

1984-93  
Communicable Disease  
Surveillance Activities

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## **ACKNOWLEDGEMENTS**

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# INTRODUCTION

## Communicable Disease Surveillance in New York State

The Division of Epidemiology, through its four communicable disease-related bureaus, maintains surveillance for approximately 50 legally reportable communicable diseases and conditions. Laboratories, hospitals and physicians are required to report cases of these diseases to their local (county or city) health department or public health nursing service (with the exception of AIDS which is reported directly to the State Health Department). In addition, hospital-associated infections, food poisoning, disease outbreaks and human exposure or bites from any animal suspected of having rabies are reportable conditions.

All disease reports by physicians except AIDS are made via the Confidential Case Report (DOH-389) (Appendix 1). Reports of disease by laboratories to county health departments should be made on a form BCDC-77 or similar format. AIDS cases should be reported separately to the State Health Department on form DOH-2193.

Several diseases which require prompt public health action to prevent further cases warrant immediate notification by phone. These are underlined as indicated on the next page.

Supplementary information is requested for 22 reportable diseases to better define the clinical characteristics of the disease, the risk factors for acquiring the disease and to assure that appropriate public health follow-up of contacts has occurred.

These surveillance activities have a number of purposes. First, they permit trends in disease incidence to be monitored. Increases in disease incidence may reflect a new public health problem. Examples include the recent increase in rates of tuberculosis and the emergence of multi-drug resistant (MDR) strains. On the other hand, reduction in disease incidence may herald the success of a public health program. This has been seen in diseases such as syphilis where a program of widespread screening for syphilis in emergency room and other settings has resulted in a decline in new syphilis cases. As new diseases emerge (e.g., cryptosporidiosis, E. coli 0157:H7 infections, etc.) surveillance activities have been useful in focusing public health prevention and control activities. Disease outbreaks can be detected with ongoing surveillance and dealt with more promptly. Surveillance data serve to show the burden on the community of morbidity and mortality of different diseases and thus help to define public health priorities.

## Reportable Communicable Diseases and Conditions

AIDS+	Lyme Disease
Amebiasis	Lymphogranuloma venereum
Animal bites for which rabies prophylaxis is given	Malaria
<u>Anthrax</u>	<u>Measles</u>
Babesiosis	Meningitis
<u>Botulism</u>	Aseptic
Brucellosis	<u>Haemophilus</u>
Campylobacteriosis	<u>Meningococcal</u>
Chancroids	Other (specify type)
<u>Cholera</u>	<u>Meningococcemia</u>
<u>Cryptosporidiosis*</u>	Mumps
<u>Diphtheria</u>	Pertussis (whooping cough)
<u>E. Coli 0157:H7 Infection*</u>	<u>Plague</u>
Encephalitis	<u>Poliomyelitis</u>
Foodborne illness (specify agent)	Psittacosis
Giardiasis	<u>Rabies</u>
Gonococcal infection	Reye's syndrome
Granuloma inguinale	Rocky Mountain Spotted Fever
Hemolytic Uremic Syndrome (HUS)*	Rubella (including congenital rubella syndrome)
<u>Hemophilus influenzae</u> (invasive disease)	Salmonellosis
Hepatitis (A; B; C; nonA nonB)	Shigellosis
Pregnant Hepatitis B Carrier	Syphilis, specify stage**
Histoplasmosis, new cases	Tetanus
Hospital-associated infections (as defined in 10 NYCRR 2.2)	Toxic Shock Syndrome
Kawasaki syndrome	Trichinosis
Legionellosis	Tularemia
Leprosy	Tuberculosis, current disease (specify site)
Leptospirosis	<u>Typhoid</u>
Listeriosis*	Typhus
	Yellow fever
	Yersiniosis

Diseases underlined require immediate notification and should be reported to local health units by telephone, by the lab supervisor or hospital infection control nurse.

\* New additions to the reportable disease list (10 NYCRR 2.1a) effective January 1, 1994.

\*\* Any nontreponemal test  $\geq 1:16$  or any positive prenatal or newborn test regardless of titer; all others may be reported by mail on a weekly basis.

+ To provide greater confidentiality safeguards, AIDS is reported under 206 I ( j ) protection using a separate form.