



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

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

<sup>1</sup> 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>.

<sup>2</sup> Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.

<sup>3</sup> For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.

<sup>8</sup> See additional MDR-A reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/MDR-A-Reporting.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc).

<sup>9</sup> Report suspected botulism immediately by phone to 888-963-7111.

<sup>10</sup> 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>.

<sup>11</sup> For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.

<sup>12</sup> See additional CRE reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).

<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> 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>15</sup> 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/](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/).

<sup>16</sup> 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>.

<sup>17</sup> Novel coronavirus causing severe acute respiratory disease includes Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

<sup>18</sup> For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.

<sup>19</sup> 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](http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm).

<sup>20</sup> 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>.

<sup>21</sup> Laboratories should report syphilis test results within 3 work days of the testing outcome.

<sup>22</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 at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

<sup>23</sup> 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.

<sup>24</sup> Any person suspected of having HIV should be reported, including HIV exposed infants.