

Laboratory Results That Must be Reported to the Local Health Authority

Laboratories shall report these findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Diseases marked with an asterisk (*) shall be reported within one working day. Isolates of organisms marked with a dagger (†) should be sent to the Texas Department of Health Laboratory.

Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
any bacterial agent in CSF	bacterial meningitis
<i>Bacillus anthracis</i> †	anthrax
<i>Bordetella pertussis</i>	pertussis
<i>Borrelia burgdorferi</i> †	Lyme disease
<i>Borrelia species</i> †	relapsing fever
<i>Brucella species</i>	brucellosis
<i>Campylobacter species</i>	campylobacteriosis
<i>Chlamydia trachomatis</i>	lymphogranuloma venereum
<i>Clostridium botulinum</i> †	botulism
<i>Clostridium tetani</i>	tetanus
<i>Corynebacterium diphtheriae</i> †	diphtheria
<i>Ehrlichia species</i>	ehrlichiosis
<i>Escherichia coli</i> O157:H7 †	<i>E. coli</i> O157:H7 infection
<i>Haemophilus ducreyi</i>	chancroid
<i>Haemophilus influenzae</i> type b (not from throat, sputum)	H. influenzae type b infection, invasive
<i>Legionella species</i> †	legionellosis
<i>Listeria monocytogenes</i> †	listeriosis
<i>Mycobacterium tuberculosis</i> †	tuberculosis *
<i>Neisseria gonorrhoea</i>	gonorrhoea
<i>Neisseria meningitidis</i> † (not from throat, sputum)	meningococcal infection, invasive
<i>Rickettsia species</i> within the spotted fever group	spotted fever group rickettsioses
<i>Rickettsia species</i> within the typhus group	typhus
<i>Salmonella species</i> , not <i>S. typhi</i>	salmonellosis
<i>Salmonella typhi</i> †	typhoid fever
<i>Shigella species</i>	shigellosis
<i>Streptococcus species</i> . (not from throat, sputum)	Streptococcus infection, invasive
<i>Vibrio cholerae</i> O1†	cholera
<i>Vibrio species</i> †	<i>Vibrio</i> infection
<i>Yersinia enterocolitica</i>	yersiniosis
<i>Yersinia pseudotuberculosis</i>	yersiniosis
<i>Yersinia pestis</i> †	plague

Contact the Texas Department of Health Laboratory at (512) 458-7581
for appropriate tests when considering a diagnosis of botulism.

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Positive Viral Cultures or Direct Examinations

Result	Reportable Disease Condition
any virus in CSF	aseptic meningitis or encephalitis
California group virus	California encephalitis or encephalitis due to virus within California group
dengue virus, type 1,2,3, or 4	dengue
Eastern equine encephalomyelitis virus	Eastern equine encephalitis
enteroviruses (only if patient has aseptic meningitis or encephalitis)	
poliovirus, type 1,2, or 3	poliomyelitis
St. Louis encephalitis virus	St. Louis encephalitis
Venezuelan equine encephalomyelitis virus	Venezuelan equine encephalitis
Western equine encephalomyelitis virus	Western equine encephalitis
yellow fever virus	yellow fever

Contact the Texas Department of Health at (512) 458-7676 for appropriate tests when considering a diagnosis of hantavirus infection, rabies, or viral hemorrhagic fever.

Positive Fungal Cultures or Direct Examinations

Result	Reportable Disease Condition
any fungus in CSF	fungal meningitis

Positive Parasitic Cultures or Direct Examinations

Result	Reportable Disease Condition
any parasite in CSF †	parasitic meningitis
<i>Entamoeba histolytica</i>	amebiasis
<i>Plasmodium species</i> †	malaria
<i>Cryptosporidium parvum</i>	cryptosporidiosis

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Positive Serologic Tests For:

amebiasis
brucellosis
California encephalitis
chickenpox
cholera
dengue
Eastern equine encephalitis
ehrlichiosis
hantavirus
hepatitis A (anti-HAV IgM)¹
hepatitis B (anti-HBc IgM)¹
hepatitis C (anti-HCV)¹
hepatitis D (anti-HDV, HbsAg)¹
hepatitis E (anti-HEV)¹
HIV infection
legionellosis²
Lyme disease
lymphogranuloma venereum
malaria
measles
mumps
plague
poliomyelitis
relapsing fever
spotted fever group rickettsioses (such as Rocky Mountain spotted fever)
rubella*
St. Louis encephalitis
syphilis
typhus group rickettsioses (such as flea- or louse-borne typhus)
Venezuelan equine encephalitis
Western equine encephalitis
yellow fever

¹ Refer positive results for hepatitis to infection control practitioner who will determine whether they are reportable.

² Serologic confirmation of an acute case of legionellosis can not be based on a single titer. There must be a four-fold rise in titer to $\geq 1:128$ between acute and convalescent specimens.

ICD-9 Codes That Must be Reported to the Local Health Authority

When any of the following ICD-9 codes are listed in a patient's discharge summary, a report shall be made to the local health authority (local health department) via the reporting officer for the hospital. Reports shall be made at least **WEEKLY**. Diseases marked with an asterisk (*) shall be reported immediately by telephone. Diseases marked with a double asterisk (**) shall be reported within one working day.

ICD-9 Code(s)	Disease/Condition
001	Cholera *
002.0	Typhoid fever
003	Salmonellosis
004	Shigellosis
005.1	Food poisoning due to <i>C. botulinum</i> *
005.4	Food poisoning due to <i>V. parahaemolyticus</i>
006	Amebiasis
008.04	<i>E. coli</i> O157:H7 infection
008.43	Campylobacteriosis
010 - 018	Tuberculosis**
020	Plague *
022	Anthrax
023	Brucellosis
027.0	Listeriosis
027.8	Yersiniosis
030	Leprosy (Hansen's disease)
032	Diphtheria *
033	Pertussis *
036	Meningococcal infections, invasive *
037	Tetanus
038.0	Streptococcal septicemia
038.2	Pneumococcal septicemia
040.8	Botulism, infant
041.0	Streptococcal disease (invasive)
041.5	<i>H. influenzae</i> infection, invasive *
042-044	HIV infection
045	Poliomyelitis, paralytic *
046.1	Creutzfeldt-Jakob disease
047	Meningitis due to enterovirus
049	Viral encephalitis
052	Chickenpox (by age group & number)
055	Measles *
056	Rubella **
060	Yellow fever *
061	Dengue
062	Mosquito-borne viral encephalitis
063	Tick-borne viral encephalitis
064	Viral encephalitis by unknown vector
065	Arthropod-borne hemorrhagic fever
066.2	Venezuelan equine encephalitis
070	Viral hepatitis (acute)
071	Rabies *
072	Mumps
078.6	Hemorrhagic nephrosonephritis
078.7	Arenaviral hemorrhagic fever
078.89	Ebola-Marburg viral diseases

ICD-9 Code(s)	Disease/Condition
080	Typhus, epidemic
081.0	Typhus, murine
082	Tick-borne rickettsioses
083.2	Rickettsial pox
083.8	Ehrlichiosis
084	Malaria
087	Relapsing fever
088.81	Lyme disease
090	Congenital syphilis
091-097	Syphilis
098	Gonococcal infections
099.0	Chancroid
099.1	Lymphogranuloma venereum
099.5	Venereal diseases caused by <i>C. trachomatis</i>
100.81	Leptospiral meningitis
104.8	Lyme disease
124	Trichinosis
130.0	Meningoencephalitis due to toxoplasmosis
136.2	Meningoencephalitis due to <i>Naegleria</i>
136.8	Cryptosporidiosis
283.11	Hemolytic uremic syndrome
290.1	Dementia in Creutzfeldt-Jakob disease
320.0	Meningitis due to <i>H.influenzae</i> *
320.1 - 320.9	Bacterial meningitis
321	Meningitis
323	Viral encephalitis
480.8	Hantavirus pulmonary syndrome
481	Pneumococcal pneumonia
482.8	Legionellosis
482.30 - 482.39	Pneumonia due to <i>Streptococcus</i>
501	Asbestosis
502	Silicosis
692.3	Occupational pesticide poisoning (adults)
692.4	Occupational pesticide poisoning (adults)
729.4	Fasciitis due to <i>Streptococcus</i>
771.0	Congenital rubella syndrome **
771.2	Congenital listeriosis, malaria, tuberculosis**
790.7	Bacteremia due <i>Streptococcus</i>
806	Spinal cord injuries
952	Spinal cord injuries
984	Lead poisoning
989.2-989.4	Occupational pesticide poisoning (adults)
994.1	Drowning

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Hospital laboratories shall report these laboratory findings to the local health authority (local health department) at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Diseases marked with an asterisk (*) shall be reported within one working day

Positive Blood Chemistries

blood lead levels of ≥ 10 $\mu\text{g/dL}$ in children
blood lead levels of ≥ 25 $\mu\text{g/dL}$ in adults
pesticide poisoning in adults

Surgical Pathology Results

asbestosis
silicosis
Hansen's disease
tuberculosis *
human rabies
Creutzfeldt-Jakob disease

Laboratory Results That Must be Reported Directly to the Texas Department of Health

Laboratories shall report these findings to the Infectious Disease Epidemiology and Surveillance Division, Texas Department of Health. Isolates in **bold type** shall be reported **immediately** by calling **(800)252-8239**; in addition, isolates in **bold type** should be sent to the Texas Department of Health Laboratory. Reports of the other resistant organisms listed below may be faxed to (512) 458-7616 no later than the last working day of March, June, September, and December. All reports should include patient name, date of birth or age, sex, anatomic site of culture, and city of submitter.

Penicillin-resistant *Streptococcus pneumoniae*.
Vancomycin resistant *Enterococcus*,
Vancomycin resistant *Staphylococcus aureus*
Vancomycin resistant coagulase negative *Staphylococcus* species

In addition, laboratories shall report the following findings, **by numeric totals**, no later than the last working day of March, June, September, and December:

All isolates of *Enterococcus* species
All isolates of *Streptococcus pneumoniae*.