NEW YORK STATE DEPARTMENT OF HEALTH

Communicable Disease Reporting Form

County of Residence: _____ ☐ Non-NYS Resident **Date of Report:** _____

Disease: _____ **Date of Diagnosis:** _____

(see list of reportable diseases) **Date of Illness Onset:** _____

Patient Information - Demographic

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Other Last Name: _____ **Other First Name:** _____ **Other Middle Initial:** _____

Guardian Last Name (if patient is a minor): _____ **Guardian First Name:** _____ **Guardian Middle Initial:** ___

Date of Birth: _____ **Age:** _____ **Country of Birth:** _____

Address: _____ **City:** _____ **State:** ____ **ZIP:** _____

☐ Unhoused **Mailing Address** (if different): _____

Email Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Primary Language: _____ **Sex/Gender:** ☐ Male ☐ Female ☐ X ☐ Unknown

Current Sexual Orientation (only if age 12 or older): ☐ Gay or Lesbian ☐ Straight ☐ Bisexual ☐ A different term ☐ Don't know

Race (select all that apply): ☐ Alaskan Native or American Indian ☐ Asian* ☐ Black or African American ☐ Middle Eastern or North African* ☐ Native Hawaiian or Pacific Islander* ☐ White ☐ Unknown ☐ Other*

***Specify Sub-Group:** _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Patient Information - Status and History

Is the patient alive? ☐ Yes ☐ No ☐ Unknown If no, date of death: _____

Is the patient pregnant? ☐ Yes ☐ No ☐ Unknown If yes, due date: _____

Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown If yes, name of hospital: _____

Medical record number: _____ **Admission date:** _____ **Discharge date:** _____

Recent foreign travel: ☐ Yes ☐ No If yes, list countries: _____

Date returned to the United States: _____

Occupation (workplace): ☐ Food Service ☐ Daycare ☐ Health Care ☐ Student/School ☐ Inmate ☐ Correction Worker ☐ Unemployed ☐ Retired ☐ Unknown ☐ Other (specify): _____

Setting (resides/attends): ☐ Daycare Facility ☐ Health Care Facility ☐ School ☐ Jail/Prison ☐ Camp ☐ Shelter ☐ Private Residence ☐ Unknown ☐ Other (specify): _____

Comments - Include applicable laboratory data, treatment, recent domestic travel, etc.

For Local Health Department (LHD) Use Only

Name of LHD Investigator:	Date Form Received:	Investigation Start Date:

Outbreak Related: ☐ Sporadic ☐ Cluster ☐ Outbreak ☐ Unknown	Case Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Unknown	Was patient notified? ☐ Yes ☐ No ☐ Unknown

Reporter Information

Last Name: _____ **First Name:** _____

Title: _____

Name of Provider, Facility, or Laboratory: _____

National Provider Identifier (NPI) Code: _____

Address: _____ **City:** _____ **State:** ____ **ZIP:** _____

Email Address: _____ **Phone:** _____

Reporter Type: ☐ Health Care Provider ☐ Lab ☐ Hospital ☐ School ☐ Nursing Home ☐ Adult Care Facility
☐ Other Local Health Department ☐ State Health Department ☐ Other (specify): _____

New York State Department of Health Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10, 2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL §2102), school nurses (10 NYCRR 2.12), day care center directors, nursing homes/hospitals (10 NYCRR 405.3(d)) and state institutions (10 NYCRR 2.10(a)) or other locations providing health services (10 NYCRR 2.12) are also required to report the diseases and conditions included in 10 NYCRR, Part 2, Section 2.1.

Which diseases should be reported?

- The diseases listed in 10 NYCRR, Part 2, Section 2.1 must be reported.
- In addition, 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: a cluster or outbreak of cases of any communicable disease is a reportable event. While individual cases of some diseases (e.g., streptococcal sore throat, impetigo, scabies, and pneumonia) are not reportable, individual cases of certain rare and/or serious diseases (e.g., botulism, measles) of public health importance should be reported.
- Cases of HIV (human immunodeficiency virus) infection, HIV-related illness and AIDS (Stage 3, acquired immunodeficiency syndrome) are reportable on the Medical Provider HIV/AIDS and Partner/Contact Report Form DOH-4189. For information regarding electronic reporting or paper forms, see the HIV Reporting & Partner Services webpage or contact the Bureau of HIV/AIDS Epidemiology at (518) 474-4284 or bhae@health.ny.gov.

Who should report?

Health care providers (physicians, physician assistants, nurse practitioners, nurses), laboratory directors, infection control practitioners, health care facilities, state institutions, and schools.

Where should reports be made?

Reports should be made to the local health department where the patient resides. For New York City residents, refer to the NYCDOHMH Reporting Diseases and Conditions webpage.

When should reports be made?

Reports should be made within 24 hours of diagnosis. Diseases listed in **red bold type** warrant prompt action and should be reported immediately by phone followed by submission of the Communicable Disease Reporting Form (DOH-389).

Additional Information

For more information on disease reporting, call your local health department or the New York State Department of Health, Bureau of Communicable Disease Control at (518) 474-4439 or (866) 881-2809 after hours.

- For New York City residents, call the New York City Department of Health and Mental Hygiene at (866) 692-3641.