

REPORTING STD-HIV-AIDS in San Antonio/ Bexar County

The Communicable Disease Prevention and Control Act (Health & Safety Code, Chapter 81) requires physicians, dentists, veterinarians, chiropractors or a designated employee to report, after the first professional encounter, each patient examined who is suspected of having a reportable disease. Also required to report are 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.

The 10/01/2002 amendment to the Health Insurance Portability and Accountability Act (HIPPA), CFR Title 45, Sec. 164.512, states that a covered entity may use or disclose protected health information without the written consent or authorization of the individual in the situation that the disclosure is made to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease and the conduct of public health surveillance and investigations.

REPORTED ON A WEEKLY BASIS

To the

**San Antonio Metropolitan Health District
STD Clinic**

332 W. Commerce St., Suite #104, San Antonio, TX 78205

For patient record search or case reporting (210)-207-8831

FAX ⁴: (210)-207-2116

Acquired Immune Deficiency Syndrome (AIDS) ^{1, 4}	Chlamydia trachomatis infection
Human Immunodeficiency Virus (HIV) ^{2, 4}	Gonorrhea
Chancroid	Syphilis ³

1. *Should be reported following physician diagnosis or positive serologic test. The CD4+ count or CD4+ lymphocyte percentage must also be included.*
2. *ELISA, Western Blot or other evidence of HIV infection, e.g., detectable viral load or PCR test.*
3. *Clinical presentation or a positive serologic test.*
4. *HIV/AIDS reports cannot be faxed per Texas DSHS guidelines. Please call 210-207-8831 for detailed instructions to submit these reports.*

Special Instructions

All reports must include the following patient information*:

Patient's full name	Physican's name & phone number
Date of Birth	Clinic address
Address/city/zip code of residence	Physician diagnosis
Gender	Type of test performed
Race	Date test performed
Ethnicity (Hispanic or not)	Results of the test
Pregnancy Status	Treatment administered
Previous Positive History for Syphilis or HIV	

* Reports of AIDS or HIV infection shall be made using all the information collected by the reporting entity found in the most current version of forms CDC 50.42A (Adult Cases), CDC50.42B (Pediatric Cases).

For Further information, please call (210)-207-8831.