



Austin Public Health

Epidemiology and Public Health Preparedness Division
Epidemiology and Disease Surveillance Unit
15 Waller Street
Austin, TX 78702



Reporting Communicable Diseases in Travis County

2018



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Epidemiology and Public Health Preparedness Division
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15 Waller Street
Austin, TX 78702

January 1, 2018

RE: 2018 Epidemiology and Disease Surveillance Reporting Packet

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 2018 list of notifiable conditions, reporting forms, and other helpful information. The packet includes:

1. 2018 List of Notifiable Conditions in Texas
2. 2018 Summary of Changes in the Texas Administrative Code regarding Notifiable Conditions
3. General Reporting
4. STD Reporting
5. HIV/AIDS Case Reporting
6. List of Helpful Websites
7. OCR HIPAA Privacy Rules

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,

A handwritten signature in black ink, appearing to read 'Philip Huang'.

Philip Huang, M.D., M.P.H.
Medical Director/Health Authority

A handwritten signature in blue ink, appearing to read 'Jeffery P. Taylor'.

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





January 1, 2018

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 Disease Surveillance Unit 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 Epidemiology and Disease Surveillance Unit conducts 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 at the Epidemiology and Disease Surveillance Unit at (512) 972-5555 and ask for the HIPAA privacy officer. Thank you for your cooperation in our endeavors to provide service.

Kindest Regards,

A handwritten signature in blue ink that reads 'Jeffery P. Taylor'.

Jeffery P. Taylor, MPH
Epidemiology Program Manager, Unit Privacy Officer
Austin Public Health Department
Epidemiology and Health Statistics Unit





Austin Public Health



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 diseases/conditions that are reportable and other information.

- **General Communicable Diseases** (512) 972-5555 (512) 972-5772 Fax
- **HIV/AIDS** (512) 972-5144 or 5145 (512) 972-5772 Fax
- **STD Reporting** (512) 972-5433 (512) 972-5772 Fax
- **Tuberculosis Reporting** (512) 972-5448 (512) 972-5451 Fax
- **Perinatal Hepatitis B Program** (512) 972-6218 (512) 972-6287 Fax
- **Blood lead, traumas, silicosis, drowning, controlled substance overdose, prion diseases, pesticide poisoning** (512) 776-6317 (512) 776-7699 Fax

OTHER USEFUL PHONE NUMBERS

- **Animal Control** 311
- **Environmental Health** 311
- **Health Authority** (512) 972-5855
- **Immunizations** (512) 972-5520
- **Refugee Screening Clinic** (512) 972-6210
- **STD Clinic** (512) 972-5430
- **TB Clinic** (512) 972-5460
- **Vital Records (Birth/Death)** (512) 972-4784
- **WIC Program** (512) 972-4942
- **Vaccines for Children Program** (512) 972-5414

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).



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.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}	Within 1 week	Measles (rubeola) ²	Call Immediately
*Asbestosis ⁵	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{2, 3}	Call Immediately
Ascariasis ²	Within 1 week	Multidrug-resistant <i>Acinetobacter</i> (MDR-A) ^{2, 6}	Within 1 work day
Babesiosis ²	Within 1 week	Mumps ²	Within 1 work day
Botulism (adult and infant) ^{2, 3, 7}	Call Immediately ⁷	Paragonimiasis ²	Within 1 week
Brucellosis ^{2, 3}	Within 1 work day	Pertussis ²	Within 1 work day
Campylobacteriosis ²	Within 1 week	*Pesticide poisoning, acute occupational ⁸	Within 1 week
*Cancer ⁹	See rules ⁹	Plague (<i>Yersinia pestis</i>) ^{2, 3}	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{2, 10}	Within 1 work day	Poliomyelitis, acute paralytic ²	Call Immediately
Chagas disease ²	Within 1 week	Poliovirus infection, non-paralytic ²	Within 1 work day
*Chancroid ¹	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{2, 11}	Within 1 week
*Chickenpox (varicella) ¹²	Within 1 week	Q fever ²	Within 1 work day
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Rabies, human ²	Call Immediately
*Contaminated sharps injury ¹³	Within 1 month	Rubella (including congenital) ²	Within 1 work day
* Controlled substance overdose ¹⁴	Call Immediately	Salmonellosis, including typhoid fever ^{2, 3}	Within 1 week
Coronavirus, novel ^{2, 15}	Call Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2, 3}	Within 1 week
Cryptosporidiosis ²	Within 1 week	Shigellosis ²	Within 1 week
Cyclosporiasis ²	Within 1 week	*Silicosis ¹⁶	Within 1 week
Cysticercosis ²	Within 1 week	Smallpox ²	Call Immediately
Diphtheria ^{2, 3}	Call Immediately	*Spinal cord injury ¹⁷	Within 10 work days
*Drowning/near drowning ¹⁷	Within 10 work days	Spotted fever group rickettsioses ²	Within 1 week
Echinococcosis ²	Within 1 week	Streptococcal disease (groups A ² , B ² ; <i>S. pneumoniae</i> ^{2, 3}), invasive	Within 1 week
Ehrlichiosis ²	Within 1 week	*Syphilis – primary and secondary stages ^{1, 18}	Within 1 work day
Fascioliasis ²	Within 1 week	*Syphilis – all other stages ^{1, 18}	Within 1 week
*Gonorrhea ¹	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ²	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{2, 3}	Within 1 week	Tetanus ²	Within 1 week
Hansen’s disease (leprosy) ²	Within 1 week	*Traumatic brain injury ¹⁷	Within 10 work days
Hantavirus infection ²	Within 1 week	Trichinosis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Trichuriasis ²	Within 1 week
Hepatitis A ²	Within 1 work day	*Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) ^{3, 19}	Within 1 work day
Hepatitis B, C, and E (acute) ²	Within 1 week	*Tuberculosis infection ²⁰	Within 1 week
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Tularemia ^{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 <i>Staph aureus</i> (VISA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1, 21}	Within 1 work day	Vancomycin-resistant <i>Staph aureus</i> (VRSA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), non-acute infection ^{1, 21}	Within 1 week	<i>Vibrio</i> infection, including cholera ^{2, 3}	Within 1 work day
Influenza-associated pediatric mortality ²	Within 1 work day	Viral hemorrhagic fever (including Ebola) ²	Call Immediately
Influenza, novel ²	Call Immediately	Yellow fever ²	Call Immediately
*Lead, child blood, any level & adult blood, any level ²²	Call/Fax Immediately	Yersiniosis ²	Within 1 week

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available

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

Texas Notifiable Conditions Footnotes

- ¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm>.
- ² Reporting forms are available at <http://www.dshs.texas.gov/idcu/investigation/forms/> and investigation forms at <http://www.dshs.texas.gov/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ³ Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 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), *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, *Mycobacterium tuberculosis* complex isolates, *Francisella tularensis* isolates, and *Vibrio* species isolates (also requested - specimens positive for *Vibrio* by culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available accompanied by a current department Specimen Submission Form. See the [Texas Administrative Code \(TAC\) Chapter 97](#): §97.3(a)(4), §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information.
- ⁴ Arboviral infections including, but not limited to, those caused by California serogroup virus, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
- ⁵ For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ⁶ See additional MDR-A reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
- ⁷ Report suspected botulism immediately by phone to 888-963-7111.
- ⁸ For pesticide reporting information see <http://www.dshs.texas.gov/epitox/Pesticide-Exposure/#reporting>.
- ⁹ For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- ¹⁰ See additional CRE reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹¹ For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease affecting humans.
- ¹² Call your [local health department](#) for a copy of the Varicella Reporting Form with their fax number. The [Varicella \(Chickenpox\) Reporting Form](#) should be used instead of an Epi-1 or Epi-2 morbidity report.
- ¹³ Applicable for governmental entities. Not applicable to private facilities. ([TAC §96.201](#)) Initial reporting forms for Contaminated Sharps at http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- ¹⁴ To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.texas.gov/epidemiology/epipoison.shtm>.
- ¹⁵ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- ¹⁶ For silicosis reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ¹⁷ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- ¹⁸ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ¹⁹ Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M. tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>.
- ²⁰ TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>.
- ²¹ Any person suspected of having HIV should be reported, including HIV exposed infants.
- ²² For lead reporting information see <http://www.dshs.texas.gov/lead/default.shtm>.

Important Notice

About Bacterial Isolates or Specimens

[Lab Test/Specimen Submission Instructions](#)

[Laboratory Services Section Forms](#), Including G-2A and G-2B

HIV/AIDS See reporting requirements for HIV/AIDS and other notifiable sexually transmitted diseases (STDs) at <http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm>

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:

<i>Bacillus anthracis</i> isolates	<i>Salmonella</i> species isolates (also requested - specimens positive for <i>Salmonella</i> by culture-independent diagnostic testing (CIDT) methods)
<i>Brucella</i> species isolates	Shiga toxin-producing <i>Escherichia coli</i> (all <i>E.coli</i> O157:H7 isolates and any <i>E.coli</i> isolates or specimens in which Shiga toxin activity has been demonstrated)
<i>Clostridium botulinum</i> isolates	<i>Staphylococcus aureus</i> with a vancomycin MIC greater than 2 µg/mL (VISA and VRSA)
<i>Corynebacterium diphtheriae</i> isolates	<i>Streptococcus pneumoniae</i> isolates from normally sterile sites in children under five years old
<i>Haemophilus influenzae</i> isolates from normally sterile sites in children under five years old	<i>Mycobacterium tuberculosis</i> complex isolates, <i>Francisella tularensis</i> isolates
<i>Listeria monocytogenes</i> isolates	<i>Vibrio</i> species isolates (also requested - specimens positive for <i>Vibrio</i> by culture-independent diagnostic testing (CIDT) methods).
<i>Neisseria meningitidis</i> isolates from normally sterile sites or purpuric lesions	<i>Yersinia pestis</i> isolates
<p>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.</p>	

Last updated April 2, 2018

Infectious Disease Report

This form may be used to **report suspected cases and cases of notifiable conditions** in Texas, listed with their reporting timeframes on the current *Texas Notifiable Conditions List* available at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>. 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**. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

Report Cases to the Austin/Travis County Health & Human Services Department by Faxing (512) 972-5772 or Calling (512) 972-5555.

Mail Reports To:

Austin Public Health Department
Attn: Surveillance Program
15 Waller St. RBJ 4th Flr.
Austin, TX 78702

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
Patient Name (Last)		(First)	(MI)	Telephone (____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	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"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history</i>					

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
Patient Name (Last)		(First)	(MI)	Telephone (____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	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"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history</i>					

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
Patient Name (Last)		(First)	(MI)	Telephone (____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	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"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history</i>					

Name of Reporting Facility		Address			
Name of Person Reporting		Title	Phone Number (____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)		E-mail			

Above Information is CONFIDENTIAL. Please notify sender if received in error, and return or destroy.



VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local or regional health office, or you can fax a copy of this document to the Texas Department of State Health Services in Austin at (512) 776-7616 at the end of every week. Please complete as many of the questions as possible. A report can still be submitted if all questions cannot be answered.

<p>PATIENT INFORMATION:</p> <p>Last Name: _____ First: _____</p> <p>DOB: ___/___/___ Age: ___ Sex: ___</p> <p>Address: _____ City: _____</p> <p>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>REPORTING INFORMATION:</p> <p>Name of Person Reporting: _____</p> <p>Agency/Organization Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>County: _____</p> <p>Date Reported: ___/___/___</p>												
<p>Did patient visit a healthcare provider during this illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___</p> <p>Physician: _____</p> <p>Did the patient develop any complications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Treated with any antiviral for this illness?</p> <p><input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No</p>	<p>Was the patient hospitalized for this disease?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hospital: _____</p> <p>Admit date: ___/___/___</p> <p>Discharge date: ___/___/___</p>												
<p>CLINICAL DATA:</p> <p>Illness Onset Date ___/___/___</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 (specify) _____ <input type="checkbox"/> 50-249 <input type="checkbox"/> 250- 499 <input type="checkbox"/> 500+</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</p> <p>Date of Fever onset: ___/___/___</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Character of Lesions:</p> <table style="width:100%; border: none;"> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Mostly Macular/Papular?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Mostly Vesicular?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Hemorrhagic?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Itchy?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Scabs?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Crops/Waves?</td> <td><input type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> </table>	Mostly Macular/Papular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Mostly Vesicular?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Hemorrhagic?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Itchy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Scabs?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Crops/Waves?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Scabs?	<input type="checkbox"/> Yes / <input type="checkbox"/> No												
Crops/Waves?	<input type="checkbox"/> Yes / <input type="checkbox"/> No												
<p>LABORATORY DATA:</p> <p>Laboratory Testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Date of test: ___/___/___</p> <p><input type="checkbox"/> DFA Result: _____</p> <p><input type="checkbox"/> PCR Result: _____</p> <p><input type="checkbox"/> Culture Result: _____</p> <p><input type="checkbox"/> IgM Result: _____</p> <p><input type="checkbox"/> IgG Result: _____</p>	<p>History of Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Disease ___/___/___</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</p> <p>Date(s) of Varicella Vaccine:</p> <p>1st Dose: ___/___/___ Type: _____</p> <p>2nd Dose: ___/___/___ Type: _____</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>													

CONFIDENTIAL STD CASE REPORT FORM
 AUSTIN PUBLIC HEALTH DEPARTMENT
 15 Waller St., Room 426, Austin, TX 78702
PHONE: (512) 972-5555 | FAX: (512) 972-5772

PATIENT INFORMATION				
Last Name	First Name	MI	Date of Birth:	Age
Address	City	State	Zip	Phone 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"/> D	Is this patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Weeks: _____	Emergency Contact Number: Work Number:		
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"/> DIS Partner Referral <input type="checkbox"/> Referred by Partner <input type="checkbox"/> Screening Jail/Prison <input type="checkbox"/> DIS Suspect Referral <input type="checkbox"/> Prenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Volunteer <input type="checkbox"/> Referred by Another Provider <input type="checkbox"/> Other: _____				
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 lata <input type="checkbox"/> Alopecia				
Exam Date:	Lab Result Date:			
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"/> Other: _____				
Lab Result(s): (Please fax lab results with report)				
Lab Results: _____		Lab Results: _____		Laboratory Name:
Lab Results: _____		Lab Results: _____		
Code 200 (not 490) <input type="checkbox"/> Genital <input type="checkbox"/> Ophthalmia		Code 490 Associated with <input type="checkbox"/> 200 <input type="checkbox"/> 300		
Code 300 (not 490) <input type="checkbox"/> Genital <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngea <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other			<input type="checkbox"/> Code 100 <input type="checkbox"/> Code 600	
Code 700: <input type="checkbox"/> 710* <input type="checkbox"/> 720* <input type="checkbox"/> 730 <input type="checkbox"/> 745 <input type="checkbox"/> 750 <input type="checkbox"/> 790 *All cases of 710 and 720 must be reported within 1 work day.			Neurological Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Code <input type="checkbox"/> 900 <input type="checkbox"/> 950 The Health Department requires additional information on 900 patients. For all 900 Reporting, please call (512)-972-5144.				
Notes:		Date of Treatment:		
		Treatment: (check all that apply) <input type="checkbox"/> Ceftriaxone - 250 mg IM <input type="checkbox"/> Azithromycin - 1 gram <input type="checkbox"/> Bicillin 2.4MU <input type="checkbox"/> Other _____		
FACILITY INFORMATION				
Physician or Facility Name		Contact Person	Phone Number	
Facility Address				

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15 Waller St., Room 426, Austin, TX 78702
PHONE: (512) 972-5555 | FAX: (512) 972-5772

Please use form STD-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
15 Waller St. 4th Flr Room 426
Austin, Texas 78702
Attn: Surveillance Program