Influenza
*Human immunodeficiency virus (HIV), non-acquired immune deficiency syndrome (AIDS)
*Hepatitis B, C, and E (acute)
Fascioliasis
Echinococcosis
Coronavirus, novel
*Campylobacteriosis
Botulism (adult and infant)
Babesiosis
*Anaplasmosis
Gonorrhea
Controlled substance overdose
Chancroid
Botulism (adult and infant)
Babesiosis
*Anaplasmosis
*Campylobacteriosis
*Chlamydia trachomatis infection
*Chlamydia trachomatis infection
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 – 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 1
Call/Fax Immediately

Amebiasis
Within 1 week
Legionellosis
Within 1 week

Amebic meningitis and encephalitis
Within 1 week
Leishmaniasis 3
Within 1 week

Anaplasmosis
Within 1 week
Listeriosis 3, 4
Within 1 week

Anthrax 3-5
Call Immediately
Lyme disease 4
Within 1 week

Arboviral infections 6-6
Within 1 week
Malaria 4
Within 1 week

*Asbestosis
Within 1 week
Mesas (rubeda) 4
Call Immediately

Ascariasis
Within 1 week
Meningococcal infection, invasive (Klebsiella meningitidis) 4
Call Immediately

Babesiosis
Within 1 week
Multidrug-resistant Acinetobacter (MOR-A) 4
Within 1 work day

Botulism (adult and infant) 4, 5
Call Immediately
Mumps 5
Within 1 week

Brucellosis 5
Within 1 work day
Paragammasiosis 5
Within 1 week

Campylobacteriosis 5
Within 1 week
Pertussis 5
Within 1 work day

*Cancer
See rules 5
*Pesticide poisoning, acute occupational 4
Within 1 week

Carbamapen-resistant Enterobacteriaceae (CRE) 4, 11
Within 1 work day
Plague (Yersinia pestis) 5
Call Immediately

Chagas disease 3
Within 1 week
Poliomyllytes, acute paralytic 5
Call Immediately

*Chancroid
Within 1 week
Poliomylostrosis, non-paralytic 5
Within 1 week

Chickenpox (varicella) 11
Within 1 week
Prion disease such as Creutzfeldt-Jakob disease (CJD) 5
Within 1 week

*Chlamydia trachomatis infection
Within 1 week
Q fever
Within 1 work day

*Contaminated sharps injury
Within 1 month
Rabies, human 4
Call Immediately

*Controlled substance overdose
Call Immediately
Rubella (including congenital) 4
Within 1 work day

Coronavirus, novel
Call Immediately
Salmonelliosis, including typhoid fever 4
Within 1 week

Cryptosporidiosis
Within 1 week
Shiga toxin-producing Escherichia coli 5
Within 1 week

Cyclosporiasis
Within 1 week
Shigellosis 4
Within 1 week

Cytosarciosis 4
Within 1 week
Silicosis 5
Within 1 week

*Cytopgenic results (fetus and infant only) 6, 7
See rules 5
Smallpox 4
Call Immediately

Diphtheria
*Drowning/deep drowning* 9
Within 120 work days
Spotted fever group rickettsiose 4
Within 1 week

Echinococcosis
Within 1 week
Stephalococcous aureus, VISA and VRSA 5, 6, 9
Call Immediately

Ehrlichiosis
Within 1 week
Streptococcal disease (groups A, B, S. pneumoniae) 4
Involved 4
Within 1 week

Fascioliasis
Within 1 week
*Syphilis – primary and secondary stages 1, 2, 3
Within 1 work day

*Gonorrhea 3
Within 1 week
*Syphilis – all other stages 2, 11
Within 1 week

Haemophilus influenzae, invasive 4
Within 1 week
Tonsil and oropharyngeal inflammation 4
Within 1 week

Hansen’s disease (leprosy) 4
Within 1 week
Tetanus 4
Within 1 week

Hantavirus infection 4
Within 1 week
*Traumatic brain injury 4
Within 1 week

Hemolytic uraemic syndrome (HUS) 4
Within 1 week
Trichinosis 4
Within 1 week

Hepatitis A
Within 1 work day
Trichinosis 4
Within 1 week

Hepatitis B, C, and E (acute) 4
Within 1 week
Tuberculosis (Mycobacterium tuberculosis complex) 4, 4, 2
Within 1 work day

Hepatitis B infection identified prenatally or at delivery 4
Within 1 week
Tuberculosis infection 4
Within 1 week

Hepatitis B, perinatal (HBsAg < 24 months old) 4
Within 1 week
Tularaemia 4
Call Immediately

Hookworm infection (ascaridoidiasis) 4
Within 1 week
Typhus 4
Within 1 week

*Human immunodeficiency virus (HIV), acute infection 1, 2, 4, 24
Within 1 work day
Vibrio infection, including cholera 5
Within 1 work day

*Human immunodeficiency virus (HIV), non-acute infection 4
Within 1 week
Viral hemorrhagic fever (including Ebola) 4
Call Immediately

Influenza-associated pediatric mortality 4
Within 1 week
Yellow fever 4
Call Immediately

Influenza, novel 8
Call Immediately
Yersiniosis 4
Within 1 week

*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.dhses.state.tx.us/dhc/hiv/health/antibiotic_resistance/MAR-A/reporting.doc
2 Report suspected tuberculosis immediately by phone to 888-963-7111.
3 Please refer to specific rules and regulations for cancer reporting and who to report to at http://www.dhses.state.tx.us/dhc/reporting_shtm.
4 For pesticide poisoning information see http://www.dhses.state.tx.us/dhc/Agriculture/Pesticide_poisoning/reporting_poisoning_s.htm.
5 Please refer to division of communicable diseases (DCD) at 1-800-222-1222 for questions. For specific rules, see https://www.dhses.state.tx.us/dhc/epidemiology/reporting_s.htm.
6 Please refer to division of communicable diseases (DCD) at 1-800-222-1222 for questions. For specific rules, see https://www.dhses.state.tx.us/dhc/epidemiology/reporting_s.htm.
7 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 Epidemic and/or Morbidity Report.
8 For purposes of surveillance, CID notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (SFI), Varicella Protease-Sensitive Prionopathy (VSPS), and any novel prion disease affecting humans.
9 Not applicable to private facilities. Initial reporting should be for Contaminated Sharps at http://www.dhses.state.tx.us/dhc/health/infectious_control/sharps_pathogens/reporting_s.htm.
10 For laboratory controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see https://www.dhses.state.tx.us/dhc/epidemiology/reporting_s.htm.
11 Novel coronavirus causing severe acute respiratory disease includes Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
12 For Silicosis reporting information see http://www.dhses.state.tx/us/dhc/epidemiology/silicosis_s.htm.
13 For 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.dhses.state.tx.us/birthdefects/BD_Law/rules_s.htm.
14 Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dhses.state.tx.us/dhc/Injury/rules_s.htm.
15 Laboratories should report surveillance test results within 3 work days of the testing outcome.
16 Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucieic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all Mycobacterium tuberculosis (M. tb) complex including M. tuberculosis, M. bovis, M. africanum, M. canetti, M. microti, M. caprae, and M. pinnipedii. See rules at http://www.dhses.state.tx.us/dhc/defects/bd/reporting_s.htm.
17 If 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.
18 Any person suspected of having HIV should be reported, including HIV exposed infants.