

Dutchess County Department of Health Presents

PUBLIC HEALTH SERVICES & REPORTING REQUIREMENTS



At Your Fingertips

Dutchess County Department of Health

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You may contact the Public Health Information, Planning, and Education Division at (845) 486-3421, if you have any questions or if you need additional copies of these materials.

COMMUNICABLE DISEASE

(845) 486-3401

PUBLIC HEALTH SERVICES

Consultation

DCDOH offers consultation regarding screening, diagnosis, treatment, follow-up and referral as part of their disease intervention, surveillance, and education activities. Assistance is available in areas such as accessing laboratory services, confirming diagnoses, recommending prophylactic measures for family members, and offering isolation and quarantine guidance.

Patient Location and Treatment Compliance

Assistance is available for patients with certain communicable disease(s).

REPORTING

Physicians must report communicable diseases listed in attached **Table 1** to DCDOH within 72 hours. Those listed in red/bold/underlined require immediate reporting.

- You may phone in confidential case report.
- You may also fax confidential case report form (**DOH-389**), or
- Mail confidential case report form (**DOH-389**).

Diseases listed in red/bold/underlined in **Table 1** must be reported by phone or fax, followed by submission of form **DOH-389**.

Phone # (845) 486-3401 (Monday – Friday 9 – 5)
After Hours Phone # (845) 431-6465
Fax # (845) 486-3564
Mailing Address: DCDOH Att: CDCD 387 Main St. Poughkeepsie, NY 12601

DOH-389 forms are available by calling (845) 486-3401.

Physicians should also report by phone:

- Outbreaks or clusters of any communicable disease.
- Unusual illness.
- Cases involving high risk settings; such as food, health and child care services.

Specific sections of this guide have been devoted to the public health services provided by DCDOH and the necessary reporting requirements for the following communicable diseases:

- HIV/AIDS
- Sexually Transmitted Diseases (other than HIV/AIDS)
- Tuberculosis

Table 1

By statute (10 NYCRR 2.10A), effective 08/2000, the following must be reported to the DCDOH within 24 hours. Diseases in bold must immediately be reported by telephone or fax and followed by submission of Form **DOH-389**.

Amebiasis	HIV	Salmonellosis
Animal bites for which rabies prophylaxis is given*	Legionellosis	SARS
<u>Anthrax</u>	Listeriosis	Shigatoxin-producing infection
Babesiosis	Lyme Disease	Shigellosis
<u>Botulism</u>	Lymphogranuloma venereum (LGV)	<u>Smallpox</u>
<u>Brucellosis</u>	Malaria	St. Louis Encephalitis
California Encephalitis	<u>Measles</u>	Staphylococcal Enterotoxin B
Campylobacteriosis	<u>Meiliodosi</u>	Poisoning
Chancroid	Meningitis (Aseptic & Viral)	Staphylococcal Aureus
Chlamydia trachomatis	<u>Meningitis (Haemophilus)</u>	<u>Streptococcal Infection (Group A beta-hemolytic strep)</u>
<u>Cholera</u>	<u>Meningitis (Meningococcal)</u>	Streptococcal Infection (Group B strep)
Cryptosporidiosis	Meningitis Other (specify type)	Streptococcal Infection (Invasive disease)
Cyclosporidiosis	<u>Meningococemia</u>	Streptococcus pneumoniae
<u>Diphtheria</u>	Monkey Pox	<u>Syphilis (specify stage) **</u>
E. Coli 0157:H7	Mumps	Tetanus
Eastern Equine Encephalitis	Pertussis	Toxic shock syndrome
Ehrlichiosis (HGE,HME)	<u>Plague</u>	Trichinosis
<u>Encephalitis</u>	<u>Poliomyelitis</u>	<u>Tuberculosis</u>
<u>Food borne illness</u>	Powassan Viral Encephalitis (POW)	<u>Tularemia</u>
Giardiasis	Pregnant Hepatitis B infection	<u>Typhoid</u>
<u>Glanders</u>	Psittacosis	Vibriosis
Gonorrhea	<u>Q Fever</u>	<u>Viral Hemorrhagic Fever</u>
Haemophilus Influenza	<u>Rabies</u>	West Nile Virus
Hantavirus	Rocky Mountain Spotted Fever	Yellow Fever
Hemolytic Uremic Syndrome (HUS)	<u>Rubella (including congenital rubella syndrome)</u>	Yersiniosis
Hepatitis A (HAV)		
<u>Hepatitis A in a food handler</u>		
Hepatitis B (HBV)		
Hepatitis C (HCV)		

* Animal Bites - Health care providers must immediately report suspected rabid animals and persons exposed to them to the Environmental Health Services Division, DCDOH at (845) 486-3404. The full name, age, address and telephone number must be provided of any person under care, observation or who has been exposed to any animal suspected of having ** rabies. All pertinent facts relating to such exposure must be provided.

** Syphilis - Report by phone any non-treponemal test $\geq 1:16$ or any positive prenatal or delivery test regardless of titer; all others may be reported by mail.

PUBLIC HEALTH SERVICES

Confidential and Anonymous HIV Counseling and Testing

Confidential and Anonymous HIV Counseling and Testing is provided. DCDOH offers HIV counseling and testing at walk-in clinics at 387 Main St., Poughkeepsie on Mondays from 1:00 to 4:30 pm and by appointment. Please call **(845) 486-3401** to schedule an appointment.

Partner Notification Assistance Program (PNAP)

(845) 486-3452

DCDOH assists HIV-infected patients and their health care providers in contacting persons who may have been exposed. DCDOH will attempt to notify and counsel contacts regarding their potential exposure. Field testing is a component of partner notification service. PNAP training is also available for healthcare providers.

REPORTING

HIV/AIDS Reporting

As of June 2000, HIV infection became reportable. Upon initial determination that a person is infected with HIV or upon initial diagnosis that a person has AIDS or HIV-related illness, physicians and laboratories are required to report the person's name to the AIDS Epidemiology Program listed below. The patient's name will remain confidential.

Cases should be reported using both of the following forms:

- Medical Provider HIV/AIDS and Partner Report Form (DOH 4189)
- Additional Partner/Contact Report Form (4189A).

Mail forms to the address below. Forms can be obtained by calling **(518) 474-4284**.

AIDS Epidemiology Program
PO Box 2073
ESP Station
Albany, NY 12220
Telephone: (518) 474-4284

DO NOT report HIV/AIDS directly to DCDOH.

**COMMUNICABLE DISEASE:
SEXUALLY TRANSMITTED DISEASE (STD)**

(845) 486-3401

PUBLIC HEALTH SERVICES

Effective prevention of disease transmission begins with infections that are properly diagnosed, appropriately treated and fully reported to the local health unit in a timely and complete manner in accordance with the established laws and regulations.

Sexually Transmitted Disease Partner Notification

To achieve maximum disease intervention, a Public Health Advisor will conduct a STD interview/counseling session without delay after the confirmed infection is reported to DCDOH. The rationale for this activity is:

- To assure that appropriate treatment has been prescribed,
- Educate the patient about the specific ramifications of the particular infection,
- Answer questions and offer educational materials regarding sexually transmitted infections,
- Discuss and obtain information about others who are potentially exposed,
- Assist in the notification and assure testing and treatment of all elicited contacts in a confidential and professional manner, and promote responsible health behavior that will interrupt disease transmission and prevent future infection.

REPORTING

The sexually transmitted diseases listed below should be reported by:

Phone (845) 486-3401. After hours messages can be left at (845) 486-3452
Fax # (845) 486-3564 and/or
Mail to: DCDOH Att: CDCDC 387 Main St., Poughkeepsie, NY 12601

For reporting the sexually transmitted diseases listed below utilize the **DCDOH Sexually Transmitted Disease Reporting Form**. These forms are available by calling **(845) 486-3401**.

Chancroid

Chlamydia trachomatis

Gonorrhea

Hepatitis A, B, C

Lymphogranuloma venereum

Syphilis - It is mandatory to report by phone any non-treponemal test $\geq 1:16$ or any positive **prenatal or delivery test** regardless of titer.

HIN ID # _____

Return Completed Forms to:
Andrew Evans, Senior PHA
387 Main St., Poughkeepsie, NY 12603
Telephone: 845-486-3401, Fax: 845-486-3564

Dutchess County Dept of Health Sexually Transmitted Disease Reporting

According to Section 2.1 of the New York Sanitary Code, all of the following information is required to complete an STD Report.

Patient's name: _____ DOB: ____/____/____ Sex: M F
Last First

Address: _____ Phone number: _____
Number and Street

City, Town, Village Zip Code

Race: White Black Native American/Alaskan
 Asian: Other Unknown

Marital Status: Single Married Unknown Other:
Pregnant ? Y _____weeks N Unknown Occupation: _____
Hospitalized? N Y Hospital: _____ Date Admitted: _____ MR#: _____ Employer include telephone: _____

Please circle all that apply

DISEASE: Chlamydia Gonorrhea Syphilis LGV Chancroid Other:

Laboratory Data:

Date of Test: ____/____/____ Laboratory Name: _____

Type of specimen (site)- Blood Cervical Urethral (Penile) Vaginal Pool Throat
 Cord Blood CSF Urine Anal Other:

Results:

Gram Stain Pos Neg Equiv Unk Not Done
Elisa/EIA/IFA: Pos Neg Equiv Unk Not Done
DNA (genprobe) Pos Neg Equiv Unk Not Done
NAAT Pos Neg Equiv Unk Not Done
DFA Pos Neg Equiv Unk Not Done
LCR Pos Neg Equiv Unk Not Done
Culture Pos Neg Equiv Unk Not Done
RPR ~ ART ~ VDRL (circle one) Reactive 1:____ Non Reactive Equiv Unk Not Done
FTA ~ MHA ~ TPPA ~ IGG (circle one) Reactive Non Reactive Equiv Unk Not Done
Other tests: _____

Previous Syphilis Information

Clinical Information:

Prenatal Screening Routine Exam Pap
Check Box Y= Yes, N=No, or UNK= Unknown
Discharge Y N Unk Date of Onset: ____/____/____
Dysuria (Painful urination) Y N Unk Date of Onset: ____/____/____
Abdominal Pain Y N Unk Date of Onset: ____/____/____
Abnormal Bleeding Y N Unk Date of Onset: ____/____/____
Lesion / Rash Y N Unk Date of Onset: ____/____/____
Burning / Itching Y N Unk Date of Onset: ____/____/____
Other symptoms: _____ Date of Onset: ____/____/____

Primary reason(s) for examination: _____

Treatment- Reporting Physician or Facility

Date of Treatment: ____/____/____ Medication(s) and Dosage(s): _____

Physician Name: _____ Telephone: (____) _____

Address: _____ Date of Report: _____

**COMMUNICABLE DISEASE:
TUBERCULOSIS**

(845) 486-3423

PUBLIC HEALTH SERVICES

Treatment for Active TB and LTBI

The DCDOH provides free chest X-rays, physician exams, medication and lab work for persons with LTBI or active TB who are uninsured or under insured at the monthly pulmonary clinic, held the first Wednesday of each month by appointment.

Directly Observed Therapy (DOT)

Currently the standard of care, Directly Observed Therapy is available for all cases of tuberculosis. DOT is also provided free of charge for patients diagnosed with LTBI who are determined to be at high risk for non-compliance. Included in the standard of care for all active cases is to provide DOT free of charge.

Mantoux Skin Test Clinics

Free walk-in clinics are available: Mondays (except holidays) at DCDOH, 387 Main Street, Poughkeepsie from 1:30 pm to 3:00 pm.

Persons tested must return for reading on Thursday of the same week at the same time.

REPORTING

It is a requirement of New York State Sanitary Code that all suspects and active Tuberculosis cases be reported within 24 hours. Tuberculosis reports are mandatory if any of the following criteria are met:

- Positive AFB smear (culture pending)
- Clinically suspected pulmonary **OR** extrapulmonary case when isolation or treatment is initiated.

Tuberculosis reports should be called in to **845-486-3505**.
After-hours - **(845) 431-6465**.

EMERGENCY PREPAREDNESS

Dutchess County has a comprehensive plan, entitled Health Emergency Response Plan, to help prepare the community for possible public health emergencies, including those caused by natural or intentional emergencies. While the memories of September 11th and the anthrax scares are fading, the chances of such intentional attacks have not diminished.

Healthcare providers play an important role in detection and response to a public health emergency. An early detection of a cluster or an unusual illness will likely present first at the doorsteps of a healthcare provider. An alert provider would be the first to inform the health department, giving an early start to the investigation process.

Steps to Healthcare Provider Preparedness:

As a healthcare provider the following steps can help you to be better prepared:

- Become familiar with signs and symptoms of the illnesses caused by weapon is able biological agents. Resources are found at the DC website at: www.co.dutchess.ny.us/CountyGov/EmergencyServices/EShealthprofessional.htm
- Report clusters of illnesses or unusual illnesses to the DCDOH, Communicable Diseases at **(845) 486-3401 (Monday–Friday 9:00 am to 5:00 pm) or After Hours Phone # (845) 431-9111.**
- Follow standard precautions
- Provide information and routine care to the patients during an event Become familiar with the emergency plans of the affiliated hospitals
- Get accurate information at the Health Alert Network by subscribing to HPN (Health Providers Network) by sending an email to: hpn_outreach@health.state.ny.us with the subject line reading “HPN Request, <Your name>, <The County where You are located>” .

Example: “HPN Request, John Smith, MD, Dutchess County.” Include the following information in your email: Your full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe); your date of birth; your direct office telephone number; your office fax number; your direct e-mail address; and your mailing address.
- Consider Emergency Volunteer Opportunities by joining the Dutchess County Medical Reserved Corps, to find out more, please call **(845) 486-2080**. For more information, refer to the DC website at: www.co.dutchess.ny.us/CountyGov/EmergencyServices/ESMedResCorps.htm
- Prepare a personal emergency preparedness plan
- Establish a business continuum of operations plan
- Join the Dutchess County Medical Reserve Corps
- Work in collaboration as a partners, with the county as and avenue for mass vaccination.

EARLY CHILDHOOD DEVELOPMENT

PUBLIC HEALTH SERVICES

Child Find

Child Find is to ensure that infants and toddlers at risk of developmental delays and disabilities are identified and have their development monitored. Public Health Nurses educate parents and make referrals to community services including EIP.

Early Intervention Program (EIP)

The Early Intervention Program (EIP) helps children up to age 3 who have developmental delays or disabilities. It provides evaluation, service coordination, special instruction, speech, occupational, and physical therapy, and other services. Insurance is accessed, but families are not charged.

REFERRAL

Child Find Referral

845-486-3419

Referrals to Child Find should be made for infants and toddlers with any of the risk factors listed below.

Neonatal

<ul style="list-style-type: none">• Birth weight <1501 grams• Gestational age <33 weeks• Central nervous system insult or abnormality• Congenital malformations• Asphyxia• Abnormalities in muscle tone• Hyperbilirubinemia (>20 mg/dl)• Hypoglycemia (serum glucose <20 mg/dl)	<ul style="list-style-type: none">• Inborn metabolic disorder• Perinatally or congenitally transmitted infection• 10 days in neonatal intensive care unit• Maternal PKU• Suspected hearing impairment• Suspected vision impairment• Maternal prenatal alcohol or drug abuse• Prenatal exposure to therapeutic drugs with developmental effects
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Post-neonatal/ early childhood

<ul style="list-style-type: none">• Parental concern about developmental status• Blood lead >19 ug/dl• Illness or injury with developmental implications and requiring ≥10 days in pediatric intensive care	<ul style="list-style-type: none">• Growth deficiency/nutritional problems• Serious otitis media ≥3 months• HIV infection
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Additional risk criteria

<ul style="list-style-type: none">• No prenatal care• Parental developmental disability or serious and persistent mental illness	<ul style="list-style-type: none">• Parental alcohol or drug abuse• No well child care by 6 months or significant delay in immunizations
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Early Intervention Referral (EIP)

(845) 486-3518

With parents' permission, physicians should refer infants and toddlers from birth through age 2 who are suspected of having a disability, developmental delay and/or diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (as listed below).

If the parent prefers to self refer or if parent objects to a physician referral, the physician should give the parent the above phone number of EIP. Physician's office should follow up with the parent within two months to seek to refer the child.

Starting at about 2 years 6 months children should be referred to their school district's Committee on Preschool Special Education.

Referrals to EIP should be made within 2 working days when any of the following conditions are present:

- Chromosomal abnormalities associated with developmental delay, such as Down Syndrome.
- Clinical evidence of central nervous system abnormality following infection of the brain or spinal injury
- Delay in cognitive, adaptive, social/emotional, physical or communication development.
- Diagnosed hearing impairment that cannot be corrected.
- Diagnosed psychiatric condition, such as reactive attachment disorder.
- Diagnosed visual impairment that cannot be corrected.
- Emotional or behavioral disorder, such as a delay in achieving emotional milestones.
- Neuromuscular disorder.
- Syndromes or conditions associated with developmental delay, such as fetal alcohol syndrome.

IMMUNIZATIONS

(845) 486-3409

PUBLIC HEALTH SERVICES

Patient Follow-up

Physicians may request assistance from Public Health Nurses to encourage compliance with immunization schedules.

Professional Consultation

Under the Provider Based Immunization Initiative (PBII), DCDOH will review a medical practice's immunization procedures and offer suggestions for increasing immunization rates. Program is voluntary.

DCDOH can provide the latest information on recommended immunization practices.

DCDOH provides the following Immunization Clinics:

Children's Immunization Clinics

Children's Immunization Clinics are held monthly throughout Dutchess County. All routinely recommended immunizations are offered. Records of previous immunizations must be brought to the clinic. To be eligible to attend these clinics children must be 18 years of age and younger. Children 17 years of age or younger must be accompanied by a parent/guardian. There is no fee for this service. For dates and times of clinics call **(845) 486-3409**.

Adult Immunization Clinics

Adult Immunization Clinics are held twice per month for recommended adult immunizations. No appointment is necessary. There is a fee for this service. The clinic is located at DCDOH 387 Main Street, Poughkeepsie. For dates and times of clinics call **(845)-486-3409**.

Immunization for International Travel

Immunization and health advice are offered at clinics held twice per month. Clinics are by appointment. A wide range of vaccines including hepatitis A, hepatitis B, meningococcal meningitis, yellow fever, and typhoid are available. There is a fee for this service. The clinic is held at DCDOH 387 Main Street, Poughkeepsie. For more information and to schedule an appointment call **(845) 486-3504**.

Influenza and Pneumonia Immunization Program

Influenza and pneumonia immunization clinics are held throughout Dutchess County during October and November. Immunizations are offered to adults at high risk for complications following influenza, and adults at greatest risk for transmission of disease to persons at high risk. Medicare Part B is accepted as payment. The clinic schedule is published in the Poughkeepsie Journal in September and is available by calling the Influenza immunization hotline number at **(845) 486-3435**.

LABORATORY CONSULTATION SERVICES
Communicable Disease or Suspect BT Exposures

(845) 486-3401

Private physicians are strongly encouraged to consult with DCDOH at the above telephone number regarding the collection, processing and shipment of:

- **Certain communicable disease specimens and/or**
- **Clinical specimens from persons exposed to suspect bio-terrorist agents.**

Bacteriologic and viral specimens for such agents as West Nile Virus, Salmonella sero-typing, e coli 0157 confirmation and others will be referred to the NYSDOH Wadsworth / Griffen Labs for confirmation.

Clinical and environmental suspect bio-terrorist agent samples will be referred to Westchester Medical Center Level 3 laboratory.

LEAD POISONING

(845) 486 -3419

PUBLIC HEALTH SERVICES

Elevated Blood Lead Levels

Public Health Nursing will provide the following services:

- Home visiting
- Developmental screening
- Tracking and recall
- Health education
- Nutritional education

Environmental Health Services will provide the following services:

- Investigation to identify sources of lead exposure and
- Follow up to make sure corrective action has been taken. DCDOH has the authority to enforce its recommendations.

REPORTING

Elevated Blood Lead Levels

All children with a confirmed venous BLL greater or equal to 15mcg/dL to receive environmental management services.

Venous confirmation is required of all BLL greater than or equal 10mcg/dL.

New regulations impact all children up to age eighteen years of age.

All children under the age of eighteen who have a BLL greater than or equal to 45 mcg/dL, must be reported to the Dutchess County Department of Health with in 24 hours of laboratory notification.

PUBLIC HEALTH SERVICES

Assessment, Support & Coordination

Physicians may request Public Health assessment and follow-up for pregnant women, mothers, and young children who are at risk. Risks include:

	<u>Mother</u>	<u>Child</u>
<ul style="list-style-type: none">• Age 16 or under• Mental illness or retardation• Poor prenatal follow-up• HIV positive• Physical difficulty affecting parenting• Known fetal anomaly• Gestational diabetes	<ul style="list-style-type: none">• Poor nutrition• Lack of parenting, coping skills• Post-partum depression• Substance abuse• Lack of support system• Child-Protective involvement• Preeclampsia	<ul style="list-style-type: none">• Low birth weight• Diagnosis requiring nursing follow-up• Under 32 weeks gestation• Asthma• Inborn metabolic disease• Immunization delays• Failure to thrive

Maternal/Child Home Visiting

The Maternal Child Home Visiting Program works directly with pregnant and parenting women and families of infants and young children providing nursing assessment, developmental testing, health education and case management and referral services. Coordination with community agencies is essential to the plan of care for these families.

Home visiting services include:

- Perform physical and psychosocial nursing assessments of mothers, infants and children.
- Assess nutritional status of mothers, infants and children and provide education and referral to Women, Infants and Children Nutrition Program (WIC) and/or other nutrition assistance programs.
- Monitor growth and development of all infants and children.
- Screen *all* infants and children for developmental delays and provide developmental surveillance for those identified at risk.
- Refer infants and children with developmental delays to the Early Intervention Program (EIP).
- Identify family strengths and weaknesses and provide health education as needed.
- Provide education to promote positive parent-child interaction.
- Identify families at risk for child abuse and neglect; as well as provide support services and referrals to child abuse prevention programs and/or agencies.

- Provide domestic violence screening and refer to domestic violence advocacy agency.
- Provide childhood immunization information and education.
- Perform home evaluations and provide injury prevention education including lead poisoning prevention.
- Provide case management and assists families to access community resources and primary health care.

Children in Foster Care

The Department of Social Services refers all foster care children under the age of 3 to Public Health Nursing for developmental surveillance. This surveillance program ensures the healthy development of foster care children and support foster care families.

Newborn Screening

Each newborn in New York State is tested for metabolic diseases, HIV infection and hearing. NYSDOH and local hospitals refer those newborns that have positive or incomplete results to Public Health Nursing for follow-up. The Public Health Nurses locate these families and arrange for re-testing and medical follow-up.

Eastern Dutchess Maternity Clinic

(845) 677-4000

The Eastern Dutchess Maternity Clinic is a Prenatal Care Assistance Program (PCAP) through NYSDOH. PCAP offers complete pregnancy care and other health care services to women and teens that live in New York State. The following services are offered:

- Routine prenatal and postpartum care, lab work, and access to specialists.
- Hospital care during pregnancy and delivery.
- Education about pregnancy, labor, and delivery.
- Home visiting by a Public Health Nurse for education and case management as needed throughout prenatal and postpartum period.
- Education about diet, prenatal vitamins, and appropriate weight gain by a Registered Dietician.
- HIV counseling and testing.
- Facilitated enroller on site to assist with Medicaid application and processing. Assistance in applying for WIC, Child Health Plus, and Family Health Plus.
- Breastfeeding education and support by a Certified Lactation Consultant.
- Smoking cessation classes for pregnant women and their partner.
- Full health care for the pregnant woman until two months postpartum.
- Healthcare for the infant for one year after birth.

OFFICE OF THE MEDICAL EXAMINER

(845) 431-9177
24 hours a day, 7 days a week

JURISDICTION IN DEATH INVESTIGATIONS

The Office of the Medical Examiner has jurisdiction and authority to investigate the death of any person who dies within the County of Dutchess, or whose body is found within the County under the following circumstances:

- Any violent death, whether by criminal violence, suicide or casualty.
- Any death caused by an unlawful act or an act of criminal neglect.
- Any death occurring in a suspicious, unusual or unexplained manner.
- Any death unattended by a physician, so far as can be discovered, or when a physician able to certify the death cannot be found.
- Any death of a person confined in a public institution other than a hospital, infirmary or nursing home.

REPORTING

All deaths occurring under the above mentioned circumstances should be reported promptly to the Office of the Medical Examiner at **(845) 431-9177**, 24 hours a day, 7 days a week and a Medico-Legal Investigator (MLI) will respond to the call.

The following information will be requested of the person reporting the death:

- Full name and telephone number of the person reporting the death.
- Name of deceased, date of birth, age, sex, and race
- Home address and telephone number of the deceased.
- Place, date, and time of death.
- If a hospital patient, date and time patient arrived at hospital and method of arrival.
- Name of person who pronounced death.
- Name, relationship, address, and telephone number of next of kin.
- Reason for reporting death, history, and circumstances of death.
- Past medical history and primary medical doctor, if any.
- Other relevant information.

AUTOPSY POLICY

The Office of the Medical Examiner will perform an official autopsy in any death resulting from homicidal violence, criminal negligence, suicide, fire, asphyxia, vehicular and other accidents, drugs or chemical overdose, when a death is unexplained, when a death occurs in police custody or legal detention, and whenever an autopsy is deemed necessary in the interest of public health and safety. The need for an autopsy in the evaluation of a sudden, unexplained death apparently due to natural disease is decided on an individual basis. The MLI will make arrangements for transfer of the decedent to VBMC mortuary.

An objection to autopsy based on religious beliefs will be honored, except in cases of homicide, or when public health is at stake. Objections to autopsy for personal reasons will be considered on an individual basis.

PUBLIC HEALTH SERVICES**Consultation & Investigation**

Physicians are required to consult with DCDOH before initiating post-exposure treatment. DCDOH will oversee animal observation and testing and has the expertise to assess the likelihood of rabies exposure, whether or not the suspect animal is available.

As part of its investigation, DCDOH will determine whether other people and domestic animals may have also been exposed.

When post-exposure treatment is indicated, DCDOH will monitor to assure that all appropriate rabies biologics have been properly administered and completed.

Up to 72 hours can be safely spent searching for a dog or cat that has bitten someone before starting post-exposure treatment. When warranted, DCDOH organizes applicable searches.

Pre-Exposure Vaccination

DCDOH offers pre-exposure vaccination against rabies for persons in high-risk occupations.

Information

On request DCDOH can provide informational brochures.

REPORTING

Immediate reporting to DCDOH is required for any patient exposed to an animal suspected by the provider of having rabies. Rabies vector species, including dogs, cats, bats, skunks, raccoons, foxes, and woodchucks, are considered suspect. Other animals that exhibit abnormal behavior, clinical signs of rabies, or that attack unprovoked also are considered suspect.

Exposure Definition

- A bite or scratch by a rabid or suspect-rabid animal.
- Contamination of a fresh wound (one that has bled within past 24 hours) or mucous membrane (include eyes, nose, mouth, etc.) with copious amounts of saliva or nervous tissue from a rabid or suspect-rabid animal.
- Any physical contact with a bat should be considered to be possible exposure. With bats, exposure is possible even without an apparent bite or mucous membrane contact. Situations that should be considered probable contact include a person awakening to find a bat in their room or a bat in the room of an unattended child, a mentally disabled, or an intoxicated person.