



Galveston County Health District Epidemiology Services

Send completed forms to:
GCHD Epidemiology Services
P.O. Box 939 La Marque, TX 77568
Phone: 409.938.2208 or 409.938.2215
Fax: 409.938.2399

Infectious Disease Report

This form may be used to report suspected cases and cases of notifiable conditions in Texas, listed with their reporting timeframes on the reverse side of this form or available at <http://www.gchd.org/notify>

Patient	Name (last, first): _____	Birth date: ___/___/___ Age: ___
	Address: _____ <input type="checkbox"/> Homeless	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> Unkn
	City/County/Zip: _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino
	Phone(s): _____	Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
	Occupation: _____ <input type="checkbox"/> Daycare <input type="checkbox"/> Food Handler	
	Employer: _____ School/daycare name: _____	
	Alt. Contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	
Name: _____ Daytime Phone: _____		
Clinical	Diagnosis: _____ <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect	Physician: _____
	Diagnosis Method: <input type="checkbox"/> Clinical <input type="checkbox"/> Serology <input type="checkbox"/> Culture <input type="checkbox"/> biopsy/smear	Phone: _____
	Onset Date: ___/___/___ Illness duration: _____ days	Hospital: _____
	Symptoms: _____	Admitted: _____ Discharged: _____
	Therapy: _____ Prognosis: _____	MRN: _____
Lab Data	Pathogen: _____ Specimen Type: _____	
	Date Collected: ___/___/___	
	Other lab results: _____	
Other Info	Please provide additional relevant information below such as case contacts with same disease/symptoms or needing prophylaxis, possible sources of illness, dates, and places of exposure, schools/child care facilities attended, etc.	

Report Source	Initial Report Date: ___/___/___	GCHD Use Only: Date Received: ___/___/___ Investigation start date: ___/___/___ Entered into registry? <input type="checkbox"/> Y <input type="checkbox"/> N Entered into NBS? <input type="checkbox"/> Y <input type="checkbox"/> N
	Reporter: <input type="checkbox"/> Lab <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____	
	Reporter Name: _____	
	Reporter Phone: _____	

***Report AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis to:
Galveston County Health District – STI Control Services – P.O.Box 939 – La Marque, TX 77568
Forms for these reports are available at this address or telephone (409) 765-2528.**



Texas Notifiable Conditions

24/7 Number for Immediately Reportable– 1-800-705-8868



Report confirmed and suspected cases.

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

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 ³	Call/Fax Immediately
Amebiasis ⁴	Within 1 week	Legionellosis ⁴	Within 1 week
Amebic meningitis and encephalitis ⁴	Within 1 week	Leishmaniasis ⁴	Within 1 week
Anaplasmosis ⁴	Within 1 week	Listeriosis ^{4,5}	Within 1 week
Anthrax ^{4, 5}	Call Immediately	Lyme disease ⁴	Within 1 week
Arboviral infections ^{4, 6}	Within 1 week	Malaria ⁴	Within 1 week
*Asbestosis ⁷	Within 1 week	Measles (rubeola) ⁴	Call Immediately
Ascariasis ⁴	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{4, 5}	Call Immediately
Babesiosis ⁴	Within 1 week	Multidrug-resistant <i>Acinetobacter</i> (MDR-A) ^{4, 8}	Within 1 work day
Botulism (adult and infant) ^{4, 5, 9}	Call Immediately ⁹	Mumps ^{4, 10}	Within 1 work day ¹⁰
Brucellosis ^{4, 5}	Within 1 work day	Paragonimiasis ⁴	Within 1 week
Campylobacteriosis ⁴	Within 1 week	Pertussis ⁴	Within 1 work day
*Cancer ¹¹	See rules ¹¹	*Pesticide poisoning, acute occupational ¹²	Within 1 week
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{4, 13}	Within 1 work day	Plague (<i>Yersinia pestis</i>) ^{4, 5}	Call Immediately
Chagas disease ⁴	Within 1 week	Poliomyelitis, acute paralytic ⁴	Call Immediately
*Chancroid ¹	Within 1 week	Poliovirus infection, non-paralytic ⁴	Within 1 work day
Chickenpox (varicella) ¹⁴	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{4, 15}	Within 1 week
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Q fever ⁴	Within 1 work day
*Contaminated sharps injury ¹⁶	Within 1 month	Rabies, human ⁴	Call Immediately
*Controlled substance overdose ¹⁷	Call Immediately	Rubella (including congenital) ⁴	Within 1 work day
Coronavirus, novel ^{4, 18}	Call Immediately	Salmonellosis, including typhoid fever ^{4, 5}	Within 1 week
Cryptosporidiosis ⁴	Within 1 week	Shiga toxin-producing <i>Escherichia coli</i> ^{4, 5}	Within 1 week
Cyclosporiasis ⁴	Within 1 week	Shigellosis ⁴	Within 1 week
Cysticercosis ⁴	Within 1 week	*Silicosis ¹⁹	Within 1 week
*Cytogenetic results (fetus and infant only) ²⁰	See rules ²⁰	Smallpox ⁴	Call Immediately
Diphtheria ^{4, 5}	Call Immediately	*Spinal cord injury ²¹	Within 10 work days
*Drowning/near drowning ²¹	Within 10 work days	Spotted fever group rickettsioses ⁴	Within 1 week
Echinococcosis ⁴	Within 1 week	<i>Staphylococcus aureus</i>, VISA and VRSA ^{4, 5}	Call Immediately
Ehrlichiosis ⁴	Within 1 week	Streptococcal disease (groups A, B; <i>S. pneumoniae</i>), invasive ^{4, 5}	Within 1 week
Fascioliasis ⁴	Within 1 week	*Syphilis – primary and secondary stages ^{1, 22}	Within 1 work day
*Gonorrhea ¹	Within 1 week	*Syphilis – all other stages ^{1, 22}	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{4, 5}	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection 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 ²¹	Within 10 work days
Hemolytic uremic syndrome (HUS) ⁴	Within 1 week	Trichinosis ⁴	Within 1 week
Hepatitis A ⁴	Within 1 work day	Trichuriasis ⁴	Within 1 week
Hepatitis B, C, and E (acute) ⁴	Within 1 week	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) ^{5, 23}	Within 1 work day
Hepatitis B infection identified prenatally or at delivery (mother) ⁴	Within 1 week	Tuberculosis infection ²⁴	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ⁴	Within 1 work day	Tularemia ^{4, 5}	Call Immediately
Hookworm (ancylostomiasis) ⁴	Within 1 week	Typhus ⁴	Within 1 week
* Human immunodeficiency virus (HIV), acute infection ^{1, 2, 25}	Within 1 work day	<i>Vibrio</i> infection, including cholera ^{4, 5}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1, 2, 25}	Within 1 week	Viral hemorrhagic fever (including Ebola) ⁴	Call Immediately
Influenza-associated pediatric mortality ⁴	Within 1 work day	Yellow fever ⁴	Call Immediately
Influenza, novel ⁴	Call Immediately	Yersiniosis ⁴	Within 1 week

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**

***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.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.

² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.

³ For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.

⁴ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.

⁵ Lab isolate must be sent to DSHS lab. For specifications see section (4) at [Texas Administrative Code \(TAC\) §97.3\(a\) \(4\)](#). Call 512-776-7598 for specimen submission information. An amendment to the Texas Administrative Code (TAC) is in progress adding a requirement that lab isolates also be sent to DSHS lab for diphtheria; invasive *Streptococcus pneumoniae* in children under 5 years-of-age; and all *Salmonella* species. The projected effective date is March, 2017. See updated TAC after March.

⁶ Arboviral infections including, but not limited to, those caused by California serogroup virus, 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.

⁷ For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.

⁸ See additional MDR-A reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.

⁹ Report suspected botulism immediately by phone to 888-963-7111.

¹⁰ An amendment to the Texas Administrative Code is in progress to change the reporting time frame for mumps. Mumps, currently reportable in 1 week, will be required to be reported within 1 business day. The projected effective date is March, 2017. See updated [Texas Administrative Code \(TAC\) §97.4](#) after March.

¹¹ For more information on cancer reporting rules and requirements go to <http://www.dshs.state.tx.us/tcr/reporting.shtm>.

¹² For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.

¹³ See additional CRE reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.

¹⁴ 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.

¹⁵ For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease affecting humans.

¹⁶ Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.

¹⁷ To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.

¹⁸ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

¹⁹ For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.

²⁰ Report 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.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.

²¹ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.

²² Laboratories should report syphilis test results within 3 work days of the testing outcome.

²³ 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 at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

²⁴ 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 the [Epi Case Criteria Guide](#) which contains complete criteria.

²⁵ Any person suspected of having HIV should be reported, including HIV exposed infants.