

After hours, 24/7 Phone line for Immediately Reportable Conditions – (956) 318-2432

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

- Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.
- Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.
- For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.
- Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- Lab isolate must be sent to DSHS lab. For specifications see *Texas Administrative Code (TAC) §97.3(a) (4)*. Call 512-776-7598 for specimen submission information.
- 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, and West Nile (WN) virus.
- For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.
- See additional MDR-A reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
- Report suspected botulism immediately by phone to 888-963-7111.
- Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/reporting.shtm>.
- For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.
- See additional CRE reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- 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.
- 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.
- Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.
- Novel coronavirus causing severe acute respiratory disease includes Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.
- Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.
- Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.
- Laboratories should report syphilis test results within 3 work days of the testing outcome.
- 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 at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.
- TB infection is determined by a positive result from an Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube (QFT-G) or a tuberculin skin test (TST), a normal chest radiograph with no presenting symptoms of TB disease.
- Any person suspected of having HIV should be reported, including HIV exposed infants.