



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BOARD OF HEALTH**

**Notice of Public Hearing and Opportunity to Comment on
Proposed Amendments to Article 11 of the New York City Health Code**

What are we proposing? The New York City Department of Health and Mental Hygiene (“Department”) is proposing that the New York City Board of Health (“Board”) amend Article 11 (Reportable Diseases and Conditions) of the New York City Health Code (“Health Code”) regarding the Department’s syndromic surveillance program.

When and where is the hearing? The Department will hold a public hearing on the proposed rule. The public hearing will take place from 10:00 a.m. to 11:00 a.m. on Thursday, November 5, 2026. The hearing will be conducted by video conference accessible via internet or telephone:

- **Internet.** To participate in the public hearing, please join this Zoom meeting: <https://health-nyc.zoomgov.com/j/1659545312?pwd=2BfEAdAuAl7s7rrB4PkRDA7Yha0Irt.1>
If prompted to provide meeting ID or password, please enter the following:
Meeting ID: **165 954 5312**, Passcode: **981227**.
- **By phone:** For access, dial: (646) 828-7666 or Toll-free: (833) 568-8864; (833) 435-1820, then please enter the following Meeting ID: **165 954 5312**.

How do I comment on the proposed amendments?

- **Website.** You may submit comments to the Department through the NYC rules website at <https://rules.cityofnewyork.us>.
- **Email.** You may email comments to resolutioncomments@health.nyc.gov.
- **Mail.** You may mail comments to:
New York City Department of Health and Mental Hygiene
Gotham Center, 42-09 28th Street, CN 31
Long Island City, NY 11101-4132
- **Fax.** You may fax comments to Department at 347-396-6087.
- **By speaking at the hearing.** Anyone who wants to comment on the proposed rule at the public hearing must sign up to speak. You can sign up before the hearing by calling Svetlana Burdeynik at 347-396-6078 or by emailing to resolutioncomments@health.nyc.gov. While you will be given the opportunity during the hearing to indicate that you would like to comment, we prefer that you sign up in advance. You can speak for up to three minutes. Please note that the hearing is for accepting oral testimony only and is not held in a “Question and Answer” format.

Is there a deadline to submit written comments? Written comments must be received on or before 5:00 PM on November 5, 2026.

What if I need assistance to participate in the hearing? You must tell us if you need a reasonable accommodation of a disability at the hearing. You must tell us if you need a sign language interpreter. You can tell us by mail at the address given above. You may also tell us by telephone at 347-396-6078. You must tell us by 5:00 p.m. on October 22, 2026.

Can I review the comments made regarding the proposed rules? You may review the online comments made on the proposed rules at <https://rules.cityofnewyork.us/proposed-rules/>. All written comments and a summary of the oral comments received by the Department will be made available to the public within a reasonable time after the hearing by the Department's Office of General Counsel.

What authorizes the Department to make these rules? Subdivisions (b) and (g) of section 558 of the New York City Charter ("Charter") empower the Board to amend the Health Code and to include in the Health Code all matters to which the Department's authority extends.

Where can I find the Department's rules? The rules of the Department, including the New York City Health Code, can be found in Title 24 of the Rules of the City of New York.

What rules govern the rulemaking process? This notice is made according to the requirements of New York City Charter § 1043. The proposed rules amending Article 11 were not included in the Department's Fiscal Year (FY) 2027 regulatory agenda as the Department considered alternative sub-regulatory actions.

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 of the Health Code (Reportable Diseases and Conditions). 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 New York City with respect to control of communicable diseases. The Department is proposing that the Board amend Health Code Section 11.03(d) to modify the scope of the Department's syndromic surveillance program to reflect current practice and provide greater flexibility to identify and monitor a broader range of public health threats.

Originally designed for the early detection of disease outbreaks due to bioterrorism, syndromic surveillance has developed into a key component of the Department's public health surveillance program. It enables rapid detection of disease outbreaks and emerging diseases and conditions, as well as monitoring ongoing public health threats by capturing data about all emergency department visits throughout the city. Syndromic surveillance provides two distinct advantages over traditional surveillance, which depends on healthcare providers and laboratories to report suspected or confirmed cases of disease. First, syndromic surveillance offers greater speed, as reports are sent to the Department in close to real time via a secure electronic transfer system established between the Department and the facilities. Second, it provides broader disease detection capabilities by including information on symptoms, chief complaints, and other details that enable detection of emerging threats *before* diagnosis or in the absence of a specific disease reporting requirement. For example, a single person visiting an emergency department with shortness of breath is not necessarily a public health concern. Multiple patients visiting emergency rooms with similar symptoms within a short period of time, however, could indicate an emerging public health threat. This emerging threat is more likely to be detected, and detected more quickly, with a syndromic surveillance system.

The Department's syndromic system has been invaluable in times of emergency, such as during the COVID-19 pandemic when it was used to better understand epidemiology and disease burden, and during the Canadian wildfires incidents in June 2023 and July 2026, when it was used to identify potential

health impacts of the smoke and deterioration in air quality on New Yorkers. More routinely, syndromic reports are used to monitor the burden of respiratory virus diseases; facilitate case investigations for infectious diseases; identify people diagnosed with a disease who are not in care and who may therefore pose a health risk to others; monitor non-infectious health threats like heat-related illness, hypothermia, gunshot wounds, and overdoses; support quality assurance and improve case reporting; and, critically, rapidly identify potential disease outbreaks and emerging public health threats. In a city with more than eight million residents and more than 60 million visitors annually, these functions are central to protecting public health and safety. Syndromic data, as other public health surveillance data, are subject to strict confidentiality requirements.

The Department is proposing to amend Health Code Section 11.03(d) to strengthen the syndromic surveillance system by removing language that specifies which data elements must be reported in favor of more general language used in other Health Code reporting requirements – namely, that reporting must be "in a form, manner, and frequency specified by the Department." The Department also proposes removing language that limits the Department's ability to require providers to submit personally identifying information to suspected or confirmed outbreaks because such information is necessary for other important public health functions. Other minor language changes are proposed to clarify existing requirements. The proposed changes would align the Health Code with current practice and give the Department greater flexibility to modify the form and content of syndromic reports to meet evolving needs.

Statutory Authority

The authority for these proposed 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.

The proposed amendments are as follows:

Text in [brackets] is to be deleted.

Text underlined is new.

Asterisks (****) indicate 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 (d) 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, is amended to read as follows:

- (d) *Authority for syndromic surveillance.* To ascertain the existence or monitor the progress of an outbreak,[or the occurrence of] an unusual [manifestations] manifestation of disease, [or of] an unusual [diseases] disease, or [conditions] condition of public health interest, as defined in Section 11.01 of this Article, the Department may require reports of all patients seen by emergency departments, urgent care facilities, hospitals, [and] clinics, and [health information organizations which are comprised of] qualified entities that exchange health information for such health care providers, as [such terms are defined in Article 28 of the New York State Public Health Law or

regulation promulgated thereunder, of all patient visits during each 24-hour period] provided in 10 NYCRR Part 300. Such reports shall be made electronically and in a form, manner, and frequency [as may be] specified by the Department. [Reports required by this subdivision may include age, gender, date and time of visit, ZIP code of residence, chief complaint, diagnosis or diagnosis code, disposition, radiographic results, laboratory results and a unique identification number adequate to access the patient's medical record if deemed necessary by the Department to investigate a suspected outbreak. In the event of a suspected or confirmed outbreak, and upon request by the Department, the identity of a patient shall be promptly reported to the Department.]

**NEW YORK CITY LAW DEPARTMENT
DIVISION OF LEGAL COUNSEL
100 CHURCH STREET
NEW YORK, NY 10007
212-356-4028**

**CERTIFICATION PURSUANT TO
CHARTER §1043(d)**

RULE TITLE: Amendment of Rules Relating to Syndromic Surveillance

REFERENCE NUMBER: 2026 RG 030

RULEMAKING AGENCY: Department of Health and Mental Hygiene

I certify that this office has reviewed the above-referenced proposed rule as required by section 1043(d) of the New York City Charter, and that the above-referenced proposed rule:

- (i) is drafted so as to accomplish the purpose of the authorizing provisions of law;
- (ii) is not in conflict with other applicable rules;
- (iii) to the extent practicable and appropriate, is narrowly drawn to achieve its stated purpose; and
- (iv) to the extent practicable and appropriate, contains a statement of basis and purpose that provides a clear explanation of the rule and the requirements imposed by the rule.

/s/ STEVEN GOULDEN
Senior Counsel

Date: August 19, 2026

**NEW YORK CITY MAYOR'S OFFICE OF OPERATIONS
253 BROADWAY, 10th FLOOR
NEW YORK, NY 10007
212-788-1400**

**CERTIFICATION / ANALYSIS
PURSUANT TO CHARTER SECTION 1043(d)**

RULE TITLE: Amendment of Rules Relating to Syndromic Surveillance

REFERENCE NUMBER: DOHMH-168

RULEMAKING AGENCY: Department of Health and Mental Hygiene

I certify that this office has analyzed the proposed rule referenced above as required by Section 1043(d) of the New York City Charter, and that the proposed rule referenced above:

- (i) Is understandable and written in plain language for the discrete regulated community or communities;
- (ii) Minimizes compliance costs for the discrete regulated community or communities consistent with achieving the stated purpose of the rule; and
- (iii) Does not provide a cure period because it does not establish a violation, modification of a violation, or modification of the penalties associated with a violation.

/s/ Francisco X. Navarro
Mayor's Office of Operations

August 19, 2026
Date