



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

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Commissioner

nyc.gov/health

2008 Alert # 6:

New Additions to Laboratory Reporting Requirements in 2008

- **Methicillin-resistant *Staphylococcus aureus* (MRSA) by laboratories through the Electronic Clinical Laboratory Reporting system (ECLRS).**
- **Norovirus (NV), Rotavirus (RV), Respiratory Syncytial Virus (RSV) and Varicella Zoster Virus (VZV) by laboratories through the ECLRS.**
- **Antibiotic Susceptibility Testing (AST) results for all reportable bacterial diseases by laboratories through ECLRS**
- **New reporting regulations take effect on February 27, 2008**
- **Health care providers and Infection Control Practitioners do not need to report MRSA except for clusters (two or more cases), unusual manifestations of disease or high-risk transmission settings as outlined below.**
- **Health care providers and Infection Control Practitioners do not need to report NV, RV, RSV and VZV except for two or more cases in congregate settings.**
- **Health care providers and Infection Control Practitioners do not need to report AST results.**
- **Reminder to laboratories on which isolates are required to be submitted to the Public Health Laboratory**

Please Distribute to All Clinical Staff in Internal Medicine, Surgery, Pediatrics, Infectious Diseases, Emergency Medicine, Family Medicine, Dermatology, Laboratory Medicine and Infection Control Staff. Please also share with your non-hospital based primary care colleagues.

February 27, 2008

Dear Colleagues,

Methicillin-resistant *Staphylococcus aureus* (MRSA) infections have been an emerging problem in the community for several years. In order to quantify the burden of illness, identify populations at greatest risk, track trends and design prevention initiatives, the Department of Health has added MRSA to the list of reportable diseases and conditions. Due to the expected high volume, reporting is only required of laboratories through the New York State Electronic Clinical Laboratory Reporting system (ECLRS). Infection Control Practitioners do not need to report individual MRSA cases to the NYC Department of Health. Laboratories do not need to separate hospital from community associated reports. Elements required in the reports are the same as those required on paper forms and must also include the results of antibiotic susceptibility testing.

Viral gastrointestinal (NV, RV) and respiratory agents (RSV, VZV) cause significant morbidity annually in New York City. These agents were added to the list of reportable diseases to help quantify the burden of illness and track trends. Reporting is only required of laboratories using ECLRS except when a provider detects two or more cases in a congregate setting (e.g., school, nursing home, shelter).

Antimicrobial resistance is a concerning public health problem. To better understand the prevalence of resistance in community pathogens, the Health Department has amended the health code to make reportable antimicrobial susceptibility results for bacterial agents on the list of reportable diseases in the NYC Health Code. Hospital and private laboratory information technology personnel are asked to program their laboratory information systems to include this information when submitting disease reports.

For further information and assistance with electronic reporting, please contact Jennifer Baumgartner, ECLRS Project Manager at (212) 313-5137.

The above changes to the reporting requirements take effect today, February 27, 2008

Provider Reporting of MRSA

Providers need only report to the Health Department clusters of MRSA (2 or more confirmed cases with suspected common association), unusual manifestations of disease (e.g., death in a child) and single confirmed cases in which there is thought to be a higher risk of transmission to others. High-risk situations may include:

- Children and young adults involved in inter-scholastic, inter-collegiate and competitive sports teams where there is shared equipment or frequent skin to skin contact.
- Children in daycare.
- Persons living in congregate settings (e.g., shelters).

The Health Department has completed data collection of a two-year investigation of community associated-MRSA. The table below presents the antibiotic susceptibility profile for isolates which were determined by patient interview to be of community origin. A full report will be issued once the analysis is complete.

Antibiotic susceptibility profile of community-associated MRSA from skin and soft tissue infections diagnosed by a single commercial outpatient laboratory, all ages, NYC, 2005-07

Antibiotic	Number of Isolates Tested	Percent Susceptible (%)
Choramphenicol	72	94
Ciprofloxacin	575	31
Clindamycin	574	63
Erythromycin	575	11
Gentamicin	575	97
Levofloxacin	575	33
Linezolid	71	100
Quinupristin-Dalfopristin	72	100
Tetracycline	575	82
Trimethoprim-Sulfamethoxazole	575	99
Vancomycin	575	100

To report a cluster or confirmed high-transmission risk MRSA case, consult on infection control practices, or for additional information, please contact the Bureau of Communicable Disease at:

During business hours: 212-788-9830
After hours, contact the Poison Control Center: 212-764-7667 or 1-800-222-1222 and ask for the Doctor on Call

We appreciate your assistance in addressing these emerging public health problems in New York City.

Sincerely,
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