|-----|----------------|-----|----------------|

**Acquired immune deficiency syndrome (AIDS)** 1  
Within 1 week  
Legionellosis 2  
Within 1 week

**Amebic meningitis and encephalitis** 2  
Within 1 week  
Leishmaniasis 2  
Within 1 week

**Anaerobiosis** 2  
Within 1 week  
Listeriosis 2, 3  
Within 1 week

**Anthrax** 2, 3, 23  
Call Immediately  
Lyme disease 2  
Within 1 week

**Arboviral infections** 2, 4, 5  
Within 1 week  
Malaria 2  
Within 1 week

**Asbestosis** 6  
Within 1 week  
Measles (rubeola) 2  
Call Immediately

**Ascariasis** 2  
Within 1 week  
Meningococcal infection, invasive (Neisseria meningitidis) 2, 3  
Call Immediately

**Babesiosis** 2, 5  
Within 1 week  
Mumps 2  
Within 1 work day

**Botulism (adult and infant)** 2, 3, 7, 23  
Call Immediately  
Paragonimiasis 2  
Within 1 week

**Brucellosis** 2, 3, 23  
Within 1 work day  
Pertussis 2  
Within 1 work day

**Campylobacteriosis** 2  
Within 1 week  
Pesticide poisoning, acute occupational 8  
Within 1 week

**Canicola**  
Within 1 week  
Plague (*Yersinia pestis*) 2, 3, 23  
Call Immediately

**Candida auris** 2, 3  
Within 1 work day  
Poliovirus infection, non-paralytic 2  
Within 1 work day

**Campylobacter, Enterobacteriasceae (CRE)** 2  
Within 1 work day  
Poliovirus infection 2  
Within 1 work day

**Chagas disease** 2, 5  
Within 1 week  
Prion disease such as Creutzfeldt-Jakob disease (CJD) 2, 10  
Within 1 week

**Chickenpox**  
Within 1 week  
Q fever 2  
Within 1 work day

**Chick Embryo Virus (CEV)**  
Within 1 week  
Rabies, human 2  
Call Immediately

**Chlamydia trachomatis infection** 1  
Within 1 week  
Rubella (including congenital) 2  
Within 1 work day

**Cholera** 1  
Within 1 week  
Salmonellosis, including typhoid fever 2, 3  
Within 1 week

**Controlled substance overdose** 13  
Report Immediately  
Shiga toxin-producing Escherichia coli 2, 3  
Within 1 week

**Coronavirus, novel** 2, 14  
Call Immediately  
Shigellosis 2  
Within 1 week

**Cryptosporidiosis** 1  
Within 1 week  
Smallpox 2, 13  
Call Immediately

**Cyclosporiasis** 2  
Within 1 week  
*Spinal cord injury 15  
Within 10 work days

**Cysticercosis** 1  
Within 1 week  
Spotted fever rickettiosis 2  
Within 1 week

**Diphtheria** 2, 3  
Call Immediately  
Streptococcal disease (*S. pneumoniae* 2, invasive)  
Within 1 week

**Drowning/near drowning** 16  
Within 10 work days  
*Syphilis – primary and secondary stages* 1, 16  
Within 1 work day

**Echinococcosis** 2  
Within 1 week  
*Syphilis – all other stages including congenital syphilis* 1, 17  
Within 1 week

**Ehrlichiosis** 2  
Within 1 week  
*Taenia solium* and undifferentiated *Taenia* infection 2  
Within 1 week

**Fascioliasis** 1  
Within 1 week  
Tetanus 2  
Within 1 week

**Gonorrhea** 1  
Within 1 week  
Tick-borne relapsing fever (TBRF) 2  
Within 1 week

**Haemophilus influenzae**, invasive 2, 3  
Within 1 week  
*Traumatic brain injury* 16  
Within 10 work days

**Hansen’s disease (leprosy)** 17  
Within 1 week  
Trichinosis 2  
Within 1 week

**Hantavirus infection** 2  
Within 1 week  
Trichuriasis 2  
Within 1 week

**Hemolytic uremic syndrome (HUS)** 2  
Within 1 week  
Tuberculosis (*Mycobacterium tuberculosis complex*) 2, 18  
Within 1 work day

**Hepatitis A** 2  
Within 1 work day  
Tuberculosis infection 2  
Within 1 week

**Hepatitis B**  
Within 1 week  
Tularemia 2, 3, 23  
Call Immediately

**Hepatitis B infection identified prenatally or at delivery (mother)** 2  
Within 1 week  
Typhus 2  
Within 1 week

**Hepatitis B, perinatal (HBsAg < 24 months old)** (child) 2  
Within 1 work day  
Vancomycin-intermediate Staph aureus (VISA) 2, 3  
Call Immediately

**Hookworm (ancylostomiasis)** 2  
Within 1 week  
Vancomycin-resistant Staph aureus (VRSA) 2, 3  
Call Immediately

**Human immunodeficiency virus (HIV), acute infection** 1, 20  
Within 1 work day  
*Vibrio* infection, including cholera 2, 3  
Within 1 week

**Human immunodeficiency virus (HIV), non-acute infection** 1, 21  
Within 1 week  
Viral hemorrhagic fever (including Ebola) 2, 23  
Call Immediately

**Influenza-associated pediatric mortality** 2  
Within 1 work day  
Yellow fever 2  
Call Immediately

**Influenza, novel** 2  
Call Immediately  
Yersiniosis 2  
Within 1 week

**Lead, child blood, any level & adult blood, any level** 21  
Call/Fax Immediately  

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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. This includes any case of a select agent 22

See select agent list at [https://www.selectagents.gov/selectagentsandtoxinslist.html](https://www.selectagents.gov/selectagentsandtoxinslist.html)

*See condition-specific footnotes for reporting contact information

E59-11364 Rev. 03/04/24 Expires 12/31/24 – Go to [https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance](https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance) or call your local or regional health department for updates.
Report suspected botulism immediately by phone to 888-LAB-VAXX (522-8299)

Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: *Bacillus anthracis* isolates (also requested *Bacillus cereus* isolates that may contain anthrax toxin genes from patients with severe disease or death, and *Bacillus cereus* biovar *anthracis*), *Clostridium botulinum* isolates, *Brucella* species isolates (excluding former *Ochrobactrum* spp.), *Candida auris* isolates, *Corynebacterium diphtheriae* isolates, *Cronobacter* isolates, *Burkholderia mallei*, *Haemophilus influenzae* isolates from normally sterile sites in children under five years old, *Listeria monocytogenes* isolates, *Burkholderia pseudomallei*, *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions, *Yersinia pestis* isolates, *Coxiella burnetii* (isolates or specimens from patients where there is laboratory evidence for bacteremia or active infection), *Salmonella* species isolates (also requested - specimens positive for *Salmonella* by culture-independent diagnostic testing (CIDT) methods), *Shiga* toxin-producing *Escherichia coli* (all *E.coli* O157:H7 isolates and any *E.coli* isolates or specimens in which *Shiga* toxin activity has been demonstrated), isolates of all members of the *Mycobacterium tuberculosis* complex, *Staphylococcus aureus* with a vancomycin MIC greater than 2 μg/mL (VISA and VRSAs), *Streptococcus pneumoniae* isolates from normally sterile sites in children under five years old, *Francisella tularensis* isolates, and *Vibrio* species isolates (also requested - specimens positive for *Vibrio* by culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available accompanied by a current department Specimen Submission Form. See the Texas Administrative Code (TAC) Chapter 97: §97.3(a)(4), §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information

For purposes of surveillance and notification, Prion diseases, such as Creutzfeldt-Jakob disease (CJD) includes sporadic CJD (sCJD), and also includes sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), any genetic CJD (gCJD) or familial CJD (fCJD), Gerstmann-Sträussler-Scheinker syndrome (GSS), iatrogenic CJD (ICJD), Kuru, variant CJD (vCJD), and any novel prion disease affecting humans.

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 Epi-1 or Epi-2 morbidity report.

Applicable for governmental entities. Not applicable to private facilities. (TAC §96.201) Initial reporting forms for Contaminated Sharps at http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/.

To report a Controlled Substance Overdose, go to https://odreport.dshs.texas.gov/.

Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Call immediately for SARS, MERS, or any other novel coronavirus cases. Coronavirus Disease 2019 (COVID-19) is no longer considered a novel coronavirus and as of March 1, 2024 is no longer a notifiable disease condition in Texas.

Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dshs.texas.gov/injury/rules.shtm.

Laboratories should report syphilis test results within 3 work days of the testing outcome.

Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic 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 and reporting information at http://www.dshs.texas.gov/idcu/disease/tb/reporting/.

TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON®-TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See rules and reporting information at http://www.dshs.texas.gov/idcu/disease/tb/reporting/. Please report skin test results in millimeters.

Any person suspected of having HIV should be reported, including HIV exposed infants.


Please secure select agent isolates and specimens in accordance with the guidance in the Select Agent Regulation, and immediately initiate a consultation with public health regarding need for further testing or sequencing. Notify any transfer facilities of any test results of high consequence/interest.