



Austin/Travis County Health & Human Services Department



DISEASE PREVENTION AND HEALTH PROMOTION DIVISION

EPIDEMIOLOGY AND HEALTH STATISTICS UNIT

**15 Waller Street, 4th Floor
Austin, TX 78702
512-972-5555**

Reporting Communicable Disease in Travis County



Austin/Travis County Health and Human Services Department
Disease Prevention and Health Promotion Division
Epidemiology and Health Statistics Unit
15 Waller St.
Austin, Texas 78702



Reporting Package for Providers in Travis County

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Austin/Travis County Health and Human Services Department
DISEASE PREVENTION AND HEALTH PROMOTION DIVISION
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REPORTING PHONE NUMBERS

Reportable diseases/conditions occurring in Travis County shall be reported to the Austin/Travis County Health and Human Services Department (ATCHHSD). Refer to the Texas Department of State Health Services (TDSHS) listing for names of diseases/conditions that are reportable and other information.

General Communicable Diseases

(512) 972-5555

Fax (512) 972-5772

HIV/AIDS

(512) 972-5144 or 972-5145

Fax (512) 972-5140

STD Reporting

(512) 972-5512 or 972-5433

Fax (512) 972-6378

Tuberculosis Reporting

(512) 972-5448

Fax (512) 972-5451

Perinatal Hepatitis B Program

(512) 972-6218

Fax (512) 972-6287

Lead (elevated blood levels) -State Health Dep't 1-800-588-1248

Fax (512) 776-7699

Child (512) 776-6632

Adult (512) 776-7151

OTHER ATCHHSD USEFUL PHONE NUMBERS

Animal Control

311

Environmental Health

(512) 978-0300 Fax-(512) 978-0322

Health Authority

(512) 972-5855

Immunizations

(512) 972-5520

Refugee Screening Clinic

(512) 972-6210 or 972-6239

STD & HIV Clinic

(512) 972-5430 or 972-5580

TB Clinic

(512) 972-5460

Vital Records (Birth/Death)

(512) 972-4784 Fax-(512) 972-5208

WIC Program

(512) 972-4942

Vaccines for Children

(512) 972-5414

(Provider VFC Program)

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 – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ^{1, 2}	Within 1 week	Leishmaniasis ³	Within 1 week
Amebiasis ³	Within 1 week	Listeriosis ^{3, 4}	Within 1 week
Anthrax^{3, 4}	Call Immediately	Lyme disease ³	Within 1 week
Arbovirus infection ^{3, 5}	Within 1 week	Malaria ³	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola)³	Call Immediately
Botulism, foodborne³	Call Immediately	Meningitis (specify type) ³	Within 1 week
Botulism, infant, wound, and other ³	Within 1 week	Meningococcal infections, invasive^{3, 4}	Call Immediately
Brucellosis^{3, 4}	Within 1 work day	Mumps ³	Within 1 week
Campylobacteriosis	Within 1 week	Pertussis³	Within 1 work day
*Cancer ⁷	See rules	*Pesticide poisoning, acute occupational ⁶	Within 1 week
*Chancroid	Within 1 week	Plague (<i>Yersinia pestis</i>)^{3, 4}	Call Immediately
Chickenpox (varicella) ⁸	Within 1 week	Poliomyelitis, acute paralytic³	Call Immediately
* <i>Chlamydia trachomatis</i> infection	Within 1 week	Q fever³	Within 1 work day
*Contaminated sharps injury ⁹	Within 1 month	Rabies, human³	Call Immediately
* Controlled substance overdose¹⁰	Call Immediately	Relapsing fever ³	Within 1 week
Creutzfeldt-Jakob disease (CJD)	Within 1 week	Rubella (including congenital)³	Within 1 work day
Cryptosporidiosis	Within 1 week	Salmonellosis, including typhoid fever ³	Within 1 week
Cyclosporiasis	Within 1 week	Severe Acute Respiratory Syndrome (SARS)³	Call Immediately
Cysticercosis	Within 1 week	Shigellosis ³	Within 1 week
*Cytogenetic results (fetus and infant only) ¹¹	See rules	*Silicosis ⁶	Within 1 week
Dengue	Within 1 week	Smallpox³	Call Immediately
Diphtheria³	Call Immediately	*Spinal cord injury	Within 10 work days
*Drowning/near drowning ¹²	Within 10 work days	Spotted fever group rickettsioses ³	Within 1 week
Ehrlichiosis	Within 1 week	<i>Staph. aureus</i>, vancomycin-resistant (VISA and VRSA)^{3, 4}	Call Immediately
Encephalitis (specify etiology)	Within 1 week	Streptococcal disease (group A, B, <i>S. pneumo</i>), invasive ³	Within 1 week
<i>Escherichia coli</i> , enterohemorrhagic ^{3, 4}	Within 1 week	*Syphilis – primary and secondary stages^{1, 13}	Call within 1 work day
*Gonorrhea	Within 1 week	*Syphilis – all other stages ^{1, 13}	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive³	Call Immediately	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ³	Within 1 week
Hansen's disease (leprosy) ³	Within 1 week	Tetanus ³	Within 1 week
Hantavirus infection ³	Within 1 week	*Traumatic brain injury	Within 10 work days
Hemolytic Uremic Syndrome (HUS) ³	Within 1 week	Trichinosis ³	Within 1 week
Hepatitis A³	Within 1 work day	Tuberculosis (includes all <i>M. tuberculosis</i> complex)^{4, 14}	Within 1 work day
Hepatitis B, C, D, E, and unspecified (acute) ³	Within 1 week	Tularemia^{3, 4}	Call Immediately
Hepatitis B identified prenatally or at delivery (acute & chronic) ³	Within 1 week	Typhus ³	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old)³	Within 1 work day	<i>Vibrio</i> infection, including cholera^{3, 4}	Within 1 work day
*Human immunodeficiency virus (HIV) infection ^{1, 2}	Within 1 week	Viral hemorrhagic fever, including Ebola³	Call Immediately
Influenza-associated pediatric mortality³	Within 1 work day	West Nile Fever ³	Within 1 week
* Lead, child blood, any level & adult blood, any level⁶	Call/Fax Immediately	Yellow fever³	Call Immediately
Legionellosis ³	Within 1 week	Yersiniosis ³	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 512-533-3041 for details.
- ³ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/>. Investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ⁴ Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
- ⁵ Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup including Cache Valley, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
- ⁶ Please refer to specific rules and regulations for environmental and toxicology reporting and who to report to at <http://www.dshs.state.tx.us/epitox/default.shtm>.
- ⁷ Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/reporting.shtm>.
- ⁸ Varicella reporting form is at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf. Call local health dept for copy with their fax number.
- ⁹ 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/.
- ¹⁰ 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#rcso>.
- ¹¹ 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.
- ¹² Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/default.shtm>.
- ¹³ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ¹⁴ MTB complex includes *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. Please see rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

Texas Department of State Health Services – Business Hours 1-800-252-8239 / After Hours 512-458-7111

Notifiable Conditions Special Instructions

¹ 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>

² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3041 for details.

³ Reporting and investigation forms are available at: <http://www.dshs.state.tx.us/idcu/investigation/>
Call as indicated for immediately reportable conditions.

⁴ Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information

⁵ 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)

⁶ Please refer to specific rules and regulations for reporting and who to report to at:

<http://www.dshs.state.tx.us/epitox/default.shtm>

⁷ Please refer to specific rules and regulations for reporting and who to report to at:

<http://www.dshs.state.tx.us/tcr/lawrules.shtm>

⁸ Varicella reporting form is at:

http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf. Call local health dept for copy with their fax number. ⁹ Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at: http://www.dshs.state.tx.us/idcu/health/bloodborne_pathogens/reporting/

¹⁰ 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>

¹¹ Please refer to specific rules and regulations for reporting and who to report to at:

<http://www.dshs.state.tx.us/injury/default.shtm>

¹² M. TB complex includes *M. tuberculosis*, *m. bovis*, and *m. africanum*. Please refer to specific rules and regulations for reporting and who to report to at <http://www.dshs.state.tx.us/idcu/disease/tb/>

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

Department of State Health Services Confidential Report (Fax version only)

All physicians who diagnose or treat a reportable condition and others required to report shall report it within seven (7) days. Complete all boxes as appropriate. Shaded areas are **not** required by law, but necessary for appropriate identification or follow-up.

Patient's Name (Last, First, MI): _____ **Birth Date (mm/dd/yyyy)** _____ **Age:** _____ **Sex:** F M **Pregnant: Yes** **No** **How Many Weeks:** _____

Address (Street, City, State, Zip): _____ **Hispanic Ethnicity:** _____ **Race: Check all that apply**
Yes **No** **W** **B** **AIS** **AI** **PI**

Telephone: _____ **Employment:** _____ **Marital Status:** _____ **SSN or Medical Record #** _____
S **M** **W** **D**

Exam Date (mm/dd/yyyy): _____

<p>Provider Codes:</p> <input type="checkbox"/> 900 Clinic <input type="checkbox"/> Private Phy/HMO <input type="checkbox"/> 100-200-300-700 Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Family Planning Sites <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Prenatal/OB Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> TB Clinic <input type="checkbox"/> Blood/Plasma <input type="checkbox"/> Other Clinic <input type="checkbox"/> Other	<p>Exam Reason:</p> <input type="checkbox"/> DIS Partner Referral <input type="checkbox"/> DIS Suspect Referral <input type="checkbox"/> Referred by Partner <input type="checkbox"/> Prenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Screening in Jail/Prison <input type="checkbox"/> Other Screening <input type="checkbox"/> Referred by Another Provider <input type="checkbox"/> Volunteer
<input type="checkbox"/> Code 100 <input type="checkbox"/> Code 490: Associated with <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> Other/Unknown Code <input type="checkbox"/> 900 <input type="checkbox"/> 950 Reporting 900's on this document serves as proof of timely report; however, the health department requires additional information on 900 Patients.	<p align="center">Neurologic Involvement</p> <p align="center"><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk</p>
<p>Code 200 (not 490)</p> <input type="checkbox"/> Genital <input type="checkbox"/> Ophthalmia <p>Code 300 (not 490)</p> <input type="checkbox"/> Genital <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Rectal <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other <input type="checkbox"/> Resistant	<input type="checkbox"/> Code 600 Code: <input type="radio"/> 710 <input type="radio"/> 745 <input type="radio"/> 720 <input type="radio"/> 750 <input type="radio"/> 730 <input type="radio"/> 790 <input type="radio"/> 740
<p align="center">Contact Information: Austin/Travis County HHS Fax: 512-972-6378 Phone: 512-972-5512 512-972-5144 512-972-5145</p>	<p align="center">For all 900 reporting please contact 972-5144 or 972-5145</p>

Reported by: _____ Office Address & Phone Number: _____

Codes for form S-27

- 100- Chancroid
- 200-Chlamydia
- 300-Gonorrhea
- 490-Pelvic Inflammatory Disease (Syndrome)
- 600-Lymphogranuloma Venereum
- 700-Syphilis
- 710-Primary Syphilis (lesions)
- 720-Secondary Syphilis (symptoms)
- 730-Early Latent Syphilis (<1 year)
- 740- Latent Syphilis, Unknown Duration
- 745- Late Latent Syphilis (>1 Year)
- 750-Late Syphilis with Symptomatic Manifestations
- 790- Congenital Syphilis
- 900- HIV (non-AIDS)
- 950- AIDS (Syndrome)

VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of Varicella by faxing a copy of this document to the
Austin-Travis County Health and Human Services Department WEEKLY
FAX: (512) 972-5772

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: ____/____/____, ____/____/____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS & PHONE#	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: ____/____/____, ____/____/____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS & PHONE#	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: ____/____/____, ____/____/____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS & PHONE #	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: ____/____/____, ____/____/____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS & PHONE #	CITY	ZIP CODE	HISPANIC? Yes No	

AGENCY REPORTED BY: _____ **PHONE:** _____

CITY: _____ **COUNTY:** _____

DATE REPORTED: _____

**Texas Department of Health
Tuberculosis Elimination Division
Report of Case and Patient Services**

Date reported to health department _____ / _____ / _____
Date form sent to region _____ / _____ / _____
Date form sent to central office _____ / _____ / _____

- Initial Report Hospital Admission
 Address Change Name Change (show new name and draw single line through old) Other Change (please circle)

SSN _____ Medicaid # _____ ID# _____ DOB _____ / _____ / _____
MM DD YY

Name _____ (Last) _____ (First) _____ (Middle) _____ AKA _____

Street _____ Apt# _____ City _____ County _____ Zip Code _____ Patient's Tel.# _____

Facility/Care Provider Name _____
Initial Reporting Source Health Dept Private Physician Public Hospital VA Hospital Name of person completing this form _____
 Military Hospital TDCJ Other (Specify) _____

Country of Birth _____ If foreign born, Date of entry into U.S. _____ / _____ / _____ Preferred Language _____	Notice of Arrival of Alien with TB Class <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	Reported at Death <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Death Date _____ / _____ / _____ Was TB cause of death <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Reported Out of State or Country <input type="checkbox"/> Yes Specify _____ <input type="checkbox"/> No ETHNICITY <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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RACE (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	OCCUPATION (within past 2 years) <input type="checkbox"/> Unemployed during last 2 yrs <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Employed (If employed, check all that apply) <input type="checkbox"/> Student <input type="checkbox"/> Child <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> Retiree <input type="checkbox"/> Disabled <input type="checkbox"/> Health Care Worker (Specify) _____ <input type="checkbox"/> Correctional Emp <input type="checkbox"/> Other Occupation <input type="checkbox"/> Homemaker <input type="checkbox"/> Institutionalized
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Resident of Correctional Facility at Time of Dx Yes No Unknown Incarceration Date _____ / _____ / _____
If Yes Federal Prison State Prison County Jail City Jail Juvenile Correctional Facility ICE Other

Resident of Long Term Care Facility at Time of Dx Yes No Unknown
If Yes Nursing Home Hospital-Based Facility Residential Facility Mental Health Residential Facility
 Alcohol/Drug Treatment Facility Other Long Term Care Facility

Testing activities to find latent TB infections
 Patient referred, TB infection Project targeted testing Individual targeted testing Administrative: Not at risk for TB

POPULATION RISKS <input type="checkbox"/> Low Income <input type="checkbox"/> Inner-city resident <input type="checkbox"/> Foreign born <input type="checkbox"/> Binational (US-Mexico) *Within past 2 years* <input type="checkbox"/> Correctional employee* <input type="checkbox"/> Health care worker* <input type="checkbox"/> Prison/Jail inmate* <input type="checkbox"/> Long-term facility for elderly/resident* <input type="checkbox"/> Health care facility/resident* <input type="checkbox"/> Shelter for homeless persons* <input type="checkbox"/> Migrant farm worker* <input type="checkbox"/> None of the above risks apply	MEDICAL RISKS <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Alcohol Abuse (within past year) <input type="checkbox"/> Tobacco use _____ <input type="checkbox"/> Silicosis <input type="checkbox"/> Corticosteroids or other immunosuppressive therapy <input type="checkbox"/> Gastrectomy or jejunioleal bypass <input type="checkbox"/> age < 5 years <input type="checkbox"/> Recent exposure to TB (Contact to TB case) <input type="checkbox"/> Contact to MDR-TB case <input type="checkbox"/> Weight at least 10% less than ideal body weight <input type="checkbox"/> Chronic malabsorption syndromes <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Cancer of head <input type="checkbox"/> Cancer of neck <input type="checkbox"/> Drug abuse within past year: <input type="checkbox"/> Injecting <input type="checkbox"/> Non-injecting <input type="checkbox"/> Unknown if injecting <input type="checkbox"/> HIV seropositive (check only if laboratory confirmed) <input type="checkbox"/> Tuberculin skin test conversion within 2 years <input type="checkbox"/> Fibrotic lesions (on chest x-ray) consistent with old, healed TB <input type="checkbox"/> Chronic renal failure <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Other _____ <input type="checkbox"/> None of these medical risks apply	HIV TEST RESULTS Date HIV Test _____ / _____ / _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered Date CD4 Count _____ / _____ / _____ Results CD4 Count _____
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TUBERCULIN SKIN TEST Documented history of positive TST? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ / _____ / _____ _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Read _____ / _____ / _____ _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Read	PRIOR LTBI TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date _____ / _____ / _____ Stop Date _____ / _____ / _____
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FOR TREATMENT OF LTBI ONLY DOPT: <input type="checkbox"/> Yes, totally observed <input type="checkbox"/> No, self-administered <input type="checkbox"/> Both DOPT Site: <input type="checkbox"/> Clinic or medical facility <input type="checkbox"/> Field <input type="checkbox"/> Both Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Twice Weekly <input type="checkbox"/> Three X's Weekly _____ / _____ / _____ Date Regimen Start _____ / _____ / _____ Date Regimen Stop _____ / _____ / _____ Date Restart _____ / _____ / _____ Date Regimen Stop <input type="checkbox"/> Isoniazid _____ mgs <input type="checkbox"/> Other (specify) _____ _____ mgs <input type="checkbox"/> Rifampin _____ mgs <input type="checkbox"/> Other (specify) _____ _____ mgs <input type="checkbox"/> B6 _____ mgs Prescribed for: _____ months Maximum refills authorized: _____	ATS Classification <input type="checkbox"/> 0 No M. TB Exposure, Not TB Infected <input type="checkbox"/> 1 M. TB Exposure, No Evidence of TB Infection <input type="checkbox"/> 2 M. TB Infection, No Disease <input type="checkbox"/> 4 M. TB, No Current Disease Date Normal Chest X-ray _____ Weight _____ Height _____ Physician Signature _____ Date _____
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CLOSURE: Date _____ / _____ / _____ Completion adequate therapy _____ # months on Rx _____ # months recommended
 Lost to followup Patient chose to stop Deceased (Cause) _____
 Adverse Drug Reaction Moved out of state/country to: _____
 Provider decision: Pregnant Non-TB Other: _____

Confidential Medical Record

<p>Send to: Texas Childhood Lead Poisoning Prevention Program Texas Department of State Health Services PO Box 149347, MC1964 Austin, TX 78714</p> <p>Fax Number: (512) 776-7699 Phone Number: (512) 776-6632 or 1-800-588-1248 (Toll-free)</p>	<p>From: Provider Name:</p> <p>City/State/ZIP:</p> <p>Phone Number: () Fax Number: ()</p>
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Child Information		
Last Name:	First Name:	M.I.
Date Birth: ____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age in Months:	Medicaid/EPSTD #:	
Current Address:	Apartment #:	
City:	State:	Zip:
Ethnicity: <i>(check one)</i>		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown
Child Race: <i>(check one)</i>		
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Unknown

Blood Lead Level Information	
Blood Lead Test Level: _____ micrograms per deciliter(mcg/dL)	Test Date: ____ / ____ / ____
Type of Blood Sample: <i>(check one)</i>	
<input type="checkbox"/> Capillary	<input type="checkbox"/> Venous <input type="checkbox"/> Unknown
Testing Laboratory:	If Using LeadCare System, Place Label Here
Laboratory Phone: ()	

Attending Physician Information	
Last Name:	First Name:
Location (City):	

For TX CLPPP Use Only	
Person Receiving Report:	Date Received: ____ / ____ / ____



Return to:

Blood Lead Surveillance Group MC1964
 Environmental and Injury Epidemiology
 and Toxicology Unit
 PO Box 149347
 Austin, Texas 78714-9347

ADULT BLOOD LEAD REPORTING

Fax : (512) 776-7699
 Phone: (512) 776-7151
 1-800-588-1248 (Toll-free)

INFORMATION AT TIME OF BLOOD LEAD COLLECTION

P A T I E N T	Last Name:		First Name:		Middle Name:	Parent/Guardian (if under 16 years of age):			
	Street Address:		Apt #:	City:		County:	State:	Zip Code:	
	Home Telephone: ()					Ethnicity:		Race:	
	Medicaid / EPSDT# (optional):			Date of Birth: (mm/dd/yyyy):			<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
							<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black	
							<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian/Pacific Islander	
Social Security # :			Sex:	Male		<input type="checkbox"/> Other- Explain here	<input type="checkbox"/> Native American/ Alaskan Native		
				Female			<input type="checkbox"/> Mixed/Multi-racial		
							<input type="checkbox"/> Unknown		

T E S T	Sample Collection Date: (mm/dd/yyyy)		Blood Lead Level: mcg/dL (micrograms per deciliter)		Sample Type:		Testing Initiated By:	
					<input type="checkbox"/> Capillary		<input type="checkbox"/> Company Routine Testing	
					<input type="checkbox"/> Venous		<input type="checkbox"/> Private Physician	
					<input type="checkbox"/> Unknown		<input type="checkbox"/> Other:	
Physician Requesting Blood Lead Test and Clinic Name:		Street	City	State/Zip	Phone: ()			
					Fax: ()			
Testing Laboratory:		Street	City	State/Zip	Phone: ()			
					Fax: ()			
Symptoms (describe if any):								

***** If 15+ years old and NOT EMPLOYED check this box and do not fill in the rest of this block : → → → → →								
E M P L O Y E R	Company Name:						Phone: ()	
							FAX: ()	
	Exposure Site Street Address:			City:	County:	State:	Zip Code:	
Type of Business (i.e. demolition, radiator repair, painting):								
Job Title (at the time of this blood lead testing):								
Employment Hire Date: (mm/dd/yyyy)		Employment Termination Date: (mm/dd/yyyy)		If non-occupational activities resulted in exposure, please describe (e.g., hobby- pistol marksmanship):				

Laboratory Results That Must be Reported to the Local Health Authority

Laboratories shall report these findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Diseases marked with an asterisk (*) shall be reported within one working day. Isolates of organisms marked with a dagger (†) should be sent to the Texas Department of Health Laboratory.

Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
any bacterial agent in CSF	bacterial meningitis
<i>Bacillus anthracis</i> †	anthrax
<i>Bordetella pertussis</i>	pertussis
<i>Borrelia burgdorferi</i> †	Lyme disease
<i>Borrelia species</i> †	relapsing fever
<i>Brucella species</i>	brucellosis
<i>Campylobacter species</i>	campylobacteriosis
<i>Chlamydia trachomatis</i>	lymphogranuloma venereum
<i>Clostridium botulinum</i> †	botulism
<i>Clostridium tetani</i>	tetanus
<i>Corynebacterium diphtheriae</i> †	diphtheria
<i>Ehrlichia species</i>	ehrlichiosis
<i>Escherichia coli</i> O157:H7 †	<i>E. coli</i> O157:H7 infection
<i>Haemophilus ducreyi</i>	chancroid
<i>Haemophilus influenzae</i> type b (not from throat, sputum)	H. influenzae type b infection, invasive
<i>Legionella species</i> †	legionellosis
<i>Listeria monocytogenes</i> †	listeriosis
<i>Mycobacterium tuberculosis</i> †	tuberculosis *
<i>Neisseria gonorrhoea</i>	gonorrhoea
<i>Neisseria meningitidis</i> † (not from throat, sputum)	meningococcal infection, invasive
<i>Rickettsia species</i> within the spotted fever group	spotted fever group rickettsioses
<i>Rickettsia species</i> within the typhus group	typhus
<i>Salmonella species</i> , not <i>S. typhi</i>	salmonellosis
<i>Salmonella typhi</i> †	typhoid fever
<i>Shigella species</i>	shigellosis
<i>Streptococcus species</i> . (not from throat, sputum)	Streptococcus infection, invasive
<i>Vibrio cholerae</i> O1†	cholera
<i>Vibrio species</i> †	<i>Vibrio</i> infection
<i>Yersinia enterocolitica</i>	yersiniosis
<i>Yersinia pseudotuberculosis</i>	yersiniosis
<i>Yersinia pestis</i> †	plague

Contact the Texas Department of Health Laboratory at (512) 458-7581
for appropriate tests when considering a diagnosis of botulism.

Laboratory Results That Must be Reported to the Local Health Authority

Laboratories shall report these findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone.

Positive Viral Cultures or Direct Examinations

Result	Reportable Disease Condition
any virus in CSF	aseptic meningitis or encephalitis
California group virus	California encephalitis or encephalitis due to virus within California group
dengue virus, type 1,2,3, or 4	dengue
Eastern equine encephalomyelitis virus	Eastern equine encephalitis
enteroviruses (only if patient has aseptic meningitis or encephalitis)	
poliovirus, type 1,2, or 3	poliomyelitis
St. Louis encephalitis virus	St. Louis encephalitis
Venezuelan equine encephalomyelitis virus	Venezuelan equine encephalitis
Western equine encephalomyelitis virus	Western equine encephalitis
yellow fever virus	yellow fever

Contact the Texas Department of Health at (512) 458-7676 for appropriate tests when considering a diagnosis of hantavirus infection, rabies, or viral hemorrhagic fever.

Positive Fungal Cultures or Direct Examinations

Result	Reportable Disease Condition
any fungus in CSF	fungal meningitis

Positive Parasitic Cultures or Direct Examinations

Result	Reportable Disease Condition
any parasite in CSF †	parasitic meningitis
<i>Entamoeba histolytica</i>	amebiasis
<i>Plasmodium species</i> †	malaria
<i>Cryptosporidium parvum</i>	cryptosporidiosis

Laboratory Results That Must be Reported to the Local Health Authority

Laboratories shall report these findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Diseases marked with an asterisk (*) shall be reported within one working day. Confirmatory tests for most of these diseases are available through the Texas Department of Health.

Positive Serologic Tests For:

amebiasis
brucellosis
California encephalitis
chickenpox
cholera
dengue
Eastern equine encephalitis
ehrlichiosis
hantavirus
hepatitis A (anti-HAV IgM)¹
hepatitis B (anti-HBc IgM)¹
hepatitis C (anti-HCV)¹
hepatitis D (anti-HDV, HbsAg)¹
hepatitis E (anti-HEV)¹
HIV infection
legionellosis²
Lyme disease
lymphogranuloma venereum
malaria
measles
mumps
plague
poliomyelitis
relapsing fever
spotted fever group rickettsioses (such as Rocky Mountain spotted fever)
rubella*
St. Louis encephalitis
syphilis
typhus group rickettsioses (such as flea- or louse-borne typhus)
Venezuelan equine encephalitis
Western equine encephalitis
yellow fever

¹ Refer positive results for hepatitis to infection control practitioner who will determine whether they are reportable.

² Serologic confirmation of an acute case of legionellosis can not be based on a single titer. There must be a four-fold rise in titer to $\geq 1:128$ between acute and convalescent specimens.

ICD-9 Codes That Must be Reported to the Local Health Authority

When any of the following ICD-9 codes are listed in a patient's discharge summary, a report shall be made to the local health authority (local health department) via the reporting officer for the hospital. Reports shall be made at least **WEEKLY**. Diseases marked with an asterisk (*) shall be reported immediately by telephone. Diseases marked with a double asterisk (**) shall be reported within one working day.

ICD-9 Code(s)	Disease/Condition
001	Cholera *
002.0	Typhoid fever
003	Salmonellosis
004	Shigellosis
005.1	Food poisoning due to <i>C. botulinum</i> *
005.4	Food poisoning due to <i>V. parahaemolyticus</i>
006	Amebiasis
008.04	<i>E. coli</i> O157:H7 infection
008.43	Campylobacteriosis
010 - 018	Tuberculosis**
020	Plague *
022	Anthrax
023	Brucellosis
027.0	Listeriosis
027.8	Yersiniosis
030	Leprosy (Hansen's disease)
032	Diphtheria *
033	Pertussis *
036	Meningococcal infections, invasive *
037	Tetanus
038.0	Streptococcal septicemia
038.2	Pneumococcal septicemia
040.8	Botulism, infant
041.0	Streptococcal disease (invasive)
041.5	<i>H. influenzae</i> infection, invasive *
042-044	HIV infection
045	Poliomyelitis, paralytic *
046.1	Creutzfeldt-Jakob disease
047	Meningitis due to enterovirus
049	Viral encephalitis
052	Chickenpox (by age group & number)
055	Measles *
056	Rubella **
060	Yellow fever *
061	Dengue
062	Mosquito-borne viral encephalitis
063	Tick-borne viral encephalitis
064	Viral encephalitis by unknown vector
065	Arthropod-borne hemorrhagic fever
066.2	Venezuelan equine encephalitis
070	Viral hepatitis (acute)
071	Rabies *
072	Mumps
078.6	Hemorrhagic nephrosonephritis
078.7	Arenaviral hemorrhagic fever
078.89	Ebola-Marburg viral diseases

ICD-9 Code(s)	Disease/Condition
080	Typhus, epidemic
081.0	Typhus, murine
082	Tick-borne rickettsioses
083.2	Rickettsial pox
083.8	Ehrlichiosis
084	Malaria
087	Relapsing fever
088.81	Lyme disease
090	Congenital syphilis
091-097	Syphilis
098	Gonococcal infections
099.0	Chancroid
099.1	Lymphogranuloma venereum
099.5	Venereal diseases caused by <i>C. trachomatis</i>
100.81	Leptospiral meningitis
104.8	Lyme disease
124	Trichinosis
130.0	Meningoencephalitis due to toxoplasmosis
136.2	Meningoencephalitis due to <i>Naegleria</i>
136.8	Cryptosporidiosis
283.11	Hemolytic uremic syndrome
290.1	Dementia in Creutzfeldt-Jakob disease
320.0	Meningitis due to <i>H.influenzae</i> *
320.1 - 320.9	Bacterial meningitis
321	Meningitis
323	Viral encephalitis
480.8	Hantavirus pulmonary syndrome
481	Pneumococcal pneumonia
482.8	Legionellosis
482.30 - 482.39	Pneumonia due to <i>Streptococcus</i>
501	Asbestosis
502	Silicosis
692.3	Occupational pesticide poisoning (adults)
692.4	Occupational pesticide poisoning (adults)
729.4	Fasciitis due to <i>Streptococcus</i>
771.0	Congenital rubella syndrome **
771.2	Congenital listeriosis, malaria, tuberculosis**
790.7	Bacteremia due <i>Streptococcus</i>
806	Spinal cord injuries
952	Spinal cord injuries
984	Lead poisoning
989.2-989.4	Occupational pesticide poisoning (adults)
994.1	Drowning

Laboratory Results That Must be Reported to the Local Health Authority

Hospital laboratories shall report these laboratory findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Diseases marked with an asterisk (*) shall be reported within one working day

Positive Blood Chemistries

blood lead levels of ≥ 10 $\mu\text{g}/\text{dL}$ in children
blood lead levels of ≥ 25 $\mu\text{g}/\text{dL}$ in adults
pesticide poisoning in adults

Surgical Pathology Results

asbestosis
silicosis
Hansen's disease
tuberculosis *
human rabies
Creutzfeldt-Jakob disease

Laboratory Results That Must be Reported Directly to the Texas Department of Health

Laboratories shall report these findings to the Infectious Disease Epidemiology and Surveillance Division, Texas Department of Health. Isolates in **bold type** shall be reported **immediately** by calling **(800)252-8239**; in addition, isolates in **bold type** should be sent to the Texas Department of Health Laboratory. Reports of the other resistant organisms listed below may be faxed to (512) 458-7616 no later than the last working day of March, June, September, and December. All reports should include patient name, date of birth or age, sex, anatomic site of culture, and city of submitter.

Penicillin-resistant *Streptococcus pneumoniae*.
Vancomycin resistant *Enterococcus*,
Vancomycin resistant *Staphylococcus aureus*
Vancomycin resistant coagulase negative *Staphylococcus* species

In addition, laboratories shall report the following findings, **by numeric totals**, no later than the last working day of March, June, September, and December:

All isolates of *Enterococcus* species
All isolates of *Streptococcus pneumoniae*.



IMPORTANT NOTICE

Effective March 1, 2007, the following bacterial isolates or specimens shall be submitted to the Texas Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, TX 78756-3199.

Bacillus anthracis

Brucella species

***Clostridium botulinum* – adult and infant**

***Escherichia coli* O157:H7 or any specimen demonstrating Shiga toxin activity**

Francisella tularensis

Listeria monocytogenes

***Neisseria meningitidis* - from normally sterile sites**

***Staphylococcus aureus* with vancomycin-resistance (MIC greater than 2 µg/ml) (VISA/VRSA)**

Vibrio species

Yersinia pestis

Isolates and specimens shall be submitted using a current department Specimen Submission Form (G-2B).

For more information, go to www.dshs.state.tx.us/lab. Under the “Guidelines for Collecting & Handling Specific Types of Specimens”, click on “Bacteriology Collection, Transport and Storage Guidelines”. Laboratory Services Section telephone number: 512-458-7318 or 888-963-7111 ext. 7318 FAX number: 512-458-7294

Communicable Disease Control

These sections are adopted from the Texas Administrative Code, Chapter 97. The provisions for this chapter are issued under the Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81, which provides the Board of Health with the authority to adopt rules concerning the reporting of communicable diseases; and §12.001, which provides the Texas Board of Health with the authority to adopt rules for the performance of every duty imposed by law on the Texas Board of Health, the Texas Department of Health, and the Commissioner of Health.

RULE §97.2 Who Shall Report

- A. A physician, dentist, veterinarian, chiropractor, advanced practice nurse, physician assistant, or person permitted by law to attend a pregnant woman during gestation or at the delivery of an infant shall report, as required by these sections, each patient (person or animal) he or she shall examine and who has or is suspected of having any notifiable condition, and shall report any outbreak, exotic disease, or unusual group expression of illness of any kind whether or not the disease is known to be communicable or reportable. An employee from the clinic or office staff may be designated to serve as the reporting officer. A physician, dentist, veterinarian, or chiropractor who can assure that a designated or appointed person from the clinic or office is regularly reporting every occurrence of these disease or health conditions in their clinic or office does not have to submit a duplicate report.
- B. The chief administrative officer of a hospital shall appoint one reporting officer who shall be responsible for reporting each patient who is medically attended at the facility and who has or is suspected of having any notifiable condition. Hospital laboratories may report through the reporting officer or independently in accordance with the hospital's policies and procedures.
- C. Except as provided in subsection (b) of this section, any person who is in charge of a clinical laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields microscopic, bacteriologic, virologic, parasitologic, serologic, or other evidence of a notifiable condition, shall report as required by this section.
- D. School authorities, including a superintendent, principal, teacher, school health official, or counselor of a public or private school and the administrator or health official of a public or private institution of higher learning should report as required by these sections those students attending school who are suspected of having a notifiable condition. School administrators who are not medical directors meeting the criteria described in §97.132 of this title (relating to Who

Shall Report Sexually Transmitted Diseases) are exempt from reporting sexually transmitted diseases.

- E. Any person having knowledge that a person or animal is suspected of having a notifiable condition should notify the local health authority or the department and provide all information known to them concerning the illness and physical condition of such person or persons.
- F. Sexually transmitted diseases including HIV and AIDS shall be reported in accordance with §97.132 of this title.
- G. Failure to report a notifiable condition is a Class B misdemeanor under the Texas Health and Safety Code, §81.049.

***Source note:** The provisions of the §97.2 adopted to be effective March 16, 1994, 19TexReg 1453; amended to be effective March 5, 1998, 23 TexReg 1954; amended to be effective January 1, 1999, 23 TexReg 12663; amended to be effective March 26, 2000, 25 TexReg 2343; amended to be effective December 20, 2000, 25 TexReg 12426; amended to be effective August 5, 2001, 26 TexReg 5658.



Austin/Travis County Health & Human Services Department

**DISEASE PREVENTION AND HEALTH PROMOTION
DIVISION
EPIDEMIOLOGY AND HEALTH STATISTICS UNIT**

**15 Waller Street, 4th Floor
Austin, TX 78702**



June 4, 2012

To Whom It May Concern:

We understand that there may be some confusion regarding HIPAA and release of protected health information to public health authorities. Therefore, we would like to provide this letter to help clarify the relationship between HIPAA and public health functions. The Epidemiology and Health Statistics Unit's Disease Surveillance Program is an agency of the City of Austin and is conducting the activity described here in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule)[45 CFR 164.501].

Pursuant to 45 CFR 164.512(b) of the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities "... authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions..."

The Disease Surveillance Program is conducting disease surveillance and reporting, a public health activity as described by 45 CFR 164.512(b), and is authorized by law. The information being requested represents the minimum necessary to carry out the public health purposes of this project pursuant to 45 CFR 154.514(d) of the Privacy Rule.

If you have any questions or concerns, please contact me at (512) 972-5487; I am the HIPAA privacy officer for our unit. Enclosed for your use is a reporting form specific to the disease for which the Disease Surveillance Program is requesting information. Thank you for your cooperation in our endeavors to provide service.

Kindest Regards,

A handwritten signature in black ink that reads "Ella d. Puga".

Ella d. Puga, MPH
Unit Privacy Officer
Epidemiology and Health Statistics Unit



Austin/Travis County Health and Human Services Department

DISEASE PREVENTION AND HEALTH PROMOTION DIVISION
EPIDEMIOLOGY and HEALTH STATISTICS UNIT
15 WALLER ST
Austin, Texas 78702



WEBSITES Related to Disease Reporting

Infectious Diseases & Surveillance

www.dshs.state.tx.us – Texas Department of State Health Services

- Latest News and updates
- Links to disease reporting

www.dshs.state.tx.us/idcu – Infectious Disease Epidemiology & Surveillance

- Notifiable conditions with reporting instructions
- Case definitions, Center for Disease Control and Prevention
- Infectious Disease Topics
- Related Rules and Regulations
- Blood lead reporting
- HIV and STD reporting
- TB reporting
- Contaminated Sharps Injury Reporting
- Links to community preparedness, immunizations and laboratory services
- Communicable Disease Chart for Schools and Childcare Centers
 - Criteria for exclusion and readmission to schools and daycare in Texas

www.cdc.gov -Center for Disease Control

Vaccine Preventable Diseases

www.dshs.state.tx.us/immunize

- Information for parents and providers
- Immunization schedules
- ImmTrac- Texas
- Surveillance guidelines and forms
- Statistics

Local Services

www.austintexas.gov – Austin City Connection Home Page. Click on **HEALTH** link.

- Public health and community sources
 - Environmental and Consumer Health
 - Restaurant inspection scores
 - Public Health Emergency Preparedness and Response
- Health and Human Services
- Animal Services
- Community Health Centers
 - Locations
 - Eligibility
 - Homeless health services
- Medical Assistance Program
- Austin Women's Hospital