



Harris County
Public Health
Building a Healthy Community



2017 Texas Notifiable Conditions

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2017 Texas Notifiable Conditions

- Health and Safety Code
 - Communicable Disease - Chp. 81
 - Occupational Disease - Chp. 84
 - Childhood Lead Poisoning - Chp. 88
 - Injury - Chp. 92
- www.statutes.legis.state.tx.us
- <https://dshs.texas.gov/idcu/investigation/conditions>



Texas Notifiable Conditions

24/7 Number for Immediately Reportable– 1-800-705-8868



Report confirmed and suspected cases.

Unless noted by *, report to your local or regional health department using number above or find contact information at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

A – I	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ^{1, 2}	Within 1 week	*Lead, child blood, any level & adult blood, any level ³	Call/Fax Immediately
Amebiasis ⁴	Within 1 week	Legionellosis ⁴	Within 1 week
Amebic meningitis and encephalitis ⁴	Within 1 week	Leishmaniasis ⁴	Within 1 week
Anaplasmosis ⁴	Within 1 week	Listeriosis ^{4, 5}	Within 1 week
Anthrax ^{4, 3}	Call Immediately	Lyme disease ⁴	Within 1 week
Arboviral infections ^{4, 6}	Within 1 week	Malaria ⁴	Within 1 week
*Asbestosis ⁷	Within 1 week	Measles (rubeola) ⁴	Call Immediately
Ascariasis ⁴	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{4, 3}	Call Immediately
Babesiosis ⁴	Within 1 week	Multidrug-resistant <i>Acinetobacter</i> (MDR-A) ^{4, 8}	Within 1 work day
Botulism (adult and infant) ^{4, 3, 9}	Call Immediately ⁹	Mumps ^{4, 10}	Within 1 work day ¹⁰
Brucellosis ^{4, 3}	Within 1 work day	Paragonimiasis ⁴	Within 1 week
Campylobacteriosis ⁴	Within 1 week	Pertussis ⁴	Within 1 work day
*Cancer ¹¹	See rules ¹¹	*Pesticide poisoning, acute occupational ¹²	Within 1 week
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{4, 13}	Within 1 work day	Plague (<i>Yersinia pestis</i>) ^{4, 3}	Call Immediately
Chagas disease ⁴	Within 1 week	Poliomyelitis, acute paralytic ⁴	Call Immediately
*Chancroid ⁴	Within 1 week	Poliovirus infection, non-paralytic ⁴	Within 1 work day
Chickenpox (varicella) ¹⁴	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{4, 15}	Within 1 week
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Q fever ⁴	Within 1 work day
*Contaminated sharps injury ¹⁶	Within 1 month	Rabies, human ⁴	Call Immediately
*Controlled substance overdose ¹⁷	Call Immediately	Rubella (including congenital) ⁴	Within 1 work day
Coronavirus, novel ^{4, 18}	Call Immediately	Salmonellosis, including typhoid fever ^{4, 3}	Within 1 week
Cryptosporidiosis ⁴	Within 1 week	Shiga toxin-producing <i>Escherichia coli</i> ^{4, 3}	Within 1 week
Cyclosporiasis ⁴	Within 1 week	Shigellosis ⁴	Within 1 week
Cysticercosis ⁴	Within 1 week	*Silicosis ¹⁹	Within 1 week
*Cytogenetic results (fetus and infant only) ²⁰	See rules ²⁰	Smallpox ⁴	Call Immediately
Diphtheria ^{4, 3}	Call Immediately	*Spinal cord injury ²¹	Within 10 work days
*Drowning/near drowning ²¹	Within 10 work days	Spotted fever group rickettsioses ⁴	Within 1 week
Echinococcosis ⁴	Within 1 week	<i>Staphylococcus aureus</i> , VISA and VRSA ^{4, 3}	Call Immediately
Ehrlichiosis ⁴	Within 1 week	Streptococcal disease (groups A, B; <i>S. pneumoniae</i>), invasive ^{4, 3}	Within 1 week
Fascioliasis ⁴	Within 1 week	*Syphilis – primary and secondary stages ^{1, 22}	Within 1 work day
*Gonorrhea ⁴	Within 1 week	*Syphilis – all other stages ^{1, 22}	Within 1 week

*Gonorrhea ¹	Within 1 week	*Syphilis – all other stages ^{1, 22}	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{4, 3}	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ⁴	Within 1 week
Hansen's disease (leprosy) ⁴	Within 1 week	Tetanus ⁴	Within 1 week
Hantavirus infection ⁴	Within 1 week	*Traumatic brain injury ²¹	Within 10 work days
Hemolytic uremic syndrome (HUS) ⁴	Within 1 week	Trichinosis ⁴	Within 1 week
Hepatitis A ⁴	Within 1 work day	Trichuriasis ⁴	Within 1 week
Hepatitis B, C, and E (acute) ⁴	Within 1 week	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) ^{3, 23}	Within 1 work day
Hepatitis B infection identified prenatally or at delivery (mother) ⁴	Within 1 week	Tuberculosis infection ²⁴	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ⁴	Within 1 work day	Tularemia ^{4, 5}	Call Immediately
Hookworm (ancylostomiasis) ⁴	Within 1 week	Typhus ⁴	Within 1 week
*Human immunodeficiency virus (HIV), acute infection ^{1, 2, 25}	Within 1 work day	<i>Vibrio</i> infection, including cholera ^{4, 5}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1, 2, 25}	Within 1 week	Viral hemorrhagic fever (including Ebola) ⁴	Call Immediately
Influenza-associated pediatric mortality ⁴	Within 1 work day	Yellow fever ⁴	Call Immediately
Influenza, novel ⁴	Call Immediately	Yersiniosis ⁴	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

***See condition-specific footnote for reporting contact information**

¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.

² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.

³ For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.

⁴ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.

⁵ Lab isolate must be sent to DSHS lab. For specifications see section (4) at *Texas Administrative Code (TAC) §97.3(a)(4)*. Call 512-776-7598 for specimen submission information. An amendment to the Texas Administrative Code (TAC) is in progress adding a requirement that lab isolates also be sent to DSHS lab for diphtheria; invasive *Streptococcus pneumoniae* in children under 5 years-of-age; and all *Salmonella* species. The projected effective date is March, 2017. See updated TAC after March.

⁶ 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.

⁷ For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.

⁸ See additional MDR-A reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.

⁹ Report suspected botulism immediately by phone to 888-963-7111.

¹⁰ An amendment to the Texas Administrative Code is in progress to change the reporting time frame for mumps. Mumps, currently reportable in 1 week, will be required to be reported within 1 business day. The projected effective date is March, 2017. See updated *Texas Administrative Code (TAC) §97.4* after March.

¹¹ For more information on cancer reporting rules and requirements go to <http://www.dshs.state.tx.us/tcr/reporting.shtm>.

¹² For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.

¹³ See additional CRE reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.

¹⁴ 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.

¹⁵ 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.

¹⁶ Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.

¹⁷ To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.

¹⁸ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

¹⁹ For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.

²⁰ Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.

²¹ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.

²² Laboratories should report syphilis test results within 3 work days of the testing outcome.

²³ 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 at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

²⁴ 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 the [Epi Case Criteria Guide](#) which contains complete criteria.

²⁵ Any person suspected of having HIV should be reported, including HIV exposed infants.

Texas Notifiable Condition Changes

Condition	Change
Novel coronavirus	Edit footnote
Cancer	Edit footnote
TB	Edit footnote
Diphtheria	Projected change to add required isolate*
Salmonella	Projected change to add required isolate*
Strep pneumo <5 yr	Projected change to add required isolate*
Mumps	Projected change reporting time frame from 1 week to 1 day*
Hepatitis B infection identified prenatally or at delivery	Add (mother) to clarify reportable condition
Hepatitis B, perinatal (HBsAg+ < 24 months old)	Add (child) reportable condition

*An amendment to the Texas Administrative Code is in progress. The projected effective date is March, 2017.

Reporting Time Frame

- **Report confirmed and suspected cases**
 - Call Immediately - 17 conditions
 - Within 1 work day - 15 conditions
 - Within 1 week - 56 conditions



Call Immediately on Suspicion

- Anthrax
- Botulism, adult and infant
- Controlled substance overdose
- Coronavirus, novel
- Diphtheria
- Influenza, novel
- Lead, child blood, any level & adult blood, any level
- Measles
- Meningococcal, invasive
- Plague (*Yersinia pestis*)
- Poliomyelitis, acute paralytic
- Rabies, human
- Smallpox
- Staphylococcus aureus, VISA & VRSA
- Tularemia
- Viral hemorrhagic fevers (including Ebola)
- Yellow fever

Report Within 1 Work Day

- Brucellosis
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Hepatitis A
- Hepatitis B, perinatal (HBsAg+ <24 months old) (child)
- HIV, acute infection
- Influenza associated - pediatric mortality
- Multidrug-resistant Acinetobacter(MDR-A)
- Mumps
- Pertussis
- Poliovirus infection, non-paralytic
- Q fever
- Rubella (including congenital)
- Syphilis - primary and secondary stages
- Tuberculosis (mycobacterium tuberculosis complex)
- Vibrio infection, including cholera

Report Within 1 Week

(To be continued)

- AIDS
- Amebiasis
- Amebic meningitis and encephalitis
- Anaplasmosis
- Arboviral infection
- Asbestosis
- Ascariasis
- Babesiosis
- Campylobacteriosis
- Cancer
- Chagas disease
- Chancroid
- Chickenpox
- *Chlamydia trachomatis* infection
- Contaminated sharps injury
- Cryptosporidiosis

Report Within 1 Week

(To be continued)

- Cyclosporiasis
- Cysticercosis
- Cytogenetic results (fetus & infant only)
- Drowning/near drowning
- Echinococcosis
- Ehrlichiosis
- Fascioliasis
- Gonorrhoea
- *Haemophilus influenzae*, invasive
- Hansen's disease
- Hantavirus infection
- Hemolytic uremic syndrome (HUS)
- Hepatitis B, C, E (acute)
- Hepatitis B infection identified prenatally or at delivery (mother)

Report Within 1 Week

(To be continued)

- Hookworm (ancylostomiasis)
- HIV, non-acute infection
- Legionellosis
- Leishmaniasis
- Listeriosis
- Lyme Disease
- Malaria
- Mumps
- Paragonimiasis
- Pesticide poisoning, acute occupational
- Prion disease such as Creutzfeldt-Jacob disease (CJD)
- Salmonellosis, including typhoid fever
- Shiga toxin-producing E. coli
- Shigellosis
- Silicosis

Report Within 1 Week

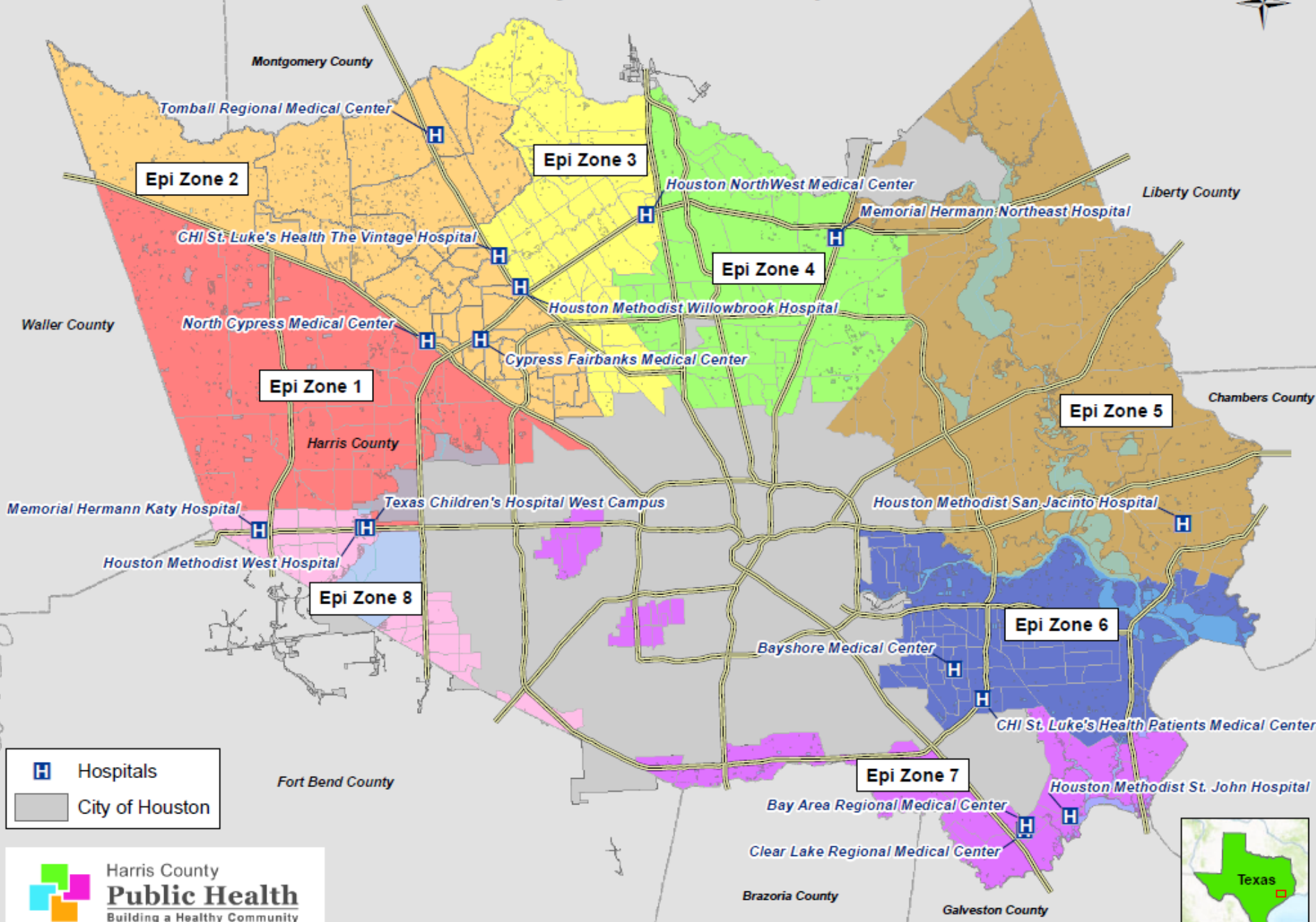
- Spinal cord injury
- Spotted fever group rickettsioses
- Streptococcal disease (Group A and B, S. pneumo.), invasive
- Syphilis-all other stages
- Taenia solium and undifferentiated Taenia infection
- Tetanus
- Traumatic brain injury
- Trichinosis
- Trichuriasis
- Tuberculosis infection
- Typhus
- Yersiniosis

Report by the Most Expeditious Means Available

- Any outbreak
- Exotic disease
- Unusual group expression of disease that may be of public health concern



Harris County Public Health Epi Zones



Harris County Acute Care Hospitals

(To be continued)

- North Cypress Medical Center (Zone 1)
- Cypress Fairbanks Medical Center (Zone 2)
- Tomball Regional Medical Center (Zone 2)
- Houston Methodist Willowbrook Hospital (Zone 3)
- CHI St. Luke's Health The Vintage Hospital (Zone 3)
- Houston Northwest Medical Center (Zone 3)
- Memorial Hermann Northeast Hospital (Zone 4)
- Houston Methodist San Jacinto Hospital (Zone 5)

Harris County Acute Care Hospitals

- Bayshore Medical Center (Zone 6)
- CHI St. Luke's Health Patients Medical Center (Zone 6)
- Houston Methodist St. John Hospital (Zone 7)
- Clear Lake Regional Medical Center (Zone 7)
- Bay Area Regional Medical Center (Zone 7)
- Texas Children's Hospital West Campus (Zone 8)
- Houston Methodist West Houston Hospital (Zone 8)
- Memorial Hermann Katy Hospital (Zone 8)

Epidemiology Program Surveillance Unit

- Epi Zone 1 - Lyndsey Hassmann (Epidemiologist)
- Epi Zone 2 - Vacant
- Epi Zone 3 - April Beeks (Epidemiologist)
- Epi Zone 4 - Elya Franciscus (Epidemiologist)
- Epi Zone 5 - Delisabel Lopez (Epidemiologist)
- Epi Zone 6 - Sarah Milligan (Epidemiologist)
- Epi Zone 7 - Leann Liu (Epidemiologist/Team Leader)
- Epi Zone 8 - Ana Zangeneh (Epidemiologist/Team Leader)
- Erika Olsen - Epidemiologist (Zika disease investigations)
- Sherry Jin - Epidemiologist/Surveillance Unit Supervisor
- Diana Martinez - Senior Epidemiologist/Program Manager

Harris County Public Health Case Reporting Numbers

- Phone numbers:

713-439-6000 (business hours, M-F 8-5)

713-755-5000 (non-business hours)

- Fax numbers:

713-439-6303

713-439-6306

713-439-6307

Reporting Numbers for Other Agencies

- Local poison center: 1-800-222-1222
 - Controlled substance overdose
- Texas Department of State Health Services (DSHS): 1-888-963-7111
 - Suspected botulism immediately by phone
- Houston Department of Health and Human Services/Bureau of Epidemiology: 832-393-5080
 - All STDs
- Harris County Public Health/Tuberculosis Program: 713-439-6214 (ph) & 713-439-6391(fax)

Harris County Public Health

(713) 439-6000 Phone
(713) 439-6306 Fax

MORBIDITY REPORT FORM

Reported By _____ Date _____ E _____
Agency _____ Phone # _____ Fax # _____

PATIENT DEMOGRAPHIC DATA

Last Name _____ First Name & MI _____
Address _____ City, Zip code _____
Home Phone () - _____ Primary Language _____
DOB _____ Age _____ Sex M F
Race/Ethnicity _____ Soc Sec Number _____
Occupation/Work Place _____ Tel () --
School/Day Care Center _____ Tel () --
Parent/Contact Person _____ Tel () --

DISEASE DATA

Date of Onset _____ REPORTABLE DISEASE/ORGANISM _____
Species/serotype _____

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result

Symptoms _____
Admission DX _____
Discharge DX _____

HOSPITAL OR CLINIC DATA

Hospital _____ Check all that apply/Date _____
Medical Rec Number _____ Office/Clinic visit _____
Physician/Clinic _____ ER/Outpatient _____
Phone/Pager _____ Admission _____
Hospital Transferred _____ Discharge _____
To/From _____ Expired _____
Transfer Date _____

Comments/Patient History/Risk Factors

[Do NOT fax HIV/AIDS related patient information]

All STDs (gonorrhea, syphilis, **chancroid**, laboratory confirmed Chlamydia trachomatis, and AIDS/HIV) should be reported to:
 • STD Control, Houston Department of Health and Human Services (HDHHS)
 8000 North Stadium Dr. (77054), phone: (832) 393-5080.

Tuberculosis should be reported based on residence of case to:
 • Houston residents-HDHHS, 8000 North Stadium Dr. (77054)
 Phone: (832) 393-5173 fax: (832) 393-5247
 • Harris County residents (outside Houston) HCPHES, 2223 West Loop S. (77027) attention: TB Program
 Phone: (713) 439-6214 fax: (713) 439-6391