



Initial Provider Reporting Form for Suspected Infectious Diseases

Instructions

This form may be used by medical providers to **report suspected cases and cases of notifiable conditions** in Texas, listed with their reporting timeframes on the next page or available at http://www.dshs.state.tx.us/idcu/investigation/forms/101A_color.pdf. 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.** A health department epidemiologist may contact you to further investigate this Infectious Disease Report. Information needed to classify cases of infectious disease is outlined in the Epi Case Criteria Guide found at <http://www.dshs.state.tx.us/idcu/investigation/forms/EpiCaseGuide.pdf>

Suspected cases and cases should be reported to Dallas County Health and Human Services (DCHHS) by phone to 214-819-2004, by fax to 214-819-6095, or after-hours at 1-877-605-2660. Information for Dallas County Department of Health and Human Services and electronic versions of this form can be found at: <http://www.dallascounty.org/department/hhs/>

As needed, cases may also be reported to the Department of State Health Services at 1-800-252-8239, 512-458-7676, or after-hours at 512-458-7111

Disease or Condition		Date: _____ (Check type) <i>(Please fill in onset or closest known date)</i>		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Physician Name		Physician Address <input type="checkbox"/> See Facility address below		Physician Phone <input type="checkbox"/> See Facility phone below (____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
Patient Name (Last)		(First)	(MI)	Telephone (____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	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"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, vaccination status, occupation (food handler), school name/grade, travel history</i>					
Name of Reporting Facility			Address		
Name of Person Reporting		Title	Phone Number (____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)		E-mail			
Health Department (local, regional, or state) use only					
Report received by: _____				Date: ____/____/____	
Report given to: _____				Date: ____/____/____	
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Dropped <input type="checkbox"/> Duplicate, with new information					

Above Information is CONFIDENTIAL. Please notify sender if received in error and return or destroy.

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 – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ^{1, 2}	Within 1 week	Leishmaniasis ³	Within 1 week
Amebiasis ³	Within 1 week	Listeriosis ^{3, 4}	Within 1 week
Anthrax^{3, 4}	Call Immediately	Lyme disease ³	Within 1 week
Arbovirus infection ^{3, 5}	Within 1 week	Malaria ³	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola)³	Call Immediately
Botulism, foodborne³	Call Immediately	Meningitis (specify type) ³	Within 1 week
Botulism, infant, wound, and other ³	Within 1 week	Meningococcal infections, invasive^{3, 4}	Call Immediately
Brucellosis^{3, 4}	Within 1 work day	Mumps ³	Within 1 week
Campylobacteriosis	Within 1 week	Pertussis³	Within 1 work day
*Cancer ⁷	See rules	*Pesticide poisoning, acute occupational ⁶	Within 1 week
*Chancroid	Within 1 week	Plague (<i>Yersinia pestis</i>)^{3, 4}	Call Immediately
Chickenpox (varicella) ⁸	Within 1 week	Poliomyelitis, acute paralytic³	Call Immediately
* <i>Chlamydia trachomatis</i> infection	Within 1 week	Q fever³	Within 1 work day
*Chromosomal results (fetus and infant only) ⁹	See rules	Rabies, human³	Call Immediately
*Contaminated sharps injury ¹⁰	Within 1 month	Relapsing fever ³	Within 1 week
*Controlled substance overdose¹¹	Call Immediately	Rubella (including congenital)³	Within 1 work day
Creutzfeldt-Jakob disease (CJD)	Within 1 week	Salmonellosis, including typhoid fever ³	Within 1 week
Cryptosporidiosis	Within 1 week	Severe Acute Respiratory Syndrome (SARS)³	Call Immediately
Cyclosporiasis	Within 1 week	Shigellosis ³	Within 1 week
Cysticercosis	Within 1 week	*Silicosis ⁶	Within 1 week
Dengue	Within 1 week	Smallpox³	Call Immediately
Diphtheria	Call Immediately	*Spinal cord injury	Within 10 work days
*Drowning/near drowning ¹²	Within 10 work days	Spotted fever group rickettsioses ³	Within 1 week
Ehrlichiosis	Within 1 week	<i>Staph. aureus</i>, vancomycin-resistant (VISA and VRSA)^{3, 4}	Call Immediately
Encephalitis (specify etiology)	Within 1 week	Streptococcal disease (group A, B, S, <i>pneumo</i>), invasive ³	Within 1 week
<i>Escherichia coli</i> , enterohemorrhagic ^{3, 4}	Within 1 week	*Syphilis – primary and secondary stages^{1, 13}	Call within 1 work day
*Gonorrhea	Within 1 week	*Syphilis – all other stages ^{1, 13}	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive³	Call Immediately	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ³	Within 1 week
Hansen’s disease (leprosy) ³	Within 1 week	Tetanus ³	Within 1 week
Hantavirus infection ³	Within 1 week	*Traumatic brain injury	Within 10 work days
Hemolytic Uremic Syndrome (HUS) ³	Within 1 week	Trichinosis ³	Within 1 week
Hepatitis A³	Within 1 work day	Tuberculosis (includes all <i>M. tuberculosis</i> complex)^{4, 14}	Within 1 work day
Hepatitis B, C, D, E, and unspecified (acute) ³	Within 1 week	Tularemia^{3, 4}	Call Immediately
Hepatitis B identified prenatally or at delivery (acute & chronic) ³	Within 1 week	Typhus ³	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old)³	Within 1 work day	<i>Vibrio</i> infection, including cholera^{3, 4}	Within 1 work day
*Human immunodeficiency virus (HIV) infection ^{1, 2}	Within 1 week	Viral hemorrhagic fever, including Ebola³	Call Immediately
Influenza-associated pediatric mortality³	Within 1 work day	West Nile Fever ³	Within 1 week
*Lead, child blood, any level & adult blood, any level⁶	Call/Fax Immediately	Yellow fever³	Call Immediately
Legionellosis ³	Within 1 week	Yersiniosis ³	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**

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 512-533-3041 for details.
³ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/>. Investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>.
 Call as indicated for immediately reportable conditions.
⁴ Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
⁵ Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
⁶ Please refer to specific rules and regulations for environmental and toxicology reporting and who to report to at <http://www.dshs.state.tx.us/epitox/default.shtm>.
⁷ Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/lawrules.shtm>.
⁸ Varicella reporting form is at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf. Call local health dept for copy with their fax number.
⁹ 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.
¹⁰ 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/.
¹¹ Contact local poison center at 1-800-222-1222. For instructions, forms, and fax numbers see <http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rcso>.
¹² Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/default.shtm>.
¹³ Laboratories should report syphilis test results within 3 work days of the testing outcome.
¹⁴ MTB complex includes *M.tuberculosis*, *M.bovis*, *M.africanum*, *M.canettii*, *M.microti*, *M.caprae*, and *M.pinnipedii*. Please see rules at <http://www.dshs.state.tx.us/idcu/disease/tb/>.

Texas Department of State Health Services – Business Hours 1-800-252-8239 / After Hours 512-458-7111