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

Notice of Adoption of Amendments to Article 11 of the New York City Health Code

In accordance with section 1043 of the New York City Charter ("Charter") and pursuant to the authority granted to the Board of Health ("Board") by section 558 of said Charter, a notice of intention to amend Article 11 of the New York City Health Code ("Health Code") was published in the City Record on October 27, 2023 inviting the public to offer comments on these amendments. The New York City Department of Health and Mental Hygiene ("Department") held a public hearing on these amendments on November 27, 2023. No one spoke at the public hearing and no written comments were received. The Department has not made any changes to the proposed amendments and requests that the Board adopt the amendment text as published in the City Record.

At its meeting on December 19, 2023, 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 required to be reported pursuant to Article 11 (Reportable Diseases and Conditions) of the Health Code.

To conduct more effective, timely and complete disease surveillance and control, the Board now amends Article 11 of the New York City Health Code as described below.

Reporting Carbapenem-Resistant Organism (CRO) from Animals
Carbapenems are a class of antibiotics that are effective against many types of bacteria, including bacteria that may be resistant to other types of antibiotics. The Department is requesting that the Board amend Health Code §11.25(a)(2) to add carbapenem-resistant organisms (CRO) to the list of reportable diseases in animals, making it reportable by veterinarians, animal care professionals, and veterinary diagnostic laboratories.

Antimicrobial resistance is a growing threat to humans and animals.[i] Like people, animals can be infected with CROs, and like human healthcare facilities, veterinary hospitals can have CRO outbreaks. While the risk of CRO-infected animals to human health is unknown, suspected CRO transmission has occurred between veterinary professionals and animal patients.[ii] And human and animal bacteria are routinely shared between owners and pets living in the same household, showing the potential for CRO transmission in households.[iii]

CROs have been detected in animals in the United States. In 2018, a cluster of animals with CRO was identified at a Philadelphia veterinary facility. The facility, in collaboration with the local health department, used multiple interventions to control CRO spread among veterinary patients.[iv,v] CRO infections are already being detected in NYC pets, as seen by data shared by a high-volume NYC veterinary hospital. A 2017 retrospective analysis from this facility identified 32 CROs cultured from pets over a five-month period. Currently, there are no routine mechanisms for the Department to be notified

about CRO infections among animals in real time to enable molecular characterization, infection prevention, and containment in animal care facilities.

One Health is a collaborative, multidisciplinary approach, born from the idea that human health is deeply connected to animal and environmental health. In a 2019 report on Antibiotic Resistant Threats in the United States, CDC emphasized that a One Health approach is critical for combating antibiotic resistance.[i] CDC highlighted that to address gaps in the fight against antibiotic resistance, we need state and local tools to detect and respond to antibiotic-resistant threats; improved local antibiotic resistance data to better understand trends and inform outbreak response; and increased collaboration between public health and health care to prevent the spread of resistant organisms.

This Health Code amendment uses a One Health approach to address the needs outlined by CDC and this revision is consistent with recently proposed changes for human CRO reporting in NYC. By making CROs in animals reportable, the Department will be better equipped to monitor CRO trends in animals, identify risk factors for CROs in animals, and guide interventions for CRO prevention and containment.

Statutory Authority

The authority for this amendment is found in Sections 556, 558 and 1043 of the 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 adopted rule to read as follows:
Note:
Matter in [brackets] is to be [deleted].
Matter <u>underlined</u> is <u>new</u>.
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 paragraph 2 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 include carbapenem-resistant organisms to the list of reportable animal diseases communicable to humans, in alphabetical order, and for such list to now read as follows:

§11.25 Reports and control of animal diseases communicable to humans.

(a) *Diseases reportable.*

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(2) Animals infected with any of the diseases set forth in this paragraph shall be reported to the Department within 24 hours of confirmed diagnosis by telephone or in writing by submission of a report form via facsimile, mail or in an electronic transmission acceptable to the Department:

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Carbapenem-resistant organisms

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[i] CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019. www.cdc.gov/DrugResistance/Biggest-Threats.html

[ii] Endimiani A, Brilhante M, Bernasconi OJ, et al. Employees of Swiss veterinary clinics colonized with epidemic clones of carbapenemase-producing Escherichia coli. *J Antimicrobial Chemother*. 2020;75(3):766-8. https://academic.oup.com/jac/article/75/3/766/5670592?login=true

[iii] Song SJ, Lauber C, Costello EK, et al. Cohabiting family members share microbiota with one another and with their dogs. *Elife*. 2013 Apr 16;2:e00458. https://elifesciences.org/articles/00458.pdf

[iv] Gould JM, Cole SD, Ryan MJ, et al. A collaborative public health and veterinary facility approach to an NDM-5 Escherichia coli outbreak. *Infection Control & Hospital Epidemiology*. 2020;41(S1):s452-3. https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/collaborative- public-health-and-veterinary-facility-approach-to-an-ndm5-escherichia-coli- outbreak/B25F0BEA932379CD1B096C318281ED09

[v] Lavigne SH, Cole SD, Daidone C, Rankin SC. Risk factors for the acquisition of a blaNDM-5 carbapenem-resistant Escherichia coli in a veterinary hospital. *J Am Anim Hosp Assoc*. 2021;57(3):101-5. https://meridian.allenpress.com/jaaha/article-abstract/57/3/101/463229/Risk-Factors-for-the-Acquisition-of-a- blaNDM-5.