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Acquired immune deficiency syndrome (AIDS) | Within 1 week | Lead, child blood, any level & adult blood, any level | Call/Fax Immediately
Amebiasis | Within 1 week | Legionellosis | Within 1 week
Amebic meningitis and encephalitis | Within 1 week | Leishmaniasis | Within 1 week
Anaplasmosis | Within 1 week | Listeriosis | 1, 5 Within 1 week
Anthrax | Call Immediately | Lyme disease | Within 1 week
Arboviral infections | Within 1 week | Malaria | Within 1 week
*Asbestosis | Within 1 week | Measles (rubella) | Call Immediately
Ascarisis | Within 1 week | Meningococcal infection, invasive (Neisseria meningitidis) | 5 Within 1 week
Babesiosis | Within 1 week | Multipartite-resistant Acinetobacter (MDR-A) | 9 Within 1 week
Botulism | Call Immediately | Mumps | Within 1 week
Brucellosis | Within 1 working day | Paragonimiasis | Within 1 week
Campylobacteriosis | Within 1 week | Pertussis | Within 1 working day
Cancer | See rules | *Pesticide poisoning, acute occupational injury 11 | Within 1 week
Carbapenem-resistant Enterobacteriaceae (CRE) | Within 1 working day | Plague (Yersinia pestis) | 6, 5 Call Immediately
Chagas disease | Within 1 week | Poliomyelitis, acute paralytic | Call Immediately
*Chancroid | Within 1 week | Poliovirus infection, non-paralytic | Call Immediately
Chickenpox (varicella) | Within 1 week | Prion disease such as Creutzfeld-Jakob disease (CJD) | 14 Within 1 working day
*Chlamydia trachomatis infection | Within 1 week | Q fever | Within 1 week
*Contaminated sharps injury | Within 1 month | Rabies, human | Call Immediately
*Controlled substance overdose | Call Immediately | Rubella (including congenital) | Within 1 working day
Coronavirus, novel | Call Immediately | Salmonellosis, including *typhoid fever | Within 1 week
Cryptosporidiosis | Within 1 week | Shiga toxin-producing Escherichia coli | 5 Within 1 week
Cysticercosis | Within 1 week | Shigellosis | Within 1 week
Cryptosporidiosis | Within 1 week | *Silicosis | Within 1 week
Cyclosporiasis | Within 1 week | *Silicosis | Within 1 week
*Cystogenetic results (fetus and infant only) | See rules | Smallpox | Call Immediately
Diphtheria | Call Immediately | *Spinal cord injury | Within 10 working days
*Drowning/near drowning | Within 10 working days | *Staphylococcus aureus, VISA and VRSA 6, 5 | Call Immediately
Echinococcosis | Within 1 week | Streptococcal disease (groups A, B, S, pneumo., invasive | Within 1 week
Ehrlichiosis | Within 1 week | *Syphilis – primary and secondary stages | 1, 5 Within 1 working day
Fascioliasis | Within 1 week | *Syphilis – all other stages | 1, 5 Within 1 working day
Herpes simplex virus infection | Within 1 week | Taenia solium and undifferentiated Taenia infection | Within 1 week
Hansen's disease (leprosy) | Within 1 week | Tetanus | Within 1 week
Hantavirus infection | Within 1 week | *Traumatic brain injury | Within 10 working days
Hemolytic uremic syndrome (HUS) | Within 1 week | Trichinosis | Within 1 week
Hepatitis A | Within 1 working day | Trichuriasis | Within 1 week
Hepatitis B, C, and E (acute) | Within 1 week | Tuberculosis (Mycobacterium tuberculosis complex) | 2, 22 Within 1 week
Hepatitis B infection identified postnatally or at delivery | Wild or 2 weeks | Tuberculosis infection | 1, 2, 22 Within 1 week
Hepatitis B, perinatal (HBsAg+ <24 months old) | Within 1 working day | Tuberculosis | Within 1 week
Hookworm (ankylostomiasis) | Within 1 week | Typhus | Within 1 week
*Human immunodeficiency virus (HIV), acute infection | Within 1 week | *Vibrio infection, including cholera | 4, 5 Call Immediately
*Human immunodeficiency virus (HIV), non-acute infection | Within 1 week | Viral hemorrhagic fever (including Ebola) | 3 Within 1 week
Influenza-associated pediatric mortality | Within 1 week | Yellow fever | Within 1 week
Influenza, novel | Call Immediately | Yersiniosis | 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

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*Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: [http://www.dshs.state.tx.us/hivstd/health-care/reporting.shtml](http://www.dshs.state.tx.us/hivstd/health-care/reporting.shtml)

* Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-553-3132 for details.

* For lead reporting information see [http://www.dshs.state.tx.us/lead/default.shtml](http://www.dshs.state.tx.us/lead/default.shtml).

* Reporting forms are available at [http://www.dshs.state.tx.us/idcu/investigation/forms](http://www.dshs.state.tx.us/idcu/investigation/forms) and investigation forms at [http://www.dshs.state.tx.us/idcu/investigation/](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) 149.08(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.shtml](http://www.dshs.state.tx.us/epitox/asbestosis.shtml).


* 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/cancer/reporting.shtml](http://www.dshs.state.tx.us/cancer/reporting.shtml).

* For pesticide poisoning see [http://www.dshs.state.tx.us/epitox/Pesticide-Exposure%20%3a%20Reporting%20Reporting](http://www.dshs.state.tx.us/epitox/Pesticide-Exposure%20%3a%20Reporting%20Reporting).


* 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, CDI notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sfi), Variant Creutzfeldt-Jakob Disease (vCJD), 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/sharps/pathogens/reporting/](http://www.dshs.state.tx.us/IDCU/health/infection_control/sharps/pathogens/reporting/).

* To report controlled substance overdose, contact local police center at 1-800-222-1222. For instructions, see [http://www.dshs.state.tx.us/epidemiology/epipoison.shtml](http://www.dshs.state.tx.us/epidemiology/epipoison.shtml).

* Novel coronavirus causing severe acute respiratory disease includes Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

* For silica pneumoconiosis reporting information see [http://www.dshs.state.tx.us/epitox/health-care/reporting.shtml](http://www.dshs.state.tx.us/epitox/health-care/reporting.shtml).


* Please refer to the specific rules and regulations for injury reporting and who to report to at [http://www.dshs.state.tx.us/injury/rules.shtml](http://www.dshs.state.tx.us/injury/rules.shtml).

* Laboratories should report syphilis test results within 5 working 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. canetti, M. microti, M. caprae, and M. pinnipedii. See rules at [http://www.dshs.state.tx.us/epidemiology/epiptb.shtml](http://www.dshs.state.tx.us/epidemiology/epiptb.shtml).

* 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. Include exposed HIV-infected persons.

E89-111364 (Rev. 12/15) Expires 1/31/17 – Go to [http://www.dshs.state.tx.us/idcu/investigation/conditions/](http://www.dshs.state.tx.us/idcu/investigation/conditions/) or call your local or regional health department for updates.