## **Notifiable Conditions**

This form expires on January 31, 2008. or call your local or regional health department before this date to obtain the new form.

A – L	When to Report	L – Y	When to Report
Acquired immune deficiency syndrome (AIDS) 1,2	Within 1 week	Leishmaniasis <sup>3</sup>	Within 1 week
Amebiasis <sup>3</sup>	Within 1 week	Listeriosis 3, 4	Within 1 week
Anthrax <sup>3, 4</sup>	Call Immediately	Lyme disease <sup>3</sup>	Within 1 week
Arbovirus infection 3,5	Within 1 week	Malaria <sup>3</sup>	Within 1 week
Asbestosis <sup>6</sup>	Within 1 week	Measles (rubeola) 3	Call Immediately
Botulism, foodborne 3, 4	Call Immediately	Meningitis (specify type) <sup>3</sup>	Within 1 week
Botulism, infant, wound, and other 3,4	Within 1 week	Meningococcal infections, invasive 3,4	Call Immediately
Brucellosis 3, 4	Within 1 work day	Mumps <sup>3</sup>	Within 1 week
Campylobacteriosis <sup>3</sup>	Within 1 week	Pertussis <sup>3</sup>	Within 1 work day
Cancer <sup>7</sup>	See rules <sup>7</sup>	Pesticide poisoning, acute occupational <sup>6</sup>	Within 1 week
Chancroid <sup>1</sup>	Within 1 week	Plague <sup>3</sup>	Call Immediately
Chickenpox (varicella) 8	Within 1 week	Poliomyelitis, acute paralytic <sup>3</sup>	Call Immediately
Chlamydia trachomatis infection 1	Within 1 week	Q fever <sup>3</sup>	Within 1 work day
Contaminated sharps injury 9	Within 1 month	Rabies, human <sup>3</sup>	Call Immediately
Controlled substance overdose 10	Call Immediately 10	Relapsing fever <sup>3</sup>	Within 1 week
Creutzfeldt-Jakob disease (CJD) 3	Within 1 week	Rubella (including congenital) <sup>3</sup>	Within 1 work day
Cryptosporidiosis <sup>3</sup>	Within 1 week	Salmonellosis, including typhoid fever <sup>3</sup>	Within 1 week
Cyclosporiasis <sup>3</sup>	Within 1 week	Severe Acute Respiratory Syndrome (SARS) 3	Call Immediately
Cysticercosis <sup>3</sup>	Within 1 week	Shigellosis <sup>3</sup>	Within 1 week
Dengue <sup>3</sup>	Within 1 week	Silicosis <sup>6</sup>	Within 1 week
Diphtheria <sup>3</sup>	Call Immediately	Smallpox <sup>3</sup>	Call Immediately
Drowning/near drowning <sup>11</sup>	Within 10 work days	Spinal cord injury <sup>11</sup>	Within 10 work days
Ehrlichiosis <sup>3</sup>	Within 1 week	Spotted fever group rickettsioses <sup>3</sup>	Within 1 week
Encephalitis (specify etiology) <sup>3</sup>	Within 1 week	Staph. aureus, vancomycin-resistant (VISA and VRSA) 3, 4	Call Immediately
Escherichia coli, enterohemorrhagic 3,4	Within 1 week	Streptococcal disease (group A, B, S. pneumo), invasive <sup>3</sup>	Within 1 week
Gonorrhea <sup>1</sup>	Within 1 week	Syphilis <sup>1</sup>	Within 1 week
Haemophilus influenzae type b infections, invasive <sup>3</sup>	Call Immediately	Taenia solium and undifferentiated Taenia infection 3	Within 1 week
Hansen's disease (leprosy) 3	Within 1 week	Tetanus <sup>3</sup>	Within 1 week
Hantavirus infection <sup>3</sup>	Within 1 week	Traumatic brain injury 11	Within 10 work days
Hemolytic Uremic Syndrome (HUS) <sup>3</sup>	Within 1 week	Trichinosis <sup>3</sup>	Within 1 week
Hepatitis A (acute) <sup>3</sup>	Within 1 work day	Tuberculosis (includes all <i>M. tuberculosis</i> complex) 12	Within 1 work day
Hepatitis B, C, D, E, and unspecified (acute) <sup>3</sup>	Within 1 week	Tularemia <sup>3, 4</sup>	Call Immediately
Hepatitis B identified prenatally or at delivery (acute & chronic) <sup>3</sup>	Within 1 work day	Typhus <sup>3</sup>	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) <sup>3</sup>	Within 1 week	Vibrio infection, including cholera 3,4	Within 1 work day
Human immunodeficiency virus (HIV) infection <sup>1, 2</sup>	Within 1 week	Viral hemorrhagic fever, including Ebola <sup>3</sup>	Call Immediately
Influenza-associated pediatric mortality <sup>3</sup>	Within 1 work day	West Nile Fever <sup>3</sup>	Within 1 week
Lead, child blood, any level & adult blood, any level <sup>6</sup>	Call Immediately	Yellow fever <sup>3</sup>	Call Immediately
Legionellosis <sup>3</sup>	Within 1 week	Yersiniosis <sup>3, 4</sup>	Within 1 week

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available.

- Please refer to specific rules and regulations for reporting and who to report to at: http://www.dshs.state.tx.us/hivstd/reporting/default.shtm
- Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3041 for details.
- Reporting forms are available at <a href="http://www.dshs.state.tx.us/idcu/investigation/forms/">http://www.dshs.state.tx.us/idcu/investigation/forms/</a>. Investigation forms at <a href="http://www.dshs.state.tx.us/idcu/investigation/forms/">http://www.dshs.state.tx.us/idcu/investigation/forms/</a>. Investigation forms at <a href="http://www.dshs.state.tx.us/idcu/investigation/forms/">http://www.dshs.state.tx.us/idcu/investigation/forms/</a>. Call as indicated for immediately reportable conditions.
- Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
- Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive Cache Valley, California serogroup, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), Venezuelan equine (VEE), West Nile, and Western Equine (WEE)
- Please refer to specific rules and regulations for reporting and who to report to at http://www.dshs.state.tx.us/epitox/default.shtm
- Please refer to specific rules and regulations for reporting and who to report to at http://www.dshs.state.tx.us/tcr/lawrules.shtm
- Varicella reporting form is at <a href="http://www.dshs.state.tx.us/idcu/health/vaccine\_preventable\_diseases/forms/f11\_11046.pdf">http://www.dshs.state.tx.us/idcu/health/vaccine\_preventable\_diseases/forms/f11\_11046.pdf</a>. Call local health dept for copy with their fax number.
- Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/bloodborne\_pathogens/reporting/
- Contact local poison center at 1-800-222-1222. For instructions, forms, and fax numbers see http://www.dshs.state.tx.us/epidemiology/epipoison.shtm
- Please refer to specific rules and regulations for reporting and who to report to at http://www.dshs.state.tx.us/injury/default.shtm
- Please refer to specific rules and regulations for reporting and who to report to at http://www.dshs.state.tx.us/idcu/disease/tb/

## Call Immediately 24/7 Phone Numbers

Information for your local or regional health department can be found at: http://www.dshs.state.tx.us/regions/default.shtm