

Houston Department of Health and Human Services
Bureau of Epidemiology Disease Reporting Information Packet - 2013

Dear Provider,

Thank you for inquiring about reporting to the Houston Department of Health and Human Services Bureau of Epidemiology. Timely reporting allows the Health Department to respond to and control potential disease outbreaks. Reporting also allows the Health Department to monitor disease trends in Houston.

The form used to report most diseases to the City of Houston Department of Health and Human Services Bureau of Epidemiology (Morbidity Report Form) is included in this packet. This form may be faxed to 832-393-5233. You may also call 832-393-5080, Monday – Friday 8am – 5pm. This same number serves as our 24 hour Epidemiology on-call line. You may call this number outside of normal business hours to report diseases requiring immediate attention (see attached Texas notifiable conditions list).

In addition to the Morbidity Report Form, this packet also includes the STD and HIV reporting forms. These forms may be faxed to 832-393-5233. Please do not fax any report form indicating HIV/AIDS status. These can be mailed to:

Houston Department of Health & Human Service
8000 North Stadium
4th Floor Epidemiology
Houston, TX 77054

Thank you for your assistance,

Raouf Arafat, MD, MPH
Assistant Director, Houston Department of Health and Human Services
Division Director, Office of Surveillance and Public Health Preparedness

Houston Department of Health and Human Services

24/7/365 Disease Reporting Number

832-393-5080

For non-emergencies: call between 8am and 5pm Mon-Fri. Diseases not requiring immediate attention can be faxed to 832-393-5233. Do not fax HIV/AIDS status information.

For reporting outbreaks, high priority diseases, or potential bioterrorism agents: call anytime day or night.

Helpful Websites:

Houston Department of Health and Human Services Epidemiology and Disease Reporting

<http://www.houstontx.gov/health/Epidemiology/>

Texas Department of Health and Human Services Infectious Diseases Home page

<http://www.dshs.state.tx.us/idcu/default.shtm>

CDC HIPAA Privacy Rule Guidance

http://www.cdc.gov/nhsn/FAQ_HIPPArules.html

Several Texas laws ([Health & Safety Code, Chapters 81, 84, and 87](#)) require specific information regarding notifiable conditions be provided to the Texas Department of State Health Services (DSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition ([Chapter 97, Title 25, Texas Administrative Code](#) .

**2013 Summary of Changes in the Texas Administrative Code
Regarding Notifiable Conditions and School Exclusion Criteria**

Changes to what condition to report:

Newly reportable:

Amebic meningitis and encephalitis

Anaplasmosis

Babesiosis

Chagas' disease (human and animal)

Novel influenza

Polio virus infection, non-paralytic

Renamed: shiga-toxin producing E. coli infection replaced E. coli, enterohemorrhagic infection

Removed (no longer reportable):

Encephalitis (specify etiology)

- Non-arboviral encephalitis

Hepatitis D, acute

Hepatitis, unspecified, acute

Meningitis (specify type)*

- Fungal meningitis
- Aseptic/viral meningitis
- Bacterial meningitis caused by a non-reportable pathogen

*What kinds of meningitis are still reportable?

- Meningitis caused by any ameba
- Meningitis caused by a reportable condition such as *Neisseria meningitidis* (meningococcal meningitis), *Streptococcus pyogenes/agalactiae/pneumoniae*, varicella, etc

Changes to school exclusion requirements:

- Children with fever (100 degrees Fahrenheit or higher), or any condition that presents with fever, should be excluded from school until they are fever free for 24 hours without the use of fever suppressing medications.
- Children with any diarrheal illness should be excluded from school until they are diarrhea free for 24 hours without the use of diarrhea suppressing medications.
- Chickenpox: exclude until the lesions become dry or if lesions are not vesicular, until 24 hours have passed with no new lesions occurring.
- Conjunctivitis, bacterial and/or viral: exclude until physician permission to return or until symptom free.
- Head lice: the exclusion requirements for head lice have been removed.
- Mumps: exclude until five days after the onset of swelling.
- Ringworm: No exclusion if infected area can be completely covered by clothing/bandage, otherwise exclude until treatment has begun.



MORBIDITY REPORT FORM

Houston Department of Health and Human Services
8000 North Stadium Drive Houston, Texas 77054

832-393-5080

Fax: (832)393-5232 [Do NOT fax HIV/AIDS-related patient information]



Reported By : _____ Date : _____
Case Number : _____

PATIENT DEMOGRAPHIC DATA

Last Name : _____ FirstName & MI : _____
DOB : _____ Age : _____ Sex : _____
Race/Ethnicity : _____ SocSecNumber : _____

Address : _____
City, Zipcode : _____ Home Phone : () --
Occupation/Work Place : _____ Tel: () --
School/Day Care Center : _____ Tel: () --
Parent/Contact Person : _____ Tel: () --

DISEASE DATA

Date of Onset: _____
REPORTABLE DISEASE/ORGANISM: _____
Species/serotype : _____

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result
Specific Viral Hepatitis Studies		Anti-HAV IgM _____ Anti-HAV Total _____	Anti-HBc IgM _____ Anti-HBc Total _____ Anti-HBs _____ HbsAg _____ HbeAg _____	Anti-HCV _____ HCV RIBA _____ HCV RNA by PCR _____	AST/SGOT _____ ALT/SGPT _____

HOSPITAL or CLINIC DATA

Hospital/Clinic : _____ Attending Physician : _____
Medical RecNumber : _____ Address : _____
Date Admitted : _____
Date Discharged : _____ Pager/Phone : _____
Date Expired : _____ Other Physician : _____

Comments/patient history/risk factors:

Investigator: _____

FOR OFFICIAL USE ONLY

FILENO:	RPTBY :	HSA:	INTRV :	STATUS :
KMAP :	CENTRCT:	DX :	OCCUP:	

CONFIDENTIAL STD MORBIDITY REPORT FORM



Houston Department of Health and Human Services
 ATTN: Bureau of Epidemiology – STD Surveillance 4th floor
 8000 North Stadium Drive Houston, Texas 77054
 Tel: (832)393-5080 Fax: (832)393-5232



Reported by: _____ Facility/Clinic: _____ Phone Number: _____ Date: _____

PATIENT DEMOGRAPHIC DATA

Last Name _____ First Name, MI _____
 DOB _____ Social Security # _____ Sex _____
 Race _____ Hispanic Y N

Address _____ Home Phone () --
 City, State Zipcode _____ Other Phone () --
 Emergency Contact Name _____ Contact Phone () --

Marital Status Single Married Divorced Widowed Unknown
 Pregnancy Status N/A No Yes (Expected delivery date ___/___/___) Unknown (Last menstrual date ___/___/___)

Reason for Test (STD related, prenatal, immigration, etc): _____

DISEASE DATA

Check Reportable Disease(s)
 Syphilis Gonorrhea Chlamydia Chancroid

List Signs and Symptoms: _____

Check Voluntary Disease(s)
 Genital Herpes Genital Warts Non-specific Urethritis Pelvic Inflammatory Disease
 Trichomoniasis Other non-specific Vaginitis Mucopurulent Cervicitis Other _____

LABORATORY DATA

Date of Collection/Test	Diagnostic Test	Results	Laboratory

TREATMENT INFORMATION

Prior History of Treatment Yes No Unknown Date of Previous Treatment ___/___/___
 Method of Prior Treatment _____

CURRENT TREATMENT INFORMATION:

Date (s) of Treatment	Method of Treatment / Dose	Provider

Notes/Comments/Patient History/Risk Factors:

Laboratory Data

HIV Antibody Test at Diagnosis (Indicate first test)

Collection Date (mm/dd/yyyy) _____/_____/_____

- HIV-1 IFA Positive Negative Indeterminate
- HIV-1 Western Blot Positive Negative Indeterminate
- Rapid Positive Negative Indeterminate
- HIV-1 EIA Positive Negative Indeterminate
- HIV-1/2 EIA Positive Negative Indeterminate
- HIV 2 EIA Positive Negative Indeterminate
- HIV-2 Western Blot Positive Negative Indeterminate
- HIV-1/2 Ag/Ab Positive Negative Indeterminate

_____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____

HIV Detection Test (Record all tests)

Collection Date (mm/dd/yyyy) _____/_____/_____

- HIV-1 P24 Antigen Positive Negative Indeterminate
- HIV-1 Qualitative PCR (NAAT) Positive Negative Indeterminate
- HIV-1 Proviral DNA (Qualitative) Positive Negative Indeterminate
- Other _____ Positive Negative Indeterminate

_____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____

Immunologic Lab Tests

Collection Date (mm/dd/yyyy) _____/_____/_____

- AT or closest to current diagnosis status CD4 Counts _____ cells/ul
- CD4 Percent _____ %
- First <200 L or <14% CD4 Counts _____ cells/ul
- CD4 Percent _____ %

_____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____

Viral Load Tests (Most recent test)

Copies/ul Log

Collection Date (mm/dd/yyyy) _____/_____/_____

- HIV-1 RNA NASBA _____
- HIV-1 RNA RT-PCR** _____
- HIV-1 RNA bDNA _____

_____/_____/_____
 _____/_____/_____
 _____/_____/_____

Last documented negative HIV test? Date _____/_____/_____ Test Type _____
 If HIV laboratory test not documented, Is HIV diagnosis documented by a physician? Yes No Unknown If Yes, Date _____/_____/_____

Clinical	AIDS Indicator Diseases (O. I.)	Others																		
Clinical Record Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Enter date patient was diagnosed as: Asymptomatic: _____/_____/_____ Symptomatic (not AIDS): _____/_____/_____	<table border="1"> <thead> <tr> <th>Def</th> <th>Pres</th> <th>Initial Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____/_____/_____</td> </tr> </tbody> </table>	Def	Pres	Initial Date	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____	For M. tuberculosis, pulmonary, RVCT Case Number: _____ If HIV tests were not positive or were not done, does the patient have an immunodeficiency that would disqualify him/her from AIDS case definition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.												
Def	Pres	Initial Date																		
<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____																		
<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____																		
<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____																		
<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____																		
<input type="checkbox"/>	<input type="checkbox"/>	_____/_____/_____																		

Treatment / Services Referrals

- Has this patient been **informed** of his/her infection? Yes No Unknown
- This patient's **partners will be notified** about their HIV exposure and counseled by: Health Department Physician/Provider Patient Unknown
- This patient is receiving or has been referred for HIV related **medical services**: Yes No N/A Unknown
- This patient is receiving or has been referred for **substance abuse** treatment services: Yes No N/A Unknown
- This patient received or is receiving **antiretroviral therapy (ART)**: Yes No Unknown
- This patient received or is receiving **PCP prophylaxis**: Yes No N/A Unknown

For Women

- This patient is receiving or has been referred for gynecological or obstetrical services: Yes No Unknown
- Is this patient currently pregnant? Yes No Unknown
- Has this patient delivered live-born infants? Yes No Unknown (If yes, provide birth info below)
- Child's Name: _____ Child's State ID Number: _____ Child's Date of Birth: _____/_____/_____
- Child's Hospital of Birth: _____ City: _____ State: _____ County: _____ Country: _____
- Child's Name: _____ Child's State ID Number: _____ Child's Date of Birth: _____/_____/_____
- Child's Hospital of Birth: _____ City: _____ State: _____ County: _____ Country: _____

Testing and Treatment History (TTH)

- Completion Method:** Patient Interview MRR Provider Report PEMS Other Date information is collected: _____/_____/_____
- EVER had previous positive HIV test? Yes No Refused Unk Date of very first positive HIV test: _____/_____/_____
- EVER had a negative HIV test? Yes No Refused Unk Date of very last negative HIV test: _____/_____/_____
- Number of negative HIV tests within 24 months before first positive _____ Refused Unk
 (Dates of negative tests: _____/_____/_____; _____/_____/_____; _____/_____/_____; _____/_____/_____; _____/_____/_____; _____/_____/_____)
- Ever taken any ARV? Yes No Refused Unk If yes, list all ARV: _____ Date 1st use: _____/_____/_____ Date of last use: _____/_____/_____

Local Fields (For Office Use Only)

- Lab Name of first HIV positive test: _____ Specimen Accession # of first positive test: _____ Collection date: _____/_____/_____
- Field Record cut for PHFU: Yes (cut by HIV surveillance staff) Date FR cut _____/_____/_____ Other (cut by others) No

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES [45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on

a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
 - ▶ Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - ▶ Tracking FDA-regulated products;
 - ▶ Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - ▶ Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).
- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

Frequently Asked Questions

To see Privacy Rule FAQs, click the desired link below:

[**FAQs on Public Health Uses and Disclosures**](#)

[**FAQs on ALL Privacy Rule Topics**](#)

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php, then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)



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 blood, any level & adult blood, any level ⁶	Call/Fax Immediately
Amebiasis ³	Within 1 week	Legionellosis	Within 1 week
Amebic meningitis and encephalitis	Within 1 week	Leishmaniasis	Within 1 week
Anaplasmosis	Within 1 week	Listeriosis	Within 1 week
Anthrax^{3, 4}	Call Immediately	Lyme disease	Within 1 week
Arbovirus infection ^{3, 5}	Within 1 week	Malaria	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola)	Call Immediately
Babesiosis	Within 1 week	Meningococcal infections, invasive	Call Immediately
Botulism (adult and infant)³	Call Immediately	Mumps	Within 1 week
Brucellosis^{3, 4}	Within 1 work day	Pertussis³	Within 1 work day
Campylobacteriosis	Within 1 week	*Pesticide poisoning, acute occupational	Within 1 week
*Cancer ⁷	See rules	Plague (Yersinia pestis)	Call Immediately
Chagas' disease	Within 1 week	Poliomyelitis, acute paralytic	Call Immediately
*Chancroid	Within 1 week	Poliovirus infection, non-paralytic	Within 1 work day
Chickenpox (varicella) ⁸	Within 1 week	Q fever	Within 1 work day
*Chlamydia trachomatis infection	Within 1 week	Rabies, human	Call Immediately
*Contaminated sharps injury ⁹	Within 1 month	Relapsing fever	Within 1 week
*Controlled substance overdose¹⁰	Call Immediately	Rubella (including congenital)	Within 1 work day
Creutzfeldt-Jakob disease (CJD)	Within 1 week	Salmonellosis, including typhoid fever	Within 1 week
Cryptosporidiosis	Within 1 week	Severe Acute Respiratory Syndrome (SARS)	Call Immediately
Cyclosporiasis	Within 1 week	Shigellosis	Within 1 week
Cysticercosis	Within 1 week	*Silicosis	Within 1 week
*Cytogenetic results (fetus and infant only) ¹¹	See rules	Smallpox	Call Immediately
Dengue	Within 1 week	*Spinal cord injury ¹²	Within 10 work days
Diphtheria	Call Immediately	Spotted fever group rickettsioses ³	Within 1 week
*Drowning/near drowning ¹²	Within 10 work days	Staph. aureus, vancomycin-resistant (VISA and VRSA)	Call Immediately
Ehrlichiosis	Within 1 week	Streptococcal disease (group A, B, S. pneumo), invasive	Within 1 week
Escherichia coli infection, Shiga toxin-producing ^{3, 4}	Within 1 week	*Syphilis – primary and secondary stages ^{1, 13}	Within 1 work day
*Gonorrhea	Within 1 week	*Syphilis – all other stages ^{1, 13}	Within 1 week
Haemophilus influenzae type b infections, invasive ³	Within 1 week	Taenia solium and undifferentiated Taenia infection	Within 1 week
Hansen's disease (leprosy) ³	Within 1 week	Tetanus	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 A (acute)	Within 1 work day	Tuberculosis (includes all M. tuberculosis complex)^{4, 14}	Within 1 work day
Hepatitis B, C, and E (acute) ³	Within 1 week	Tularemia	Call Immediately
Hepatitis B identified prenatally or at delivery (acute & chronic) ³	Within 1 week	Typhus	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old)³	Within 1 work day	Vibrio infection, including cholera	Within 1 work day
*Human immunodeficiency virus (HIV) infection ^{1, 2}	Within 1 week	Viral hemorrhagic fever, including Ebola	Call Immediately
Influenza-associated pediatric mortality	Within 1 work day	Yellow fever	Call Immediately
Influenza, Novel	Call Immediately	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 512-533-3132 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 512-776-7598 for specimen submission information.
- ⁵ Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup including Cache Valley, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
- ⁶ Please refer to specific rules and regulations <http://www.dshs.state.tx.us/lead/Reporting-Laws-Administrative-Code.aspx>.
- ⁷ 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>.
- ⁸ Varicella reporting form at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/NewVaricellaForm.pdf. Call local health dept for copy with their fax number.
- ⁹ 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/.
- ¹⁰ 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>.
- ¹¹ 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.
- ¹² 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>.
- 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/reporting/>.

Texas Department of State Health Services – Business Hours 1-800-252-8239 / After Hours 512-776-7111