is provided:

- a) All positive results must be reported to ECLRS within 24 hours with the exception of positive treponemal enzyme or chemiluminescence immunoassay (EIA/CIA) results, which must be reported to ECLRS together with the reflex RPR result (reactive or non-reactive) within 24 hours of RPR result availability. Reactive non-treponemal results must include a titer value using standard notation.
- b) All reactive non-treponemal tests should be confirmed with a standard treponemal test if there is no preceding positive EIA/CIA result. Reports of reactive non-treponemal results must also include the treponemal test result (reactive or non-reactive).
- c) For those laboratories that perform an alternate confirmatory treponemal test (i.e. TP-PA) on sera with discordant results from the reverse sequence syphilis screening protocol, i.e., positive EIA/CIA, negative RPR/VDRL, report the results of confirmatory treponemal testing (reactive or non-reactive) together with EIA/CIA and non-treponemal test results.
- d) If a laboratory performs syphilis testing on a specimen and then refers the specimen to a second laboratory for further syphilis testing, and the specimen is positive/reactive or indeterminate by any syphilis test at either laboratory, the referring laboratory is required to report all positive, negative and indeterminate test results for the specimen, whether those tests were performed by the referring or the second laboratory. This does not change the requirement for individual laboratories to report any positive/reactive or indeterminate syphilis test results along with any associated negative or non-reactive test results for syphilis obtained by an individual laboratory.