



**FORT BEND**  
HEALTH & HUMAN SERVICES  
Prevent. Promote. Protect.

# Texas Notifiable Conditions - 2023

**Report all Confirmed and Suspected cases**  
**24/7 Number for Immediately Reportable – 1-800-705-8868**

Contact Information

Access List Online



Unless noted by\*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) <sup>1</sup>	Within 1 week	Legionellosis <sup>2</sup>	Within 1 week
Amebic meningitis and encephalitis <sup>2</sup>	Within 1 week	Leishmaniasis <sup>2</sup>	Within 1 week
Anaplasmosis <sup>2</sup>	Within 1 week	Listeriosis <sup>2,3</sup>	Within 1 week
<b>Anthrax</b> <sup>2,3,25</sup>	<b>Call Immediately</b>	Lyme disease <sup>2</sup>	Within 1 week
Arboviral infections <sup>2,4,5</sup>	Within 1 week	Malaria <sup>2</sup>	Within 1 week
*Asbestosis <sup>6</sup>	Within 1 week	<b>Measles (rubeola)</b> <sup>2</sup>	<b>Call Immediately</b>
Ascariasis <sup>2</sup>	Within 1 week	<b>Meningococcal infection, invasive (<i>Neisseria meningitidis</i>)</b> <sup>2,3</sup>	<b>Call Immediately</b>
Babesiosis <sup>2,5</sup>	Within 1 week	<b>Mumps</b> <sup>2</sup>	<b>Within 1 work day</b>
<b>Botulism (adult and infant)</b> <sup>2,3,7,25</sup>	<b>Call Immediately</b> <sup>7</sup>	Paragonimiasis <sup>2</sup>	Within 1 week
<b>Brucellosis</b> <sup>2,3,25</sup>	<b>Within 1 work day</b>	<b>Pertussis</b> <sup>2</sup>	<b>Within 1 work day</b>
Campylobacteriosis <sup>2</sup>	Within 1 week	*Pesticide poisoning, acute occupational <sup>8</sup>	Within 1 week
*Cancer <sup>9</sup>	See rules <sup>9</sup>	<b>Plague (<i>Yersinia pestis</i>)</b> <sup>2,3,25</sup>	<b>Call Immediately</b>
<b>Candida auris</b> <sup>2,3,10</sup>	<b>Within 1 work day</b>	<b>Poliomyelitis, acute paralytic</b> <sup>2</sup>	<b>Call Immediately</b>
<b>Carbapenem-resistant Enterobacteriaceae (CRE)</b> <sup>2,11</sup>	<b>Within 1 work day</b>	<b>Poliovirus infection, non-paralytic</b> <sup>2</sup>	<b>Within 1 work day</b>
Chagas disease <sup>2,5</sup>	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) <sup>2,12</sup>	Within 1 week
*Chancroid <sup>1</sup>	Within 1 week	<b>Q fever</b> <sup>2</sup>	<b>Within 1 work day</b>
*Chickenpox (varicella) <sup>13</sup>	Within 1 week	<b>Rabies, human</b> <sup>2</sup>	<b>Call Immediately</b>
* <i>Chlamydia trachomatis</i> infection <sup>1</sup>	Within 1 week	<b>Rubella (including congenital)</b> <sup>2</sup>	<b>Within 1 work day</b>
*Contaminated sharps injury <sup>14</sup>	Within 1 month	Salmonellosis, including typhoid fever <sup>2,3</sup>	Within 1 week
* <b>Controlled substance overdose</b> <sup>15</sup>	<b>Report Immediately</b>	Shiga toxin-producing <i>Escherichia coli</i> <sup>2,3</sup>	Within 1 week
<b>Coronavirus, novel</b> <sup>2,16</sup>	<b>Call Immediately</b>	Shigellosis <sup>2</sup>	Within 1 week
Coronavirus Disease 2019 (COVID-19) <sup>2</sup>	Within 1 week	*Silicosis <sup>17</sup>	Within 1 week
Cryptosporidiosis <sup>2</sup>	Within 1 week	<b>Smallpox</b> <sup>2,25</sup>	<b>Call Immediately</b>
Cyclosporiasis <sup>2</sup>	Within 1 week	*Spinal cord injury <sup>18</sup>	Within 10 work days
Cysticercosis <sup>2</sup>	Within 1 week	Spotted fever rickettsiosis <sup>2</sup>	Within 1 week
<b>Diphtheria</b> <sup>2,3</sup>	<b>Call Immediately</b>	Streptococcal disease ( <i>S. pneumoniae</i> <sup>2,3</sup> ), invasive	Within 1 week
*Drowning/near drowning <sup>18</sup>	Within 10 work days	* <b>Syphilis – primary and secondary stages</b> <sup>1,19</sup>	<b>Within 1 work day</b>
Echinococcosis <sup>2</sup>	Within 1 week	*Syphilis – all other stages including congenital syphilis <sup>1,19</sup>	Within 1 week
Ehrlichiosis <sup>2</sup>	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection <sup>2</sup>	Within 1 week
Fascioliasis <sup>2</sup>	Within 1 week	Tetanus <sup>2</sup>	Within 1 week
*Gonorrhea <sup>1</sup>	Within 1 week	Tick-borne relapsing fever (TBRF) <sup>2</sup>	Within 1 week
<i>Haemophilus influenzae</i> , invasive <sup>2,3</sup>	Within 1 week	*Traumatic brain injury <sup>18</sup>	Within 10 work days
Hansen's disease (leprosy) <sup>20</sup>	Within 1 week	Trichinosis <sup>2</sup>	Within 1 week
Hantavirus infection <sup>2</sup>	Within 1 week	Trichuriasis <sup>2</sup>	Within 1 week
Hemolytic uremic syndrome (HUS) <sup>2</sup>	Within 1 week	<b>Tuberculosis (<i>Mycobacterium tuberculosis</i> complex)</b> <sup>3,21</sup>	<b>Within 1 work day</b>
<b>Hepatitis A</b> <sup>2</sup>	<b>Within 1 work day</b>	Tuberculosis infection <sup>22</sup>	Within 1 week
Hepatitis B, C, and E (acute) <sup>2</sup>	Within 1 week	<b>Tularemia</b> <sup>2,3,25</sup>	<b>Call Immediately</b>
Hepatitis B infection identified prenatally or at delivery (mother) <sup>2</sup>	Within 1 week	Typhus <sup>2</sup>	Within 1 week
<b>Hepatitis B, perinatal (HBsAg+ &lt; 24 months old) (child)</b> <sup>2</sup>	<b>Within 1 work day</b>	<b>Vancomycin-intermediate <i>Staph aureus</i> (VISA)</b> <sup>2,3</sup>	<b>Call Immediately</b>
Hookworm (ancylostomiasis) <sup>2</sup>	Within 1 week	<b>Vancomycin-resistant <i>Staph aureus</i> (VRSA)</b> <sup>2,3</sup>	<b>Call Immediately</b>
* <b>Human immunodeficiency virus (HIV), acute infection</b> <sup>1,23</sup>	<b>Within 1 work day</b>	<b><i>Vibrio</i> infection, including cholera</b> <sup>2,3</sup>	<b>Within 1 work day</b>
*Human immunodeficiency virus (HIV), non-acute infection <sup>1,23</sup>	Within 1 week	<b>Viral hemorrhagic fever (including Ebola)</b> <sup>2,25</sup>	<b>Call Immediately</b>
<b>Influenza-associated pediatric mortality</b> <sup>2</sup>	<b>Within 1 work day</b>	<b>Yellow fever</b> <sup>2</sup>	<b>Call Immediately</b>
<b>Influenza, novel</b> <sup>2</sup>	<b>Call Immediately</b>	Yersiniosis <sup>2</sup>	Within 1 week
* <b>Lead, child blood, any level &amp; adult blood, any level</b> <sup>24</sup>	<b>Call/Fax Immediately</b>		

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**<sup>25</sup>

See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

\*See condition-specific footnotes for reporting contact information

E59-11364 (Rev. 1/08/23) Expires 12/31/23 -- Go to <http://www.dshs.texas.gov/idcu/investigation/conditions/> or call your local or regional health department for updates.

## Texas Notifiable Conditions Footnotes - 2023

- <sup>1</sup> Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm>.
- <sup>2</sup> Reporting forms are available at <http://www.dshs.texas.gov/idcu/investigation/forms/> and investigation forms at <http://www.dshs.texas.gov/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- <sup>3</sup> 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), *Clostridium botulinum* isolates, *Brucella* species isolates, *Candida auris* isolates, *Corynebacterium diphtheriae* isolates, *Haemophilus influenzae* isolates from normally sterile sites in children under five years old, *Listeria monocytogenes* isolates, *Neisseria meningitidis* isolates from normally sterile sites or purpuric lesions, *Yersinia pestis* isolates, *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 VRSA), *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.
- <sup>4</sup> Arboviral infections including, but not limited to, those caused by California serogroup viruses, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
- <sup>5</sup> All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species, and *Trypanosoma cruzi* (Chagas disease) to the DSHS Zoonosis Control Branch. If your center uses a screening assay under an IND protocol, please include results of follow-up testing as well. To report, send a secure email to [WNV@dshs.texas.gov](mailto:WNV@dshs.texas.gov) or fax the report to 512-776-7454. Providing the following: Collection Agency; Unique BUI #; Test Name, Collection Date; Last Name, First Name, Donor Phone Number, Donor Address, Date of Birth, Age, Sex, Race, and Hispanic Ethnicity (Y/N). If your location has a city or county health department, DSHS recommends that you also share this same information with them.
- <sup>6</sup> For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- <sup>7</sup> Report suspected botulism immediately by phone to 888-963-7111.
- <sup>8</sup> For pesticide reporting information see <https://www.dshs.texas.gov/sites/default/files/epitox/pestrptfrm.pdf>
- <sup>9</sup> For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- <sup>10</sup> See additional *Candida auris* reporting information at [https://www.dshs.texas.gov/IDCU/health/antibiotic\\_resistance/Cauris-Home.aspx](https://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Cauris-Home.aspx).
- <sup>11</sup> See additional CRE reporting information at [http://www.dshs.texas.gov/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).
- <sup>12</sup> For purposes of surveillance and notification, Prion disease such as Creutzfeldt-Jakob disease (CJD) also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), familial CJD (fCJD) or genetic CJD (gCJD), variant CJD (vCJD), iatrogenic CJD (iCJD) and any novel prion disease affecting humans.
- <sup>13</sup> 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.
- <sup>14</sup> 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/](http://www.dshs.texas.gov/idcu/health/infection_control/bloodborne_pathogens/reporting/).
- <sup>15</sup> To report a Controlled Substance Overdose, go to <https://odreport.dshs.texas.gov/>.
- <sup>16</sup> 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.
- <sup>17</sup> For silicosis reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- <sup>18</sup> Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- <sup>19</sup> Laboratories should report syphilis test results within 3 work days of the testing outcome.
- <sup>20</sup> Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>.
- <sup>21</sup> 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. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules and reporting information at <http://www.dshs.texas.gov/idcu/disease/tb/reporting/>.
- <sup>22</sup> 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.
- <sup>23</sup> Any person suspected of having HIV should be reported, including HIV exposed infants.
- <sup>24</sup> For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- <sup>25</sup> 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.