

Section: UTMB On-line Documentation	01.27 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	2.2.2022 - Revised
Topic: 01.27 - Reporting of Communicable Diseases to the Health Department	1988 - Author

01.27 - Reporting of Communicable Diseases to the Health Department

- Purpose** To establish a system for reporting communicable diseases that are of public health importance to County Health Departments as required by state law.
- Audience** Infection preventionists, physicians, clinical laboratory directors, and other staff members having knowledge that patients may have reportable diseases.
- Policy** The Communicable Disease Prevention and Control Act (Texas Civil Statutes, Article 4419b-1), Health and Safety Code, Ch. 81 requires that certain diseases be reported.
- Required Reporting** *Communicable diseases will be reported as per state law requirements. Diseases and suspect cases reportable immediately by telephone.*

 TEXAS Health and Human Services Texas Department of State Health Services Texas Notifiable Conditions - 2022 <i>Report all Confirmed and Suspected cases</i> 24/7 Number for Immediately Reportable – 1-800-705-8868 Unless noted by*, report to your local or regional health department using number above or find contact information at http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/			
A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2, 3}	Within 1 week
Anthrax ^{2, 3, 25}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2, 4, 5}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Meningococcal infection, invasive (Neisseria meningitidis) ^{2, 3}	Call Immediately
Babesiosis ^{2, 5}	Within 1 week	Mumps ²	Within 1 work-day
Botulism (adult and infant) ^{2, 3, 7, 25}	Call Immediately	Paragonimiasis ²	Within 1 week
Brucellosis ^{2, 3, 25}	Within 1 work-day	Pertussis ²	Within 1 work-day
Campylobacteriosis ²	Within 1 week	*Pesticide poisoning, acute occupational ⁸	Within 1 week
*Cancer ⁹	See rules ⁹	Plague (Yersinia pestis) ^{2, 3, 25}	Call Immediately
Candida auris ^{2, 3, 10}	Within 1 work-day	Polio myelitis, acute paralytic ²	Call Immediately
Carbapenem-resistant Enterobacteriaceae (CRE) ^{2, 11}	Within 1 work-day	Poliovirus infection, non-paralytic ²	Within 1 work-day
Chagas disease ^{2, 5}	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{2, 12}	Within 1 week
*Chancroid ¹	Within 1 week	Q fever ²	Within 1 work-day
*Chickenpox (varicella) ¹³	Within 1 week	Rabies, human ²	Call Immediately
*Chlamydia trachomatis infection ¹	Within 1 week	Rubella (including congenital) ²	Within 1 work-day
*Contaminated sharps injury ¹⁴	Within 1 month	Salmonellosis, including typhoid fever ^{2, 3}	Within 1 week
*Controlled substance overdose ¹⁵	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2, 3}	Within 1 week
Coronavirus, novel ^{2, 16}	Call Immediately	Shigellosis ²	Within 1 week
Cryptosporidiosis ²	Within 1 week	*Sillcosis ¹⁷	Within 1 week
Cyclosporiasis ²	Within 1 week	Smallpox ^{2, 25}	Call Immediately
Cysticercosis ²	Within 1 week	*Spinal cord injury ¹⁸	Within 10 work-days
Diphtheria ^{2, 3}	Call Immediately	Spotted fever rickettsiosis ²	Within 1 week
*Drowning/near drowning ¹⁸	Within 10 work-days	Streptococcal disease (S. group ^{2, 19} invasive)	Within 1 week
Echinococcosis ²	Within 1 week	*Syphilis – primary and secondary stages ^{1, 10}	Within 1 work-day
Ehrlichiosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1, 10}	Within 1 week
Fascioliasis ²	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tetanus ²	Within 1 week
Haemophilus influenzae, invasive ^{2, 3}	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
Hansen's disease (leprosy) ²⁰	Within 1 week	*Traumatic brain injury ¹⁸	Within 10 work-days
Hantavirus infection ²	Within 1 week	Trichinosis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Typhoid ²	Within 1 week
Hepatitis A ²	Within 1 work-day	Tuberculosis (Mycobacterium tuberculosis complex) ^{3, 21}	Within 1 work-day
Hepatitis B, C, and E (acute) ²	Within 1 week	Tuberculosis infection ²²	Within 1 week
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Tularemia ^{2, 3, 25}	Call Immediately
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ²	Within 1 work-day	Typhus ²	Within 1 week
Hookworm (ancyllostomiasis) ²	Within 1 week	Vancomycin-intermediate Staph aureus (VISA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1, 23}	Within 1 work-day	Vancomycin-resistant Staph aureus (VRSA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), non-acute infection ^{1, 23}	Within 1 week	Vibrio infection, including cholera ^{2, 3}	Within 1 work-day
Influenza-associated pediatric mortality ²	Within 1 work-day	Viral hemorrhagic fever (including Ebola) ^{2, 25}	Call Immediately
Influenza, novel ²	Call Immediately	Yellow fever ²	Call Immediately
*Lead, child blood, any level & adult blood, any level ²⁴	Call/Fax Immediately	Yersiniosis ²	Within 1 week

*See condition-specific footnotes for reporting contact information
 E59-11364 (Rev. 1/28/22) Expires 1/31/23 – Go to <http://www.dshs.texas.gov/idcu/investigation/conditions/> or call your local or regional health department for updates.

Texas Notifiable Conditions Footnotes - 2022

- ¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm>.
- ² Reporting forms are available at <http://www.dshs.texas.gov/idcu/investigation/forms/> and investigation forms at <http://www.dshs.texas.gov/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ³ Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: *Bacillus anthracis* isolates (also requested- *Bacillus cereus* isolates that may contain anthrax toxin genes from patients with severe disease or death), *Clostridium botulinum* isolates, *Brucella* species isolates, *Candida auris* isolates, *Corynebacterium diphtheriae* isolates, *Haemophilus influenzae* isolates from normally sterile sites in children under five years old, *Listeria monocytogenes* isolates, *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions, *Yersinia pestis* isolates, *Salmonella* species isolates (also requested - specimens positive for *Salmonella* by culture-independent diagnostic testing (CIDT) methods), Shiga toxin-producing *Escherichia coli* (all *E.coli* O157:H7 isolates and any *E.coli* isolates or specimens in which Shiga toxin activity has been demonstrated), isolates of all members of the *Mycobacterium tuberculosis* complex, *Staphylococcus aureus* with a vancomycin MIC greater than 2 µg/mL (VISA and VRSA), *Streptococcus pneumoniae* isolates from normally sterile sites in children under five years old, *Francisella tularensis* isolates, and *Vibrio* species isolates (also requested - specimens positive for *Vibrio* by culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available accompanied by a current department Specimen Submission Form. See the [Texas Administrative Code \(TAC\) Chapter 97: §97.3\(a\)\(4\), §97.4\(a\)\(6\), and §97.5\(a\)\(2\)\(C\)](#). Call 512-776-7598 for specimen submission information.
- ⁴ Arboviral infections including, but not limited to, those caused by California serogroup viruses, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WNV) virus, and Zika virus.
- ⁵ All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species, and *Trypanosoma cruzi* (Chagas disease) to the DSHS Zoonosis Control Branch. If your center uses a screening assay under an IND protocol, please include results of follow-up testing as well. To report, simply send a secure email to WNV@dshs.texas.gov or fax the report to 512-776-7454. Providing the following data points will suffice: Collection Agency; Unique BUI #; Test Name, Collection Date; Last Name, First Name, Donor Phone Number, Donor Address, Date of Birth, Age, Sex, Race, and Hispanic Ethnicity (Y/N). If your location has a city or county health department, we recommend that you also share this same information with them. Contact information for the health department(s) serving the county where you are located can be found at www.dshs.texas.gov/idcu/investigation/conditions/contacts/.
- ⁶ For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ⁷ Report suspected botulism immediately by phone to 888-963-7111.
- ⁸ For pesticide reporting information see <http://www.dshs.texas.gov/epitox/Pesticide-Exposure/>.
- ⁹ For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- ¹⁰ See additional *Candida auris* reporting information at https://www.dshs.texas.gov/idcu/health/antibiotic_resistance/Cauris-Home.aspx.
- ¹¹ See additional CRE reporting information at http://www.dshs.texas.gov/idcu/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹² For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease affecting humans.
- ¹³ Call your [local health department](#) for a copy of the Varicella Reporting Form with their fax number. The [Varicella \(Chickenpox\) Reporting Form](#) should be used instead of an Epi-1 or Epi-2 morbidity report.
- ¹⁴ Applicable for governmental entities. Not applicable to private facilities. [TAC §96.201](#) Initial reporting forms for Contaminated Sharps at http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- ¹⁵ To report a Controlled Substance Overdose, go to <https://odreport.dshs.texas.gov/>.
- ¹⁶ Novel coronavirus causing severe acute respiratory disease includes Coronavirus Disease 2019 (COVID-19), Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- ¹⁷ For silicosis reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ¹⁸ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- ¹⁹ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ²⁰ Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>.
- ²¹ Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M. tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>.
- ²² TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>. Please report skin test results in millimeters.
- ²³ Any person suspected of having HIV should be reported, including HIV exposed infants.
- ²⁴ For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- ²⁵ Please secure select agent isolates and specimens in accordance with the guidance in the [Select Agent Regulation](#), and immediately initiate a consultation with public health regarding need for further testing or sequencing. Notify any transfer facilities of any test results of high consequence/interest.

Required Reporting (cont.)

For most diseases, a report should include the following: name, birthdate, sex, race/ethnicity, address, telephone number, disease/condition, onset date, healthcare provider, and method of diagnosis. Report as many of the above items as possible, plus other appropriate, useful information if available. Guidance on recommended testing procedures is available in the Texas Department of Health publication titled "Identification and Confirmation of Reportable Diseases." The GCHD Disease Report Form is available from the UTMB Department of Infection Control & Healthcare Epidemiology and from the Galveston County Health District, Epidemiology, P.O. Box 838, Galveston, Texas 77553. Report AIDS< chancroid, Chlamydia trachomatis

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infection, gonorrhea, HIV infection, and syphilis to Galveston County Health District, STD Control, P.O. Box 838, Galveston, TX 77553.

NOTE: Invasive infection means the pathogen was isolated from a normally sterile site (e.g. blood, CSF).

Procedure

- *Report AIDS, chancroid, chlamydia trachomatis infection, gonorrhea, HIV and syphilis infections to GCHD, Sexually Transmitted Disease Control, P.O. Box 838, Galveston, Texas 77553.
- Forms for these reports are available from GCHD STD Control and from UTMB Infection Control & Healthcare Epidemiology.
- In addition to the requirement of individual case reports, any unusual disease occurrence or outbreak of public health concern should be reported by the most expeditious means to the local health authority (GCHD).
- Report by telephone suspected foodborne diseases to GCHD, Environmental and Consumer Health, P.O. Box 939, LaMarque, Texas, 77568.
- For Chickenpox, report only numbers of cases by age per week or other specified period.

Responsibility

- The Clinical Microbiology and Immunology Divisions in Laboratory Medicine in the Department of Pathology are responsible for contacting the physician and the Department of Infection Control & Healthcare Epidemiology immediately with reports of the above diseases. STDs may be reported directly to GCHD.
- The Admitting Department and the admitting physician are responsible for notifying the Department of Infection Control & Healthcare Epidemiology immediately upon admission of a patient suspected or known to have one of the above diseases.
- The physician, nurse manager, or their designee is responsible for contacting the Department of Infection Control & Healthcare Epidemiology immediately about hospitalized patients who are suspected of having or are known to have a disease from one of the above lists.
- All communicable diseases (with the exception of STDs) whether reported to the GCHD or not, should be reported to the Department of Infection Control & Healthcare Epidemiology.

The Department of Infection Control & Healthcare Epidemiology telephone number is: (409) 772-3192. After 5:00 p.m. on weekdays and on weekends and holidays, the Department of Infection Control & Healthcare Epidemiology personnel may be reached by contacting the hospital operator.

References

1. Texas Department of Health, Rules and Regulations for the Control of Communicable and Sexually Transmitted Diseases, 10/94 and subsequent revisions.
2. Texas Department of Health, Identification and Confirmation of Reportable Diseases, Stock No. 6-142.
3. Texas Department of State Health Services
– Texas Notifiable Conditions.

<http://www.dshs.state.tx.us/idcu/investigation/conditions/>