

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 08/19	NUMBER: B-14.19
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	Formulated: 7/05	
DISEASE REPORTING		

POLICY: All diseases and conditions that are reportable by law will be reported to the Texas Department of State Health Services.

PROCEDURES

I. REPORTABLE CONDITIONS

- A. Attachment A lists diseases and conditions that are required to be reported to the Texas Department of State Health Services;
<http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>
- B. Generally, reportable diseases and conditions must be reported when they are suspected, without waiting for confirmation.
 - 1. Suspected cases should be reported when the level of suspicion is high enough that presumptive treatment is started without waiting for confirmation of the diagnosis. In addition to the conditions listed in Attachment A, any unusual clusters of illness, including suspected food poisoning must be reported.

II. REPORTING

- A. State law holds each health care provider responsible for disease reporting; however, the Office of Public Health (OPH) will serve as the reporting agent if the case is reported to the OPH. Note that the time frame required for reporting will not be met unless the case is reported promptly to the OPH.
- B. Certain diseases must be reported immediately or within 1 day. These are listed in Attachment A. These diseases must be reported immediately by telephone to the OPH during regular work hours.
 - 1. During non-business hours those requiring immediate reporting must be reported directly to the health department on the disease reporting hot line 1-800-705-8868.
 - 2. Diseases that must be reported within 1 work day may be reported by telephone to the OPH on the next working day if they are diagnosed outside of regular work hours.
 - 3. Cases that are reported directly to the health department must be reported to the OPH the next working day.
- C. Reports to the Office of Public Health must be on the prescribed reporting form, if one exists in the relevant policy. Otherwise the case must be reported on an EEPI-1 form (Attachment B). Note that several cases can be reported on one EEPI-1 form.

III. REPORTING BY HOSPITAL FACILITIES

- A. For the purposes of this section, TDCJ hospital facilities include Hospital Galveston and the Montford Regional Medical Center.
- B. In addition to the reporting required in procedure II, a hospital facility must report:
 - 1. Central line associated bloodstream infection (CLABSI)
 - 2. Catheter associated urinary tract infection (CAUTI)
 - 3. Surgical site infections (SSI) such as

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after colon surgery, hip prosthesis, knee prosthesis, abdominal hysterectomies, vaginal hysterectomies, coronary artery bypass grafts, with chest only or chest and donor site incision, cardiac surgery, heart transplant, carotid endarterectomy, peripheral vascular bypass surgery, abdominal aortic aneurysm repair, spinal fusion, spinal refusion, laminectomy, ventricular shunt, and herniorrhaphies.

4. The report must include the patient's name and TDCJ number, type of surgery, date of surgery, date of onset of the infection, and, if known, the causative organism, using the SSI reporting form.

See website: http://www.cdc.gov/nhsn/forms/57.120_SSI_BLANK.pdf

5. The hospital must also report the total number of surgeries each month for each type of surgery listed in III.B.1.a.
6. Each month's report must be submitted to the Office of Public Health no later than five days after the end of the month.

C. Laboratory confirmed central line-associated primary bloodstream infections occurring in any special care setting in the hospital

1. The report must include the patient's name and TDCJ number, hospital room number, type of central line, date of first positive culture for each organism isolated, and the causative organism(s).
2. Central line-associated infections must be reported to the Office of Public Health within 7 days of the first positive culture report using the BSI Form. Please see website: https://www.cdc.gov/nhsn/forms/57.108_primarybsi_blank.pdf

D. Preventable adverse events

1. Any of the following events that occur in a TDCJ hospital facility must be reported to the Office of Public Health within 7 days
 - a. Foreign object retained after surgery
 - b. Air embolism
 - c. Blood incompatibility
 - d. Pressure ulcers not present on admission
 - e. Falls and trauma
 - f. Catheter associated urinary tract infection
 - g. Vascular catheter associated infection
 - h. Deep vein thrombosis or pulmonary embolism
 - i. Ventilator associated pneumonia

2. The report must include the patient name, TDCJ number, hospital number, date of admission, first date adverse event was recognized, hospital bed location, type of adverse event and culture and susceptibility results if applicable.

Report all Confirmed and Suspected cases

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

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/>

Access List Online



Contact Information



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

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

*See condition-specific footnotes for reporting contact information

Texas Notifiable Conditions Footnotes - 2019

- ¹ 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>.
- ² 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.
- ³ 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, *Clostridium botulinum* isolates, *Brucella* species 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.
- ⁴ 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.
- ⁵ All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, and 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, simply send a secure email to WNV@dshs.texas.gov or fax the report to 512-776-7454. Providing the following data points will suffice: 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, we recommend that you also share this same information with them. Contact information for the health department(s) serving the county where you are located can be found at www.dshs.texas.gov/idcu/investigation/conditions/contacts/.
- ⁶ For asbestos reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ⁷ See additional MDR-A reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
- ⁸ Report suspected botulism immediately by phone to 888-963-7111.
- ⁹ For pesticide reporting information see <http://www.dshs.texas.gov/epitox/Pesticide-Exposure/#reporting>.
- ¹⁰ For more information on cancer reporting rules and requirements go to <http://www.dshs.texas.gov/tcr/reporting.shtm>.
- ¹¹ See additional CRE reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹² 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.
- ¹³ 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.
- ¹⁴ 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/.
- ¹⁵ See <https://www.dshs.texas.gov/epidemiology/epipoison.shtm> for instructions on reporting controlled substance overdose.
- ¹⁶ Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- ¹⁷ For silicosis reporting information see <http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/>.
- ¹⁸ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.texas.gov/injury/rules.shtm>.
- ¹⁹ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ²⁰ Reporting forms are available at <https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm>.
- ²¹ 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/>.
- ²² 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.
- ²³ Any person suspected of having HIV should be reported, including HIV exposed infants.
- ²⁴ For lead reporting information see <http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx>.
- ²⁵ 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.

Infectious Disease Report

General Instructions

This form may be used to **report suspected cases and cases of notifiable conditions** in Texas, listed with their reporting timeframes on the current *Texas Notifiable Conditions List* available at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>. 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**. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.



Suspected cases and cases should be reported to your local or regional health department.

Contact information for your local or regional health department can be found at:

<http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

As needed, cases may be reported to the Department of State Health Services by calling 1-800-252-8239.

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Practitioner Name		Practitioner Address/ <input type="checkbox"/> See Facility address below		Practitioner Phone/ <input type="checkbox"/> See Facility phone below (____)____-____	
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)					
Patient: Name (Last)		(First)	(MI)	Phone Number: (____)____-____	
Address (Street)		City		State	Zip Code County
Date of Birth (mm/dd/yyyy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), schoolname/grade, travel history</i>					

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Practitioner Name		Practitioner Address/ <input type="checkbox"/> See Facility address below		Practitioner Phone/ <input type="checkbox"/> See Facility phone below (____)____-____	
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)					
Patient: Name (Last)		(First)	(MI)	Phone Number: (____)____-____	
Address (Street)		City		State	Zip Code County
Date of Birth (mm/dd/yyyy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), schoolname/grade, travel history</i>					

Disease or Condition		Date: _____ (Check type) (Please fill in onset or closest known date)		<input type="checkbox"/> Onset	<input type="checkbox"/> Specimen collection
				<input type="checkbox"/> Absence	<input type="checkbox"/> Office visit
Practitioner Name		Practitioner Address/ <input type="checkbox"/> See Facility address below		Practitioner Phone/ <input type="checkbox"/> See Facility phone below (____)____-____	
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)					
Patient: Name (Last)		(First)	(MI)	Phone Number: (____)____-____	
Address (Street)		City		State	Zip Code County
Date of Birth (mm/dd/yyyy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Notes, comments, additional information such as other lab tests/results, clinical info, pregnancy status, occupation (food handler), schoolname/grade, travel history</i>					

Name of Reporting Facility		Address			
Name of Person Reporting		Title	Phone Number: (____)____-____		
Date of Report (mm/dd/yyyy)		E-mail			