



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 June 21, 2023 inviting the public to offer comments on these proposed amendments. The New York City Department of Health and Mental Hygiene (“Department”) held a public hearing on these proposed amendments on July 21, 2023. One person spoke at the public hearing on general matters not directly related to the proposal and no written comments were received. The Department has not made any changes to the proposed amendments and requests that the Board adopt the proposed amendment text as published in the City Record. At its meeting on October 24, 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 listed in Article 11 (Reportable Diseases and Conditions) of the Health Code. In addition, the Department is required to comply with various provisions of Part 2 of the New York State Sanitary Code, found in Title 10 of the New York Codes, Rules and Regulations, with respect to control of communicable diseases.

To allow the Department 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.

Alpha-Gal Syndrome Reporting

Alpha-gal syndrome (AGS) is an allergic reaction resulting from exposure to galactose- α -1,3-galactose (alpha-gal), a sugar molecule found in most mammalian meats (e.g., beef, pork, lamb) and products made from mammals (milk, milk products and gelatin). AGS can be a severe or life-threatening allergic reaction characterized by hives or an itchy rash, nausea, vomiting, diarrhea, heartburn, cough, shortness of breath, drop in blood pressure, severe stomach pain, dizziness, or swelling of the lips, throat, tongue or eyelid. There is growing evidence suggesting that the increasing number of cases of AGS are triggered by the bite of a lone star tick (*Amblyomma americanum*).^{1,2,3} The lone star tick has been found in limited areas of New York City as well as in New York State and other neighboring jurisdictions.

¹ Centers for Disease Control and Prevention. Alpha-gal Syndrome. <https://www.cdc.gov/ticks/alpha-gal/index.html>.

² Mitchell, C.L., Lin, F.C., Vaughn, M. *et al.* Association between lone star tick bites and increased alpha-gal sensitization: evidence from a prospective cohort of outdoor workers. *Parasites Vectors* 13, 470 (2020). <https://doi.org/10.1186/s13071-020-04343-4>

³ Park Y, Kim D, Boorgula GD, De Schutter K, Smagghe G, Šimo L, Archer-Hartmann SA, Azadi P. Alpha-Gal and Cross-Reactive Carbohydrate Determinants in the N-Glycans of Salivary Glands in the Lone Star Tick, *Amblyomma americanum*. *Vaccines*. 2020; 8(1):18. <https://doi.org/10.3390/vaccines8010018>

There is little epidemiological knowledge of the actual number of people with AGS due to the lack of reporting. Receiving laboratory reports of AGS test results will enable the Department to better understand the burden of disease and the demographic characteristics of the affected population. Preventing tick bites is the most impactful way of reducing the number of AGS cases and knowing in which neighborhoods cases reside will allow for targeted outreach and education. In 2021, the Council of State and Territorial Epidemiologists (CSTE) released a position statement that created a standardized case definition for AGS to enable improved surveillance by state and local health departments.

The Board now amends Health Code §11.03(a) to require laboratories to report to the Department all positive AGS test results. Reporting of AGS test results will improve our knowledge about the incidence and prevalence of AGS and will help to inform tick prevention programming.

Carbapenem-Resistant Organisms (CROs) Reporting

Certain carbapenem-resistant organisms (CRO) were classified by the Centers for Disease Control and Prevention (CDC) in 2019 as an urgent threat to public health. Organisms resistant to carbapenems are often resistant to commonly used antibiotics, severely limiting treatment options. Carbapenem-resistant *Acinetobacter baumannii* (CRAB), a type of CRO, caused an estimated 8,500 infections in hospitalized patients and 700 deaths in the United States in 2017, the most recent year for which national data is available.⁴ In 2022, the CDC began investigating an outbreak of another CRO, carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), associated with the use of artificial tears, involving at least 81 patients in 18 states (as of May 15, 2023), including New York City.⁵

CRO infections usually occur in hospitals, nursing homes and other high-acuity healthcare settings. Patients whose care requires devices like ventilators and catheters and those who are taking long courses of certain antibiotics are most at risk for CRO infections. Carbapenem-resistant Enterobacterales (CRE), a type of CRO, and formerly known as carbapenem-resistant Enterobacteriaceae, was made reportable to the Department by the Board in 2018. The annual number of reported confirmed CRE cases among residents of New York City has steadily increased since CRE became reportable in 2018, with a preliminary total of 1,165 in 2022. Though there is currently no requirement to report confirmed cases of CRPA and CRAB, some laboratories are voluntarily reporting these cases. One commercial laboratory reported 54 CRE, 40 CRPA and 97 CRAB cases in 2022.

An expansion of reporting to include CRPA, CRAB and other CRO will provide vital epidemiological information regarding the transmission and evolution of CRO; assist in the identification of cases and outbreaks to ensure rapid implementation of infection control precautions and improve our understanding of CRO incidence and prevalence in New York City to inform targeted public health action and combat continued spread. CSTE recommends that jurisdictions enact requirements for reporting of certain CRO.⁶

⁴ CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019 <http://www.cdc.gov/drugresistance/Biggest-Threats.html>.

⁵ Outbreak of Extensively Drug-resistant *Pseudomonas aeruginosa* Associated with Artificial Tears, HAI, CDC. March 21, 2023. <https://www.cdc.gov/hai/outbreaks/crpa-artificial-tears.html>.

⁶ Council of State and Territorial Epidemiologists. Infectious Disease Committee Position Statement 122-ID-04: P Change in Case Definition from Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) to

The Board now amends Health Code §11.03(a) to require laboratory reporting to the Department of CRO test results. CRE has been removed as a separate condition from the disease reporting list because the addition of CRO subsumes and includes such condition. Requiring reporting of all CRO will improve our understanding of these organisms and help combat their spread.

Statutory Authority

The authority for these 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 amended rule now reads as follows:

Note: Matter in brackets [] is to be [deleted].
Matter 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 (a) 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, be amended to include laboratory-confirmed alpha-gal syndrome and laboratory-confirmed carbapenem-resistant organisms to the list of Department-reportable diseases, in alphabetical order, and to remove laboratory-confirmed Enterobacteriaceae, carbapenem-resistant (CRE), from such list as this condition would be subsumed and included under CRO reporting, and for such list to now read as follows:

§ 11.03 Diseases and conditions of public health interest that are reportable.

(a) Cases and carriers affected with any of the following diseases and conditions of public health interest, and persons who at the time of their death were apparently so affected, shall be reported to the Department as specified in this article:

Alpha-gal syndrome, laboratory-confirmed (reporting requirement applicable to laboratories only)

Carbapenem-resistant organisms, laboratory-confirmed (reporting requirement applicable to laboratories only)

[*Enterobacteriaceae*, carbapenem-resistant (CRE), laboratory-confirmed (reporting requirement applicable to laboratories only)]
