CITY OF HOUSTON

Department of Health and Human Services

Bill White
Mayor

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T.713.794.9181
F.713.794.9182
www.houstonhealth.org

May 12, 2005

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 number of Houston cases of reportable diseases received by the Bureau of Epidemiology per year since 1995 can be viewed at http://www.houstontx.gov/health/Epidemiology/index.html

I am attaching the form used to report most diseases to the City of Houston Department of Health and Human Services Bureau of Epidemiology (Morbidity Report Form). This form can be faxed to 713-794-9182. You may also call 713-794-9181 24 hours a day, seven days a week to report diseases requiring immediate attention (see attached list of reportable diseases).

When using this form to report, please fill out as much information as is available.
The minimum information needed on this form is:

☑ Name and phone of person completing report

☑ Last name	☑ First name	☑ Date of birth
☑ Gender	☑ Race	☑ Home address
☑ Home phone	☑ Disease name	☑ Source of specimen
☑ Date of collection	☑ Diagnostic test and result	☑ Hospital/Clinic
☑ Attending Physician	☑ comments regarding known risks or exposures.	

I am also including the form used to report STDS and HIV. Forms reporting STDs can be faxed to 713-798-0825. **Please do NOT fax any report form indicating HIV/AIDS status.** These forms can be mailed to:

Houston Department of Health & Human Services
8000 N Stadium
4th floor – Epidemiology
Houston, TX 77054

Thank you for your assistance. If you have any additional questions about reporting please call 713-794-9181 and ask for the Epi on Duty.

Sincerely,

Osama M. Ibrahim, MD, MSC, DrPH
Bureau Chief of Epidemiology

Attachments:
HDHHS Morbidity Report Form
DSHS STD/HIV Report Form
Reportable Disease List
Reporting Resources
Reporting & HIPAA

Houston Department of Health and Human Services
Office of Surveillance and Public Health Preparedness

24/7/365 Disease Reporting Number

713-794-9181

For non-emergencies: call between 8am and 5pm Mon -Fri. For reporting outbreaks, immediate attention diseases, or potential bioterrorism agents: call anytime day or night. Non-immediate attention diseases can be faxed to 713-794-9182. Do NOT fax HIV/AIDS status information.

Helpful Reporting Websites

Houston Department of Health and Human Services

Homepage	http://www.houstontx.gov/health/index.html
Epidemiology	http://www.houstontx.gov/health/Epidemiology/index.html (Morbidity Report Form located here)

Texas Department of State Health Services (formerly TDH)

Homepage	http://www.dshs.state.tx.us/
Disease Surveillance	http://www.tdh.state.tx.us/ideas/report/default.asp (list of reportable diseases and reporting info found here)
HIPPA information	http://www.tdh.state.tx.us/hipaa/default.htm

Houston Metropolitan Medical Response System

Homepage	http://www.hmmrs.com/
Education Section	http://www.hmmrs.com/education.aspx (has a presentation on disease reporting)

REPORTABLE DISEASES OF TEXAS

The Health and Safety Code, Chapter 81, Section 81.041, authorizes the Texas Board of Health to establish and maintain a list of reportable diseases or health conditions. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations. Physicians, nurses, and other health professionals found the system upon the clinical recognition or suspicion of these diseases. **Physicians, veterinarians, dentists, chiropractors, hospitals, hospital laboratories, HIV counseling and testing services, and clinical laboratory directors are required to report.** The following individuals should also report: school authorities, college administrators, registered nurses, directors of child-care facilities, directors of nursing homes and home-health agencies, and managers of restaurants, dairies, and other food-handling establishments. In addition, anyone having knowledge of a case(s) of a communicable disease is required to report by **name, address, city, zip code, telephone number, date of birth, age, sex, race/ethnicity, diseases, type of lab confirmation, date of onset, physician and source of infection. Failure to report is a class B misdemeanor.**

DISEASES REPORTABLE IMMEDIATELY BY TELEPHONE/FAX EVEN IF SUSPECTED*

Anthrax Botulism, foodborne Cholera Diphtheria *H. influenzae* type B infection, invasive Meningococcal disease Measles Pertussis Plague Poliomyelitis Rabies in Man Smallpox Viral hemorrhagic fever Yellow fever

REPORTABLE DISEASES

Acquired immune deficiency syndrome (AIDS)[1]
Amebiasis
Anthrax
Botulism - adult and infant
Brucellosis*
Campylobacteriosis
Chancroid[2]
Chlamydia trachomatis infection[2]
Cholera
Creutzfeldt-Jakob disease
Cryptosporidium infections
Cyclosporiasis
Dengue
Diphtheria[3]
Ehrlichiosis
Encephalitis (specify etiology)
Escherichia coli 0157:H7 infection
Gonorrhea[2]
H. influenzae type b infections
Hansen's disease (leprosy)[4]
Hantavirus infection
Hemolytic uremic syndrome (HUS)
Hepatitis, acute viral A, B, D, E
Hepatitis C (newly diagnosed infection)
Human immunodeficiency virus (HIV) infection[1]
Lead, childhood elevated blood
Legionellosis
Listeriosis
Lyme Disease
Malaria
Measles (rubeola)[3]
Meningitis (specify type)
Meningococcal infection, invasive*
Mumps[3]
Pertussis[3]
Plague
Poliomyelitis, acute paralytic[3]
Q fever*
Rabies in man
Relapsing fever
Spotted fever group rickettsioses
Rubella (including congenital)[3]*
Salmonellosis, including typhoid fever
Shigellosis
Smallpox
Streptococcal disease, invasive
Syphilis[2]
Tetanus[3]
Trichinosis
Tuberculosis[4]*
Tularemia
Typhus
Varicella[3]
Vibrio infections*
Viral hemorrhagic fever
Yellow fever
Yersiniosis

Reportable Occupational Diseases

Acute Pesticide Poisoning Asbestosis Silicosis
Elevated Blood Lead in Adults (blood lead levels at or above 25 micrograms/Dl in persons >15 years of age)

Reportable Injuries

Spinal cord injuries Submersion injuries (drowning death or near-drowning)

*In addition to the requirements of individual case reports, **any unusual or group expression of illness** - whether related to communicable disease, occupationally caused sickness, or due to an unknown cause, which may be of public health concern, should be reported to the local health authorities.*

All reports may be made to 1-800-705-8868

[1] AIDS and HIV infection reporting forms and guidelines are available from the HIV/AIDS Surveillance Program at (713)794-9441.
[2] Chancroid, *Chlamydia trachomatis* infection, gonorrhea and syphilis are to be reported on the "Confidential Report of Sexually Transmitted Disease" form STD-27 or STD-28, supplied by the S.T.D. Program at (713)794-9252 or FAX (713)798-0825.
[3] Varicella is reportable disease; report to the Bureau of Immunization at (713)558-3521 or FAX (713)795-3910.
[4] Tuberculosis cases are to be reported on form TB-400, "Report of Case and Patient Services," supplied by Bureau of TB Control Program at (713)840-8352 or FAX Case Registry at (713)267-9010.
* **Diseases to be reported within one working day of identification of a suspected case.**

Report all other notifiable diseases and conditions to: Bureau of Epidemiology

Houston Department of Health and Human Services
8000 North Stadium Drive
Houston, Texas 77054
(713)794-9181, Fax (713)794-9182

Revision January 13, 2004/ml

MORBIDITY REPORT FORM

Houston Department of Health and Human Services
8000 North Stadium Drive Houston, Texas 77054
1-800-705-8868
Fax: (713)794-9182 *[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 : _____
Medical RecNumber : _____
Date Admitted : _____
Date Discharged : _____
Date Expired :

Attending Physician : _____
Address : _____
_____
Pager/Phone : _____
Other Physician :

Comments/patient history/risk factors:

_____
_____
_____
_____
_____

Investigator: _____

FOR OFFICIAL USE ONLY

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

Rev. 10/1999

Houston Department of Health and Human Services / Texas Department of Health PHR 6/5 South

CONFIDENTIAL INFORMATION - HIV/AIDS REPORT

Reporting Institution / Practice / Clinic _____

Person completing form: _____ Phone: _____ Date: _____

PATIENT NAME (Last, F, M) _____ **Date of Birth** ____/____/____

Street Address _____ Sex _____

City / State / Zip _____ Phone _____ Race /Ethnicity _____

Social Security Number ____-____-____ Med. Rec. No. _____ Country of Birth _____

If Patient Expired: Date of Death ____/____/____ Place of Death _____

Date of First Visit ____/____/____ Date of Most Recent Visit ____/____/____

Other who can provide information (Hospital, Doctor, Clinic) _____

How patient became HIV-infected: (✓ all that apply)

____Male who had sex with another male

____Injection drug user

____Sex with partner of opposite sex who is: (✓)

- ____Injection drug user
- ____Bisexual male
- ____Hemophiliac
- ____Person with HIV/AIDS
- ____Other (specify) _____

___ Blood/blood product recipient, date ____/____/____
Facility where transfused _____

___ Treatment of hemophilia: Factor VIII (A) ____ Factor IX (B) ____

___ Occupational exposure (give details) _____

___ No risk identified or patient denied all risk behavior
date patient was interviewed (Mo/Yr) ____/____

HIV Test	Results (+)	Date	Facility
1st ELISA	____	_____	_____
1st Western Blot	____	_____	_____
1st WB after 1998	____	_____	_____
Other _____		_____	_____

CD4 Test	Results	Date	Facility
First CD4 < 200 (cells/mm^3)	_____	_____	_____
First CD4 percent < 14 (%)	_____	_____	_____
First CD4 count (cells/mm^3)	_____	_____	_____
First CD4 percent (%)	_____	_____	_____

1st detectable Viral Load after Dec. 1999(copies/mm^3) _____ Date _____ Facility _____

If patient has had an opportunistic infection (O.I.) or neoplasm, please fill in blanks. (See other side of form for list.)

O.I./Neoplasm _____ Method of Diagnosis _____ Date _____ Facility _____

O.I./Neoplasm _____ Method of Diagnosis _____ Date _____ Facility _____

If patient is a woman:
(a) Patient receiving or referred for OB/GYN services: Yes____ No____ Unknown____
(b) Patient delivered live-born infant(s) after 1977: Yes____ No____ Unknown____
If Yes, and information is available, enter each child's name, DOB, and hospital of delivery on back of this form.
(c) Patient currently pregnant: Yes____ No____ Due Date _____

Has this patient been notified of his/her HIV infection?

Yes____ No____ Unknown____

This patient's partners will be notified about their HIV exposure and counseled by:

Health Dept.____ Doctor/provider____ Patient____ Unknown____

This patient is receiving or has been referred for:

HIV related medical services: Yes____ No____ Unknown____

Substance abuse treatment services:

Yes____ No____ Not applicable____ Unknown____

NOTES:

Date of first diagnosis: _____

Where: _____ _____ _____
Facility City State

Other Significant Information:

revised 09/26/2002

OPPORTUNISTIC INFECTIONS and NEOPLASMS

(If patient has any of these diagnoses, enter on front of form.)

PATIENTS OF ALL AGES

Candidiasis, bronchi, trachea or lungs
Candidiasis, esophageal
Carcinoma, invasive cervical
Coccidioidomycosis, disseminated or extrapulmonary
Cryptococcosis, extrapulmonary
Cryptosporidiosis, chronic intestinal (>1 month)
CMV disease (please specify anatomical site)
CMV retinitis
HIV encephalopathy (AIDS dementia complex)
Herpes simplex chronic ulcer (>1 month)
Herpes simplex bronchitis, pneumonitis or esophagitis
Histoplasmosis, disseminated or extrapulmonary
Isosporiasis, chronic intestinal (>1 month)
Kaposi's sarcoma
Lymphoma, primary in brain
Lymphoma, other (please specify the pathology)
M. avium or *M. kansasii*, disseminated or extrapulmonary
M. tuberculosis, pulmonary
M. tuberculosis, disseminated or extrapulmonary
Mycobacterium, other/unknown, dissem. or extrapulmonary
Pneumocystis carinii pneumonia (PCP)
Pneumonia, recurrent (two or more in 12 month period)
Progressive multifocal leukoencephalopathy (PML)
Salmonella septicemia, recurrent
Toxoplasmosis of brain
Wasting syndrome due to HIV

PATIENTS LESS THAN 13 YEARS OLD ONLY

Bacterial infections, multiple, recurrent
Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia

For resident of Harris County, send report to:
Houston Department of Health and Human Services
HIV/AIDS Surveillance, 4th Floor
8000 North Stadium Drive
Houston, TX 77054
(713) 794-9441

For resident of Galveston, Chambers or Brazoria County, send report to:
Galveston County Health District
P.O. Box 838
Galveston, TX 77553
(409) 765-2528

For resident of Austin, Colorado, Fort Bend, Hardin, Jefferson, Liberty, Matagorda, Montgomery, Orange, Walker, Waller or Wharton County, send report to:
Texas Department of Health PHR 6/5 South
STD Department
5425 Polk Ave., Ste. J
Houston, TX 77023-1497
(713) 767-3420

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: (713)794-9441 Fax: (713)798-0825

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:

HIPAA Privacy Rules and Texas Reporting Regulations

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule governs the use and disclosure of individually identifiable health information. The rule applies to health plans, health care clearinghouses, and health care providers who transmit certain health claims information electronically. These are covered entities under the privacy rule and must comply by April 14, 2003.

For certain uses and disclosures of individually identifiable health information, covered entities must obtain consent or authorization from the individual. For other uses and disclosures, however, no consent or authorization is required.

In the rules adopted in Title 45 Code of Federal Regulations (CFR) Parts 160 and 164, Section 164.512 addresses the uses and disclosures for which consent or authorization is **not** required. Section 164.512(a) permits disclosures that are required by law:

> (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Section 164.512(b) permits disclosures to public health authorities for public health activities and purposes:

> (1) *Permitted disclosures.* A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph [§164.512(b)(1)] to
>
> (i)A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. . . .

Health care providers are required by Texas law to report certain health conditions (referred to legally as "notifiable" or "reportable" conditions) to the Texas Department of Health. Clearly the HIPAA Privacy Rule provides no basis for health care providers to stop notifying TDH of reportable conditions. It also does not preclude reporting of other conditions when they occur in the context of an outbreak or any other situation of public health concern (eg, individual cases of conditions associated with bioterrorism).

The legal statute quoted above is available online at www.hhs.gov/ocr/hipaa/index.html. *For further information regarding the HIPAA Privacy Rule and reportable diseases, visit the Web sites for the US Department of Health and Human Services at* www.hhs.gov/ocr/hipaa/govtaccess.html *or the Centers for Disease Control and Prevention at* www.cdc.gov/nip/registry/hipaa7.htm, *or contact John Scott, the TDH HIPAA Privacy Officer, by phone:* 512/458-7111, x6170 *or e-mail:* john.scott@tdh.state.tx.us.