



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

2024





Contents

Letter to Reporting Agencies	1
Letter about Health Insurance Portability and Accountability Act (HIPAA)	2
Texas Administrative Code Section 97.2 (Communicable Disease Control)	3
Reporting Phone Numbers and Other Useful Numbers.....	4
List of Texas Notifiable Conditions	5-6
List of Texas Notifiable Conditions by Time Frame	7
Important Notice about Bacterial Isolates or Specimens.....	8
Important Notice about Controlled Substance Overdoses.....	9
Reporting Forms.....	10
Infectious Disease Reporting Form	10
Varicella (Chickenpox) Reporting Form.....	11
STD Reporting Form	12-13
STD-28	14
Perinatal Hepatitis B Reporting Form	15-17

March 12, 2024

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 2024 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. Important Notice about Controlled Substance Overdoses
7. 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,



Desmar Walkes, MD
Medical Director / Health Authority



Janet Pichette
Chief Epidemiologist



March 12, 2024

To Whom It May Concern:

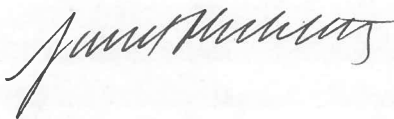
We understand that there may be some confusion regarding the Health Insurance Portability and Accountability Act (HIPAA) and release of protected health information to public health authorities. This letter will clarify the relationship between HIPAA and public health functions.

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,



Janet Pichette
Chief Epidemiologist
Epidemiology and Disease Surveillance Unit
Austin Public Health



Texas Administrative Code

<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 97</u>	COMMUNICABLE DISEASES
<u>SUBCHAPTER A</u>	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



HOW TO REPORT

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	Email/Reporting Portal
General Communicable Diseases	(512) 972-5555	(512) 972-5772	aphsurveillance@austintexas.gov
HIV/AIDS	(512) 972-5144 or (512) 972-5142 or (512) 972-5583	(512) 972-5772	aphsurveillance@austintexas.gov
Perinatal Hepatitis B Program	(512) 972-6218	N/A	https://txhhs.force.com/DSHSPeriHepBPreventionPortal/s/
STI's Syphilis Chlamydia & Gonorrhea	(512)972-5310 (512) 972-5313 or (512) 972-5314 or (512) 972-5829 or (512) 972-5809	(512) 972-5772	aphsurveillance@austintexas.gov
Tuberculosis	(512) 972-5448	512-972-5451	aphsurveillance@austintexas.gov

OTHER USEFUL NUMBERS

Department	Phone
Animal Control	311
Environmental Health	311
Immunizations	(512) 972-5520
Refugee Screening Clinic	(512) 972-6210
STI Clinic	(512) 972-5430
TB Clinic	(512) 972-5460
Vaccines For Children Program	(512) 972-5414

Texas Notifiable Conditions - 2024

Report all Confirmed and Suspected cases

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

Contact Information

Access List Online



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



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

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**²²
See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

*See condition-specific footnotes for reporting contact information

Texas Notifiable Conditions Footnotes - 2024

- ¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm>.
- ² Reporting forms are available at <http://www.dshs.texas.gov/idcu/investigation/forms/> and investigation forms at <http://www.dshs.texas.gov/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ³ Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: *Bacillus anthracis* isolates (also requested- *Bacillus cereus* isolates that may contain anthrax toxin genes from patients with severe disease or death, and *Bacillus cereus* biovar *anthracis*), *Clostridium botulinum* isolates, *Brucella* species isolates (excluding former *Ochrobactrum* spp.), *Candida auris* isolates, *Corynebacterium diphtheriae* isolates, *Cronobacter* isolates, *Burkholderia mallei*, *Haemophilus influenzae* isolates from normally sterile sites in children under five years old, *Listeria monocytogenes* isolates, *Burkholderia pseudomallei*, *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions, *Yersinia pestis* isolates, *Coxiella burnetii* (isolates or specimens from patients where there is laboratory evidence for bacteremia or active infection), *Salmonella* species isolates (also requested - specimens positive for *Salmonella* by culture-independent diagnostic testing (CIDT) methods), Shiga toxin-producing *Escherichia coli* (all *E. coli* O157:H7 isolates and any *E. coli* isolates or specimens in which Shiga toxin activity has been demonstrated), isolates of all members of the *Mycobacterium tuberculosis* complex, *Staphylococcus aureus* with a vancomycin MIC greater than 2 µg/mL (VISA and VRSA), *Streptococcus pneumoniae* isolates from normally sterile sites in children under five years old, *Francisella tularensis* isolates, and *Vibrio* species isolates (also requested - specimens positive for *Vibrio* by culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available accompanied by a current department Specimen Submission Form. See the [Texas Administrative Code \(TAC\) Chapter 97](#): §97.3(a)(4), §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information
- ⁴ Arboviral infections including, but not limited to, those caused by California serogroup viruses, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
- ⁵ All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species, and *Trypanosoma cruzi* (Chagas disease) to the DSHS Zoonosis Control Branch. If your center uses a screening assay under an IND protocol, please include results of follow-up testing as well. To report, send a secure email to WNV@dshs.texas.gov or fax the report to 512-776-7454. Providing the following: 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, DSHS recommends that you also share this same information with them.
- ⁶ For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ⁷ Report suspected botulism immediately by phone to 888-963-7111.
- ⁸ For pesticide reporting information see <https://www.dshs.texas.gov/sites/default/files/epitox/pestrptfrm.pdf>
- ⁹ For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- ¹⁰ For purposes of surveillance and notification, Prion diseases, such as Creutzfeldt-Jakob disease (CJD) includes sporadic CJD (sCJD), and also includes sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), any genetic CJD (gCJD) or familial CJD (fCJD), fatal familial insomnia (FFI), Gerstmann-Sträussler-Scheinker syndrome (GSS), iatrogenic CJD (iCJD), Kuru, variant CJD (vCJD), and any novel prion disease affecting humans.
- ¹¹ 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.
- ¹² 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/.
- ¹³ To report a Controlled Substance Overdose, go to <https://odreport.dshs.texas.gov/>.
- ¹⁴ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Call immediately for SARS, MERS, or any other novel coronavirus cases. Coronavirus Disease 2019 (COVID-19) is no longer considered a novel coronavirus and as of March 1, 2024 is no longer a notifiable disease condition in Texas.
- ¹⁵ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- ¹⁶ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ¹⁷ Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>.
- ¹⁸ 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/>.
- ¹⁹ 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.
- ²⁰ Any person suspected of having HIV should be reported, including HIV exposed infants.
- ²¹ For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- ²² 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.

Texas Notifiable Conditions 2024 (by reporting timeframe)

Both suspected and confirmed cases are IMMEDIATELY Reportable!	
CALL 512-972-5555 (365/24/7)	
<ul style="list-style-type: none"> • Anthrax • Botulism (adult & infant) • Controlled substance overdose (see rules) • Coronavirus, novel • Diphtheria • Influenza, Novel • Lead, childhood/adult, any level (see rules) • Measles (rubeola) • Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) 	<ul style="list-style-type: none"> • Plague (<i>Yersinia pestis</i>) • Poliomyelitis, acute paralytic • Rabies, human • Smallpox • <i>Staph. Aureus</i>, vancomycin-resistant (VISA & VRSA) • Tularemia • Viral hemorrhagic fever (including Ebola) • Yellow fever
Report within ONE WORKING DAY	
<ul style="list-style-type: none"> • Brucellosis • <i>Candida auris</i> • Carbapenem resistant Enterobacteriaceae (CRE) • Hepatitis A (acute) • Hepatitis B, perinatal (HBsAg+ <24 months) (child) • Human immunodeficiency virus (HIV), acute infection • Influenza-associated pediatric mortality • Mumps 	<ul style="list-style-type: none"> • Pertussis • Poliovirus infection, non-paralytic • Q fever • Rubella (including congenital) • Syphilis, primary & secondary stages • Tuberculosis disease (<i>M. tuberculosis</i> complex) • <i>Vibrio</i> infection, including cholera
Report within ONE WEEK	
<ul style="list-style-type: none"> • Acquired immune deficiency syndrome (AIDS) • Amebic Meningitis & Encephalitis • Anaplasmosis • Arboviral Infection • Asbestosis • Ascariasis • Babesiosis • Campylobacteriosis • Cancer • Chagas Disease • Chancroid • Chickenpox (Varicella) • <i>Chlamydia trachomatis</i> infection • Cryptosporidiosis • Cyclosporiasis • Cysticercosis • Echinococcosis • Ehrlichiosis • Fascioliasis 	<ul style="list-style-type: none"> • Gonorrhhea • <i>Haemophilus influenzae</i>, invasive • Hansen's disease (Leprosy) • Hantavirus infection • Hemolytic Uremic Syndrome (HUS) • Hepatitis B, C, and E (acute) • Hepatitis B identified prenatally or at delivery (mother) • 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)
<ul style="list-style-type: none"> • Salmonellosis, including typhoid fever • Shiga toxin-producing <i>Escherichia coli</i> • Shigellosis • Silicosis • Spotted fever group rickettsioses • Streptococcal disease (<i>S. pneumo</i>), invasive • Syphilis, all other stages including congenital syphilis • <i>Taenia solium</i> & undifferentiated <i>Taenia</i> infection • Tetanus • Tick-borne relapsing fever (TBRF) • Trichinosis • Trichuriasis • Tuberculosis infection • Typhus • Yersiniosis 	
Report within 10 WORKING DAYS (See Rules)	
<ul style="list-style-type: none"> • Drowning/Near Drowning 	<ul style="list-style-type: none"> • Spinal Cord Injury • Traumatic brain injury
Report within ONE MONTH	
<ul style="list-style-type: none"> • Contaminated sharps injury 	
Report by the most expeditious means available	
<ul style="list-style-type: none"> • 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 	

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

- Arboviral infections including, but not limited, those caused by California serogroup viruses, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE), St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus
- *Bacillus anthracis* isolates (also requested—*Bacillus cereus* isolates that may contain anthrax toxin genes from patients with severe disease or death)
- *Brucella* species isolates
- *Candida auris* isolates
- *Clostridium botulinum* isolates
- *Corynebacterium diphtheria* isolates
- *Francisella tularensis* 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)
- *Yersinia pestis* isolates

All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species, and *Trypanosoma cruzi* (Chagas disease)

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 March 01, 2024



Important Notice about Controlled Substance Overdoses

By Texas state law, Penalty Group 1 controlled substance overdoses shall be reported to the Department of State Health Services immediately.

[Texas Health and Safety Code §161.042](#) requires health care providers, or the administrator, superintendent, or other person in charge of a hospital, sanatorium, or other institution in which an overdose of a controlled substance listed in Penalty Group 1 is attended, treated, or in which attention or treatment is requested, report all overdoses from substances listed in Penalty Group 1. An overdose is defined as an accidental or intentional Penalty Group 1 drug effect, direct or indirect, resulting in an unfavorable health event.

Penalty Group 1 drugs are classified by Texas Health and Safety Code §481.102 as:

- Opiates (including isomers, esters, ethers and salts) such as morphine, codeine & heroine.
- Opium derivatives (salts, isomers and salts of isomers) like oxycodone, hydrocodone & powdered opium.
- Other substances related to opium, except those listed in other penalty groups

Failing to report is a misdemeanor punishable by confinement in jail for not more than six months, or by a fine of not more than \$100.

To report a controlled substance overdose, please use the website listed below:

<https://odreport.dshs.texas.gov>

Please do not include any identifiable patient information, such as, patient name, address, or any other information concerning the patient's identity.

Last updated March 01, 2024

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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race	<input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> Unknown
Address				City	State	Zip Code	County		
CLINICAL INFORMATION									
Disease or Condition					Illness Onset Date				
Test Name/Type	Date of Collection	Specimen Source			<input type="checkbox"/> Blood	<input type="checkbox"/> Throat	<input type="checkbox"/> Urine	Result (attach copy)	
				<input type="checkbox"/> Nose	<input type="checkbox"/> Stool	<input type="checkbox"/> Other _____			
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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race	<input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> Unknown
Address				City	State	Zip Code	County		
CLINICAL INFORMATION									
Disease or Condition					Illness Onset Date				
Test Name/Type	Date of Collection	Specimen Source			<input type="checkbox"/> Blood	<input type="checkbox"/> Throat	<input type="checkbox"/> Urine	Result (attach copy)	
				<input type="checkbox"/> Nose	<input type="checkbox"/> Stool	<input type="checkbox"/> Other _____			
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.

<p>PATIENT INFORMATION:</p> <p>Last Name: _____ First: _____ DOB: ___/___/___ Age: ___ Sex: ___ Address: _____ City: _____ Zip Code: _____ Phone: _____</p> <p>DEMOGRAPHICS:</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Unknown</p> <p>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Place of Birth: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____</p> <p>Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>REPORTING INFORMATION:</p> <p>Name of Person Reporting: _____ Agency/Organization Name: _____ Phone: _____ Address: _____ City: _____ Zip: _____ County: _____ Date Reported: ___/___/___ Health Department: _____</p>												
<p>Did patient visit a healthcare provider during this illness?</p> <p><input type="checkbox"/> Yes Date: ___/___/___ <input type="checkbox"/> No</p> <p>Physician: _____</p> <p>Did the patient develop any complications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specify: _____</p> <p>Is the patient immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Treated with any antiviral for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify: _____ Start date: ___/___/___</p>	<p>Was the patient hospitalized for this disease?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please send medical records</p> <p>Hospital: _____ Admit date: ___/___/___ Discharge date: ___/___/___</p>												
<p>CLINICAL DATA:</p> <p>Illness Onset Date ___/___/___ Illness duration: ___ days</p> <p>Rash Onset Date ___/___/___</p> <p>Rash Location: <input type="checkbox"/> Generalized <input type="checkbox"/> Focal <input type="checkbox"/> Unknown</p> <p>If generalized, first noted: (<i>check all that apply</i>)</p> <p><input type="checkbox"/> Face/head <input type="checkbox"/> Legs <input type="checkbox"/> Trunk <input type="checkbox"/> Arms <input type="checkbox"/> Inside Mouth</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p>If focal, specify dermatome: _____</p> <p>Number of lesions:</p> <p><input type="checkbox"/> <50 (<i>specify</i>) _____ <input type="checkbox"/> 50-249 <input type="checkbox"/> 250- 499 <input type="checkbox"/> 500+</p> <p>If <50, how many of each:</p> <p><input type="checkbox"/> Macules # _____ <input type="checkbox"/> Papules # _____ <input type="checkbox"/> Vesicles # _____</p>	<p>Is this patient a contact to another known varicella or shingles case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Name of contact: _____ Phone: _____</p> <p>Outbreak? <input type="checkbox"/> Yes** <input type="checkbox"/> No (*complete the Varicella Outbreak Report Form, one per outbreak)</p> <p>**NEDSS Outbreak Name: _____</p>												
<p>LABORATORY DATA: Testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Ordering Facility: _____</p> <p><input type="checkbox"/> DFA Result: _____ Date of test: ___/___/___ <input type="checkbox"/> PCR Result: _____ Date of test: ___/___/___ <input type="checkbox"/> Culture Result: _____ Date of test: ___/___/___ <input type="checkbox"/> IgM Result: _____ Date of test: ___/___/___ <input type="checkbox"/> IgG Acute Result: _____ Date of test: ___/___/___ Conv Result: _____ Date of test: ___/___/___</p>	<p>Did the rash crust? <input type="checkbox"/> Yes, rash lasted ___ days before crusting <input type="checkbox"/> No, rash lasted ___ days <input type="checkbox"/> Unknown</p> <p>Fever? <input type="checkbox"/> Yes, temperature _____ °F Date of Fever onset: ___/___/___ No. of days _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Character of Lesions:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Mostly Macular/Papular?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Mostly Vesicular?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Hemorrhagic?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Itchy?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Scabs?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> <tr> <td>Crops/Waves?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown</td> </tr> </table>	Mostly Macular/Papular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown	Mostly Vesicular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown	Hemorrhagic?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown	Itchy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown	Scabs?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown	Crops/Waves?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown
Mostly Macular/Papular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
Mostly Vesicular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
Hemorrhagic?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
Itchy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
Scabs?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
Crops/Waves?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Unknown												
<p>LABORATORY DATA: Testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Ordering Facility: _____</p> <p><input type="checkbox"/> DFA Result: _____ Date of test: ___/___/___ <input type="checkbox"/> PCR Result: _____ Date of test: ___/___/___ <input type="checkbox"/> Culture Result: _____ Date of test: ___/___/___ <input type="checkbox"/> IgM Result: _____ Date of test: ___/___/___ <input type="checkbox"/> IgG Acute Result: _____ Date of test: ___/___/___ Conv Result: _____ Date of test: ___/___/___</p>	<p>Previous History of Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Disease ___/___/___ Age at diagnosis: ___ years</p> <p>Diagnosed by whom:</p> <p><input type="checkbox"/> Parent/friend <input type="checkbox"/> Physician/Health Care Provider <input type="checkbox"/> Other</p> <p>Varicella Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of Doses Received? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Date(s) of Varicella Vaccine:</p> <p>1st Dose: ___/___/___ Type: <input type="checkbox"/> MMRV <input type="checkbox"/> Varicella</p> <p>2nd Dose: ___/___/___ Type: <input type="checkbox"/> MMRV <input type="checkbox"/> Varicella</p>												
<p>Did the patient attend: <input type="checkbox"/> School <input type="checkbox"/> Day Care <input type="checkbox"/> Work <input type="checkbox"/> College <input type="checkbox"/> Other _____</p> <p>Name of institution: _____ City: _____</p> <p>Transmission Setting (Setting of Exposure): <input type="checkbox"/> Athletics <input type="checkbox"/> College <input type="checkbox"/> Community <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Day Care <input type="checkbox"/> Doctor's office <input type="checkbox"/> Home <input type="checkbox"/> Hospital ER <input type="checkbox"/> Hospital Outpatient Clinic <input type="checkbox"/> Hospital Ward <input type="checkbox"/> International Travel <input type="checkbox"/> Military <input type="checkbox"/> Place of Worship <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____</p>													

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: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Weeks: _____ Race (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unknown Ethnic Origin: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
CLINICAL INFORMATION				
Exam Reason:				
<input type="checkbox"/> Partner Referral <input type="checkbox"/> Referred by Partner <input type="checkbox"/> Screening Jail/Prison <input type="checkbox"/> STD Exposure <input type="checkbox"/> Prenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Volunteer <input type="checkbox"/> Referred by Another Provider <input type="checkbox"/> Other: _____				
Site / Specimen (check all that apply):				
<input type="checkbox"/> Cervix <input type="checkbox"/> Pharynx <input type="checkbox"/> Rectum <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Vagina <input type="checkbox"/> Blood				
Clinical Information (check all that apply):				
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rash <input type="checkbox"/> Chancre (sore/lesion) <input type="checkbox"/> Condyloma <input type="checkbox"/> Alopecia				
STD Lab Result(s): (Please fax lab results with report)				
Performing laboratory: _____			Date of Collection: _____	
<input type="checkbox"/> Chancroid <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Chlamydia <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Gonorrhea <input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> Pelvic Inflammatory Disease (Syndrome)			Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> Azithromycin <input type="checkbox"/> 1 g <input type="checkbox"/> 2 g <input type="checkbox"/> Ceftriaxone 500 mg in a single dose <input type="checkbox"/> Other: _____	
Syphilis Lab Result(s): (Please fax lab results with report)				
Performing laboratory: _____			Date of Collection: _____	
<input type="checkbox"/> 700 – Syphilis <input type="checkbox"/> 710 – Primary Syphilis (lesions) <input type="checkbox"/> 720 – Secondary Syphilis (symptoms) <input type="checkbox"/> 730 – Early latent Syphilis (<1 Year) <input type="checkbox"/> 745 – Late Latent Syphilis (<1 year) <input type="checkbox"/> 750 – Latent Syphilis w/ clinical manifestations <input type="checkbox"/> 790 – Congenital Syphilis Neurological Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Confirmatory Lab (i.e TPPA): <input type="checkbox"/> positive <input type="checkbox"/> negative Titer (RPR/VDRL): <input type="checkbox"/> Not reactive <input type="checkbox"/> 1: _____ History (Last RPR) DOC: _____ Titer: _____ Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____ <input type="checkbox"/> Bicillin 250 MU IM <input type="checkbox"/> X1 <input type="checkbox"/> X3 <input type="checkbox"/> Doxycycline 100 mg BID <input type="checkbox"/> X7 <input type="checkbox"/> X14 <input type="checkbox"/> X28 <input type="checkbox"/> Ceftriaxone (Rocephin) <input type="checkbox"/> 250 mg <input type="checkbox"/> 500mg __ <input type="checkbox"/> Other _____	
Please call (512)-972-5144 or 5145 Report HIV/AIDS, including test performed during prenatal visits.			Notes:	
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**

PERINATAL HBV HOSPITAL & PROVIDER PORTAL

PAPER FORMS WILL NOT BE ACCEPTED AS OF AUGUST 1, 2022.

Labs, hospitals, and providers should be provided with the following link:

<https://txhhs.force.com/DSHSPeriHepBPreventionPortal/s/>

The public portal is intended to take the place of emails and faxes from labs, hospitals, and providers. All submissions will be live upon entry into the database.

Submitters will also be able to upload supporting documents with their submissions. All submitters will be required to include an email address as they will receive an automated confirmation email notifying them that their submission was successful.

The screenshot shows the Texas DSHS Perinatal Hepatitis B Prevention Program portal. At the top left is the Texas Health and Human Services logo. The main title is "Texas DSHS Perinatal Hepatitis B Prevention Program". Below the title are six navigation tabs, each with an image and a label: "LABS" (image of test tubes and a keyboard), "HOSPITAL/PROVIDER FORMS" (image of a doctor with a stethoscope), "INTERSTATE TRANSFER FO..." (image of a woman holding a baby), "REFUGEE REPORTING FORM" (image of a hand writing on a form), "ADDITIONAL RESOURCES" (image of various medical icons), and "CONTACT US" (image of a group of people in a meeting).

- Submitters will click on the tab that is needed.
- Submitters will complete all fields with an asterisk and may upload supplemental documents as needed.
- Submitters then click Submit.

NEW ONLINE PROVIDER PORTAL

Providers may upload Hepatitis B vaccine information including Post-Vaccination Serology Testing (PVST) results to portal with the following link:

<https://txhhs.force.com/DSHSPeriHepBPreventionPortal/s/>

The public portal is intended to take the place of emails and faxes from labs, hospitals, and providers. All submissions will be live upon entry into the database.

Submitters will also be able to upload supporting documents with their submissions. All submitters will be required to include an email address as they will receive an automated confirmation email notifying them that their submission was successful.



**Texas DSHS Perinatal Hepatitis B
Prevention Program**

LABS

HOSPITAL/PROVIDER FORMS

INTERSTATE TRANSFER FO...

REFUGEE REPORTING FORM

ADDITIONAL RESOURCES

CONTACT US

- Submitters will click on the tab that is needed.
- Submitters will complete all fields with an asterisk and may upload supplemental documents as needed.
- Submitters then click Submit.

NEW ONLINE PROVIDER PORTAL

PAPER FORMS WILL NOT BE ACCEPTED

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- Submitters will click on the tab that is needed.
- Submitters will complete all fields with an asterisk and may upload supplemental documents as needed.
- Submitters then click Submit.