Epidemiology and Public Health Preparedness Division
Epidemiology and Disease Surveillance Unit
5202 E. Ben White Blvd. Ste 600
Austin, TX 78741

Reporting Communicable Diseases in Travis County

2020

Austin Public Health

PREVENT. PROMOTE. PROTECT.

Contents

Austin Public Health
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Letter to Reporting Agencies

February 13, 2020

Dear Reporting Agency,

Thank you for reporting notifiable health conditions to Austin Public Health. Timely reporting allows Austin Public Health to respond to potential disease outbreaks, mitigate transmission of disease, and monitor health trends in Travis County.

The purpose of this Reporting Packet is to provide you with the 2020 list of notifiable conditions, reporting forms, and other helpful information. The packet includes:

1. Letter about Health Insurance Portability and Accountability Act (HIPAA)
2. Texas Administrative Code Section 97.2 (Communicable Disease Control)
3. Reporting Phone Numbers
4. List of Notifiable Conditions in Texas
5. Important Notice about Bacterial Isolates or Specimens
6. Reporting Forms
    a. General Infectious Disease
    b. Varicella (Chickenpox)
    c. STD Reporting Form
    d. Perinatal Hepatitis B OB/GYN
    e. Perinatal Hepatitis B Labor/Delivery & Postpartum

Reports of disease and reporting forms may be faxed to 512-972-5772.

To report diseases over phone, especially those requiring immediate attention, please call 512-972-5555. This number is answered during business hours, Monday through Friday, 8 a.m. to 5 p.m, and serves as our 24/7 emergency on-call line afterhours.

Thank you again for your assistance.

Sincerely,

Mark E. Escott, MD, FACEP, FAEMS, NRP
Interim Medical Director / Health Authority

Jeffery P. Taylor, M.P.H.
Epidemiology Program Manager

Austin Public Health

PREVENT. PROMOTE. PROTECT.

February 11, 2020

To Whom It May Concern:

We understand that there may be some confusion regarding the Health Insurance Portability and Accountability Act (HIPAA) and release of protected health information to public health authorities. This letter will clarify the relationship between HIPAA and public health functions.

The Epidemiology and Disease Surveillance Unit is a program within Austin Public Health, the local health department for the City of Austin. Local health departments are authorized by state law to conduct disease surveillance activities (Texas Health and Safety Code, Title 2. Health. Chapter 81. Communicable Diseases). Disease surveillance activities or monitoring the health status to identify and solve community health problems is an essential function of public health. HIPAA permits use and disclosure of protected health information, without an individual's authorization or permission, for 12 national priority purposes. Public Health Activities is one of the priority purposes.

As a HIPAA covered entity, you may disclose protected health information for public health activities and purposes to a public health authority that is authorized by law to collect and receive such information for preventing and controlling disease, injury, or disability. This includes but is not limited to, the reporting of diseases, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. See 45 Code of Federal Regulations (CFR) 164.512(b)(1).

If you have any questions, please contact me at the Epidemiology and Disease Surveillance Unit at (512) 972-5555. Thank you for efforts in preventing diseases, promoting health, and protecting the people of Austin and Travis County.

Kindest Regards,

Jeffery P. Taylor, MPH
Manager
Epidemiology and Disease Surveillance Unit
Austin Public Health

Texas Administrative Code

TITLE 25	HEALTH SERVICES
PART 1	DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 97	COMMUNICABLE DISEASES
SUBCHAPTER A	CONTROL OF COMMUNICABLE DISEASES
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, advanced practice nurse, physician assistant, or chiropractor who can assure that a designated or appointed person from the clinic or office is regularly reporting every occurrence of these diseases 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(s) or animal(s) 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(s) or animal(s).
(f) Sexually transmitted diseases including HIV and AIDS shall be reported in accordance with Subchapter F of this chapter (relating to Sexually Transmitted Diseases Including Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)).
(g) Failure to report a notifiable condition is a Class B misdemeanor under the Texas Health and Safety Code, §81.049.
(h) The Health Insurance Portability and Accountability Act (HIPAA) allows reporting without authorization for public health purposes and where required by law. Title 45 Code of Federal Regulations §164.512(a) and (b).

Source Note: The provisions of this §97.2 adopted to be effective March 16, 1994, 19 TexReg 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; amended to be effective June 5, 2007, 32 TexReg 2997; amended to be effective December 20, 2012, 37 TexReg 9777; amended to be effective April 3, 2016, 41 TexReg 2317

REPORTING PHONE NUMBERS

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

Disease/Condition	Phone	Fax
General Communicable Diseases	(512) 972-5555	(512) 972-5772
HIV/AIDS	(512) 972-5144 or 5145	(512) 972-5772
Perinatal Hepatitis B Program	(512) 972-6218	(512) 972-6287
STD Reporting	(512) 972-5583 (512) 972-5802 (512) 972-5433	(512) 972-5772
Tuberculosis Reporting	(512) 972-5448	(512) 972-5451

OTHER USEFUL PHONE NUMBERS

Department	Phone
Animal Control	311
Environmental Health	311
Health Authority	(512) 972-6760
Immunizations	(512) 972-5520
Refugee Screening Clinic	(512) 972-6210
STD Clinic	(512) 972-5430
TB Clinic	(512) 972-5460
Vaccines for Children Program	(512) 972-5414
Vital Records (Birth/Death)	(512) 972-4784
WIC Program	(512) 972-4942

TEXAS Health and Human Services | Texas Department of State Health Services

Access List Online

Texas Notifiable Conditions - 2020

Report all Confirmed and Suspected cases

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/*

Contact Information

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, 5]	Within 1 week	**Measles (rubeola)** [2]	**Call Immediately**
*Asbestosis[6]	Within 1 week	**Meningococcal infection, invasive (*Neisseria meningitidis*)** [2, 3]	**Call Immediately**
Ascariasis [2]	Within 1 week	**Multidrug-resistant *Acinetobacter* (MDR-A)** [2, 7]	**Within 1 work day**
Babesiosis [2]	Within 1 week	**Mumps** [2]	**Within 1 work day**
Botulism (adult and infant) [2, 3, 8]	**Call Immediately**[8]	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[9]	Within 1 week
*Cancer[10]	See rules[10]	**Plague (*Yersinia pestis*)** [2, 3]	**Call Immediately**
Carbapenem-resistant *Enterobacteriaceae* (CRE) [2, 11]	**Within 1 work day**	**Poliomyelitis, acute paralytic** [2]	**Call Immediately**
Chagas disease [2, 5]	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, 12]	Within 1 week
*Chickenpox (varicella)[13]	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[14]	Within 1 month	**Rubella (including congenital)** [2]	**Within 1 work day**
***Controlled substance overdose**[15]	**Report Immediately**	Salmonellosis, including typhoid fever [2, 3]	Within 1 week
Coronavirus, novel [2, 16]	**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[17]	Within 1 week
Cysticercosis [2]	Within 1 week	**Smallpox** [2]	**Call Immediately**
Diphtheria [2, 3]	**Call Immediately**	*Spinal cord injury[18]	Within 10 work days
*Drowning/near drowning[18]	Within 10 work days	Spotted fever group rickettsioses [2]	Within 1 week
Echinococcosis [2]	Within 1 week	Streptococcal disease (groups A[2], B[2]; *S. pneumo.* [2, 3]), invasive	Within 1 week
Ehrlichiosis [2]	Within 1 week	***Syphilis – primary and secondary stages** [1, 19]	**Within 1 work day**
Fascioliasis [2]	Within 1 week	*Syphilis – all other stages[1, 19]	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) [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	Trichuriasis [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]	**Call Immediately**
Hepatitis B, perinatal (HBsAg+ < 24 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, 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]	**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

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. This includes any case of a select agent** [25]
See select agent list at *https://www.selectagents.gov/selectagentsandtoxinslist.html*

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

E59-11364 (Rev. 1/10/20) Expires 1/31/21 -- Go to http://www.dshs.texas.gov/idcu/investigation/conditions/ or call your local or regional health department for updates.

Texas Notifiable Conditions Footnotes - 2020

[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, *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), 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 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] All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, and 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] See additional MDR-A reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.

[8] Report suspected botulism immediately by phone to 888-963-7111.

[9] For pesticide reporting information see http://www.dshs.texas.gov/epitox/Pesticide-Exposure.

[10] For more information on cancer reporting rules and requirements go to http://www.dshs.texas.gov/tcr/reporting.shtm.

[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 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.

Austin Public Health

Texas Notifiable Conditions – 2020

To report, call 512-972-5555 (365/24/7)

Report IMMEDIATELY (both suspected and confirmed cases)

- Anthrax
- Botulism (adult & infant)
- Controlled substance overdose (see rules)
- Coronavirus, novel causing severe acute respiratory disease
- Diphtheria
- Influenza, Novel
- Lead, childhood/adult, any level (see rules)
- Measles (rubeola)
- Meningococcal infections, invasive (*Neisseria meningitidis)*
- Plague (*Yersinia pestis)*
- Poliomyelitis, acute paralytic
- Rabies, human
- Smallpox
- *Staph. Aureus*, vancomycin-resistant (VISA & VRSA)
- Tularemia
- Viral hemorrhagic fever (including Ebola)
- Yellow fever

Report within ONE WORKING DAY

- Brucellosis
- Carbapenem resistant Enterobacteriaceae (CRE)
- Hepatitis A (acute)
- Hepatitis B, perinatal (HBsAg+ <24 months) (child)
- Human immunodeficiency virus (HIV), acute infection (mother)
- Influenza-associated pediatric mortality
- Multi-drug resistant Acinetobacter (MDR-A)
- Mumps
- Pertussis
- Poliovirus infection, non-paralytic
- Q fever
- Rubella (including congenital)
- Syphilis, primary & secondary stages
- Tuberculosis disease (M. tuberculosis complex)
- *Vibrio* infection, including cholera

Report within ONE WEEK

- Acquired immune deficiency syndrome (AIDS)
- Amebiasis
- Amebic Meningitis & Encephalitis
- Anaplasmosis
- Arboviral Infection
- Asbestosis
- Ascariasis
- Babesiosis
- Campylobacteriosis
- Chagas Disease
- Chancroid
- Chickenpox (Varicella)
- *Chlamydia trachomatis* infection
- Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis
- Echinococcosis
- Ehrlichiosis
- Fascioliasis
- Gonorrhea
- *Haemophilus influenza*, invasive
- Hansen's disease (Leprosy)
- Hantavirus infection
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis B, C, and E (acute)
- Hepatitis B identified prenatally or at delivery (acute & chronic)
- Hookworm (ancylostomiasis)
- Human immunodeficiency virus (HIV) non-acute infection
- Legionellosis
- Leishmaniasis
- Listeriosis
- Lyme disease
- Malaria
- Paragonimiasis
- Pesticide poisoning, acute occupational
- Prion disease such as Creutzfeldt-Jakob disease (CJD)
- Salmonellosis, including typhoid fever
- Shiga toxin-producing *Escherichia coli*
- Shigellosis
- Silicosis
- Spotted fever group rickettsioses
- Streptococcal disease (group A, B, *S. pneumo*), invasive
- Syphilis, all other stages
- *Taenia solium* & undifferentiated *Taenia* infection
- Tetanus
- Trichinosis
- Trichuriasis
- Tuberculosis infection
- Typhus
- Yersiniosis

Report within 10 WORKING DAYS (See Rules)

- Drowning/Near drowning
- Spinal cord injury
- Traumatic brain injury

Report within ONE MONTH

- Contaminated sharps injury

Report by the most expeditious means available

- 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

Last updated February 5, 2020

Important Notice about Bacterial Isolates or Specimens

Pure cultures (or specimens) of the following must be submitted as they become available accompanied by a current department Specimen Submission Form to:

Department of State Health Services
Laboratory Services Section
1100 West 49th Street, Austin, Texas 78756-3199

- *Brucella* species isolates
- *Corynebacterium diphtheria* isolates
- *Haemophilus influenzae* isolates from normally sterile sites in children under five years old
- *Listeria monocytogenes* isolates
- *Mycobacterium tuberculosis* complex isolates
- *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions
- *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 µg/mL (VISA and VRSA)
- *Streptococcus pneumoniae* isolates from normally sterile sites in children under five years old
- *Vibrio* species isolates (also requested - specimens positive for Vibrio by culture-independent diagnostic testing (CIDT) methods)

Rare Isolates

- *Bacillus anthracis* isolates
- *Clostridium botulinum* isolates
- *Francisella tularensis* isolates
- *Yersinia pestis* isolates

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.

Lab Test/Specimen Submission Instructions

Laboratory Services Section Forms, *Including G-2A and G-2B*

Last updated February 11, 2020

Infectious Disease Report

This form may be used to ***report suspected cases and cases of notifiable conditions*** in Texas, as listed on the current *Texas Notifiable Conditions List* (http://www.dshs.state.tx.us/idcu/investigation/conditions). In addition, ***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.* You may be contacted to further investigate this Infectious Disease Report.

Report cases to Austin Public Health by faxing this form to (512) 972-5772 or calling (512) 972-5555

PATIENT INFORMATION					
Last Name	**First Name**	**Phone** (Primary)	**Phone** (Secondary)		
Date of Birth	**Age**	**Sex** ☐ Male ☐ Female	**Ethnicity** ☐ Hispanic ☐ Not Hispanic	**Race** ☐ White ☐ Black ☐ Unknown ☐ Asian ☐ Other	
Address	**City**	**State**	**Zip Code**	**County**	
CLINICAL INFORMATION					
Disease or Condition	**Illness Onset Date**				
Test Name/Type	**Date of Collection**	**Specimen Source** ☐ Blood ☐ Throat ☐ Urine ☐ Nose ☐ Stool ☐ Other _____	**Result** (attach copy)		
Treatment Name	**Treatment Start Date**	**Treatment Duration**			
REPORTING INFORMATION					
Reporter Name	**Date Reported**	**Reporter Phone**			
Healthcare Provider Name	**Provider Address**	**Provider Phone**			

PATIENT INFORMATION					
Last Name	**First Name**	**Phone** (Primary)	**Phone** (Secondary)		
Date of Birth	**Age**	**Sex** ☐ Male ☐ Female	**Ethnicity** ☐ Hispanic ☐ Not Hispanic	**Race** ☐ White ☐ Black ☐ Unknown ☐ Asian ☐ Other	
Address	**City**	**State**	**Zip Code**	**County**	
CLINICAL INFORMATION					
Disease or Condition	**Illness Onset Date**				
Test Name/Type	**Date of Collection**	**Specimen Source** ☐ Blood ☐ Throat ☐ Urine ☐ Nose ☐ Stool ☐ Other _____	**Result** (attach copy)		
Treatment Name	**Treatment Start Date**	**Treatment Duration**			
REPORTING INFORMATION					
Reporter Name	**Date Reported**	**Reporter Phone**			
Healthcare Provider Name	**Provider Address**	**Provider Phone**			

Varicella (Chickenpox) Reporting Form

Please use this form to report cases of Varicella to your local health office. Please complete as many fields as possible and fax completed forms to APH at (512) 972-5772 at the end of every week. A report can still be submitted if all questions cannot be answered.

PATIENT INFORMATION:

Last Name: _____ First Name: _____

DOB: ___/___/____ Age: ____ Sex: ____

Address: _____ City: _____

Zip Code: _____ Phone: _____

DEMOGRAPHICS:

Race: ☐White ☐Black or African-American ☐Asian

☐ Pacific Islander ☐ Native American/Alaskan ☐ Unknown

Hispanic: ☐ Yes ☐ No ☐ Unknown

Place of Birth: ☐ U.S.A. ☐ Other_____

Is the patient pregnant? ☐ Yes ☐ No ☐ Unknown

REPORTING INFORMATION:

Name of Person Reporting: _____

Agency/Organization Name: _____

Phone: _____

Address: _____

City: _____Zip: _____County:_____

Date Reported: ___/___/_____

Did patient visit a healthcare provider during this illness?

☐ Yes Date: ___/___/_____ ☐ No

Physician:_____

Did the patient develop any complications? ☐ Yes ☐ No

Specify: _____

Is the patient immunocompromised? ☐ Yes ☐ No

Treated with any antiviral for this illness? ☐ Yes ☐ No

If yes, specify:_____ Start date: ____/____/_____

Was the patient hospitalized for this disease?

☐ Yes* ☐ No *If yes, please send medical records.

Hospital: _____

Admit date: ____/___/____ Discharge date: ___/___/____

Is this patient a contact to another known varicella or shingles case? ☐ Yes ☐ No ☐ Unknown

Name of contact: _____ Phone: _____

Outbreak? ☐ Yes ☐ No

CLINICAL DATA:

Illness Onset Date ____/____/_____ **Illness duration:** ____ days

Rash Onset Date ____/____/_____

Rash Location: ☐ Generalized ☐ Focal ☐ Unknown

If generalized, first noted: (*check all that apply)*

☐ Face/head ☐ Legs ☐ Trunk ☐ Arms ☐ Inside Mouth

☐ Other (*specify)* _____

If focal, specify dermatome: _____

Number of lesions:

☐ <50 (specify)_____ ☐ 50-249 ☐ 250- 499 ☐ 500+

If <50, how many of each:

☐ Macules #_____ ☐ Papules #____ ☐ Vesicles #____

Did the rash crust? ☐ Yes, rash lasted _____ days before crusting

☐ No, rash lasted ____days ☐ Unknown

Fever? ☐ Yes, temperature _____°F

Date of Fever onset: ____/____/_____ No. of days _____

☐ No

☐ Unknown

Character of Lesions:

Mostly Macular/Papular?	☐ Yes / ☐ No / ☐ Unknown
Mostly Vesicular?	☐ Yes / ☐ No / ☐ Unknown
Hemorrhagic?	☐ Yes / ☐ No / ☐ Unknown
Itchy?	☐ Yes / ☐ No / ☐ Unknown
Scabs?	☐ Yes / ☐ No / ☐ Unknown
Crops/Waves?	☐ Yes / ☐ No / ☐ Unknown

LABORATORY DATA: Testing done? ☐ Yes ☐ No ☐ Unknown

Ordering Facility: _____

☐ DFA	Result: _____	Date of test:	___/___/____
☐ PCR	Result: _____	Date of test:	___/___/____
☐ Culture	Result: _____	Date of test:	___/___/____
☐ IgM	Result: _____	Date of test:	___/___/____
☐ IgG Acute	Result: _____	Date of test:	___/___/____
Conv	Result: _____	Date of test:	___/___/____

Previous History of Disease? ☐ Yes ☐ No

Date of Disease ____/____/_____ Age at diagnosis: _____ years

Diagnosed by who:

☐ Parent/friend ☐ Physician/Health Care Provider ☐ Other

Varicella Vaccination? ☐ Yes ☐ No

Number of Doses Received? ☐ 1 ☐ 2 ☐ 3

Date(s) of Varicella Vaccine:

1st Dose: ____/____/____ Type: ☐ MMRV ☐ Varicella

2nd Dose: ____/____/____ Type: ☐ MMRV ☐ Varicella

Did the patient attend: ☐ School ☐ Day Care ☐ Work ☐College ☐ Unknown ☐Other_____

Name of institution: _____ City: _____

Transmission Setting (Setting of Exposure): ☐Athletics ☐College ☐Community ☐Correctional Facility ☐Day Care ☐Doctor's Office ☐Home ☐ ER ☐ Outpatient Clinic ☐Hospital ☐International Travel ☐Military ☐Place of Worship ☐School ☐Work ☐Unknown ☐Other _____

CONFIDENTIAL STD CASE REPORT FORM

AUSTIN PUBLIC HEALTH DEPARTMENT, 5202 E. Ben White, Ste 600, Austin, TX 78741

PHONE: (512) 972-5555 | FAX: (512) 972-5772

PATIENT INFORMATION					
Last Name	**First Name**		**MI**	**Date of Birth:**	**Age**
Address:			**Phone Number:**		
			Work Number:		
City:	**State:**	**Zip code:**	**Emergency Contact Number**:		

Sex: ☐ Male ☐ Female **Marital Status:** ☐ S ☐ M ☐ W ☐ D ☐ SEP

Is patient pregnant? ☐ Yes ☐ No Weeks: _____

Race (check all that apply): ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ White ☐ Native Hawaiian or Pacific Islander ☐ Unknown

Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

CLINICAL INFORMATION

Exam Reason:

☐ DIS Partner Referral ☐ Referred by Partner ☐ Screening Jail/Prison ☐ STD Exposure ☐ Prenatal ☐ Delivery ☐ Volunteer ☐ Referred by Another Provider ☐ Other: _____

Site / Specimen (check all that apply):

☐ Cervix ☐ Pharynx ☐ Rectum ☐ Urethra ☐ Urine ☐ Vagina

STI Lab Result(s): (Please fax lab results with report)

Performing laboratory: _____ Date of Collection: _____

☐ **Chancroid** ☐ positive ☐ negative ☐ **Chlamydia** ☐ positive ☐ negative ☐ **Gonorrhea** ☐ positive ☐ negative ☐ **Pelvic Inflammatory Disease (Syndrome)**	**Treated:** ☐ **Yes** ☐ **No** **Date: _____** ☐ Azithromycin ☐ 1 g ☐ 2 g ☐ Ceftriaxone 250 mg in a single dose ☐ Other: _____

Syphilis Lab Result(s): (Please fax lab results with report)

Performing laboratory: _____ Date of Collection: _____

☐ **700 – Syphilis** ☐ **710 – Primary Syphilis (lesions)** ☐ **720 – Secondary Syphilis (symptoms)** ☐ **730 – Early latent Syphilis (<1 Year)** ☐ **745 – Late Latent Syphilis (<1 year)** ☐ **750 – Latent Syphilis w/ clinical manifestations** ☐ **790 – Congenital Syphilis** **Neurological Involvement:** ☐ Yes ☐ No ☐ Unknown	**Confirmatory Lab (i.e TPPA):** ☐ positive ☐ negative **Titer (RPR/VDRL): _____** **History (Last RPR) DOC: _____ Titer: _____** **Treated:** ☐ **Yes** ☐ **No** **Date(s): _____ _____ _____** ☐ Bicillin 250 MU IM ☐ X1 ☐ X3 ☐ Doxycycline 100 mg BID ☐X14 ☒X28 ☐ Other _____

Clinical Information (check all that apply):

☐ Asymptomatic ☐ Symptomatic ☐ Rash ☐ Chancre (sore/lesion ☐ Condyloma ☐ Alopecia

Notes:

Additional information is required on 900 patients. **For all 900 Reporting, please call (512)-972-5144.**

FACILITY INFORMATION

Physician or Facility Name	**Facility Address**
Contact Person:	**Phone Number:**

CONFIDENTIAL STD CASE REPORT FORM

AUSTIN PUBLIC HEALTH DEPARTMENT, 5202 E. Ben White, Ste 600, Austin, TX 78741

PHONE: (512) 972-5555 | FAX: (512) 972-5772

Please use form S-27 to report all notifiable Sexually Transmitted Diseases. Please complete all sections of this form using available data. If a response is unknown, please leave that value blank. Reporting rules mandate that positive lab results and disease diagnoses must be reported within the indicated time frames, regardless of treatment status. A second report should be sent as needed to document successful treatment.

Codes for form STD-27

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

Special Instructions

- Please use the provided "Notes/Symptoms" section to document all symptoms of 710/720, both observed and as reported by patient, as this will assist in properly staging this infection.
- Please document the last known RPR titer, or any previous negative testing for 700.
- Please note all other STD laboratory results (including non-reactive results) when positive lab is collected in conjunction with additional STD testing.
- Please document all lab results (including non-reactive results) when positive lab was ordered as part of a comprehensive testing algorithm (e.g.: 700 RPR + 700 Confirmatory).
- While reporting on this document serves as proof of timely report, additional information is required on 900 patients. Please call 512-972-5145 or 512-972-5144, and staff will assist you with reporting all of the required information.
- It is normal for various representatives of the Health Department to contact you during all stages of the Public Health Follow-up process to obtain additional patient information.

Please call 512-972-5555 with any additional questions regarding HIV/STD reporting.

Please fax all completed forms to 512-972-5772. Alternately, this form may be mailed to:

Austin Public Health
5202 E. Ben White, Ste 600
Austin, Texas 78741
Attn: Surveillance Program

Austin Public Health Department
5202 E Ben White Bldg 600, Austin Tx 78741
Phone: (512) 972-5555 Fax: (512) 972-5772

(Name of Laboratory) (Address) (City) (State) (Zip) (Phone Number)

REPORT PERIOD: FROM_____TO_____.

Submit form weekly to local or regional health departments.

Test Name	Results (Titer if applicable)	Date of Specimen Collection	Date of Lab Analysis	Patient's Name (Last, First, MI):	Patient's Address (Including, City, County & Zip)	DOB	Sex	Race	Hisp Y/N	Physician/Facility's Name, Address, City, Zip & Phone No.	Preg/ Mat *

NOTIFICATION OF LABORATORY TEST FINDINGS INDICATING PRESENCE OF CHLAMYDIA TRACHOMATIS, GONORRHEA, SYPHILIS, CHANCROID, HIV INFECTIONS OR SUPRESSED CD4 COUNTS

_____ Laboratory Supervisor

_____ Date

STD-28

Updated 02/10/2020

Perinatal **Hepatitis B** Program

HBsAg + Women

Obstetrics – Gynecology – Family Practice – Fertility Clinics

R e p o r t F o r m

Report within one week of lab results

Austin Public Health - Phone 512-972-6218

Fax 512-972-6287

To Welton Arantes, RN

---------- C O N F I D E N T I A L ----------

PHYSICIAN'S NAME: _____

Patient's Information

Pregnant_____ NOT Pregnant_____

Last Name: _____

First Name: _____ (MI) _____

DOB:_____

Address: _____

City:_____ State:_____

Zip Code:_____ County:_____

Phone: _____

Ethnicity: _____

Race: _____

EDD:_____

Planned Delivery Hospital:_____

_____

Married _____ Single_____

Preferred Language: _____

Type of Insurance: _____

Probable cause of infection: _____

Date of onset of disease: _____

Being monitored for HepB? _____

Receiving HepB anti-viral treatment? _____

_____

Attach Copy of
Hepatitis B
History of
Blood Test Results

Reporting facility:_____

_____

Address/Phone: _____

_____

_____

Name/Title of person reporting:

_____

Date of report: _____

Comments:

Austin Public Health
PREVENT. PROMOTE. PROTECT.

Perinatal **Hepatitis B** Program

HBsAg + Mother

Labor/Delivery – Postpartum – Infections Prevention

R e p o r t F o r m

Austin Public Health - Phone 512-972-6218

Fax 512-972-6287

To Welton Arantes, RN

---------- **C O N F I D E N T I A L** ----------

Reporting Facility

Name: _____

Address: _____

_____

_____

Phone: _____

Mother's Information

Name: _____

DOB: _____

Address: _____

_____

_____

Phone: _____

Preferred Language: _____

HBsAg results **at delivery:** **+** or **-**

(Please FAX *results confirmation*)

Prenatal Care Provider Information

Name: _____

Phone: _____

Mother's **previous** HepB lab work:

HBsAg _____ Date: _____

Infant's Information

Name: _____

DOB: _____ SEX: **M** **F**

Time of birth: _____

Weight at birth: _____

Infant's Vaccine Information

Hepatitis B Vaccine

Date: _____ Time: _____

Formulation: _____ Dose: _____

Manufacturer: _____

Lot #:_____

HBIG

Date: _____ Time: _____

Formulation: _____ Dose: _____

Manufacturer: _____

Lot #:_____

Pediatrician Information

Name: _____

Phone: _____

Reported by

Name/Title: _____

Date: _____

Austin Public Health

PREVENT. PROMOTE. PROTECT.