



Texas Notifiable Conditions

24/7 Number for Immediately Reportable– 1-800-705-8868
Report confirmed and suspected cases.



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

A – I	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ^{1, 2}	Within 1 week	*Lead, child and 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
Arbovirus infection ⁴	Within 1 week	Malaria ⁴	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola)⁴	Call Immediately
Babesiosis ⁴	Within 1 week	Meningococcal infection, invasive^{4, 5}	Call Immediately
Botulism^{4, 5, 7}	Call Immediately	Multidrug-resistant <i>Acinetobacter</i> (MDR-A)⁸	Call Immediately
Brucellosis^{4, 5}	Within 1 work day	Mumps ⁴	Within 1 week
Campylobacteriosis ⁴	Within 1 week	Pertussis⁴	Within 1 work day
*Cancer ⁹	See rules ⁹	*Pesticide poisoning, acute occupational ¹⁰	Within 1 week
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)¹¹	Call Immediately	Plague (<i>Yersinia pestis</i>)^{4, 5}	Call Immediately
Chagas' disease ⁴	Within 1 week	Poliomyelitis, acute paralytic⁴	Call Immediately
*Chancroid ¹	Within 1 week	Poliovirus infection, non-paralytic⁴	Within 1 work day
Chickenpox (varicella) ¹²	Within 1 week	Q fever⁴	Within 1 work day
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Rabies, human⁴	Call Immediately
*Contaminated sharps injury ¹³	Within 1 month	Relapsing fever ⁴	Within 1 week
*Controlled substance overdose¹⁴	Call Immediately	Rubella (including congenital)⁴	Within 1 work day
Coronavirus, novel^{4, 15}	Call Immediately	Salmonellosis, including typhoid fever ⁴	Within 1 week
Creutzfeldt-Jakob disease (CJD) ^{4, 16}	Within 1 week	Shigellosis ⁴	Within 1 week
Cryptosporidiosis ⁴	Within 1 week	*Silicosis ¹⁷	Within 1 week
Cyclosporiasis ⁴	Within 1 week	Smallpox⁴	Call Immediately
Cysticercosis ⁴	Within 1 week	*Spinal cord injury ¹⁸	Within 10 work days
*Cytogenetic results (fetus and infant only) ¹⁹	See rules ¹⁹	Spotted fever group rickettsioses ⁴	Within 1 week
Dengue ⁴	Within 1 week	Staph. aureus, vancomycin-resistant (VISA and VRSA)^{4, 5}	Call Immediately
Diphtheria⁴	Call Immediately	Streptococcal disease (group A, B, <i>S. pneumo</i>), invasive ⁴	Within 1 week
*Drowning/near drowning ¹⁸	Within 10 work days	*Syphilis – primary and secondary stages^{1, 20}	Within 1 work day
Ehrlichiosis ⁴	Within 1 week	*Syphilis – all other stages ^{1, 20}	Within 1 week
<i>Escherichia coli</i> infection, Shiga toxin-producing ^{4, 5}	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ⁴	Within 1 week
*Gonorrhea ¹	Within 1 week	Tetanus ⁴	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive ⁴	Within 1 week	*Traumatic brain injury ¹⁸	Within 10 work days
Hansen's disease (leprosy) ⁴	Within 1 week	Trichinosis ⁴	Within 1 week
Hantavirus infection ⁴	Within 1 week	Tuberculosis disease^{5, 21}	Within 1 work day
Hemolytic Uremic Syndrome (HUS) ⁴	Within 1 week	Tuberculosis infection ²²	Within 5 work days
Hepatitis A (acute)⁴	Within 1 work day	Tularemia^{4, 5}	Call Immediately
Hepatitis B, C, and E (acute) ⁴	Within 1 week	Typhus ⁴	Within 1 week
Hepatitis B identified prenatally or at delivery (acute & chronic) ⁴	Within 1 week	Vibrio infection, including cholera^{4, 5}	Within 1 work day
Hepatitis B, perinatal (HBsAg+ < 24 months old)⁴	Within 1 work day	Viral hemorrhagic fever, including Ebola⁴	Call Immediately
*Human immunodeficiency virus (HIV) infection ^{1, 2}	Within 1 week	Yellow fever⁴	Call Immediately
Influenza-associated pediatric mortality⁴	Within 1 work day	Yersiniosis ⁴	Within 1 week
Influenza, Novel⁴	Call 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

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

- ¹ 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>.
- ² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.
- ³ For reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.
- ⁴ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/>. Call as indicated for immediately reportable conditions.
- ⁵ Lab isolate must be sent to DSHS lab. Call 512-776-7598 for specimen submission information.
- ⁶ For reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.
- ⁷ Report suspected botulism immediately by phone to 888-963-7111.
- ⁸ See additional reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
- ⁹ 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>.
- ¹⁰ For reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>
- ¹¹ See additional reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹² Call your [local health department](#) for a copy of the Varicella Reporting Form with their fax number. The [Varicella \(chickenpox\) Reporting Form](#) should be used instead of an Epi-1 or Epi-2 morbidity report.
- ¹³ 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/.
- ¹⁴ Contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.
- ¹⁵ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS).
- ¹⁶ 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 (VPSP) and any novel prion disease affecting humans.
- ¹⁷ For reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.
- ¹⁸ 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>.
- ¹⁹ 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.
- ²⁰ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- 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. pinipedi*. See rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.
- ²² Reportable tuberculosis infection includes the following: 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) plus a normal chest x-ray and asymptomatic.