



Epidemiology and Public Health Preparedness Division
Epidemiology and Disease Surveillance Unit
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Austin, TX 78741

Reporting Communicable Diseases in Travis County

2023



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Letter to Reporting Agencies

March 17, 2023

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 2022 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 after hours.

Thank you again for your assistance.

Sincerely,

Desmar Walkes, MD
Medical Director / Health Authority

Janet Pichette, MS, CEM
Chief Epidemiologist





March 17, 2023

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 and Travis County. 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, MS, CEM
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

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- (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).
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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 (512) 972-5142 or (512) 972-5583	(512) 972-5772
Perinatal Hepatitis B Program		(512) 972-6218	(512) 972-6287
STD Reporting	Syphilis Chlamydia & Gonorrhea	(512) 972-5310 (512) 972-5313 or (512) 972-5314 or (512) 972-5829 or (512) 972-5809	(512) 972-5772
Tuberculosis Reporting		(512) 972-5448	(512) 972-5451

OTHER USEFUL PHONE 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 - 2023

Report all Confirmed and Suspected cases

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

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

Access List Online



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, 25}	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, 25}	Call Immediately ⁷	Paragonimiasis ²	Within 1 week
Brucellosis ^{2, 3, 25}	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, 25}	Call Immediately
Candida auris ^{2, 3, 10}	Within 1 work day	Poliomyelitis, acute paralytic ²	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{2, 11}	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, 12}	Within 1 week
*Chancroid ¹	Within 1 week	Q fever ²	Within 1 work day
*Chickenpox (varicella) ¹³	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 ¹⁴	Within 1 month	Salmonellosis, including typhoid fever ^{2, 3}	Within 1 week
* Controlled substance overdose ¹⁵	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2, 3}	Within 1 week
Coronavirus, novel ^{2, 16}	Call Immediately	Shigellosis ²	Within 1 week
Coronavirus Disease 2019 (COVID-19) ²	Within 1 week	*Silicosis ¹⁷	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox ^{2, 25}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁸	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 ¹⁸	Within 10 work days	*Syphilis – primary and secondary stages ^{1, 19}	Within 1 work day
Echinococcosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1,19}	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 ¹⁸	Within 10 work days
Hansen's disease (leprosy) ²⁰	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</i> complex) ^{3, 21}	Within 1 work day
Hepatitis A ²	Within 1 work day	Tuberculosis infection ²²	Within 1 week
Hepatitis B, C, and E (acute) ²	Within 1 week	Tularemia ^{2, 3, 25}	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, 23}	Within 1 work day	<i>Vibrio</i> infection, including cholera ^{2, 3}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1,23}	Within 1 week	Viral hemorrhagic fever (including Ebola) ^{2, 25}	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 ²⁴	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** ²⁵

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

*See condition-specific footnotes for reporting contact information

E59-11364 (Rev. 1/08/23) Expires 12/31/23 -- Go to <http://www.dshs.texas.gov/idcu/investigation/conditions/> or call your local or regional health department for updates.

Texas Notifiable Conditions Footnotes - 2023

- 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), *Clostridium botulinum* isolates, *Brucella* species isolates, *Candida auris* 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 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 See additional *Candida auris* reporting information at https://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Cauris-Home.aspx.
- ¹¹ See additional CRE reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹² For purposes of surveillance and notification, Prion disease such as Creutzfeldt-Jakob disease (CJD) also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), familial CJD (fCJD) or genetic CJD (gCJD), variant CJD (vCJD), iatrogenic CJD (iCJD) 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). Call immediately for SARS, MERS, or any other novel coronavirus cases.
- 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.

Texas Notifiable Conditions 2023 (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 Coronavirus Disease 2019 (COVID-19) Cryptosporidiosis Cyclosporiasis Cysticercosis Echinococcosis Ehrlichiosis Fascioliasis 	<ul style="list-style-type: none"> Gonorrhea <i>Haemophilus influenza</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 17, 2023





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, opioids, cocaine, opiate and opium derivatives, and other drugs. The complete list of reportable Penalty Group 1 drugs as defined by the [Texas Health and Safety Code §481.102](#).

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 reporting link below.

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

[Controlled Substance Overdose Reporting Form](#)

Last updated March 14, 2022



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 <input type="checkbox"/> Nose <input type="checkbox"/> Stool <input type="checkbox"/> 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 <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 <input type="checkbox"/> Nose <input type="checkbox"/> Stool <input type="checkbox"/> 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: _____

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

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: ____/____/____

REPORTING INFORMATION:

Name of Person Reporting: _____

Agency/Organization Name: _____

Phone: _____

Address: _____

City: _____ Zip: _____ County: _____

Date Reported: ____/____/____

Health Department: _____

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 (*complete the Varicella Outbreak Report Form, one per outbreak)

**NEDSS Outbreak Name: _____

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 whom:

☐ 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 ☐ Other _____

Name of institution: _____ City: _____

Transmission Setting (Setting of Exposure): ☐ Athletics ☐ College ☐ Community ☐ Correctional Facility ☐ Day Care ☐ Doctor's office ☐ Home ☐ Hospital ER ☐ Hospital Outpatient Clinic ☐ Hospital Ward ☐ 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: <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**

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

General Reporting Form

(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 SUPPRESSED CD4 COUNTS

 Laboratory Supervisor

 Date

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.



- 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.