

## **Protocol on Infectious Disease Notification**

From time to time, CUNY students or employees may contract an infectious disease that can be spread through casual contact. In such circumstances, which could impact the health and safety of the CUNY community, students and employees should follow this protocol. If a student or an employee is in doubt whether an infectious disease is covered, he/she should contact the campus Health Services office.

When students contract an infectious disease that can be spread through casual contact, they should immediately report it to the campus Health Services Director. If the campus Health Services Director is unavailable, they should report it to the campus Chief Student Affairs Administrator. If the Student Affairs office is closed, they should report it to the campus Public Safety office. When employees contract an infectious disease that can be spread through casual contact, they should immediately report it to the Director of Human Resources, who is responsible for reporting it to the campus Health Services Director. If the Human Resources office is closed, they should report it to the campus Public Safety office. Employees should also inform their supervisor or department chair.

Please note the following information for Kingsborough C. College:

- Health Services Director, Dasha Gorinshteyn, 718-368-5975, [Dasha.Gorinshteyn@kingsborough.cuny.edu](mailto:Dasha.Gorinshteyn@kingsborough.cuny.edu) , Room D102
- Health Services, Dorothy Gale, RN,BSN, 718-368-5684, [Dorothy.Gale@kingsborough.cuny.edu](mailto:Dorothy.Gale@kingsborough.cuny.edu), Room A108
- Chief Student Affairs Administrator, V.P. Peter M. Cohen, 718-368-5563, [Peter.Cohen@kingsborough.cuny.edu](mailto:Peter.Cohen@kingsborough.cuny.edu) , Room A216
- Director of Human Resources, Mickie Driscoll, 718-368-5436, [Mickie.Driscoll@kingsborough.cuny.edu](mailto:Mickie.Driscoll@kingsborough.cuny.edu) , Room A201
- Office of Public Safety Director, Tyrone Forte, 718-368-4800, [Tyrone.Forte@kbcc.cuny.edu](mailto:Tyrone.Forte@kbcc.cuny.edu), Room L202

Reporting should include as much information as possible, including:

- names of the individuals involved
- all available contact information for the individuals involved:
  - phone numbers (e.g., cell, home, office)
  - e-mail address(es)
  - emergency contact information

- student information (if applicable):
  - classes
  - clubs
  - residence hall room numbers
  - friends and/or faculty members and their respective contact information
- the date and time of the following:
  - diagnosis and/or symptoms
  - treatment
  - campus notification

Members of the University community who become aware of a student or an employee who has contracted an infectious disease that can be spread through casual contact are also encouraged to contact the campus Health Services Director or the Director of Human Resources, as appropriate, with that information.

The campus Health Services Director is responsible for notifying the NYC Department of Health (as required), other appropriate campus officials, and the University Director of Environmental, Health, Safety, and Risk Management. If the Health Services Director is unavailable, the Chief Student Affairs Administrator is responsible for cases involving students.

Confidentiality of personal information, including medical information and the name of the individual, must be respected to the fullest extent possible. Such information shall be disclosed only on a need-to-know basis.

If contact tracking is required, the campus Health Services Director is responsible for coordinating with NYC Department of Health, the campus Registrar and the Chief Student Affairs Administrator, for students, or the Director of Human Resources, for employees. Once contact tracking is complete, or if contact tracking is not required, the campus Health Services Director must document the tracking or the decision not to track.



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas Farley, M.D., M.P.H.  
*Commissioner*

## 2013 ALERT #18

### Reporting of Infectious Diseases – Updated Telephone Number for Diseases that Must be Reported Immediately – Call 1-866-692-3641

July 2, 2013

Healthcare providers are required by law to report certain infectious diseases to the New York City Department of Health and Mental Hygiene (DOHMH). Some diseases must be reported immediately by telephone, and other diseases may be reported within 24 hours by mail, fax, or internet. A complete list of infectious diseases to be reported to the Health Department, including those which should be reported immediately, can be found at: <http://www.nyc.gov/html/doh/html/hcp/hcp-reporting.shtml#2>.

For infectious diseases that should be reported immediately, DOHMH has updated its telephone number as of July 1, 2013. Providers should call the “Provider Access Line” at **1-866-692-3641**. Operators will help route your call to the relevant program for each disease. Providers should also call this number if they suspect any unusual manifestation of a disease in an individual or if they suspect an outbreak of *any* health condition involving three or more persons.

For all other infectious diseases, providers must report within 24 hours by transmitting a “Universal Report Form” via mail, fax, or the internet. Instructions can be found at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf.shtml>.

Sincerely,

*Jay K. Varma, MD*

Jay K. Varma, MD  
Deputy Commissioner  
Division of Disease Control

## Diseases and Conditions Reportable to DOHMH

**Red\*** should be reported immediately by calling the Provider Access Line at 1-866-692-3641. Outbreaks among three or more persons or unusual manifestations of any disease or condition should also be reported immediately.

**Blue†** should be reported immediately to 1-866-692-3641 if the case meets the risk group criteria described in footnotes 1, 2, or 3.

**Black** should be reported within 24 hours using [Reporting Central](#) online via [NYCMED](#) or by mailing or faxing the paper [Universal Reporting Form](#).

Go online to [www.nyc.gov/health/diseasereporting](http://www.nyc.gov/health/diseasereporting) for more information.

- Amebiasis<sup>†</sup> (1, 2)
- Anaplasmosis (Human granulocytic anaplasmosis)
- Animal bite<sup>†</sup> (3)
- Anthrax\*
- Arboviral infections, acute\* (4)
- Babesiosis
- Botulism (infant, foodborne and wound)\*
- Brucellosis\* (5)
- Campylobacteriosis<sup>†</sup> (1, 2, 5)
- Carbon Monoxide poisoning\*
- Chancroid
- Chlamydia
- Cholera\* (5)
- Creutzfeldt-Jakob disease
- Cryptosporidiosis<sup>†</sup> (1, 2)
- Cyclosporiasis<sup>†</sup> (1, 2)
- Dengue\*
- Diphtheria\*
- Drowning (resulting in death or not)
- Ehrlichiosis (Human monocytic ehrlichiosis)
- Encephalitis (6)
- Escherichia coli 0157:H7 infection<sup>†</sup> (1, 2, 5)
- Falls from windows (children aged 10 and under in buildings with 3 or more apartments) (7)
- Food poisoning in a group of two or more individuals\* (8)
- Giardiasis<sup>†</sup> (1, 2)
- Glanders\* (5)
- Gonorrhea (5)
- Granuloma inguinale (donovanosis)
- Haemophilus influenza, invasive (1, 5, 12)
- Hantavirus\*
- Hemolytic uremic syndrome
- Hepatitis A<sup>†</sup> (1, 2, 9)
- Hepatitis B (9)
- Hepatitis B in pregnancy or post-partum (9, 10)
- Hepatitis C (9)
- Hepatitis D (9)
- Hepatitis E (9)
- Hepatitis, other infectious viral hepatitis (9)
- Herpes, neonatal (Herpes simplex in infants aged 60 days or less)
- HIV/AIDS (11)
- Influenza, seasonal (12)
- Influenza, suspected novel strain with pandemic potential (e.g., avian H5N1 or H7N9)\*
- Influenza-related pediatric death (child aged 18 and under)
- Kawasaki syndrome
- Lead poisoning
- Legionellosis (5)
- Leprosy (Hansen's disease) (5)
- Leptospirosis (5)
- Listeriosis (5)
- Lyme Disease
- Lymphocytic choriomeningitis virus
- Lymphogranuloma venereum
- Malaria
- Measles (rubeola)\*
- Melioidosis\* (5)
- Meningitis, viral (aseptic) (6)
- Meningitis, bacterial
- Meningococcal disease, invasive (including meningitis)\* (1, 5)
- Monkeypox\*
- Mumps
- Norovirus (12)
- Paratyphoid fever<sup>†</sup> (1, 2, 5)
- Pertussis (whooping cough)
- Pesticide poisoning
- Plague\* (5)
- Poisoning by drugs or other toxic agents
- Poliomyelitis\*

- Psittacosis (5)
- Q fever\* (5)
- Rabies and exposure to rabies\* (3)
- Respiratory syncytial virus (12)
- Ricin poisoning\*
- Rickettsialpox (5)
- Rocky Mountain spotted fever (5)
- Rotavirus (12)
- Rubella (German measles)\*
- Rubella syndrome, congenital
- Salmonellosis<sup>†</sup> (1, 2, 5)
- Severe coronavirus (e.g., SARS or MERS-CoV)\*
- Shiga toxin producing *Escherichia coli* (STEC) infection<sup>†</sup> (1, 2, 5)
- Shigellosis<sup>†</sup> (1, 2, 5)
- Smallpox (variola)\*
- Staphylococcal enterotoxin B poisoning\*
- *Staphylococcus aureus*, methicillin-resistant (5,12)
- *Staphylococcus aureus*, vancomycin intermediate (VISA) and resistant (VRSA)\* (5)
- *Streptococcus* (Group A), invasive (5)
- *Streptococcus* (Group B), invasive (5)
- *Streptococcus pneumoniae*, invasive (5,12)
- Syphilis, all stages, including congenital
- Tetanus
- Toxic shock syndrome
- Trachoma
- Transmissible spongiform encephalopathy
- Trichinosis
- Tuberculosis (13)
- Tularemia\* (5)
- Typhoid fever<sup>†</sup> (1, 2, 5)
- Vaccinia disease (adverse events associated with smallpox vaccination)\*
- Varicella (1, 2, 12)
- *Vibrio* species, non-cholera (5)
- Viral hemorrhagic fever\*
- West Nile virus neuroinvasive disease (e.g., meningitis, encephalitis) and West Nile fever\* (6)
- Yellow fever\*
- Yersiniosis, non-plague<sup>†</sup> (1, 2, 5)

## Footnotes

1. Report immediately a suspected case in a day care, camp, health care, correctional, homeless, or any other congregate residential facility.
2. Report immediately a suspected case in a food handler.
3. Report immediately a bite from vector species at higher risk for rabies (including raccoons, skunks, foxes and bats) or any mammal with illness suggestive of rabies.
4. Including but not limited to the following viruses: Chikungunyavirus, dengue, Eastern equine encephalitis virus, Jamestown Canyon virus, Japanese encephalitis virus, La Crosse virus, Powassan virus, Rift Valley fever virus, St. Louis encephalitis virus, Western or Venezuelan equine encephalitis virus.
5. Reports from laboratories should include antibiotic susceptibility testing results, if performed, for all bacterial diseases on the reportable disease list.
6. During peak mosquito season, from July 1 through October 31, please consider and test for West Nile virus. The best screening test is IgM ELISA performed on serum or CSF. Please see the [Testing and Reporting Guidelines](#) for cases of West Nile virus, viral encephalitis and meningitis.
7. Report by calling 646-632-6204 or by submitting a blue Child Window Fall Notification report. For assistance call the Provider Access Line at 1-866-693-3641.
8. Food poisoning occurring in a group of two or more individuals, including clusters of gastrointestinal symptoms or sore throat which appear to be due to exposure to the same food, or to having eaten at a common restaurant or other setting. Also includes suspected cases of neurological symptoms consistent with foodborne toxin-mediated disease (e.g., botulism, scombroid or ciguatera fish poisoning).
9. See the [Summary of Hepatitis A, B and C Lab Tests](#).
10. Though reporting via Reporting Central is preferred, Hepatitis B can also be reported by faxing the [IMM-5 paper form](#) to 347-396-2558. Call 347-396-2403 for more information.
11. HIV events reportable by providers on the required New York State Provider Report Form (PRF) include diagnoses of HIV infection, HIV illness in a previously unreported individual, and AIDS-defining conditions. See the [Guide for Providers](#) for more information about HIV testing and reporting. Call 518-474-4284 for forms or 212-442-3388 for more information.
12. These diseases are only reportable by laboratories with one exception: for influenza, providers should immediately report individual cases if due to a suspected novel strain with pandemic potential, or in cases of death in an individual under 18 years old within 24 hours.
13. Please report any suspected or confirmed cases of tuberculosis disease, including: positive AFB smears, positive nucleic acid amplifications tests, positive M. TB cultures, pathology findings consistent with TB, start of TB treatment with 2 or more anti-TB drugs, and positive tests for TB infection (either a Mantoux test or an FDA approved blood test) in children younger than 5 years. See the [Reporting Requirements for Tuberculosis](#).