STATE OF NEW YORK

439

2017-2018 Regular Sessions

IN ASSEMBLY

January 9, 2017

Introduced by M. of A. PERRY -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to the control and reporting of communicable diseases

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 2120 of the public health law is amended to read as follows:

§ 2120. Communicable diseases; control of dangerous and careless patients; commitment. 1. [~~Whenever~~] **The health officer shall forthwith investigate the circumstances alleged whenever** a complaint is made by a physician to a health officer that any person is afflicted with **or is suspected to be afflicted with** a communicable disease or is a carrier of [~~typhoid fever, tuberculosis, diphtheria or other communicable disease~~] **any of the following diseases** and is unable or unwilling to conduct himself and to live in such a manner as not to expose members of his family or household or other persons with whom he may be associated to danger of infection[~~, the health officer shall forthwith investigate the circumstances alleged.~~]**:**

Amebiasis

Anaplasmosis (Human granulocytic anaplasmosis)

Animal bite, or exposure to rabies

Anthrax

Arboviral infections, acute (including but not limited to the following viruses: Chikungunya virus, 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, West Nile virus and yellow fever)

Babesiosis

Botulism (including infant, foodborne and wound botulism)

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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Brucellosis (undulant fever)
Campylobacteriosis
Chancroid
Chlamydia trachomatis infections
Cholera
Creutzfeldt-Jakob disease
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 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; C; D ("Delta Hepatitis"); E; and other suspected infectious viral hepatitides
Herpes simplex virus, neonatal infections (in infants sixty 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 (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
Influenza-related deaths of a child less than eighteen 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
Mumps
Norovirus, laboratory-confirmed (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
Pertussis (Whooping cough)
Plague
Poisoning by drugs or other toxic agents, including but not limited to lead poisoning consisting of a blood lead level of 10 micrograms per deciliter or higher (see also subdivision (a) of section 11.09 of the New York City Health Code); carbon monoxide poisoning and/or a carboxyhemoglobin level above 10%; and including confirmed or suspected pesticide poisoning as demonstrated by:
(a) Clinical symptoms and signs consistent with a diagnosis of pesticide poisoning; or
(b) Clinical laboratory findings of blood cholinesterase levels below the normal range; or
(c) Clinical laboratory findings or pesticide levels in human tissue above the normal range.
Poliomyelitis
Psittacosis
Q fever
Rabies
Respiratory syncytial virus, laboratory-confirmed (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
Ricin poisoning
Rickettsialpox
Rocky Mountain spotted fever
Rotavirus, laboratory-confirmed (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
Rubella (German measles)
Rubella syndrome, congenital
Salmonellosis
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 (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
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:
(a) Positive culture for Mycobacterium tuberculosis complex; or
(b) Positive DNA probe, polymerase chain reaction (PCR), or other technique for identifying Mycobacterium tuberculosis from a clinical or pathology specimen; or
(c) Positive smear for acid-fast bacillus, with final culture results pending or not available, on either a microbacteriology or a pathology specimen; or
(d) Clinically suspected pulmonary or extrapulmonary (meningeal, bone, kidney, etc.) tuberculosis, such that the physician or other health care professional attending the case has initiated or intends to initiate isolation or treatment for tuberculosis, or to continue or resume treatment for previously incompletely treated disease, or, if the patient is not available, that the physician or other health care professional would initiate isolation or treatment if the patient were available; or
(e) 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 fibre-caseous lesions; or
(f) Positive reaction to the purified protein derivative (PPD) Mantoux test or other recognized diagnostic test in a child less than five years of age, regardless of whether such child has had a BCG vaccination.
Tularemia
Typhoid fever
Vaccinia disease, defined as
(a) Persons with vaccinia infection due to contact transmission; and
(b) 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 (only required through the Department's electronic reporting mechanism set forth in subdivision (c) of section 13.03 of the New York City Health Code)
Vibrio species, non-cholera (including parahaemolyticus and vulnificus)
Viral hemorrhagic fever
Yersiniosis

2. A physician shall report all suspected or confirmed cases of any disease listed in subdivision one of this section to the department within twenty-four hours of diagnosis by telephone and immediately in writing by the submission of a report form via facsimile, mail or in an electronic transmission form acceptable to the department, unless the department determines that a written report is unnecessary.

3. If the health officer finds after investigation that a person [~~so~~] afflicted by any medical condition listed in subdivision one of this section is a menace to others, he shall make and file a complaint against such person with a magistrate, and on such complaint the said person shall be brought before such magistrate.

[~~3.~~] 4. The magistrate after due notice and a hearing, if satisfied that the complaint of the health officer is well founded and that the

afflicted person is a source of danger to others, may commit the said person to any hospital or institution established for the care of persons suffering from any such communicable disease or maintaining a room, ward or wards for such persons.

[~~4.~~] **5.** In making such commitment the magistrate shall make such order for payment for the care and maintenance of the person committed as he may deem proper.

[~~5.~~] **6.** A person who is committed pursuant to the provisions of this section shall be deemed to be committed until discharged in the manner authorized by section two thousand one hundred twenty-three of this [~~chapter~~] **title**.

§ 2. The commissioner of the department of health is authorized and directed to promulgate all rules and regulations necessary and desirable to implement the provisions of this act on or before its effective date.

§ 3. This act shall take effect on the thirtieth day after it shall have become a law.