

# Provider Reporting Interface & Secure Messenger (PRISM)

## User Guide

January 2025

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## 1. Introduction

Health care providers in New York City (NYC) are required to report certain diseases and conditions to the NYC Department of Health and Mental Hygiene (Health Department). This information is used to track, control, and prevent disease transmission, as well as to detect and respond to outbreaks. The **Provider Reporting Interface and Secure Messenger (PRISM)** is an application designed to securely capture the details of 90+ diseases, conditions and events required to be reported to the Health Department.

To report via PRISM, users are required to create a NYC.ID account, that they will use to log in and access the application on the Health Department website. Once registered, the user can access their individual “Reporter Profile” where they can build their own lists of “preferred” facilities, laboratories, and medical providers; these preferred options will then be available as pick lists for quick selections during the data entry process. This information is mandatory and is required for reporting purposes.

## 2. NYC.ID Account

A **NYC.ID** account is required to access PRISM. If the user does not have a NYC.ID account, they will need to click ‘Create Account’ and enter in the required information.

1. Use the link <https://a816-health.nyc.gov/prism> navigate to the PRISM landing page and click on Provider Reporting Interface and Secure Messenger (PRISM)



- Users without an existing NYC.ID account will need to create one to log in to the system. Click Create Account and enter in the required information. You will be asked to create a password; record the password in a secure location.

**Note: NYC Employees can use their city credentials to log into NYC.ID by clicking on the ‘NYC Employees’ button**

The screenshot shows the NYC.ID login interface. At the top, it says 'NYC | NYC.ID' and 'The Official Website of the City of New York'. The main heading is 'Login'. Below this, there are two paths: 'Log in using your NYC account' and 'Log in using one of these options'. The first path has input fields for 'Email Address or Username' and 'Password', followed by a blue 'Login' button. The second path has a button labeled 'NYC Employees'. At the bottom of the page, there are three links: 'Forgot Password', 'Create Account' (which is highlighted with a red rectangular box), and 'Report an Issue'.

### Create Account

All fields are required.

**Email or Username**

Email Address or Username ?

Confirm Email Address or Username:

**Name**

First Name

Middle Initial

Last Name

**Password**

Password ?

Confirm Password

**Security**

Select a security question and provide an answer to it. The answer is not case sensitive and must be between 3 and 255 characters. If you are on a public computer, we recommend you mask your answers by selecting *Hide* below.

Display Answers  
 Show  Hide

Security Question

Answer

**Terms**

Check the box to indicate that you understand and agree to the NYC.ID Terms of Use, the overall Terms of Use for NYC.gov [?](#), and the Privacy Policy [?](#) for NYC.gov.

Create Account

Cancel

[Report an Issue](#)

3. An email containing your new user ID should be generated within 1 hour. Your password will NOT be contained within the email.

**Note: Only one user ID may be generated per unique email address. User IDs should not be shared with anyone.**

## 3. Reporter Profile

PRISM has a new functionality, Reporter Profile, which allows reporters to manage their contact information such as name, phone number, etc., along with affiliated provider, facility, and laboratory information. This functionality permits all user information and provider/facility/lab selection choices to be managed by the reporter, which reduces the need for manual data entry each time a report is submitted and reduces the potential for data entry errors— Once the Reporter Profile is set up, the facility, laboratory and provider information entered will be available in dropdowns when submitting reportable conditions to NYC DOHMH. The Reporter Profile may be edited at any time.

**The user must create their “Reporter Profile” before reporting a condition.**

1. Click on **My Profile** tab on the landing page to create a profile.

The screenshot shows the PRISM landing page. At the top, there is the NYC Health logo and a user greeting: "Welcome FirstName LastName". Below this is the title "Provider Reporting Interface and Secure Messenger (PRISM)". A pink banner reads "Missing Profile Details" with the instruction: "Please make sure that your profile information including your phone number are complete before proceeding." Below that is an "IMPORTANT" notice: "As of May 2025, the Provider Reporting Interface and Secure Messenger (PRISM) has replaced Reporting Central for electronic provider reporting. Click the 'My Profile' button to setup your profile and begin reporting." The navigation bar contains four buttons: "My Profile" (highlighted with a red box), "Report a Condition", "Make a Correction", and "Download PDF".

**Information For Clinicians:**

- **Coronaviruses:**
  - COVID-19 Updates: For clinical guidance regarding COVID-19, visit [COVID-19 Information For Providers page](#).
  - If you are reporting a suspected case of MERS, please call the Provider Access Line at 1-866-692-3641 to report the case and receive guidance on testing and management. Please also report the case here by selecting "COVID-19 and other severe coronaviruses (including MERS and SARS)" and completing all required fields.
  - There is no need to report other coronaviruses that are identified on routine respiratory panels, including HKU1, NL63, 229E or OC43
- **Norovirus/ Rotavirus:**
  - For Norovirus and Rotavirus, individual cases are not required to be reported by medical providers. They should be reported by laboratories via ECLRS. To report norovirus or rotavirus outbreaks, please call the NYC Health Department's Provider Access Line at 866-692-3641.

**Reportable Events:**

- Reporting Central (Reports submitted before 05/2025)
  - [Make a correction/update](#)
- **HIV Case Reporting**
  - Report Acute HIV infection within 24 hours using the NYS Provider Report Form.
  - Report HIV infection (Not Acute) & AIDS within 7 days of diagnosis or receipt of lab results.
  - Call 518-474-4284 for forms.
  - Call 212-442-3388 for more information.

**Resources:**

- [New User Guide to PRISM](#)
- [More information about reportable diseases and conditions, including Window Falls](#)
- [Universal Reporting Form \(PDF template\)](#)
- [Health Alert Network](#)

**Help:**

- For urgent matters, call the Provider Access Line (PAL) at 866-692-3641
- For question about the website (including technical difficulties), please call the HelpDesk 212-766-4357

- Complete **Personal Information** on the screen below and click the **Save & Next** button at the bottom of the section. This will save the personal information entered and navigate to the Facility Information section.

Return to Home Page NYC Health Welcome  
FirstName LastName

### Personal Information

960457171f7f4aafb9d4da986109f741

FirstName  LastName

username@domain.com

(718) 262-5570

- Complete **Facility Information** and click the **Save** button at the bottom of the section to save the information entered.

To add another facility, enter the next facility information and click the **Save** button. If there are no more facilities to add, click the **Save & Next** button instead to save the facility information entered and then to navigate to the Laboratory Information section.

Return to Home Page NYC Health Welcome  
FirstName LastName

### Facility Information

NYC

Address Line 2

NY

(347) 396-2600

PFI

Main Fax Number

- Complete **Laboratory Information** and click **Save** button at the bottom of the section to save laboratory information entered.

To add another laboratory, enter the next laboratory information and click the **Save** button. If there are no more facilities to add, click the **Save & Next** button instead to save the laboratory information entered and then to navigate to the Provider Information section.

**Laboratory Information**

*Please type name in the 'Laboratory Name' field and select the matching laboratory. If laboratory is not available, please enter in laboratory information.*

*Please use the Reset button to clear the Laboratory information if the fields are disabled.*

NYCDOH PUBLIC HEALTH LABS      33D0679872

455 1ST AVE 455 FIRST AVENUE/ROOM 1202      Address Line 2

NEW YORK      NY

10016      (212)447-2578

Reset      Save      **Save & Next**

- Complete the **Provider Information** section and click **Save** button at the bottom of the section.

To add another Provider, simply enter the next Provider's information and click the **Save** button.

**Provider Information**

MD      Elizabeth

Blackwell      Provider Email

42-09 28th St      Address Line 2

NPI      Long Island City

NY      11101

(212) 639-9675      Main Fax Number

Reset      **Save**

- After this information has been entered and saved, click **Return to Home Page** to begin entering the reportable condition event. The information entered in the Reporter Profile will pre-populate the application, and the user can proceed with reporting an event.

Return to Home Page

NYC Health

Welcome  
FirstName LastName

**1** Personal Information

**2** Facility Information

**3** Laboratory Information

**4** Provider Information

**Provider Information**

MD Rebecca

Crumpler Provider Email

42-09 28th St Address Line 2

NPI Long Island City

NY 11101

(212) 639-9675 (332) 259-5815

Reset Save

Provider Name	Email	NPI	Address	Phone	Fax Number	Action
MD Elizabeth Blackwell	NA		42-09 28th St, Long Island City, NY, 11101	(212) 639-9675		

**As noted above, once the Reporter Profile is completed,** all information entered will be available the next time the user logs into the application and the user can navigate directly to report a new case by clicking ‘Report a Condition.’

If the user needs to submit a report with a new Facility, Provider, or Laboratory, the user can update their Reporter Profile by clicking ‘My Profile’ and repeating the steps outlined above. Any corrections or updates to Facility, Provider, and Laboratory while entering a report will not be saved permanently on the Reporter Profile, they will only be reflected in the current report. To save these changes for future use, navigate to the Reporter Profile and use the Edit function to update.

## 4. Steps to submit a Reportable Condition/Disease

Note: “For some conditions, the reporter is required to call the NYC Health Department immediately to report; PRISM will show the following message for these conditions. Please follow the instructions and then complete the PRISM report.”

### Reportable Event

---

#### Reporter

Title:       First Name:       Last Name:

Phone \*       Ext:       Email

Event ID 500055515      Report Date  M-D-Y

Please select the condition / event you would like to submit a report for \*

▼

\* must provide value

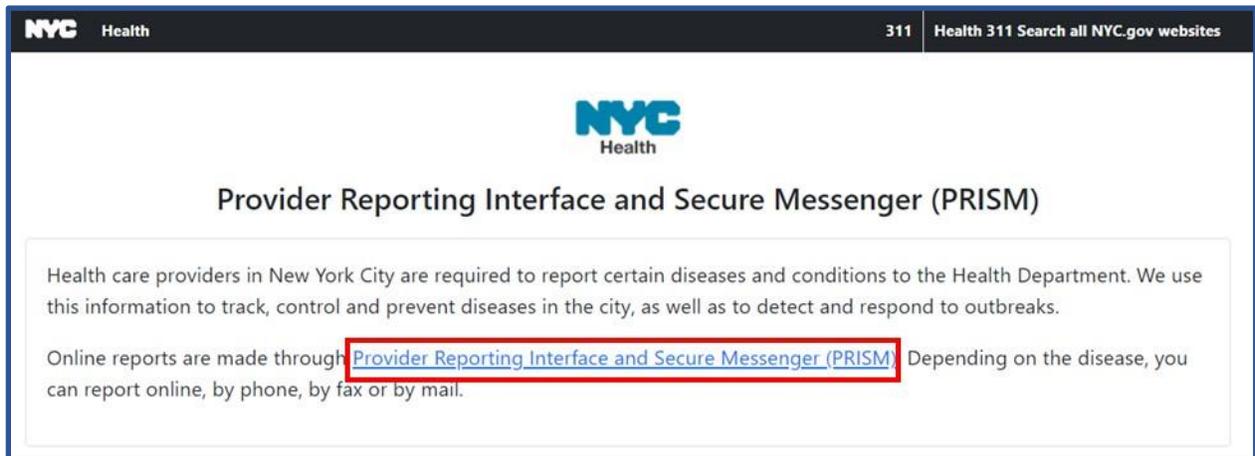
**Report suspected/confirmed cases of Measles immediately to:**  
 866-NYC-DOH1 (866-692-3641)  
**After hours, call Poison Control Center at:**  
 212-POISONS (212-764-7667)  
 After calling, please complete this report immediately

Save & Return Later

Next Page >>

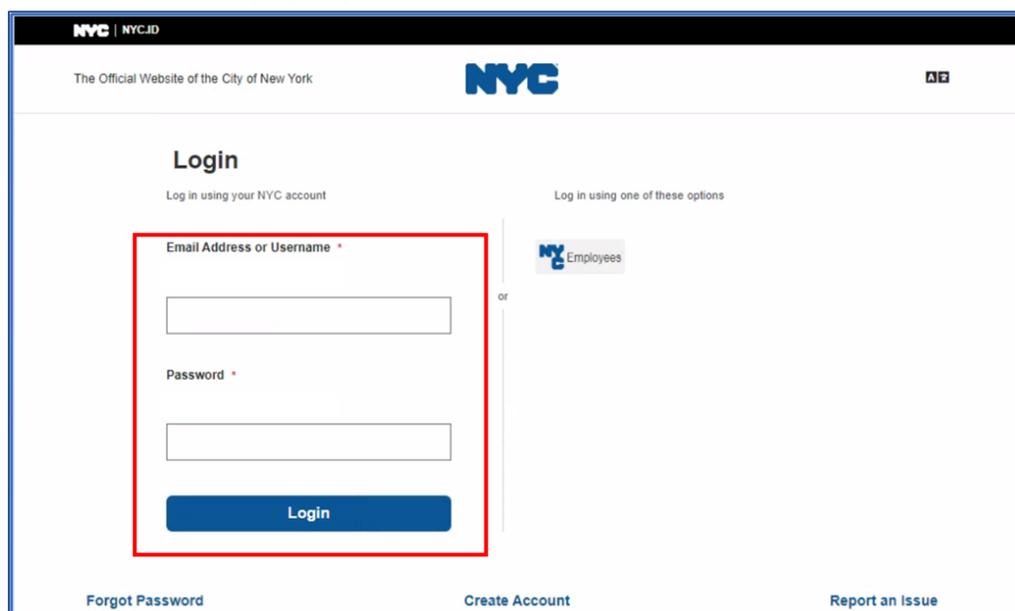
## 4.1 Submitting a new report

1. Navigate to the PRISM landing page (<https://a816-health.nyc.gov/prism>) and click on Provider Reporting Interface and Secure Messenger (PRISM) for the Login page.



2. Enter in your NYC.ID credentials. If you do not have any, please refer to **Section 2 (NYC.ID Account)**

**Note: NYC Employees should click the 'NYC Employees' button and enter credentials in a pop-up window**



### 3. Click on the **Report a Condition** button.

**Provider Reporting Interface and Secure Messenger (PRISM)**

**IMPORTANT**

As of May 2025, the Provider Reporting Interface and Secure Messenger (PRISM) has replaced Reporting Central for electronic provider reporting. Click the "My Profile" button to setup your profile and begin reporting.

My Profile

Report a Condition

Make a Correction

Download PDF

**Information For Clinicians:**

- Coronaviruses:**
  - COVID-19 Updates: For clinical guidance regarding COVID-19, visit [COVID-19 Information For Providers page](#).
  - If you are reporting a suspected case of MERS, please call the Provider Access Line at 1-866-692-3641 to report the case and receive guidance on testing and management. Please also report the case here by selecting "COVID-19 and other severe coronaviruses (including MERS and SARS)" and completing all required fields.
  - There is no need to report other coronaviruses that are identified on routine respiratory panels, including HKU1, NL63, 229E or OC43
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  - For Norovirus and Rotavirus, individual cases are not required to be reported by medical providers. They should be reported by laboratories via ECLRS. To report norovirus or rotavirus outbreaks, please call the NYC Health Department's Provider Access Line at 866-692-3641.

**Reportable Events:**

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**Resources:**

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- [Universal Reporting Form \(PDF template\)](#)
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**Help:**

- For urgent matters, call the Provider Access Line (PAL) at 866-692-3641
- For question about the website (including technical difficulties), please call the HelpDesk 212-766-4357

Select the appropriate reportable disease from the drop-down list (in this example, we selected Chlamydia), review and click **Next Page** to continue.

**Reportable Event**

---

**Reporter**

Title:  First Name:  Last Name:

Phone \*  Ext:  Email

Event ID  Report Date  M-D-Y

Please select the condition / event you would like to submit a report for \*

\* must provide value

Chlamydia

Save & Return Later

Next Page >>

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- Select a **'Hospital or Healthcare Facility providing care for patient'** by clicking on the drop-down menu.

**Note:** If the facility is not listed, please select 'Add New Facility' and enter in the applicable facility information. Corrections or updates to Facility, Provider, and Laboratory can be made while entering a report. However, these changes will not be saved permanently on the Reporter Profile, they will only be reflected in the current report. To save these changes for future use, navigate to the Reporter Profile and use the Edit function to update.

### Reportable Event

**Reportable Condition: Chlamydia**

<b>Reportable Event ID</b>	5550005	<b>Report Date:</b>	01-30-2025
<b>Reporter Name</b>	FirstName LastName	<b>Facility Name</b>	NYC Health + Hospitals/Lincoln
<b>Provider Name</b>	Elizabeth Blackwell, MD	<b>Laboratory Name</b>	NORTH SHORE UNIVERSITY HOSPITAL LABORATORY

**Please select a facility : \*** Select One ▼

- Once selected, the facility details will display. Review for accuracy before proceeding.

**Please select a facility : \*** NYC Health + Hospitals/Lincoln - 234 E 149th ▼

<b>Facility Name *</b>	NYC Health + Hospitals/Lincoln
<b>Facility Address</b>	234 E 149th St
<b>Facility Address2</b>	
<b>Facility City</b>	Bronx
<b>Facility State</b>	NY
<b>Facility Zip</b>	10451
<b>Facility Phone *</b>	(718) 579-5000

6. Select a **Testing Laboratory** by clicking on the drop-down menu; if laboratory testing is not applicable or wasn't done, click the radio dial next to 'No specimen tested'.

### Reportable Event

Reportable Condition: **Chlamydia**

<b>Reportable Event ID</b>	5550005	<b>Report Date:</b>	01-30-2025
<b>Reporter Name</b>	FirstName LastName	<b>Facility Name</b>	NYC Health + Hospitals/Lincoln
<b>Provider Name</b>	Elizabeth Blackwell, MD	<b>Laboratory Name</b>	NORTH SHORE UNIVERSITY HOSPITAL LABORATORY

**Please select a facility : \***  No specimen tested

reset

**Please select a lab: \***

Note: If laboratory is not listed, please select 'Add New Lab' from the dropdown and enter in the applicable lab information.

7. Once selected, the laboratory details will display. Review for accuracy before proceeding.

**Please select a lab: \*** NORTH SHORE UNIVERSITY HOSPITAL LABOF ▼

<b>Laboratory Name *</b>	<input type="text" value="NORTH SHORE UNIVERSITY HOSPITAL LABORATORY"/>
<b>Laboratory CLIA</b>	<input type="text" value="33D0653799"/>
<b>Laboratory Address</b>	<input type="text" value="300 COMMUNITY DRIVE BLDG 306, LOWER LEVEL"/>
<b>Laboratory Address2</b>	<input type="text"/>
<b>Laboratory City</b>	<input type="text" value="MANHASSET"/>
<b>Laboratory State</b>	<input type="text"/>
<b>Laboratory Zip Code</b>	<input type="text" value="11030"/>
<b>Laboratory Phone *</b>	<input type="text" value="(516)562-1655"/>

8. Select a **Medical Provider** by clicking on the drop-down menu.

Please select the diagnosing provider \* MD Elizabeth Blackwell - 42-09 28th St - (212) ▼

*Search the [NPI Registry](#) for all active National Provider Identifier (NPI) records.*

Provider Title  MD  NP  PA  DO reset

Provider First Name \*

Provider Last Name \*

Provider Email

Provider NPI

Provider Address

Provider Address2

Provider City

Provider State

Provider Zip Code

Provider Phone \*

**Note:** If provider is not listed, please select 'Add New Provider,' from the dropdown and enter in the applicable provider information.

9. Once selected, the Diagnosing Provider details will display. Review for accuracy then click on **Next Page** to continue.

Provider Zip Code

Provider Phone \*

Provider Fax

Save & Return Later [<< Previous Page](#) [Next Page >>](#)

10. On the **Patient Information** page, please provide details regarding the patient’s demographics. Fields with a red asterisk(\*) are required and a value must be entered. Once completed, review for accuracy and select **Next page** to continue.

### Patient Information

	Last Name	First Name	Middle Name
<b>Patient Name *</b>	<input type="text" value="P_LastName"/>	<input type="text" value="P_FirstName"/>	<input type="text" value="P_MiddleName"/>
Patient is also known as	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Patient Date of Birth *</b>	<input type="text" value="01-30-2000"/> M-D-Y		<b>Age:</b> <input type="text" value="25"/>
<b>Patient Country of Birth *</b>	<input type="text" value="USA"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
Is patient English speaker?	<input checked="" type="radio"/> Yes <input type="radio"/> No - Needs translator <input type="radio"/> Unknown		reset
<b>Patient Primary Language *</b>	<input type="text" value="English"/>		
<b>Patient Phone Number *</b>	<input type="text" value="(347) 000-1111"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
Patient Other Phone Number	<input type="text"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
Patient Email Address	<input type="text"/>		
Patient Social Security Number	<input type="text"/>		
	Please enter digits only. Do NOT use dashes or any other punctuations.		
<b>Patient Medical Record Number *</b>	<input type="text" value="MRN123"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
Patient Medicaid Number	<input type="text"/>		
Is patient homeless?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		reset
<b>Patient Borough of residence *</b>	<input type="text" value="Queens"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
<b>Patient Country of residence *</b>	<input type="text" value="USA"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
<b>Patient Address 1 *</b>	<input type="text" value="42-09 28th St"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
Patient Address 2 (Include floor/apt #)	<input type="text"/>		
<b>Patient City *</b>	<input type="text" value="Long Island City"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
<b>Patient State *</b>	<input type="text" value="NY"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
<b>Patient Zip Code *</b>	<input type="text" value="11101"/>		<input type="radio"/> Unknown <span style="float: right;">reset</span>
<b>Save &amp; Return Later</b>		<input type="button" value=" &lt;&lt; Previous Page"/> <input style="border: 2px solid red;" type="button" value=" Next Page &gt;&gt;"/>	

For **Sterilization** reports, MRN, name initial, date of birth, homeless, borough, and insurance (if known) are required while other identifying information are not required.

11. On the **Other Patient Information** page, please provide details regarding the patient’s demographics. Fields with a red asterisk(\*) are required and a value must be entered. Once completed, review for accuracy and select **Next page** to continue.

### Other Patient Demographics

**Patient sex assigned at birth \***

Female  
 Male  
 Sex assignment not listed here - (Please specify)  
 Unknown

[reset](#)

**Does the patient identify as Hispanic? \***

Yes - Hispanic, Latino or Latina  
 No - Not Hispanic, Latino or Latina  
 Unknown

[reset](#)

**Patient current gender identity \***

Woman or girl  
 Man or boy  
 Transgender woman or Transgender girl  
 Transgender man or Transgender boy  
 Non-Binary or genderqueer person  
 A gender identity not listed above - (Please specify)  
 Unknown

[reset](#)

**Patient race \* (Check all that apply)**

Asian, including South Asian  
 Black, including African American or Afro-Caribbean  
 Native American or Alaska Native  
 Native Hawaiian or Pacific Islander  
 White  
 Other Race (Please specify)  
 Unknown

**Which of the following best describes the patient's sexual orientation?**

Gay or lesbian  
 Straight or heterosexual  
 Bisexual  
 Queer  
 Questioning or not sure  
 A sexual orientation not listed above (Please specify)  
 Unknown

[reset](#)

**Which specific ethnic or cultural groups does the patient identify as, if any? ( Select all that applies)**

Arab  
 Chinese  
 Dominican  
 Guyanese  
 Haitian  
 Indian  
 Italian  
 Jamaican  
 Jewish  
 Mexican  
 Puerto Rican  
 Russian  
 Another group or groups (Please specify)  
 Patient does not identify as any specific ethnic or cultural group  
 Unknown

**Was the patient admitted to the hospital? \***

\* must provide value

Yes  No  Unknown

[reset](#)

**Is the patient alive? \***

\* must provide value

Yes  No  Unknown

[reset](#)

**Additional Comments:**

[Expand](#)

**Save & Return Later**

<< Previous Page
Next Page >>

12. On the next page, verify the Reportable Disease/Condition is correct and provide the **Date of Diagnosis and Date of Illness onset**. Review for accuracy and click on **Submit** to continue.

### Reportable Event

<b>Reportable Event ID</b>	5003987	<b>Report Date:</b>	01-30-2025
<b>Reporter</b>	FirstName LastName	<b>Facility Name</b>	NYC Health + Hospitals/Lincoln
<b>Provider</b>	Elizabeth Blackwell, MD	<b>Laboratory Name</b>	NORTH SHORE UNIVERSITY HOSPITAL LABORATORY

**You have chosen to report Chlamydia for P\_FirstName P\_LastName**  
If this is correct, enter the required dates and click "**Submit**" to continue

**Date of Diagnosis \***

Today M-D-Y

**Date of Illness onset \***

Today M-D-Y

**Select a different condition? \***

Unknown reset  
 Unknown reset

Save & Return Later

<< Previous Page
Submit

14. If applicable for the disease/condition being reported, the system will direct you to the **Events Details** page, please provide the information. Once completed, review for accuracy and click on the **Next Section** button.

### Event Details - STI

<b>Reportable Event ID</b>	5003987	<b>Report Date</b>	01-30-2025
<b>Patient Name</b>	P_FirstName P_LastName	<b>DOB</b>	01-30-2000
<b>Gender at birth</b>	Female	<b>Pregnancy Status</b>	Post-natal (live birth delivery within past nine months)
<b>Reporter</b>	FirstName LastName	<b>Facility</b>	NYC Health + Hospitals/Lincoln
<b>Provider</b>	Rebecca Crumpler, MD	<b>Laboratory</b>	NORTH SHORE UNIVERSITY HOSPITAL LABORATORY

**Reportable Condition: Chlamydia**

Chlamydia

Please enter all laboratory tests associated with this condition:

	Specimen Source *	Collection date *	Test Type *	Result *
1	<input type="text" value="Urine"/>	<input type="text" value="01-15-2025"/> Today M-D-Y	<input type="text" value="Culture"/>	<input type="text" value="Positive"/>
2	<input type="text" value="Endocervical"/>	<input type="text" value="01-15-2025"/> Today M-D-Y	<input type="text" value="Nucleic acid amplification"/>	<input type="text" value="Positive"/>
3	<input type="text" value="Other - Please specify"/>	<input type="text"/> Today M-D-Y	<input type="text"/>	<input type="text"/>

Save & Return Later

Submit

15. If applicable for the disease/condition being reported, the system will direct you to the **STI Treatment and Other Information** page; please provide the information and once completed, review for accuracy and click on the **Submit** button.

### STI Treatment & Other Information

<b>Reportable Event ID</b>	5003987	<b>Report Date</b>	01-30-2025
<b>Patient Name</b>	P_FirstName P_LastName	<b>DOB</b>	01-30-2000
<b>Gender at birth</b>	Female	<b>Pregnancy Status</b>	Post-natal (live birth delivery within past nine months)
<b>Reporter</b>	FirstName LastName	<b>Facility</b>	NYC Health + Hospitals/Lincoln
<b>Provider</b>	Rebecca Crumpler, MD	<b>Laboratory</b>	NORTH SHORE UNIVERSITY HOSPITAL LABORATORY

**Reportable Condition: Chlamydia**

CDC Recommended Regimens for Chlamydial Infection Among non-pregnant Adolescents and Adults  
**Doxycycline** 100 mg orally 2 times/day for 7 days  
 During pregnancy **Azithromycin** 1 g orally in a single dose  
<https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>

**Was treatment given?**  Yes  No  Unknown reset

*\* must provide value*

Treatment 1: \*  Date:   M-D-Y

Treatment 2:  Date:

Treatment 3:  Date:

**Please indicate the gender of sexual partners in the past year \***  
(Check all that apply)

Woman  
 Man  
 Transwoman  
 Transman  
 Unknown reset

**Were any of this patient sex partners notified of possible exposure to an STI? \***  
(Check all that apply)

Yes - Our office notified the partner(s)  
 Yes - The patient was asked to notify partner(s)  
 No  
 Unknown reset

**Did you provide treatment for any of this patient's partners? \***  
(# \_\_\_ of partners)  
(Check all that apply)

Yes - I saw the sex partner(s) in my office  
 Yes - I gave extra medication for this patient's partner(s) (# of partners)  
 Yes - I wrote a prescription for this patient's partner(s) (# of partners)  
 Yes - I provided treatment some other way - Please explain  
 No  
 Unknown reset

**Is the patient on pre-exposure prophylaxis (PrEP) to prevent HIV infection? \***

Yes - started PrEP at time of current STD diagnosis  
 Yes - already on PrEP at time of current STD diagnosis  
 No  
 Unknown reset

16. Prior to submitting the report to DOHMH, the user is directed to the **Survey Queue**; click **Edit Response** to review and revise a specific section, and to make any necessary corrections before submitting the report to DOHMH.

**Survey Queue** Get link to my survey queue

To begin the next survey, click the "Begin survey" button next to the title.

Status	Survey Title	
✓ Completed	Reportable Event	<span>Edit response</span>
✓ Completed	Event Details - STI	<span>Edit response</span>
✓ Completed	STI Treatment & Other Information	<span>Edit response</span>
✓ Completed	Survey Completed	

*Warning: Your report has NOT been submitted to DOHMH. Click the final confirmation button below to submit.*

Click here to submit the report to DOHMH

17. To return to the report later without submitting, the user can click **Save & Return Later** at the bottom of any survey page, an email containing a link to the survey will be sent.

Save & Return Later Submit

**Your survey responses were saved!**

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.

**Survey link for returning**  
You have just been sent an email containing a link for continuing the survey. If you do not receive the email soon, please check your Junk Email folder.

---

Or if you wish, you may continue with this survey again now.

Continue Survey Now

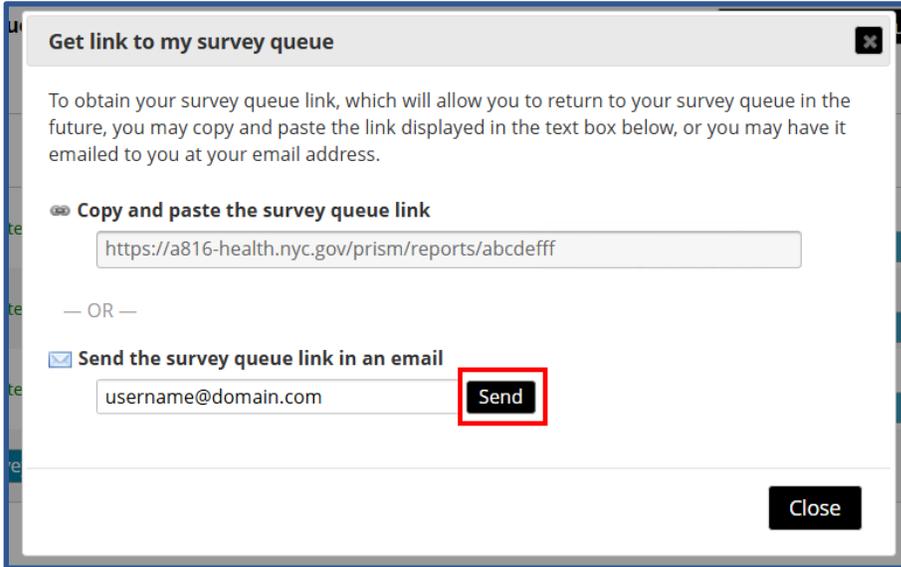
18. Alternatively, the user can click **Get link to my survey queue** from the **Survey Queue** to receive an email with a link to continue the survey later.

**Survey Queue** Get link to my survey queue

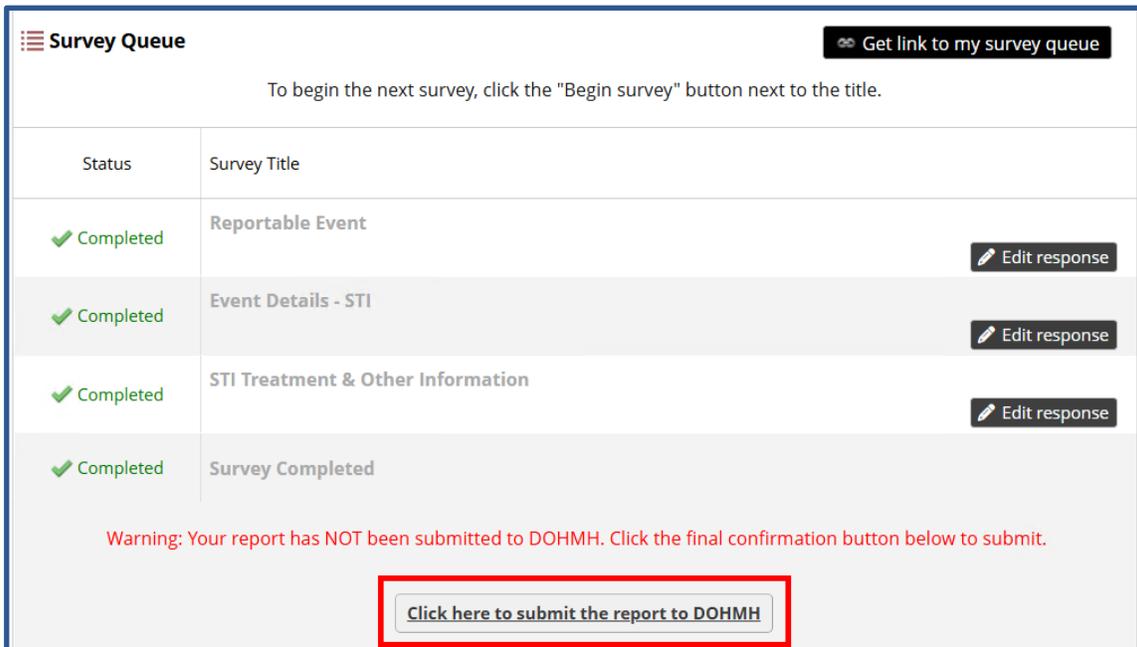
To begin the next survey, click the "Begin survey" button next to the title.

Status	Survey Title	
✓ Completed	Reportable Event	<span>Edit response</span>

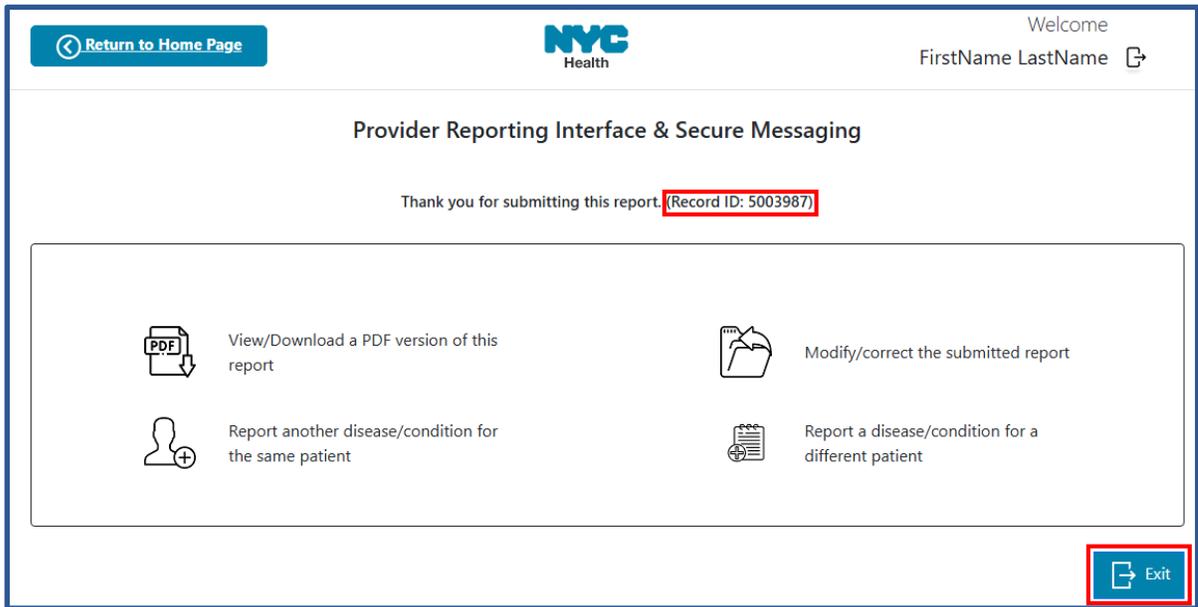
19. On the next window, the user can copy and paste the survey queue link or enter an email address and click **Send**. The user will be notified that the email was sent successfully.



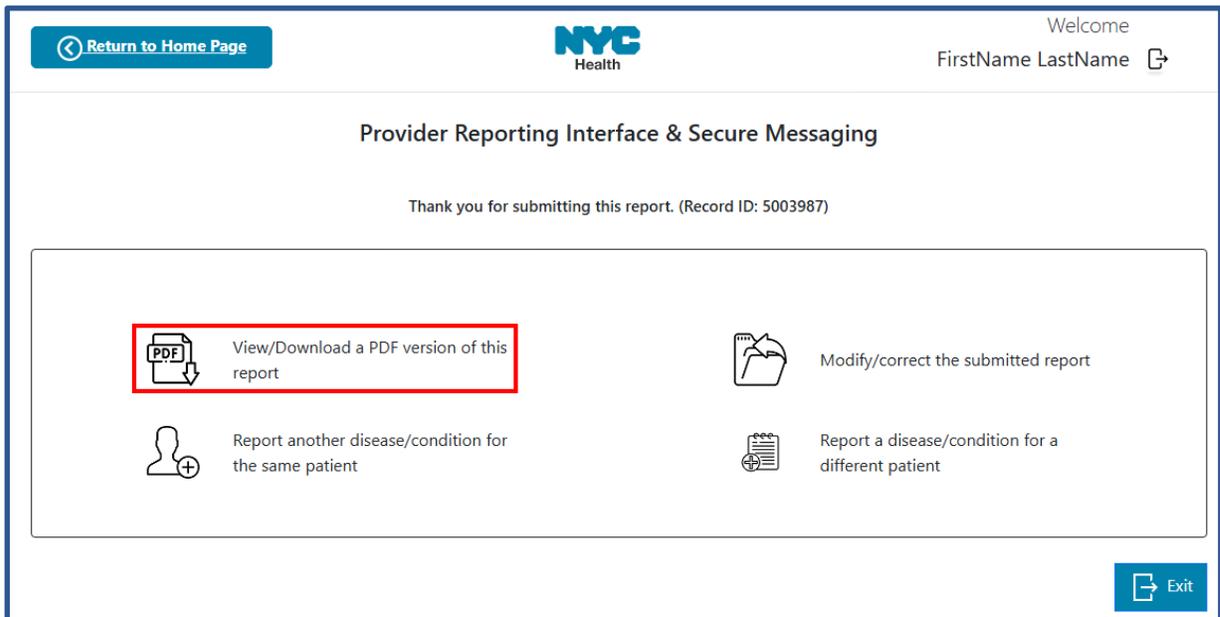
20. To submit the report to DOHMH the user must click **“Click here to submit the report to DOHMH.”**



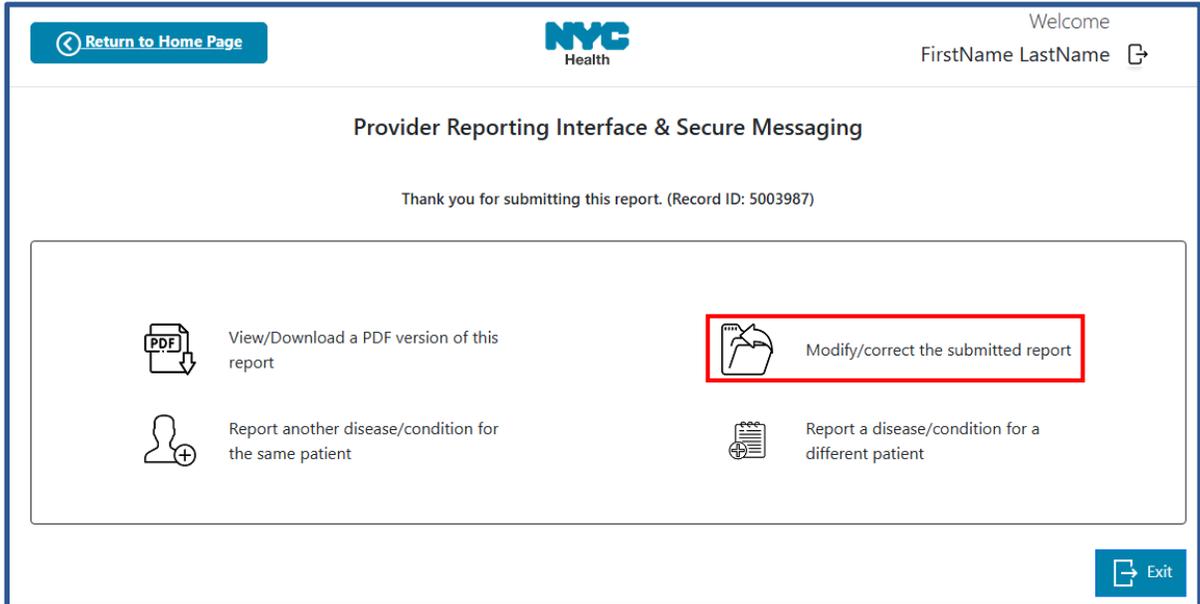
21. After the report is submitted, the user is directed to the “Exit Page” where the user can note the **Record ID** for future reference and perform various actions, including:



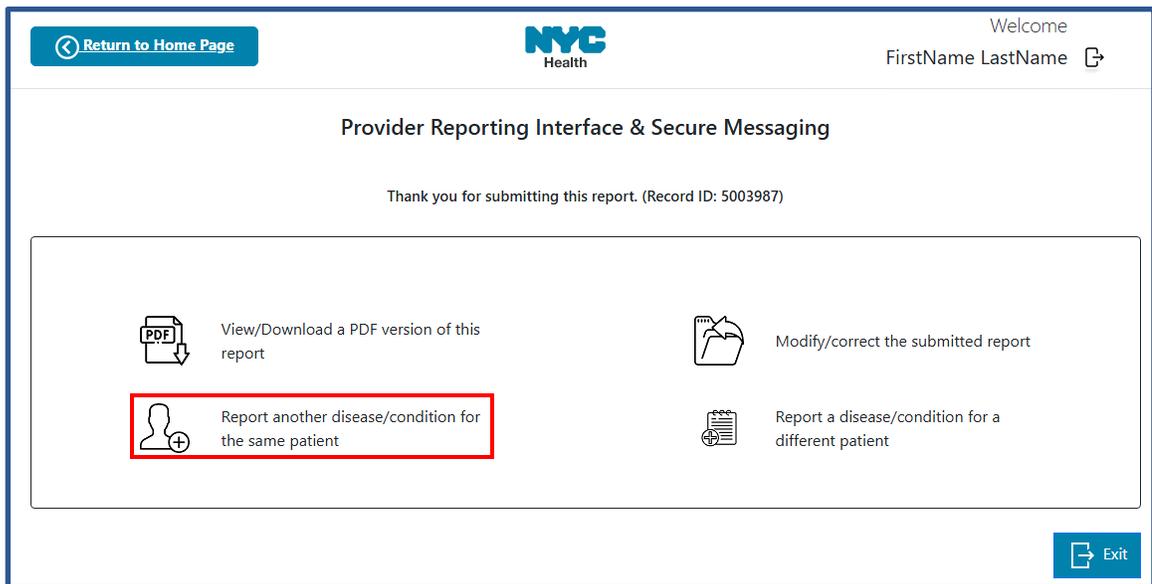
**i) View/Download a PDF version of this report.**



ii) **Modify/correct the submitted report:** User will be directed to the “Survey Queue” where they can click on **Edit response** for the appropriate section.

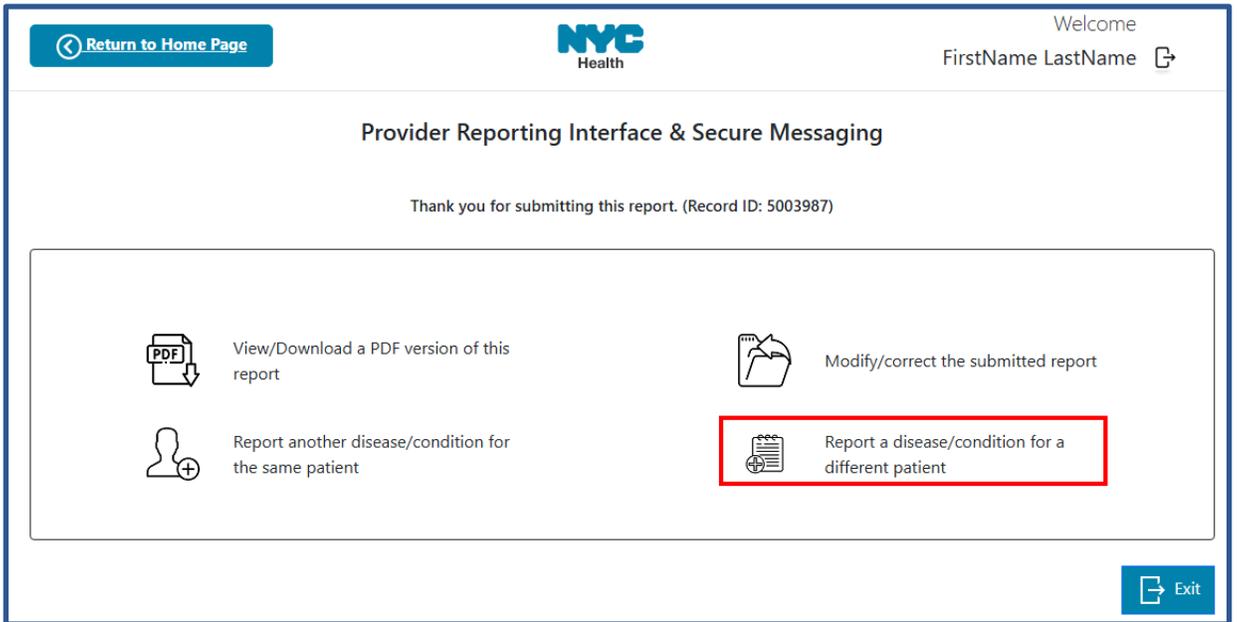


iii) **Report another disease/condition for the same patient:** Previously entered reporter, provider, laboratory, and facility data will be copied to a new event and the user will be directed to the “Reportable Event” screen to select another condition for the same person/patient with a new reportable event ID.



**Note:** The reporter can navigate to the Provider, Laboratory and Facility screens to change previously submitted information, by selecting different information from the drop down if needed.

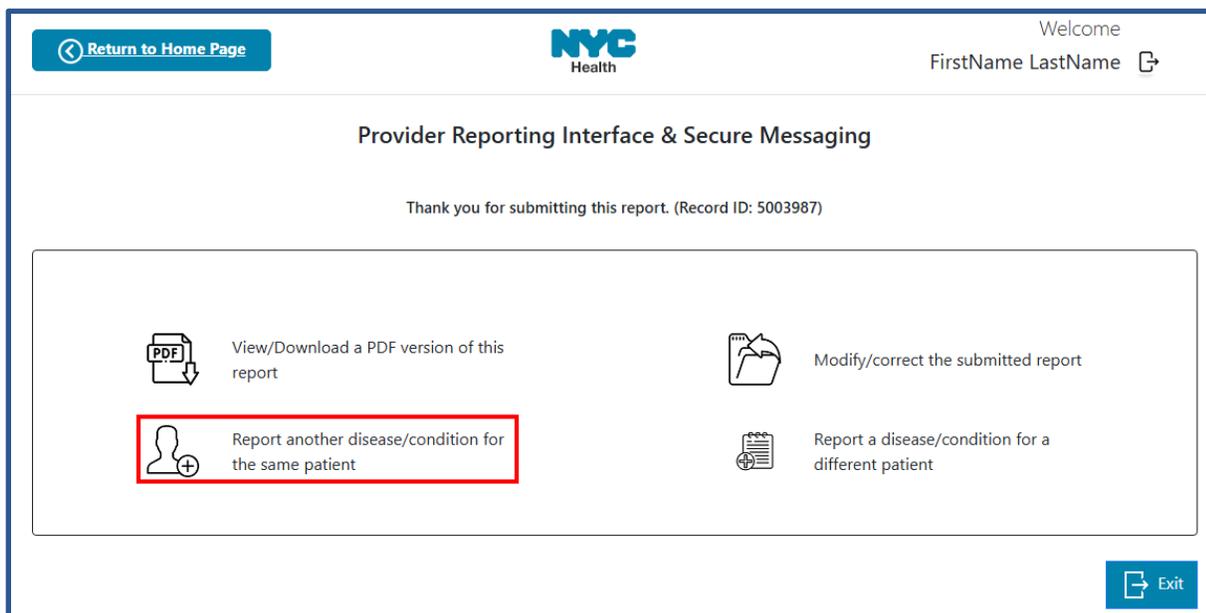
**iv) Report a disease/condition for a different patient:** User gets directed to the first “Reportable Event” page to select the condition to be reported for the new patient.



## 4.2 Reporting another disease/condition for the same patient

Note: In this example, the patient from section 4.1 with Chlamydia was also diagnosed with Hep A and Giardia. We selected “Report another disease/condition for the same patient” after submitting the Chlamydia report. The reporter, facility, provider, laboratory, and patient information were copied into this new report.

1. Click on the icon – Report another disease/condition for the same patient.



- On the **Reportable Event** page, select the Reportable Disease/Condition from the drop down and verify it. Provide the **Date of Diagnosis and Date of Illness onset**. Review for accuracy and click on **Submit** to continue.  
If the provider/facility/lab information is different for this condition, click on **Previous Page** to return and make the necessary changes.

### Reportable Event

<b>Reportable Event ID</b>	5003988	<b>Report Date:</b>	01-30-2025
<b>Reporter</b>	FirstName LastName	<b>Facility Name</b>	Lincoln Medical and Mental Health Center (HHC)
<b>Provider</b>	Rebecca Crumpler, MD	<b>Laboratory Name</b>	North Shore University Hospital Laboratory

**You have chosen to report Giardiasis for P\_LastName P\_FirstName**

If this is correct, enter the required dates and click "**Submit**" to continue

**Date of Diagnosis \***   M-D-Y  Unknown reset

**Date of Illness onset \***   M-D-Y  Unknown reset

Select a different condition? \*

**Save & Return Later**

<< Previous Page

Submit

- If applicable for the disease/condition being reported, the system will direct you to the **Foreign Travel** page. Please provide the information; once completed, review for accuracy and click on the **Submit** button.

### Foreign Travel

Please indicate where this patient has traveled outside the US in the past year

<b>Reportable Event ID</b>	5003988	<b>Report Date</b>	01-30-2025
<b>Patient Name</b>	P_LastName P_FirstName	<b>DOB</b>	01-30-2000
<b>Gender at birth</b>	Female	<b>Pregnancy Status</b>	Post-natal (live birth delivery within past nine months)
<b>Reporter</b>	FirstName LastName	<b>Facility</b>	Lincoln Medical and Mental Health Center (HHC)
<b>Provider</b>	Rebecca Crumpler, MD	<b>Laboratory</b>	North Shore University Hospital Laboratory

**Reportable Condition: Giardiasis**

**Did this patient travel outside the US in the past year?**       Yes    No    Unknown      [reset](#)

Please indicate the country(ies) where this patient has traveled in the past year:

Country	Departure Date	Return Date
Belize	12-22-2024 <small>📅</small> M-D-Y	01-02-2025 <small>📅</small> M-D-Y

**Please indicate any relevant foreign travel information**

Expand

**Save & Return Later**

Submit

4. If applicable for the disease/condition being reported, the system will direct you to the **Congregate Risk** page; please provide the information and once completed, review for accuracy and click on the **Submit** button.

**Reportable Condition: Giardiasis**

Once you have submitted this report, please also call the  
**Bureau of Communicable Disease main line at (347) 396-2600**  
to report that this patient has exposure to a high-risk transmission setting.

**Patient works/volunteers in:** *(Check all that apply)*  Unknown [reset](#)

- Childcare
- Health care facility
- Long-term facility/nursing home
- Clinical/Research laboratory
- Food handling service or preparation
- Correctional facility
- Position with animal contact
- Other - (Please specify type)

Patient works/volunteers in:	Name of this workplace	Location	Type of work
Clinical/Research laboratory	<input type="text" value="Laboratory Name"/>	<input type="text" value="New York City"/>	<input type="text" value="Research"/>

**Patient attends/resides in:** *(Check all that apply)*  Unknown [reset](#)

- Assisted living facility
- School
- Dormitory
- Long-term facility/nursing home
- Correctional Facility
- Shelter
- Day care/group baby-sit
- Other - (Please specify type)

Patient attends/resides in:	Name of this facility	Location
School	<input type="text" value="Medical University"/>	<input type="text" value="New York City"/>

**Is the infectious disease being reported suspected to be healthcare associated?**   
*(If unknown, leave response blank)*

**Save & Return Later**

**Submit**

- Prior to submitting the report to DOHMH, the user is directed to the **Survey Queue** page; click **Edit Response** to review what has been entered for a specific section and to make any necessary corrections before submitting the report to DOHMH.

The screenshot shows the 'Survey Queue' interface. At the top left is a 'Close survey' button. Below it is the 'Survey Queue' header with a 'Get link to my survey queue' button. A message states: 'To begin the next survey, click the "Begin survey" button next to the title.' Below this is a table with columns 'Status' and 'Survey Title'. The table contains four rows: 'Reportable Event', 'Foreign Travel', 'Congregate Risk', and 'Survey Completed'. Each row has a green checkmark and the word 'Completed' in the 'Status' column. To the right of each row is an 'Edit response' button, which is highlighted with a red box in the image. Below the table is a red warning message: 'Warning: Your report has NOT been submitted to DOHMH. Click the final confirmation button below to submit.' At the bottom is a button labeled 'Click here to submit the report to DOHMH'.

- If the user is not ready to submit the report but wants to return to it later, the user can copy the link to the survey queue or email the link. First, select **Get link to my survey queue**.

This screenshot is identical to the one above, showing the 'Survey Queue' page. However, in this image, the 'Get link to my survey queue' button at the top right is highlighted with a red box, indicating the step described in the text.

7. On the next page, the user will be notified that the email was sent successfully.

**Get link to my survey queue** ✕

To obtain your survey queue link, which will allow you to return to your survey queue in the future, you may copy and paste the link displayed in the text box below, or you may have it emailed to you at your email address.

**Copy and paste the survey queue link**

— OR —

**Send the survey queue link in an email**

Send

Close

8. To submit the report to DOHMH the user must click **“Click here to submit to the report to DOHMH.”**

**Survey Queue** Get link to my survey queue

To begin the next survey, click the "Begin survey" button next to the title.

Status	Survey Title	
✔ Completed	Reportable Event	<span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">Edit response</span>
✔ Completed	Foreign Travel	<span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">Edit response</span>
✔ Completed	Congregate Risk	<span style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">Edit response</span>
✔ Completed	Survey Completed	

**Warning: Your report has NOT been submitted to DOHMH. Click the final confirmation button below to submit.**

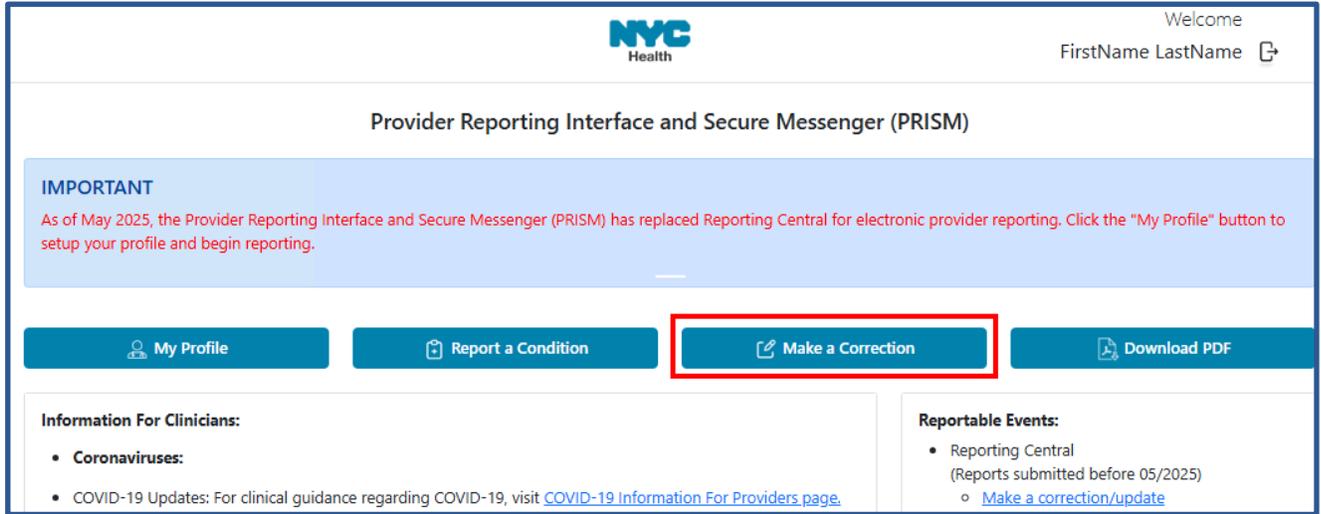
[Click here to submit the report to DOHMH](#)

- After the report is submitted, the user is directed to the “Exit Page” where the user can note the Record ID for future reference and perform various actions, as detailed in section 4.1.



## 5. Correct a Submitted Report

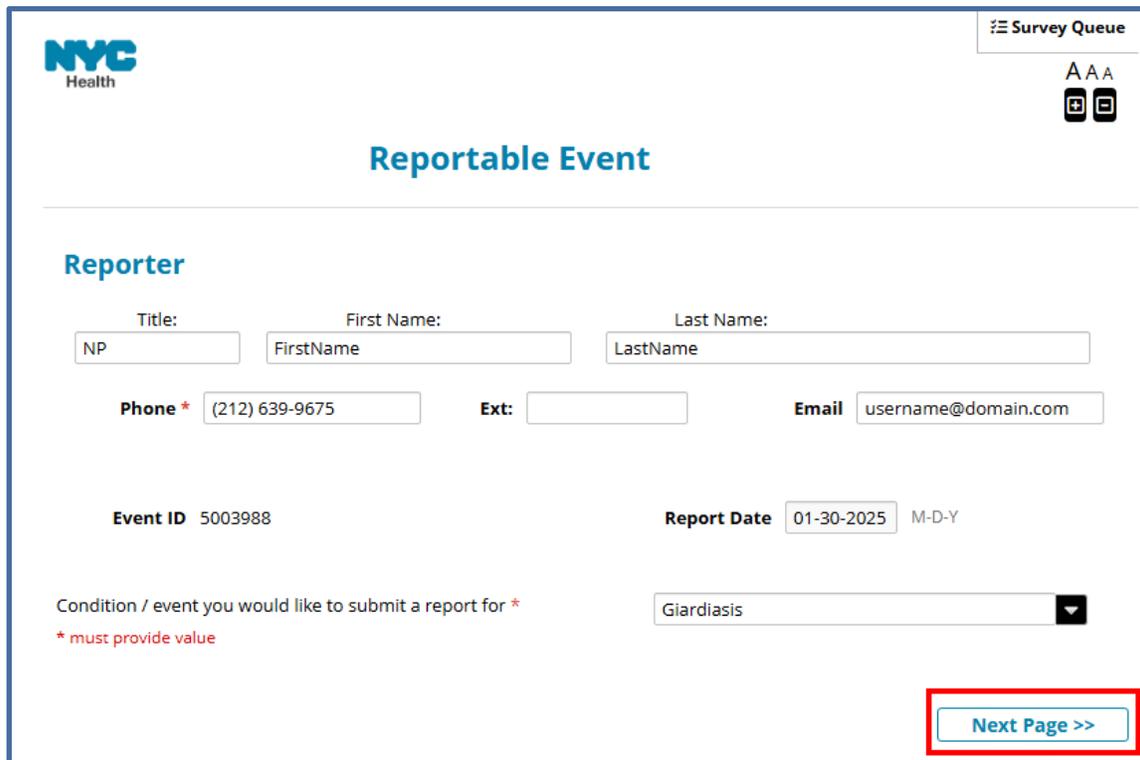
1. After logging into PRISM, the user can edit/make changes to the previous survey by clicking on the **Make a Correction** button.



2. In the pop-up window, enter in the URF/Record ID, patient last name, and patient date of birth (DOB) as previously entered in the system and then click on **Make a Correction** to proceed with modification.

The screenshot shows a 'Make a Correction' pop-up window. It contains three input fields: 'URF ID' with a placeholder 'URF ID\*', 'Patient Last Name' with a placeholder 'Patient Last Name\*', and 'Patient DOB' with a placeholder 'mm/dd/yyyy' and a calendar icon. At the bottom right of the window, there are two buttons: 'Close' and 'Make a Correction'. The 'Make a Correction' button is highlighted with a red rectangular box.

3. A new window opens for the **Reportable Event**. Click on **Next Page** to continue with the correction.



The screenshot shows the 'Reportable Event' form. At the top left is the NYC Health logo. At the top right are links for 'Survey Queue', 'AAA', and accessibility icons. The main title is 'Reportable Event'. Below it is a section for 'Reporter' with the following fields: Title (NP), First Name (FirstName), Last Name (LastName), Phone \* ((212) 639-9675), Ext: (empty), and Email (username@domain.com). Below these are 'Event ID' (5003988) and 'Report Date' (01-30-2025 M-D-Y). A dropdown menu for 'Condition / event you would like to submit a report for \*' is set to 'Giardiasis'. A red asterisk note says '\* must provide value'. At the bottom right, a 'Next Page >>' button is highlighted with a red rectangular box.

4. User will be directed to “Reportable Events” page with the event requested for correction. Click on **Submit** to continue with the correction.
5. User can then navigate through the various sections to make corrections.
6. After the corrections are made, review for accuracy and click on the **Submit** button at the bottom of the form.
7. The user is directed to the **Survey Queue** page to review what has been entered for a specific section before submitting the report to DOHMH. Click “**Click here to submit the report to DOHMH**” to submit the corrected report.

**Survey Queue** Get link to my survey queue

To begin the next survey, click the "Begin survey" button next to the title.

Status	Survey Title
✓ Completed	Reportable Event <span style="float: right;">Edit response</span>
✓ Completed	Foreign Travel <span style="float: right;">Edit response</span>
✓ Completed	Congregate Risk <span style="float: right;">Edit response</span>
✓ Completed	Survey Completed

Warning: Your report has NOT been submitted to DOHMH. Click the final confirmation button below to submit.

[Click here to submit the report to DOHMH](#)

## 6. Application Support/DOHMH Help Desk

1. For non-urgent questions, email [diseasereporting@health.nyc.gov](mailto:diseasereporting@health.nyc.gov)
2. For urgent questions, call the Provider Access Line (PAL) at 866-692-3641
3. For technical support (issues accessing the application, errors with submission, etc.), call the DOHMH Help Desk at 212-766-HELP (4357) - M-F, 9 AM – 5 PM