



January 29, 2025

DACF: DAL 25-14
Subject: Communicable Disease Reporting
Requirements

Dear Adult Care Facility Administrator:

The purpose of this Dear Administrator Letter is to provide adult care facilities with recommendations for early detection and requirements for timely reporting of potential communicable disease outbreaks to the local health department, in addition to reporting to the New York State Department of Health (“Department”) via the Incident Reporting System.

New York State Sanitary Code Title 10 NYCRR § 2.12 - [Reporting by others than physicians of cases of diseases presumably communicable](#) states:

When no physician is in attendance, it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boarding house, camp or vessel or any public health nurse or any other person having knowledge of an individual affected with any disease presumably communicable, to report immediately the name and address of such person to the city, county or district health officer.

Accordingly, when there is an illness or infection outbreak in an adult care facility involving residents and/or employees, the following steps are required:

- Report to the appropriate [local health department](#).
- Report to the Department of Health Division of Adult Care Facility Incident Reporting System.
 - In the Incident System, select “Facility Event” as the type of incident.
 - Provide details under “Incident Detail” with the date, time, and description of the illness or infection outbreak.
 - In the “Immediate Actions Taken” field indicate the date and time when the local health department was notified and who the contact is at the local health department.
- When the Division of Adult Care Facility and Assisted Living Surveillance Regional Area Office Director receives the Incident form, they will contact the administrator for updates.
- The adult care facility should update the appropriate local health department regularly.
- The adult care facility should enhance communications with residents, families, visitors, and staff regarding the outbreak as the situation evolves and until the outbreak is resolved.
- Please encourage both visitors and staff to stay home if sick.

Categories and examples of illnesses and infections that should be reported to the Department include, but are not limited to:

- An outbreak or increased incidence of disease due to any infectious agent (e.g., *Staphylococci*, *Vancomycin Resistant Enterococci*, *Pseudomonas*, *Clostridioides difficile*, *Klebsiella*, *Acinetobacter*) occurring in residents or persons working in the facility.
- Outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
- Foodborne outbreaks.
- Infections associated with transfusions, biologics, contaminated medications, replacement fluids, or commercial products.
- Any single **community acquired case** of a disease on the [Reportable Disease list](#) must be reported promptly to the local health department. Diseases on the list in bold type with the phone symbol next to them should be reported within 24 hours of diagnosis. For example:
 - A single case of community acquired *Legionella* or invasive group A beta-Hemolytic *Streptococcus*.
 - A single case involving *Staphylococcus aureus* showing reduced susceptibility to vancomycin.
 - A single case of active pulmonary or laryngeal tuberculosis, or measles in an adult care facility resident or employee should be reported within 24 hours.
- Clusters of tuberculin skin test conversions.
- Increased or unexpected illnesses or deaths associated with medical devices, practices or procedures resulting in significant infections, and/or hospital admissions.
- Closure of a unit or service due to illness or infections.

Adult care facilities can obtain consultation, laboratory support, and on-site assistance in outbreak investigations by reaching out to the appropriate [local health department](#).

Sincerely,

KellyAnn Anderson, Director
Division of Adult Care Facility
and Assisted Living Surveillance

cc: Dr. Fish
V. Deetz
C. Rodat
H. Hayes
K. Walker
B. Parente
J. Van Dyke
T. Graney
V. Lawton
K. Davda