Report confirmed and suspected cases.

| A-L | When to Report | L-Y | When to Report |
| :---: | :---: | :---: | :---: |
| *Acquired immune deficiency syndrome (AIDS) ${ }^{1}$ | Within 1 week | Legionellosis ${ }^{2}$ | Within 1 week |
| Amebiasis ${ }^{2}$ | Within 1 week | Leishmaniasis ${ }^{2}$ | Within 1 week |
| Amebic meningitis and encephalitis ${ }^{2}$ | Within 1 week | Listeriosis ${ }^{2,3}$ | Within 1 week |
| Anaplasmosis ${ }^{2}$ | Within 1 week | Lyme disease ${ }^{2}$ | Within 1 week |
| Anthrax ${ }^{2,3}$ | Call Immediately | Malaria ${ }^{2}$ | Within 1 week |
| Arboviral infections ${ }^{2,4}$ | Within 1 week | Measles (rubeola) ${ }^{2}$ | Call Immediately |
| *Asbestosis ${ }^{5}$ | Within 1 week | Meningococcal infection, invasive (Neisseria meningitidis) ${ }^{\text {2,3 }}$ | Call Immediately |
| Ascariasis ${ }^{2}$ | Within 1 week | Multidrug-resistant Acinetobacter (MDR-A) ${ }^{\text {2, } 6}$ | Within 1 work day |
| Babesiosis ${ }^{2}$ | Within 1 week | Mumps ${ }^{2}$ | Within 1 work day |
| Botulism (adult and infant) ${ }^{\text {2,3,7 }}$ | Call Immediately ${ }^{7}$ | Paragonimiasis ${ }^{2}$ | Within 1 week |
| Brucellosis ${ }^{2,3}$ | 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) ${ }^{\text {2,3 }}$ | Call Immediately |
| Carbapenem-resistant Enterobacteriaceae (CRE) ${ }^{\text {2, }} 10$ | Within 1 work day | Poliomyelitis, acute paralytic ${ }^{2}$ | Call Immediately |
| Chagas disease ${ }^{2}$ | Within 1 week | Poliovirus infection, non-paralytic ${ }^{2}$ | Within 1 work day |
| *Chancroid ${ }^{1}$ | Within 1 week | Prion disease such as Creutzfeldt-Jakob disease (CJD) ${ }^{2,11}$ | Within 1 week |
| *Chickenpox (varicella) ${ }^{12}$ | Within 1 week | Q fever ${ }^{2}$ | Within 1 work day |
| *Chlamydia trachomatis infection ${ }^{1}$ | Within 1 week | Rabies, human ${ }^{2}$ | Call Immediately |
| *Contaminated sharps injury ${ }^{13}$ | Within 1 month | Rubella (including congenital) ${ }^{2}$ | Within 1 work day |
| *Controlled substance overdose ${ }^{14}$ | Call Immediately | Salmonellosis, including typhoid fever ${ }^{2,3}$ | Within 1 week |
| Coronavirus, novel ${ }^{2,15}$ | Call Immediately | Shiga toxin-producing Escherichia coli ${ }^{2,3}$ | Within 1 week |
| Cryptosporidiosis ${ }^{2}$ | Within 1 week | Shigellosis ${ }^{2}$ | Within 1 week |
| Cyclosporiasis ${ }^{2}$ | Within 1 week | *Silicosis ${ }^{16}$ | Within 1 week |
| Cysticercosis ${ }^{2}$ | Within 1 week | Smallpox ${ }^{2}$ | Call Immediately |
| Diphtheria ${ }^{2,3}$ | Call Immediately | *Spinal cord injury ${ }^{17}$ | Within 10 work days |
| *Drowning/near drowning ${ }^{17}$ | Within 10 work days | Spotted fever group rickettsioses ${ }^{2}$ | Within 1 week |
| Echinococcosis ${ }^{2}$ | Within 1 week | Streptococcal disease (groups $\mathrm{A}^{2}, \mathrm{~B}^{2} ;$ S. pneumo. ${ }^{2,3}$ ), invasive | Within 1 week |
| Ehrlichiosis ${ }^{2}$ | Within 1 week | *Syphilis - primary and secondary stages ${ }^{1,18}$ | Within 1 work day |
| Fascioliasis ${ }^{2}$ | Within 1 week | *Syphilis - all other stages ${ }^{1,18}$ | Within 1 week |
| *Gonorrhea ${ }^{1}$ | Within 1 week | Taenia solium and undifferentiated Taenia infection ${ }^{2}$ | Within 1 week |
| Haemophilus influenzae, invasive ${ }^{2,3}$ | Within 1 week | Tetanus ${ }^{2}$ | Within 1 week |
| Hansen's disease (leprosy) ${ }^{2}$ | Within 1 week | ${ }^{*}$ Traumatic brain injury ${ }^{17}$ | Within 10 work days |
| Hantavirus infection ${ }^{2}$ | Within 1 week | Trichinosis ${ }^{2}$ | Within 1 week |
| Hemolytic uremic syndrome (HUS) ${ }^{2}$ | Within 1 week | Trichuriasis ${ }^{2}$ | Within 1 week |
| Hepatitis $\mathrm{A}^{2}$ | Within 1 work day | *Tuberculosis (Mycobacterium tuberculosis complex) ${ }^{3,19}$ | Within 1 work day |
| Hepatitis B, C, and E (acute) ${ }^{2}$ | Within 1 week | *Tuberculosis infection ${ }^{20}$ | Within 1 week |
| Hepatitis B infection identified prenatally or at delivery (mother) ${ }^{2}$ | Within 1 week | Tularemia ${ }^{\text {2,3 }}$ | Call Immediately |
| Hepatitis B, perinatal (HBsAg+ $\mathbf{2 4}$ months old) (child) ${ }^{2}$ | Within 1 work day | Typhus ${ }^{2}$ | Within 1 week |
| Hookworm (ancylostomiasis) ${ }^{2}$ | Within 1 week | Vancomycin-intermediate Staph aureus (VISA) ${ }^{2,3}$ | Call Immediately |
| *Human immunodeficiency virus (HIV), acute infection ${ }^{1,21}$ | Within 1 work day | Vancomycin-resistant Staph aureus (VRSA) 2,3 | Call Immediately |
| *Human immunodeficiency virus (HIV), non-acute infection ${ }^{1,21}$ | 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) ${ }^{2}$ | Call Immediately |
| Influenza, novel ${ }^{2}$ | Call Immediately | Yellow fever ${ }^{2}$ | Call Immediately |
| *Lead, child blood, any level \& adult blood, any level 22 | Call/Fax Immediately | Yersiniosis ${ }^{2}$ | 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 |  |  |  |

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## Texas Notifiable Conditions Footnotes

${ }^{1}$ 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 49 th Street, Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: Bacillus anthracis isolates, Clostridium botulinum isolates, Brucella species 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), Staphylococcus aureus with a vancomycin MIC greater than $2 \mu \mathrm{~g} / \mathrm{mL}$ (VISA and VRSA), Streptococcus pneumoniae isolates from normally sterile sites in children under five years old, Mycobacterium tuberculosis complex isolates, 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 virus, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
${ }^{5}$ For asbestos reporting information see http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/.
${ }^{6}$ See additional MDR-A reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic resistance/MDR-A-Reporting.doc.
${ }^{7}$ Report suspected botulism immediately by phone to 888-963-7111.
8 For pesticide reporting information see http://www.dshs.texas.gov/epitox/Pesticide-Exposure/\#reporting.
${ }^{9}$ For more information on cancer reporting rules and requirements go to http://www.dshs.texas.gov/tcr/reporting.shtm.
${ }^{10}$ See additional CRE reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic resistance/Reporting-CRE.doc.
${ }^{11}$ 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.
${ }^{12}$ 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.
${ }^{13}$ 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/.
${ }^{14}$ To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see https://www.dshs.texas.gov/epidemiology/epipoison.shtm.
${ }^{15}$ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
${ }^{16}$ For silicosis reporting information see http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/.
${ }^{17}$ Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dshs.texas.gov/injury/rules.shtm.
${ }^{18}$ Laboratories should report syphilis test results within 3 work days of the testing outcome.
${ }^{19}$ 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/.

20 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/.
${ }^{21}$ Any person suspected of having HIV should be reported, including HIV exposed infants.
${ }^{22}$ For lead reporting information see http://www.dshs.texas.gov/lead/default.shtm.


[^0]:    *See condition-specific footnotes for reporting contact information

