NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Notice of Adoption of Amendments to Articles 11 and 13 of the New York City Health Code

In compliance with section 1043(b) of the New York City Charter ("Charter") and pursuant to the authority granted to the New York City Board of Health ("Board of Health") by section 558 of the Charter, a notice of public hearing and opportunity to comment on proposed amendments to Articles 11 and 13 of the New York City Health Code ("Health Code") was published in the City Record on December 23, 2024, and a public hearing was held on January 23, 2025. No testimony was provided at the hearing and no written comments were submitted on the proposed rule. Following Board review but prior to publication, the Department corrected a typographical error in the spelling of Respiratory Syncytial Virus (RSV) in proposed §11.03(a) of the Health Code. Other than the corrected spelling of RSV, the Department has made no changes to the proposed rule and seeks the Board's adoption of the rule as provided below. At its meeting on March 19, 2025, the Board of Health adopted the following resolution.

Statement of Basis and Purpose

The Department's Division of Disease Control conducts disease surveillance and control activities for most of the diseases listed in Article 11 (*Reportable Diseases and Conditions*) of the Health Code. The Division of Disease Control also enforces Article 13 (*Laboratories*) of the Health Code, which regulates how laboratory tests must be performed and the reporting of test results. In addition, Part 2 of the New York State Sanitary Code ("Sanitary Code"), found in Title 10 of the New York Codes, Rules and Regulations, applies to the City of New York with respect to control of communicable diseases.

To conduct more effective, timely and complete disease surveillance and control, the Board amends the Health Code Articles 11 and 13, as described below.

Cronobacter reporting

The Board amends Health Code § 11.03(a) to require health care providers and laboratories to report cases of *Cronobacter* infection among infants (under one year of age) to the Department. This change will align the Health Code with national reporting recommendations.

Cronobacter are bacteria found naturally in the environment and in dry foods, such as infant formula and powdered milk. In rare cases, *Cronobacter* infections can be life-threatening, especially in infants with weakened immune systems. *Cronobacter* infections can cause severe bloodstream infections (sepsis) or meningitis (inflammation of the membranes that protect the brain and spine). Following recent instances of *Cronobacter* contamination of powdered infant formula, the federal Centers for Disease Control and Prevention (CDC) made *Cronobacter* infection among infants nationally notifiable starting in 2024 and recommended that states and territories enact laws to make this infection reportable in their jurisdictions. The Department is not aware of any cases of *Cronobacter* infection among NYC residents that resulted from this contamination, but the change will allow the Department to quickly receive reports and respond to any future infections.

More generally, requiring health care providers and laboratories to report cases of *Cronobacter* infection will improve our understanding of the burden of *Cronobacter* infection among infants in NYC; identify disparities in disease burden to target outreach and other public health interventions; and assist in local

and national cluster and outbreak detection, control, and response activities, including recalls of contaminated products, as appropriate.

COVID-19 reporting

The Board amends Health Code § 11.03 (b)(1) to remove COVID-19 from the list of diseases or conditions that must be reported to the Department *immediately* and add it to the list of diseases or conditions that must be reported to the Department *within 24 hours*. COVID-19 is currently required to be immediately reported to the Department under Health Code § 11.03(b). In addition to the above-reporting change, this amendment also specifically renames COVID -19 to "Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)".

While CDC now considers COVID-19 to be endemic, COVID-19 remains a public health threat. During the peak of the winter 2023-2024 season, COVID-19 caused a weekly average of 150 hospitalizations per day in New York City. This is less than 10% of the number of hospitalizations per day during April of 2020, due to improvements in vaccines, testing, and treatment, and the substantial efforts of health care providers, community organizations, public health agencies, and city leadership to implement these life-saving tools.

Immediate reporting of suspected and confirmed cases of certain diseases allows the Department to assist providers in diagnosis, management, infection prevention and control, and other matters, and can trigger immediate public health action, such as case investigation, contact tracing, offering post-exposure prophylaxis, and mandated isolation and quarantine. However, such activities are no longer needed for COVID-19; routine reporting to the Health Department within 24 hours by electronic or other means is sufficient. This amendment of § 11.03 aligns the Health Code with New York State's reporting requirements. Additionally, this amendment removes overly burdensome reporting requirements for COVID-19 while preserving immediate reporting for other novel or severe coronaviruses, such as Middle East Respiratory Syndrome.

RSV reporting

The Board amends Health Code § 11.03(a) to require health care providers to report to the Department deaths caused by laboratory confirmed respiratory syncytial virus (RSV) in people younger than 18 years of age.

RSV is a common respiratory virus that principally spreads in the fall and winter along with influenza and COVID-19. It usually causes a mild cold-like illness, but can cause severe illness requiring hospitalization, especially in those at higher risk, including those with weakened immune systems, older adults, and infants.

In December 2023, the Sanitary Code was amended to require reporting of laboratory-confirmed cases of RSV and deaths caused by laboratory confirmed RSV in persons aged less than 18 years. An advisory issued by the New York State Department of Health at the time of the adoption of these amendments clarified that clinical laboratories – not providers – are responsible for reporting confirmed cases of RSV, which is consistent with current Health Code requirements. This amendment of § 11.03(a) aligns the Health Code with the Sanitary Code to also require health care providers to report deaths caused by laboratory confirmed RSV in persons aged less than 18 years.

Surveillance of the most severe outcomes of RSV in children will help monitor the impact of primary prevention mechanisms (vaccination of the pregnant person or administration of monoclonal antibodies to the child) on the burden of disease and help the Department better characterize and understand the epidemiology of severe RSV disease.

Trachoma reporting

The Board amends Health Code § 11.03(a) to remove the reporting requirement for trachoma, a bacterial eye infection caused by the pathogen *Chlamydia trachomatis.* Advancements in health care, hygiene, and

public health practices have resulted in a remarkable decline in the prevalence of trachoma, with no reported cases of trachoma in New York City in several decades. Reporting requirements for trachoma are no longer warranted.

Further, the current reporting requirement has led to erroneous reporting, as some providers have incorrectly reported cases of the sexually transmitted infection chlamydia, which is caused by the same pathogen, as trachoma. By removing the requirement to report trachoma, this amendment should reduce confusion and errors in reporting of the sexually transmitted infection chlamydia.

Candida auris *reporting*
The Board amends Health Code § 11.03(a) to add requirements that clinical laboratories report suspected or confirmed *Candida auris* to the Department. The Board also amends Health Code § 13.03 to require clinical laboratories to submit to the Department antifungal susceptibility testing results for fungal diseases listed under § 11.03, namely *Candida auris*.

First identified in the United States in 2016, *Candida auris* is a fungus that can cause severe illness in hospitalized patients and residents of long-term care facilities. *Candida auris* can cause a variety of infections ranging from superficial skin infections to life-threatening bloodstream infections. Some people may be unknowingly colonized by *Candida auris* and have no symptoms. Because *Candida auris* can be resistant to all three classes of antifungal medications, it can be incredibly difficult to cure. *Candida auris* can persist on surfaces and spread among patients or residents in health care settings. Infection prevention and control measures, including environmental cleaning, can reduce the risk of spreading *Candida auris,* but these efforts can only succeed if a health care facility is aware of a patient's or resident's status, making reporting of *Candida auris* cases a key strategy.

In 2023, there were 2,187 positive tests reported for *Candida auris* among 983 NYC residents. *Candida auris* is required to be reported pursuant to the Sanitary Code as an emerging pathogen and its reporting is also included in the Laboratory Reporting of Communicable Diseases 2020 Guidelines for NYC and NYS.

These amendments to Health Code § 11.03(a) ensure that *Candida auris* surveillance will continue even if the pathogen is no longer classified as "emergent" by the NYS Commissioner of Health under the provisions of § 2.1(a) of the Sanitary Code. Reporting requirements allow the Department to monitor trends in incidence and evolving drug resistance, investigate reported cases to identify transmission patterns, and implement and evaluate infection prevention and control measures. Finally, antibiotic susceptibility testing results are already required to be submitted to the Department pursuant to § 13.03, and this amendment expands this requirement to include antimicrobial (comprising both antibiotic and antifungal) susceptibility test results, which are vital for *Candida auris* surveillance and response.

Varicella reporting
The Board amends Health Code § 11.03(a) to add reporting requirements for cases of varicella (chickenpox). This reporting requirement does not include shingles, which is caused by the same virus that causes chickenpox, varicella-zoster virus. The Sanitary Code was amended in 2023 to require health care provider and laboratory reporting of cases of varicella. The Health Code currently only requires clinical laboratories, not providers, to report cases of varicella in NYC. This amendment now aligns the Health Code with the Sanitary Code by explicitly requiring health care providers, in addition to clinical laboratories, to report cases of varicella in NYC.

Tuberculosis reporting

The Board amends Health Code § 11.03(a) to narrow the scope of biopsy, pathology, or autopsy findings consistent with tuberculosis (TB) that must be reported. Virtually all suspected cases of TB are identified and reported based on blood or skin tests, bacterial cultures, DNA tests, or acid-fast bacillus smears. This amendment does not alter any of the reporting requirements for those indications of TB. While pathology reports were once helpful in diagnosing TB, most reports are not specific for TB and do not result in a positive diagnosis. With approximately one thousand reports each year, the Department is unaware of any recent cases of TB that were identified or diagnosed based solely on a pathology report. Submission and review of pathology reports is labor intensive for both hospital and Department staff. This change to Health Code § 11.03(a) should reduce the burden of reporting requirements while still protecting the public from the spread of TB by focusing on the pathology findings that more highly correlate to active TB disease.

Mpox Nomenclature

The Board amends Health Code §§ 11.03(a), (b)(1), 11.17(a), and 11.25(a)(1) to replace references to "monkeypox" with "mpox." The World Health Organization, CDC, New York State Department of Health, and the Department have adopted "mpox" as the name of the disease formerly called "monkeypox." This action aligns the Health Code with the terminology used in the Sanitary Code and in federal, state, and city communications more broadly, and reduces the stigma that may be associated with use of the disease name "monkeypox."

Statutory Authority

The authority for these amendments is found in Sections 556, 558 and 1043 of the New York City Charter. Section 556 of the Charter provides the Department with jurisdiction to protect and promote the health of all persons in the City of New York. Sections 558(b) and (c) of the Charter empower the Board to amend the Health Code and to include all matters to which the Department's authority extends. Section 1043 grants the Department rule-making authority. Additionally, New York State Public Health Law section 580(3)(a) authorizes the Department "to enact or enforce additional laws, codes or regulations affecting clinical laboratories … related to the control, prevention or reporting of diseases or medical conditions or to the control or abatement of public health nuisances."

The amendments are as follows:

Note:
Text in [brackets] is to be deleted.
Text <u>underlined</u> is new.
Asterisks (****) indicated unamended text.

"Shall" and "must" denote mandatory requirements and may be used interchangeably unless otherwise specified or unless the context clearly indicates otherwise.

RESOLVED, that subdivision (a) of section 11.03 of Article 11 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended to read as follows:

(a) Cases and carriers affected with any of the following diseases and conditions of public health interest, and persons who at the time of their death were apparently so affected, shall be reported to the Department as specified in this article:

Alpha-gal syndrome, laboratory-confirmed (reporting requirement applicable to laboratories only)
Amebiasis
Anaplasmosis (Human granulocytic anaplasmosis)

Animal bite, or exposure to rabies
Anthrax
Arboviral infections, acute (including but not limited to the following viruses: Arboviral infections, acute (including but not limited to the following viruses: chikungunya virus, Zika virus, dengue virus, 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, West Nile virus and yellow fever)
Babesiosis
Blood lead level of three and a half micrograms per deciliter or higher (see also, section 11.09(a) of this Code)
Botulism (including infant, foodborne and wound botulism)
Brucellosis (undulant fever)
Campylobacteriosis
Candida auris (reporting requirement applicable to laboratories only)
Carbapenem-resistant organisms, laboratory-confirmed (reporting requirement applicable to laboratories only)
Chancroid
Chlamydia trachomatis infections
Cholera
Creutzfeldt-Jakob Disease
Cronobacter (in infants 12 months or younger)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Drownings, defined as the process of experiencing respiratory impairment from submersion/immersion in liquid whether resulting in death or not
Ehrlichiosis (Human monocytic ehrlichiosis)
Encephalitis
Escherichia coli 0157:H7 infections
Falls from windows in multiple dwellings by children sixteen (16) years of age and under
Food poisoning occurring in a group of two or more individuals, including clusters of diarrhea or other gastrointestinal symptoms; or sore throat which appear to be due to exposure to the same consumption of spoiled, contaminated or poisonous food, or to having eaten at a common restaurant or other setting where such food was served. Also includes one or more suspected cases of neurologic symptoms consistent with foodborne toxin-mediated, including but not limited to botulism, combroid or ciguatera fish poisoning, or neurotoxic or paralytic shellfish poisoning.
Giardiasis
Glanders
Gonococcal infection (gonorrhea)
Granuloma inguinale
Hantavirus disease
Hemolytic uremic syndrome
Hemophilus influenzae (invasive disease)
Hepatitis A; B; and C suspected infectious viral hepatitides
Herpes simplex virus, neonatal infections (in infants 60 days or younger)
Hospital associated infections as defined in Title 10 New York Codes, Rules and Regulations (NYCRR) Section 2.2 (New York State Sanitary Code) or its successor law, rule or regulation
Influenza, novel strain with pandemic potential
Influenza, laboratory-confirmed (reporting requirement applicable to laboratories only)
Influenza-related deaths of a child less than 18 years of age
Legionellosis

Leprosy
Leptospirosis
Listeriosis
Lyme disease
Lymphocytic choriomeningitis virus
Lymphogranuloma venereum
Malaria
Measles (rubeola)
Melioidosis
Meningitis, bacterial causes (specify type)
Meningococcal, invasive disease
[Monkeypox] Mpox
Mumps
Norovirus, laboratory-confirmed (reporting requirement applicable to laboratories only)
Pertussis (Whooping cough)
Plague
Poisoning by drugs or other toxic agents, including but not limited to carbon monoxide poisoning and/or a carboxyhemoglobin level above 10%; and including confirmed or suspected pesticide poisoning as demonstrated by:

(1) Clinical symptoms and signs consistent with a diagnosis of pesticide poisoning; or
(2) Clinical laboratory findings of blood cholinesterase levels below the normal range; or
(3) Clinical laboratory findings or pesticide levels in human tissue above the normal range.

Poliomyelitis
Psittacosis
Q fever
Rabies
Respiratory syncytial virus (RSV), laboratory-confirmed (reporting requirement applicable to laboratories only)
Respiratory syncytial virus-related deaths of a child less than 18 years of age
Ricin poisoning
Rickettsialpox
Rocky Mountain spotted fever
Rotavirus, laboratory-confirmed (reporting requirement applicable to laboratories only)
Rubella (German measles)
Rubella syndrome, congenital
Salmonellosis
Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), including Pediatric Multi-system Inflammatory Syndrome, or any other complication suspected of being associated with SARS-CoV-2 infection
Severe or novel coronavirus
Shiga toxin-producing *Escherichia coli* (STEC) (which includes but is not limited to *E. coli* O157:H7)
Shigellosis
Smallpox (variola)
Staphylococcal enterotoxin B poisoning
Staphylococcus aureus, methicillin-resistant, laboratory-confirmed (reporting requirement applicable to laboratories only)
Staphylococcus aureus, vancomycin intermediate and resistant (VISA and VRSA)
Streptococcus, Group A (invasive infections)
Streptococcus, Group B (invasive infections)
Streptococcus pneumoniae invasive disease
Syphilis, all stages, including congenital
Tetanus

Toxic shock syndrome
[Trachoma]
Transmissible spongiform encephalopathy
Trichinosis
Tuberculosis, as demonstrated by:

(1) * * * *
(2) * * * *
(3) * * * *
(4) * * * *
(5) Biopsy, pathology, or autopsy findings in lung, lymph nodes or other tissue specimens, consistent with active tuberculosis disease including, but not limited to presence of acid-fast bacilli, caseating [and non-caseating] granulomas [, caseous matter, tubercles and fibro-caseous lesions] and caseating necrosis; or
(6) * * * *
(7) * * * *

Tularemia
Typhoid fever
Vaccinia disease, defined as

(1) Persons with vaccinia infection due to contact transmission; and
(2) Persons with the following complications from smallpox vaccination: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, myocarditis or pericarditis, ocular vaccinia, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the vaccination site, and any other serious adverse events (i.e., those resulting in hospitalization, permanent disability, life-threatening illness or death)

Varicella [laboratory-confirmed (reporting requirement applicable to laboratories only)] (chickenpox but not shingles)
Vibrio species, non-cholera (including parahaemolyticus and vulnificus)
Viral hemorrhagic fever
Yersiniosis

RESOLVED, that paragraph (1) of subdivision (b) of section 11.03 of Article 11 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended to read as follows:

(1) Suspected and confirmed cases or carriers of the following diseases or conditions of public health interest, and cases of persons who at the time of death were apparently so affected, shall be immediately reported to the Department by telephone and immediately in writing by submission of a report form via facsimile, mail or in an electronic transmission format acceptable to the Department, unless the Department determines that a written report is unnecessary.

* * * *
[Monkeypox] Mpox

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Severe or novel coronavirus (except for SARS-CoV-2)

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RESOLVED, that subdivision (a) of section 11.17 of Article 11 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended to read as follows:

(a) It shall be the duty of an attending physician, or a person in charge of a hospital, clinic, nursing home or other medical facility to isolate a case, carrier, suspect case, or suspect carrier of diphtheria, rubella (German measles), influenza with pandemic potential, invasive meningococcal disease, measles, [monkeypox,] mpox, mumps, pertussis, poliomyelitis, pneumonic form of plague, severe or novel coronavirus, vancomycin intermediate or resistant Staphylococcus aureus (VISA/VRSA), smallpox, tuberculosis (active), vaccinia disease, viral hemorrhagic fever, primary varicella (chickenpox) and disseminated zoster, or any other contagious disease that in the opinion of the Commissioner may pose an imminent and significant threat to the public health, in a manner consistent with recognized infection control principles and isolation procedures in accordance with State Department of Health regulations or guidelines pending further action by the Commissioner or designee.

RESOLVED, that paragraph (1) of subdivision (a) of section 11.25 of Article 11 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended to read as follows:

(1) Animals infected with or suspected of having any of the following diseases shall be reported to the Department immediately both by telephone and in writing within 24 hours of diagnosis by submission of a report form via facsimile, mail or electronic transmission acceptable to the Department unless the Department determines that a written report is unnecessary:
* * * *
[Monkeypox] Mpox

* * * *

RESOLVED, that paragraph (8) of subdivision (a) of section 13.03 of Article 13 of the New York City Health Code, as set forth in Title 24 of the Rules of the City of New York, be amended, to read as follows:

(8) The [antibiotic] antimicrobial susceptibility testing results for bacterial and fungal diseases listed under subdivision (a) of 24 RCNY Health Code § 11.03. This requirement includes traditional broth, agar and newer automated methods of [antibiotic] antimicrobial susceptibility testing, as well as molecular-based methods that assay for molecular determinants of [antibiotic] antimicrobial resistance.