



City of El Paso Department of Public Health



NOTIFIABLE CONDITIONS

TELEPHONE (915) 212-6520

FAX (915) 212-0170

24/7 Confidential Web-Based Disease Reporting System
<https://el Paso.phims.org/cmr/login.aspx>

REPORT BY NAME, AGE, DOB, SEX, RACE/ETHNICITY, ADDRESS, TELEPHONE NUMBER, DISEASE, DATE OF ONSET, METHOD OF DIAGNOSIS, AND NAME, ADDRESS AND TELEPHONE NUMBER OF PHYSICIAN

A-I	When to Report	I-Y	When to Report
Acquired immune deficiency syndrome (AIDS) ¹	Within 72 hrs	Influenza, Novel	Call Immediately
Amebiasis	Within 72 hrs	Influenza-associated pediatric mortality	Within 24 hrs
Amebic meningitis and encephalitis	Within 72 hrs	Lead, any blood level (child or adult)	Call Immediately
Anaplasmosis	Within 72 hrs	Legionellosis	Within 72 hrs
Anthrax ⁶	Call Immediately	Leishmaniasis	Within 72 hrs
Arbovirus infection ²	Within 72 hrs	Listeriosis ⁸	Within 72 hrs
Asbestosis	Within 72 hrs	Lyme Disease	Within 72 hrs
Babesiosis	Within 72 hrs	Malaria	Within 72 hrs
Botulism (foodborne, infant, and wound) ⁸	Call Immediately	Measles (rubeola)	Call Immediately
Brucellosis ⁸	Within 24 hrs	Meningococcal infections, invasive ^{4,8}	Call Immediately
Campylobacteriosis	Within 72 hrs	Multi-drug resistant <i>Acinetobacter</i> (MDR-A)	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)	Call Immediately	Mumps	Within 72 hrs
Chagas' Disease	Within 72 hrs	Pertussis	Call Immediately
Chancroid ³	Within 72 hrs	Plague (<i>Yersinia pestis</i>) ⁸	Call Immediately
Chickenpox (Varicella)	Within 72 hrs	Poliomyelitis, acute paralytic	Call Immediately
Chikungunya Virus	Within 72 hrs	Poliovirus infection, non-paralytic	Within 24 hrs
<i>Chlamydia trachomatis</i> infection ³	Within 72 hrs	Q fever	Within 24 hrs
Coccidioidomycosis	Within 72 hrs	Rabies, human	Call Immediately
Coronavirus, novel causing severe acute respiratory disease	Call Immediately	Relapsing fever	Within 72 hrs
Creutzfeldt-Jakob disease (CJD)	Within 72 hrs	Rubella (including congenital)	Within 24 hrs
Cryptosporidiosis	Within 72 hrs	Salmonellosis, including typhoid fever	Within 72 hrs
Cyclosporiasis	Within 72 hrs	Shigellosis	Within 72 hrs
Cysticercosis	Within 72 hrs	Silicosis	Within 72 hrs
Dengue	Within 72 hrs	Smallpox	Call Immediately
Diphtheria	Call Immediately	Spotted fever group rickettsioses	Within 72 hrs
Drowning/near drowning	Within 72 hrs	<i>Staph. aureus</i> , vancomycin-intermediate (VISA) or resistant (VRSA) ⁸	Call Immediately
Ehrlichiosis	Within 72 hrs	Streptococcal disease (group A, B, <i>S. pneumo</i>), invasive ⁴	Within 72 hrs
<i>Escherichia coli</i> , Shiga toxin-producing ⁸	Within 72 hrs	Syphilis – primary and secondary stages ³	Within 24 hrs
Gonorrhea ³	Within 72 hrs	Syphilis – all other stages ³	Within 72 hrs
<i>Haemophilus influenzae</i> type b infections, invasive ⁴	Within 72 hrs	<i>Taenia solium</i> & undifferentiated <i>Taenia</i> infection	Within 72 hrs
Hansen's disease (Leprosy)	Within 72 hrs	Tetanus	Within 72 hrs
Heat Stroke	Within 72 hrs	Trichinosis	Within 72 hrs
Hantavirus infection	Within 72 hrs	Tuberculosis disease ^{5,6,8}	Within 24 hrs
Hemolytic Uremic Syndrome (HUS)	Within 72 hrs	Tuberculosis infection ^{5,7}	Within 72 hrs
Hepatitis A (acute)	Within 24 hrs	Tularemia ⁶	Call Immediately
Hepatitis B identified prenatally or at delivery (acute and chronic)	Within 72 hrs	Typhus	Within 72 hrs
Hepatitis B, perinatal (HBsAg+ <24 months old)	Within 24 hrs	<i>Vibrio</i> infection, including cholera ⁸	Within 24 hrs
Hepatitis B and E (acute)	Within 72 hrs	Viral hemorrhagic fever, including Ebola	Call Immediately
Hepatitis C (acute and chronic)	Within 72 hrs	West Nile Virus (neuroinvasive and fever)	Within 72 hrs
Human immunodeficiency virus (HIV) infection ¹	Within 72 hrs	Yellow fever	Call Immediately
Influenza, type A and B	Within 72 hrs	Yersiniosis ⁸	Within 72 hrs

ANY OUTBREAKS, EXOTIC EMERGING DISEASES, AND UNUSUAL GROUP EXPRESSIONS OF DISEASE CONSIDERED TO BE PUBLIC HEALTH CONCERN MUST BE REPORTED IMMEDIATELY

Texas Law

Several Texas Laws (Health & Safety Code, Chapters 81, 84, and 87) require specific information regarding notifiable conditions to be provided to local and state health departments (CEPDPH & TDSHS). Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code). **Failure to report is a Class B misdemeanor that carries a sentence of up to 180 days and a fine of up to \$2000 under the Texas Health and Safety Code, §81.049.**

HIPAA

The HIPAA Privacy Rule [45 C.F.R. Section 164.512(b)] allows reporting without authorization for public health purposes and where required by law.

Special Instructions

- All HIV positive labs need to be reported to local health department. AIDS should only be reported once following the initial physician diagnosis. The report date, type, and results of tests including a CD4 + T lymphocyte cell count below 200 cells per microliter or a diagnosed opportunistic infection must be included with the report. Questions on reporting procedures may be directed to (915) 212-6619.
- Reportable Arbovirus infection include: California Encephalitis, Chikungunya, Eastern Equine Encephalitis, Dengue, St. Louis Encephalitis, West Nile Virus, Western Equine Encephalitis.
- Chancroid, chlamydia, gonorrhea, and syphilis reports must also include the report date, type, and results of tests. Submit electronically or using faxable S-27 (Fax 915-212-0174). Questions on reporting procedures may be directed to (915) 212-6619.
- Invasive streptococcal disease, invasive meningococcal infection, or *Haemophilus influenzae* type b infections refers to isolates from normally sterile sites and includes meningitis, septicemia, cellulitis, epiglottitis, osteomyelitis, pericarditis, septic arthritis, and necrotizing fasciitis.
- Tuberculosis may be reported on Form TB-400, "Report of Case and Patient Services". Telephone reports may be directed to (915) 212-6559. Fax radiology and lab results to (915) 212-0172.
- 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*.
- Reportable tuberculosis infection includes the following: a positive result from an Interferon-Gamma Release Assay (IGRA) test such as T-SPOT®.TB or QuantiFERON®-TB Gold In-Tube (QFT-G) or a tuberculin skin test (TST) plus a normal chest x-ray and asymptomatic.
- Lab isolates must be sent to DSHS lab. Call (512) 458-7598 for specimen submission information.

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