

## REPORTABLE CONDITIONS IN SAN ANTONIO & BEXAR COUNTY

Several Texas laws require specific information regarding reportable conditions to be provided to the local health department. The Communicable Disease Prevention and Control Act (Health & Safety Code, Chapter 81) requires physicians, dentist, veterinarians and chiropractors to report, after the first professional encounter, each patient examined who is suspected of having a reportable disease. Also required to report are certain individuals from hospitals, laboratories and schools. Detailed rules on the reporting of notifiable diseases and conditions and the duties of local health authorities may be found in Article 97, Title 25, Texas Administrative Code. Failure to report is a class B misdemeanor.

All disease shall be reported by name, age, sex, race, ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address and telephone number of physician.

### CONDITIONS REPORTABLE TO THE San Antonio Metropolitan Health District

Phone (210) 207-8876 / Fax (210) 207-8807

or the Texas Department of Health in Austin 1-800-252-8239

#### REPORTED - IMMEDIATELY

|  |   |                                |  |
|--|---|--------------------------------|--|
| Anthrax                                  | Lead, adult blood, any level <sup>4</sup> | Plague                         | <i>Staphylococcus aureus</i> ,             |
| Botulism, foodborne                      | Lead, child blood, any level <sup>5</sup> | Poliomyelitis, acute paralytic | vancomycin-resistant                       |
| Diphtheria                               | Measles (rubeola)                         | Rabies, human                  | <i>Staphylococcus aureus</i> , vancomycin- |
| <i>Haemophilus influenzae</i>            | Meningococcal infections,                 | Severe Acute Respiratory       | resistant, coagulase negative              |
| type b infections, invasive <sup>1</sup> | invasive <sup>1</sup>                     | Syndrome (SARS)                | Viral hemorrhagic fever                    |
|  | Pertussis                                 | Smallpox                       | Yellow Fever                               |

*In addition to these conditions, any outbreaks, exotic diseases and unusual group expressions of disease must be reported immediately.*

#### REPORTED – WITHIN ONE WORKING DAY

|                     |                                |                                |   |
|---------------------|--------------------------------|--------------------------------|---|
| Brucellosis         | Q fever                        | Tuberculosis (TB) <sup>6</sup> | <i>Vibrio</i> infections, including cholera |
| Hepatitis A (acute) | Rubella (including congenital) | Tularemia                      |   |

#### REPORTED ON A WEEKLY BASIS

|   |   |   |
|---|---|---|
| Acquired immune deficiency syndrome (AIDS) <sup>2</sup> | Gonorrhea <sup>2</sup>                                      | Mumps   |
| Amebiasis   | Hansen's Disease (leprosy)                                  | Pesticide poisoning, acute occupational                               |
| Asbestosis  | Hantavirus infection  | Relapsing fever   |
| Botulism, infant  | Hemolytic uremic syndrome (HUS)                             | Salmonellosis, including typhoid fever                                |
| Campylobacteriosis                                      | Hepatitis B, D, E and unspecified (acute)                   | Shigellosis   |
| Chancroid <sup>2</sup>                                  | Hepatitis B (chronic), identified prenatally or at delivery | Silicosis   |
| Chickenpox (varicella)                                  | Hepatitis C (newly diagnosed infection)                     | Spotted fever group rickettsioses                                     |
| <i>Chlamydia trachomatis</i> infection <sup>2</sup>     | Human immunodeficiency virus (HIV) infection <sup>2</sup>   | Streptococcal disease, (Group A, B, S. pneumo), invasive <sup>1</sup> |
| Creutzfeldt-Jakob disease (CJD)                         | Legionellosis   | Syphilis <sup>2</sup>   |
| Cryptosporidiosis                                       | Listeriosis   | Tetanus   |
| Cyclosporiasis  | Lyme Disease  | Trichinosis   |
| Dengue  | Malaria   | Typhus  |
| Ehrlichiosis  | Meningitis (specify type) <sup>3</sup>                      | West Nile Fever   |
| Encephalitis (specify etiology)                         |   | Yersiniosis   |
| <i>Escherichia coli</i> , enterhemorrhagic              |   |   |

#### REPORTED WITHIN 10 WORKING DAYS (unless otherwise specified)

|   |                    |                        |
|---|--------------------|------------------------|
| Drowning/near drowning  | Spinal cord injury | Traumatic brain injury |
| Contaminated sharps injury ( <i>reportable within 1 month</i> ) |                    |                        |

<sup>1</sup> Includes meningitis, septicemia, cellulitis, epiglottitis, osteomyelitis, pericarditis, septic arthritis and necrotizing fasciitis. Laboratories should submit all Neisseria meningitidis from normally sterile sites to the Texas Department of Health, Bureau of Laboratories, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756-3199.

<sup>2</sup> See "Reporting STD-HIV-AIDS in San Antonio/Bexar County" for detailed information, including rules for reporting HIV/AIDS.

<sup>3</sup> Includes aseptic/viral, bacterial (specify etiology), fungal, parasitic and other.

<sup>4</sup> Levels of 40µg/dl or greater shall be reported immediately. Specify whether capillary or venous.

<sup>5</sup> All blood levels of children 14 years or younger are reportable. Levels of 40µg/dl or greater shall be reported immediately. Specify whether capillary or venous.

<sup>6</sup> See "Reporting TB in San Antonio/Bexar County" for detailed information.

For further information contact an Epidemiologist at (210) 207-8876 or (210) 207-5777.

For further information about TB or STDs, including HIV/AIDS, contact an Epidemiologist, at (210)-207-8838.