NEW YORK STATE DEPARTMENT OF HEALTH
Division of Epidemiology

Confidential Case Report

County of Residence _____ Serial # _____ Date of Report ____/____/____

Patient Information

Patient's Name _____
Last First MI Maiden

Patient's Alias _____
Last First MI

Guardian's Name _____
Last First MI

Patient's Date of Birth ____/____/____ Patient's Age _____ Patient's Country of Birth _____

Patient's Primary Phone No. (____) _____ - _____ Patient's Secondary Phone No. (____) _____ - _____

Patient's Physical Address _____
Number & Street City Zip Code

Patient's Mailing Address (if different) _____
City Zip Code

Occupation (works at)
- ☐ Food Service
- ☐ Day Care
- ☐ Health Care
- ☐ Student/School
- ☐ Inmate
- ☐ Correction Worker
- ☐ Unemployed
- ☐ Retired
- ☐ Other _____
- ☐ Unknown

Setting (resides/attends)
- ☐ Day Care Facility
- ☐ Health Care Facility
- ☐ School
- ☐ Jail/Prison
- ☐ Camp
- ☐ Homeless
- ☐ Other _____
- ☐ Unknown

Sex
- ☐ Male
- ☐ Female
- ☐ Unknown

Pregnant
- ☐ Yes
- ☐ No
- ☐ Unknown

If Pregnant Due Date: ____/____/____

Race (Check all that apply)
- ☐ White
- ☐ Black
- ☐ Amer. Indian /Alaskan
- ☐ Asian _____
- ☐ Native Hawaiian/ Pacific Islander _____
- ☐ Other
- ☐ Unknown

Ethnicity
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

Is Patient Alive? ☐ Yes ☐ No ☐ Unknown If No, Date of Death ____/____/____

Disease _____ Site of Infection _____

Date of First Symptom: ____/____/____ Date of Diagnosis ____/____/____

Hospitalized? ☐ Yes ☐ No ☐ Unknown

Name of Hospital _____ Medical Record No. _____

Admission Date ____/____/____ Discharge Date ____/____/____

Reporter Information

Reporting Individual _____ Telephone (____) _____ - _____

Address _____

Reporting Source ☐ MD ☐ Lab ☐ Hospital ICN ☐ School Nurse ☐ Public Health Nurse ☐ Other Local Health Department ☐ Other State Health Dept ☐ Other _____ ☐ Unknown

Provider Name _____ Provider Telephone (____) _____ - _____

Testing Laboratory _____ Laboratory Telephone (____) _____ - _____

Comments

Include applicable laboratory data, treatment, recent travel, etc. _____

For Local Health Department Use

Outbreak Related
- ☐ Sporadic
- ☐ Cluster
- ☐ Outbreak
- ☐ Unknown

Case Status
- ☐ Confirmed
- ☐ Probable
- ☐ Suspect
- ☐ Unknown

Local Health Department Signature _____

Date Form Received ____/____/____

Investigation Start Date ____/____/____

Was Patient Notified?
- ☐ Yes
- ☐ No
- ☐ Unknown

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 (10NYCRR 2.10,2.14). 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.

Anaplasmosis
Amebiasis
C Animal bites for which rabies prophylaxis is given[1]
C Anthrax[2]
C Arboviral infection[3]
Babesiosis
C Botulism[2]
C Brucellosis[2]
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
C Cholera
Cryptosporidiosis
Cyclosporiasis
C Diphtheria
E.coli O157:H7 infection[4]
Ehrlichiosis
C Encephalitis
C Foodborne Illness
Giardiasis
C Glanders[2]
Gonococcal infection
Haemophilus influenzae[5] (invasive disease)
C Hantavirus disease
Hemolytic uremic syndrome
Hepatitis A
C 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 aged 60 days or younger
Hospital associated infections (as defined in section 2.2 10NYCRR)
Influenza, laboratory-confirmed
Legionellosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
C Measles
C Melioidosis[2]
Meningitis
Aseptic or viral
C Haemophilus
C Meningococcal
Other (specify type)
C Meningococcemia
C Monkeypox
Mumps
Pertussis
C Plague[2]
C Poliomyelitis
Psittacosis
C Q Fever[2]
C Rabies[1]
Rocky Mountain spotted fever
C Rubella (including congenital rubella syndrome)
Salmonellosis
C Severe Acute Respiratory Syndrome (SARS)
Shigatoxin-producing E.coli[4] (STEC)
Shigellosis[4]
C Smallpox[2]
Staphylococcus aureus[6] (due to strains showing reduced susceptibility or resistance to vancomycin)
C Staphylococcal enterotoxin B poisoning[2]
Streptococcal infection (invasive disease)[5]
Group A beta-hemolytic strep
Group B strep
Streptococcus pneumoniae
C Syphilis, specify stage[7]
Tetanus
Toxic shock syndrome
Transmissable spongiform encephalopathies[8] (TSE)
Trichinosis
C Tuberculosis current disease (specify site)
C Tularemia[2]
C Typhoid
C Vaccinia disease[9]
Vibriosis[6]
C Viral hemorrhagic fever[2]
Yersiniosis

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.

Contact Person _____

Name _____

Address _____

_____

Phone _____ Fax _____

WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

SPECIAL NOTES

- Diseases listed in **bold type** C 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 PD-16.
- 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 on form DOH-4189 which may be obtained by contacting:**

  Division of Epidemiology, Evaluation and Research
  P.O. Box 2073, ESP Station
  Albany, NY 12220-2073
  (518) 474-4284

  In NYC: New York City Department of Health and Mental Hygiene
  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 ≥1:16 or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, 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 also 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-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

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) 473-4439
or (866) 881-2809 after hours.
In New York City, 1 (866) NYC-DOH1.
To obtain reporting forms (DOH-389), call (518) 474-0548.

PLEASE POST THIS CONSPICUOUSLY