



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

## 2022



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## Letter to Reporting Agencies

March 28, 2022

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 afterhours.

Thank you again for your assistance.

Sincerely,



Desmar Walkes, MD  
Medical Director / Health Authority



Janet Pichette, MS, CEM  
Chief Epidemiologist





March 11, 2022

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, MS, CEM  
Chief Epidemiologist  
Epidemiology and Public Health Preparedness Division  
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 5145 or 5583	(512) 972-5772
Perinatal Hepatitis B Program	(512) 972-6218	(512) 972-6287
STD Reporting	(512) 972-5310  (512) 972-5802  (512) 972-5433	(512) 972-5772
Tuberculosis Reporting	(512) 972-5448	(512) 972-5451

## OTHER USEFUL PHONE NUMBERS

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

# Texas Notifiable Conditions - 2022

**Report all Confirmed and Suspected cases**

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

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

Contact Information

Access List Online



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) <sup>1</sup>	Within 1 week	Legionellosis <sup>2</sup>	Within 1 week
Amebic meningitis and encephalitis <sup>2</sup>	Within 1 week	Leishmaniasis <sup>2</sup>	Within 1 week
Anaplasmosis <sup>2</sup>	Within 1 week	Listeriosis <sup>2, 3</sup>	Within 1 week
<b>Anthrax</b> <sup>2, 3, 25</sup>	<b>Call Immediately</b>	Lyme disease <sup>2</sup>	Within 1 week
Arboviral infections <sup>2, 4, 5</sup>	Within 1 week	Malaria <sup>2</sup>	Within 1 week
*Asbestosis <sup>6</sup>	Within 1 week	<b>Measles (rubeola)</b> <sup>2</sup>	<b>Call Immediately</b>
Ascariasis <sup>2</sup>	Within 1 week	<b>Meningococcal infection, invasive (<i>Neisseria meningitidis</i>)</b> <sup>2, 3</sup>	<b>Call Immediately</b>
Babesiosis <sup>2,5</sup>	Within 1 week	<b>Mumps</b> <sup>2</sup>	<b>Within 1 work day</b>
<b>Botulism (adult and infant)</b> <sup>2, 3, 7, 25</sup>	<b>Call Immediately</b> <sup>7</sup>	Paragonimiasis <sup>2</sup>	Within 1 week
<b>Brucellosis</b> <sup>2, 3, 25</sup>	<b>Within 1 work day</b>	<b>Pertussis</b> <sup>2</sup>	<b>Within 1 work day</b>
Campylobacteriosis <sup>2</sup>	Within 1 week	*Pesticide poisoning, acute occupational <sup>8</sup>	Within 1 week
*Cancer <sup>9</sup>	See rules <sup>9</sup>	<b>Plague (<i>Yersinia pestis</i>)</b> <sup>2, 3, 25</sup>	<b>Call Immediately</b>
<b>Candida auris</b> <sup>2, 3, 10</sup>	<b>Within 1 work day</b>	<b>Poliomyelitis, acute paralytic</b> <sup>2</sup>	<b>Call Immediately</b>
<b>Carbapenem-resistant <i>Enterobacteriales</i> (CRE)</b> <sup>2, 11</sup>	<b>Within 1 work day</b>	<b>Poliovirus infection, non-paralytic</b> <sup>2</sup>	<b>Within 1 work day</b>
Chagas disease <sup>2, 5</sup>	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) <sup>2, 12</sup>	Within 1 week
*Chancroid <sup>1</sup>	Within 1 week	<b>Q fever</b> <sup>2</sup>	<b>Within 1 work day</b>
*Chickenpox (varicella) <sup>13</sup>	Within 1 week	<b>Rabies, human</b> <sup>2</sup>	<b>Call Immediately</b>
* <i>Chlamydia trachomatis</i> infection <sup>1</sup>	Within 1 week	<b>Rubella (including congenital)</b> <sup>2</sup>	<b>Within 1 work day</b>
*Contaminated sharps injury <sup>14</sup>	Within 1 month	Salmonellosis, including typhoid fever <sup>2, 3</sup>	Within 1 week
* <b>Controlled substance overdose</b> <sup>15</sup>	<b>Report Immediately</b>	Shiga toxin-producing <i>Escherichia coli</i> <sup>2, 3</sup>	Within 1 week
<b>Coronavirus, novel</b> <sup>2, 16</sup>	<b>Call Immediately</b>	Shigellosis <sup>2</sup>	Within 1 week
Cryptosporidiosis <sup>2</sup>	Within 1 week	*Silicosis <sup>17</sup>	Within 1 week
Cyclosporiasis <sup>2</sup>	Within 1 week	<b>Smallpox</b> <sup>2, 25</sup>	<b>Call Immediately</b>
Cysticercosis <sup>2</sup>	Within 1 week	*Spinal cord injury <sup>18</sup>	Within 10 work days
<b>Diphtheria</b> <sup>2, 3</sup>	<b>Call Immediately</b>	Spotted fever rickettsiosis <sup>2</sup>	Within 1 week
*Drowning/near drowning <sup>18</sup>	Within 10 work days	Streptococcal disease ( <i>S. pneumo.</i> <sup>2, 3</sup> ), invasive	Within 1 week
Echinococcosis <sup>2</sup>	Within 1 week	<b>*Syphilis – primary and secondary stages</b> <sup>1, 19</sup>	<b>Within 1 work day</b>
Ehrlichiosis <sup>2</sup>	Within 1 week	*Syphilis – all other stages including congenital syphilis <sup>1, 19</sup>	Within 1 week
Fascioliasis <sup>2</sup>	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection <sup>2</sup>	Within 1 week
*Gonorrhea <sup>1</sup>	Within 1 week	Tetanus <sup>2</sup>	Within 1 week
<i>Haemophilus influenzae</i> , invasive <sup>2, 3</sup>	Within 1 week	Tick-borne relapsing fever (TBRF) <sup>2</sup>	Within 1 week
Hansen's disease (leprosy) <sup>20</sup>	Within 1 week	*Traumatic brain injury <sup>18</sup>	Within 10 work days
Hantavirus infection <sup>2</sup>	Within 1 week	Trichinosis <sup>2</sup>	Within 1 week
Hemolytic uremic syndrome (HUS) <sup>2</sup>	Within 1 week	Trichuriasis <sup>2</sup>	Within 1 week
<b>Hepatitis A</b> <sup>2</sup>	<b>Within 1 work day</b>	<b>Tuberculosis (<i>Mycobacterium tuberculosis</i> complex)</b> <sup>3, 21</sup>	<b>Within 1 work day</b>
Hepatitis B, C, and E (acute) <sup>2</sup>	Within 1 week	Tuberculosis infection <sup>22</sup>	Within 1 week
Hepatitis B infection identified prenatally or at delivery (mother) <sup>2</sup>	Within 1 week	<b>Tularemia</b> <sup>2, 3, 25</sup>	<b>Call Immediately</b>
<b>Hepatitis B, perinatal (HBsAg+ &lt; 24 months old) (child)</b> <sup>2</sup>	<b>Within 1 work day</b>	Typhus <sup>2</sup>	Within 1 week
Hookworm (ancylostomiasis) <sup>2</sup>	Within 1 week	<b>Vancomycin-intermediate <i>Staph aureus</i> (VISA)</b> <sup>2, 3</sup>	<b>Call Immediately</b>
* <b>Human immunodeficiency virus (HIV), acute infection</b> <sup>1, 23</sup>	<b>Within 1 work day</b>	<b>Vancomycin-resistant <i>Staph aureus</i> (VRSA)</b> <sup>2, 3</sup>	<b>Call Immediately</b>
*Human immunodeficiency virus (HIV), non-acute infection <sup>1, 23</sup>	Within 1 week	<b><i>Vibrio</i> infection, including cholera</b> <sup>2, 3</sup>	<b>Within 1 work day</b>
<b>Influenza-associated pediatric mortality</b> <sup>2</sup>	<b>Within 1 work day</b>	<b>Viral hemorrhagic fever (including Ebola)</b> <sup>2, 25</sup>	<b>Call Immediately</b>
<b>Influenza, novel</b> <sup>2</sup>	<b>Call Immediately</b>	<b>Yellow fever</b> <sup>2</sup>	<b>Call Immediately</b>
* <b>Lead, child blood, any level &amp; adult blood, any level</b> <sup>24</sup>	<b>Call/Fax Immediately</b>	Yersiniosis <sup>2</sup>	Within 1 week

In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent** <sup>25</sup>

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

\*See condition-specific footnotes for reporting contact information



## Texas Notifiable Conditions Footnotes - 2022

- <sup>1</sup> 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>.
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> 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, simply send a secure email to [WNV@dshs.texas.gov](mailto:WNV@dshs.texas.gov) or fax the report to 512-776-7454. Providing the following data points will suffice: Collection Agency; Unique BUI #; Test Name, Collection Date; Last Name, First Name, Donor Phone Number, Donor Address, Date of Birth, Age, Sex, Race, and Hispanic Ethnicity (Y/N). If your location has a city or county health department, we recommend that you also share this same information with them. Contact information for the health department(s) serving the county where you are located can be found at [www.dshs.texas.gov/idcu/investigation/conditions/contacts/](http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/).
- <sup>6</sup> For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- <sup>7</sup> Report suspected botulism immediately by phone to 888-963-7111.
- <sup>8</sup> For pesticide reporting information see <http://www.dshs.texas.gov/epitox/Pesticide-Exposure>.
- <sup>9</sup> For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- <sup>10</sup> See additional *Candida auris* reporting information at [https://www.dshs.texas.gov/IDCU/health/antibiotic\\_resistance/Cauris-Home.aspx](https://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Cauris-Home.aspx).
- <sup>11</sup> See additional CRE reporting information at [http://www.dshs.texas.gov/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).
- <sup>12</sup> 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.
- <sup>13</sup> 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.
- <sup>14</sup> 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/](http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/).
- <sup>15</sup> To report a Controlled Substance Overdose, go to <https://odreport.dshs.texas.gov/>.
- <sup>16</sup> Novel coronavirus causing severe acute respiratory disease includes Coronavirus Disease 2019 (COVID-19), Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- <sup>17</sup> For silicosis reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- <sup>18</sup> Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- <sup>19</sup> Laboratories should report syphilis test results within 3 work days of the testing outcome.
- <sup>20</sup> Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>.
- <sup>21</sup> 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/>.
- <sup>22</sup> 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.
- <sup>23</sup> Any person suspected of having HIV should be reported, including HIV exposed infants.
- <sup>24</sup> For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- <sup>25</sup> 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 2022 (by reporting timeframe)

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

## 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

- *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

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 25, 2021



## **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"/> Unknown	<input type="checkbox"/> Other
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"/> Nose	<input type="checkbox"/> Throat <input type="checkbox"/> Stool	<input type="checkbox"/> Urine <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"/> Unknown	<input type="checkbox"/> Other
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"/> Nose	<input type="checkbox"/> Throat <input type="checkbox"/> Stool	<input type="checkbox"/> Urine <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:

1<sup>st</sup> Dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: ☐ MMRV ☐ Varicella

2<sup>nd</sup> 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:	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <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: _____				
<b>Race (check all that apply):</b> <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				
<b>Ethnic Origin:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
CLINICAL INFORMATION				
<b>Exam Reason:</b> <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: _____				
<b>Site / Specimen (check all that apply):</b> <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				
<b>Clinical Information (check all that apply):</b> <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				
<b>STD Lab Result(s): (Please fax lab results with report)</b> 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: _____		
<b>Syphilis Lab Result(s): (Please fax lab results with report)</b> 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**



Phone: (512) 972-5555 Fax: (512) 972-5772

# Perinatal **Hepatitis B** Program

## **HBsAg + Women**

Obstetrics – Gynecology – Family Practice – Fertility Clinics

## **R e p o r t   F o r m**

Report within one week of lab results

Austin Public Health - Phone 512-972-6218

**Fax 512-972-6287**

To Welton Arantes, RN

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

PHYSICIAN'S NAME: \_\_\_\_\_

### **Patient's Information**

Pregnant \_\_\_\_\_ NOT Pregnant \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ (MI) \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Race: \_\_\_\_\_

EDD: \_\_\_\_\_

Planned Delivery Hospital: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Probable cause of infection: \_\_\_\_\_

Date of onset of disease: \_\_\_\_\_

Being monitored for HepB? \_\_\_\_\_

Receiving HepB anti-viral treatment? \_\_\_\_\_

\_\_\_\_\_

### **Attach Copy of** **Hepatitis B** **History of** **Blood Test Results**

Reporting facility: \_\_\_\_\_

\_\_\_\_\_

Address/Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Title of person reporting: \_\_\_\_\_

\_\_\_\_\_

Date of report: \_\_\_\_\_

Comments: \_\_\_\_\_



# Perinatal **Hepatitis B** Program

## **HBsAg + Mother**

Labor/Delivery – Postpartum – Infections Prevention

### Report Form

Austin Public Health - Phone 512-972-6218

**Fax 512-972-6287**

To Welton Arantes, RN

----- **CONFIDENTIAL** -----

#### **Reporting Facility**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

#### **Mother's Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

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

(Please FAX results confirmation)

#### **Prenatal Care Provider Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

HBsAg \_\_\_\_\_ Date: \_\_\_\_\_

#### **Infant's Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: **M**    **F**

Time of birth: \_\_\_\_\_

Weight at birth: \_\_\_\_\_

#### **Infant's Vaccine Information**

##### Hepatitis B Vaccine

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Formulation: \_\_\_\_\_ Dose: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_

##### HBIG

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Formulation: \_\_\_\_\_ Dose: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_

#### **Pediatrician Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### **Reported by**

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

