

## List of Reportable Illnesses, Injuries, and Events for Texas Physicians

### I. COMMUNICABLE DISEASES

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).

#### General Instructions

- **WHAT:** The table below lists notifiable conditions in Texas. In addition to these conditions, any **outbreaks, exotic diseases, and unusual group expressions of disease** must be reported. All diseases shall be reported by name, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of physician.
- **WHEN:** The Reportable Conditions List indicates when to report each condition. Cases or suspected cases of illness considered to be **public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease** must be reported to the local health department or DSHS **immediately**. Other diseases for which there must be a quick public health response must be reported **within one working day**. All other conditions must be reported to the local health department or DSHS **within one week**.
- **HOW:** Most notifiable conditions, or other illnesses that may be of public health significance, should be reported directly to the local or health service regions. Paper reporting forms can be obtained by calling your local or health service region or by download (Epi-2 for more detailed single case medical care provider reports or Epi-1 for less detailed multiple reports). As a last resort or in case of emergency, reports can be made by telephone to the state office at 800-252-8239 or 512-458-7111. Calling 512-458-7111 after hours will reach the physician/epidemiologist-on-call.

#### Special Instructions

- **Acquired immune deficiency syndrome (AIDS)** should only be reported once following the initial physician diagnosis. The report date, type and results of tests including a CD4 + T lymphocyte cell count below 200 cells per microliter/percentage < 14% must also be included with the report.
- **Chancroid, Chlamydia trachomatis infection, gonorrhea, human immunodeficiency virus (HIV) infection, and syphilis** reports must also include the report date, type and results of tests, including a CD4 + T lymphocyte cell count below 200 cells per microliter/percentage < 14% for **HIV infection**.
- **Meningitis** types include aseptic/viral, bacterial (specify etiology), fungal, parasitic, and other.
- **Invasive streptococcal disease, invasive meningococcal infection, or invasive *Haemophilus influenzae* type b infections** refers to isolates from normally sterile sites and includes

meningitis, septicemia, cellulitis, epiglottitis, osteomyelitis, pericarditis, septic arthritis, and necrotizing fasciitis.

**For more information, call the Infectious Disease Control Unit (IDCU) at (800) 252-8239 (press 1).**

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| Acquired immune deficiency syndrome (AIDS) <sup>1</sup>                      | Within 1 week           |
| Amebiasis  | Within 1 week           |
| <b>Anthrax<sup>2</sup></b>   | <b>Call Immediately</b> |
| Asbestosis <sup>3</sup>  | Within 1 Week           |
| <b><u>Botulism</u>, foodborne<sup>2</sup></b>                                | <b>Call Immediately</b> |
| <u>Botulism</u> , infant <sup>2</sup>  | Within 1 Week           |
| Brucellosis <sup>2</sup>   | Within 1 Week           |
| Campylobacteriosis   | Within 1 Week           |
| Cancer <sup>4</sup>  | 4                       |
| Chancroid <sup>1</sup>   | Within 1 Week           |
| Chicken Pox (varicella) <sup>2</sup>   | Within 1 Week           |
| <i>Chlamydia trachomatis</i> infection <sup>1</sup>                          | Within 1 Week           |
| Contaminated sharps injury <sup>2</sup>                                      | Within 1 week           |
| Creutzfeldt-Jakob disease (CJD) <sup>2</sup>                                 | Within 1 week           |
| Cryptosporiasis  | Within 1 week           |
| Cyclosporiasis   | Within 1 week           |
| Dengue   | Within 1 week           |
| <b>Diphtheria</b>  | <b>Call immediately</b> |
| Drowning/near drowning <sup>5</sup>  | Within 10 workdays      |
| Ehrlichiosis <sup>2</sup>  | Within 1 week           |
| Encephalitis (specify etiology) <sup>2</sup>                                 | Within 1 week           |
| <u>Escherichia coli</u> , enterohemorrhagic <sup>2</sup>                     | Within 1 week           |
| Gonorrhea <sup>1</sup>   | Within 1 week           |
| <b><i>Haemophilus influenzae</i> type b infections, invasive<sup>2</sup></b> | <b>Call immediately</b> |
| Hansen's disease (leprosy) <sup>2</sup>                                      | Within 1 week           |
| Hantavirus infection <sup>2</sup>  | Within 1 week           |
| Hemolytic Uremic Syndrome (HUS) <sup>2</sup>                                 | Within 1 week           |
| Hepatitis A (acute) <sup>2</sup>   | Within 1 workday        |
| Hepatitis B, D, E, and unspecified (acute) <sup>2</sup>                      | Within 1 week           |
| Hepatitis B (chronic) identified prenatally or at delivery <sup>2</sup>      | Within 1 week           |
| Hepatitis C (newly diagnosed infection) <sup>2</sup>                         | Within 1 week           |
| Human immunodeficiency Syndrome (HIV)infection                               | Within 1 week           |
| <b>Lead, child blood, any level<sup>3</sup></b>                              | <b>Call immediately</b> |
| <b>Lead, adult blood, any level</b>  | <b>Call immediately</b> |
| <u>Legionellosis</u> <sup>2</sup>  | Within 1 week           |
| Listeriosis <sup>2</sup>   | Within 1 week           |
| Lyme disease <sup>2</sup>  | Within 1 week           |
| Malaria <sup>2</sup>   | Within 1 Week           |
| <b>Measles (rubeola)<sup>2</sup></b>   | <b>Within 1 Week</b>    |
| Meningitis (specify type) <sup>2</sup>                                       | Within 1 Week           |
| <b>Meningococcal infections, invasive<sup>2</sup></b>                        | <b>Call Immediately</b> |
| Mumps <sup>2</sup>   | Within 1 Week           |
| <b>Pertussis<sup>2</sup></b>   | <b>Call Immediately</b> |

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| Pesticide poisoning, acute occupational <sup>3</sup>                                | Within 1                |
| <b>Plague<sup>2</sup></b>   | <b>Call Immediately</b> |
| <b>Poliomyelitis, acute paralytic</b>   | <b>Call Immediately</b> |
| <b>Q fever<sup>2</sup></b>  | Within 1 workday eek    |
| <b>Rabies, human</b>  | <b>Call immediately</b> |
| Relapsing fever <sup>2</sup>  | Within 1 week           |
| Rubella (including congenital) <sup>2</sup>   | Within 1 workday        |
| Salmonellosis, including typhoid fever <sup>2</sup>                                 | Within 1 week           |
| <b>Severe Acute Respiratory Syndrome (SARS)</b>                                     | <b>Call immediately</b> |
| Shigellosis <sup>2</sup>  | Within 1 week           |
| Silicosis <sup>3</sup>  | Within 1 week           |
| <b>Smallpox<sup>2</sup></b>   | <b>Call immediately</b> |
| Spinal cord injury <sup>5</sup>   | Within 10 working days  |
| Spotted fever group rickettsioses <sup>2</sup>                                      | Within 1 week           |
| <i>Staphylococcus aureus</i> , vancomycin-resistant <sup>6</sup>                    | <b>Call immediately</b> |
| <i>Staphylococcus</i> species, vancomycin-resistant coagulase negative <sup>6</sup> | <b>Call immediately</b> |
| Streptococcal disease (group A, B, S. pneumo), invasive <sup>2</sup>                | Within 1 week           |
| Syphilis <sup>1</sup>   | Within 1 week           |
| <b>Tetanus<sup>2</sup></b>  | Within 1 week           |
| Traumatic brain injury <sup>5</sup>   | Within 10 working days  |
| Trichinosis   | Within 1 week           |
| Tuberculosis <sup>7</sup>   | Within 1                |
| Tularemia <sup>2</sup>  | Within 1 working day    |
| Typhus  | Within 1 week           |
| <i>Vibrio</i> infection, including cholera <sup>2</sup>                             | Within 1 working day    |
| <b>Viral hemorrhagic fever</b>  | <b>Call immediately</b> |
| <b>Yellow Fever</b>   | <b>Call immediately</b> |
| Yersiniosis <sup>2</sup>  | Within 1 week           |

<sup>1</sup> Details are found at: <http://www.dshs.state.tx.us/hivstd/>

<sup>2</sup> Investigation forms are available at <http://www.dshs.state.tx.us/idcu/investigation/>

<sup>3</sup> Details are found at <http://www.dshs.state.tx.us/epitox/default.shtm>

<sup>4</sup> Details are found at <http://www.dshs.state.tx.us/tcr/lawrules.shtm>

<sup>5</sup> Details are found at <http://www.dshs.state.tx.us/injury/default.shtm>

<sup>6</sup> Lab isolate must be sent to DSHS lab, call 512-458-7676 for details

<sup>7</sup> Details are found at <http://www.dshs.state.tx.us/idcu/disease/tb/>

## **II. Trauma Events**

**State regulations require hospitals to report to the Texas EMS/Trauma Registry all injuries and deaths related to trauma (defined below). Under the regulations, individual physicians have no reporting obligations.**

### **What cases does a hospital send in?**

- all major trauma cases where the patient died
- where the patient was admitted for more than 48 hours
- or where the patient was transferred to another acute care facility – including traumatic spinal cord injuries, traumatic brain injuries, motor vehicle crashes, falls, fires, etc.

Submersions are reported separately by paper form. The form is located on the DSHS Injury website and must be mailed in to the Texas EMS/Trauma Registry.

## **III. Gunshot Wounds and Controlled Substance Overdoses**

### **1. Health and Safety Code §161.041 – Mandatory Reporting of Gunshot Wounds**

“A physician who attends or treats, or who is requested to attend or treat, a bullet or gunshot wound, or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which a bullet or gunshot wound is attended or treated or in which the attention or treatment is requested, shall report the case at once to the law enforcement authority of the municipality or county in which the physician practices or in which the institution is located.”

### **2. Health and Safety Code §161.042 – Mandatory Reporting of Controlled Substance Overdoses**

“(a) A physician who attends or treats, or who is requested to attend or treat, an overdose of a controlled substance listed in Penalty Group 1 under Section 481.102, or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which an overdose of a controlled substance listed in Penalty Group 1 under Section 481.102 is attended or treated or in which the attention or treatment is requested, shall report the case at once to the department.

(b) A physician or other person who reports an overdose of a controlled substance under this section shall include in the report information regarding the date of the overdose, the type of controlled substance used, the sex and approximate age of the person attended or treated for the overdose or for whom treatment was sought, the symptoms associated with the overdose, the extent of treatment made necessary by the overdose, and the patient outcome. The physician or other person making the report may provide other demographic information concerning the person attended or treated or for whom treatment was

sought but may not disclose the person's name or address or any other information concerning the person's identity.

- (c) A hospital, sanatorium, or other institution that makes a report under this section is not subject to civil or criminal liability for damages arising out of the report. An individual who makes a good-faith report under this section is not subject to civil or criminal liability for damages arising out of the report.”

#### **IV. Immunization Reporting**

##### 1. Texas Immunization Registry

Texas Health and Safety Code §100.6(b) – Reporting to the Registry

**(b) Effective January 1, 2005, a health care provider who administers an immunization to a person younger than 18 years of age shall provide data elements regarding an immunization to the department within 30 days of administration of the vaccine.** Effective January 1, 2005, the department shall verify consent before including the reported information in the immunization registry, and the department may not retain individually identifiable information about a person for whom consent cannot be verified. For immunizations administered prior to January 1, 2005, providers shall provide an immunization history for persons for who consent to participate in the registry has been obtained unless the immunization history is submitted to a payor.

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

##### 2. Vaccine Adverse Event Reporting System

Federal Code 42 USC 300aa-25 – Recording and Reporting Information

**Each health care provider and vaccine manufacturer shall report to the Secretary –**

**(A) the occurrence of any event set forth in the Vaccine Injury Table, including the events set forth in section 300aa-14(b) of this title which occur within 7 days of the administration of any vaccine set forth in the Table or within such longer period as is specified in the Table or section,**

**(B) the occurrence of any contraindicating reaction to a vaccine which is specified in the manufacturer's package insert, and**

**(C) such other matters as the Secretary may by regulation require.**

Table of Reportable Events Following Vaccination (RET) - <http://vaers.hhs.gov/reportable.htm>  
Reporting Form – [www.dshs.state.tx.us/immunize/docs/vaers\\_form.pdf](http://www.dshs.state.tx.us/immunize/docs/vaers_form.pdf)

#### **V. Child Abuse**

##### 1. Texas Family Code §261.101 – Persons required to report

A person (everyone) having cause to believe that a child's physical or mental health or welfare

has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter. **This requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, and an employee of a clinic or health care facility that provides reproductive services.** The identity of the reporter is confidential and may only be released by order of court or to law enforcement agency conducting a criminal investigation.

## 2. Texas Family Code §261.103 – Report made to appropriate agency

A report shall be made to:

- any local or state law enforcement agency Child Protective Services if the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child
- the state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred
- or the agency designated by the court to be responsible for the protection of children

## 3. Texas Family Code §261.104 – Contents of report

Person making report shall identify, if known:

- name and address of child
- name and address of person responsible for the care, custody, or welfare of child
- any other pertinent information concerning the alleged or suspected abuse or neglect

## 4. Reporting Child Abuse by DSHS Contractors/Providers

The DSHS policy to implement DSHS Rider 33 affects contractors/providers in the following DSHS funded programs:

- Title V Maternal and Child Health including Case Management
- Family Planning
- Primary Health Care
- HIV/STD
- Women, Infants and Children (WIC)
- Texas Health Steps
- Case Management for Children and Pregnant Women (CPW)

When a report to the Department of Family and Protective Services (DFPS) is indicated and the situation is not an emergency, contractors/providers are encouraged to use the DFPS Statewide Abuse, Neglect and Exploitation Reporting System found on the DFPS web site at:

<https://www.txabusehotline.org/PublicMain.asp>.

**NOTE to Contractors/Providers: Please consult your own attorney for any legal advice on what constitutes abuse and what your reporting obligations are under the Family Code, Chapter 261. Under Rider 33, DSHS enforces only a "good faith effort" to report child**

**abuse; however the Family Code requires that you not knowingly fail to report any case where a child may be adversely affected by abuse. In particular, there has been misunderstanding of the criminal laws relating to offenses against children. Sexual abuse, including sexual assault and indecency with a child, can occur even when there is no force, duress, or coercion; in other words when the minor and his or her partner are both willing sexual partners. Your own attorney can explain these criminal laws to you so that you can then report when required by law.**

5. Abuse Hotline – (800) 252-5400  
Online Reporting – [www.txabusehotline.org](http://www.txabusehotline.org)

## **VI. Adult/Elderly Abuse**

### 1. Human Resources Code §48.051 – Report

(a) Except as prescribed by Subsection (b), a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation shall report the information required by Subsection (d) immediately to the department.

(b) If a person has cause to believe that an elderly or disabled person has been abused, neglected, or exploited in a facility operated, licensed, certified, or registered by a state agency other than the Texas Department of Mental Health and Mental Retardation, the person shall report the information to the state agency that operates, licenses, certifies, or registers the facility for investigation by that agency.

(c) The duty imposed by Subsections (a) and (b) applies without exception to a person whose knowledge concerning possible abuse, neglect, or exploitation is obtained during the scope of the person's employment or whose professional communications are generally confidential, including an attorney, clergy member, medical practitioner, social worker, and mental health professional.

(d) The report may be made orally or in writing. It shall include:

- (1) the name, age, and address of the elderly or disabled person;
- (2) the name and address of any person responsible for the elderly or disabled person's care;
- (3) the nature and extent of the elderly or disabled person's condition;
- (4) the basis of the reporter's knowledge; and
- (5) any other relevant information.

2. Abuse Hotline – (800) 252-5400  
Online Reporting – [www.txabusehotline.org](http://www.txabusehotline.org)

## **VII. Domestic Abuse**

Family Code §91.003 requires medical professionals who suspect a patient is a victim of domestic violence to provide the patient with information about the nearest shelter, document reasons for the suspicion in the patient file, and give the patient written notice that domestic violence is a crime that the victim can report it to law enforcement.