



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

ANY OUTBREAK, EXOTIC EMERGING DISEASE, OR UNUSUAL GROUP EXPRESSION OF DISEASE THAT MAY BE OF PUBLIC HEALTH CONCERN MUST BE REPORTED IMMEDIATELY. THIS INCLUDES ANY CASE OF A SELECT AGENT.

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

- 1 Lab isolates must be sent to DSHS lab. For *S. pneumoniae* and *H. influenzae*, submit isolate only in children under 5 years-of-age. Call (512) 776-7598 for specimen submission information.
- 2 Arboviral infections including, but not limited to, those caused by California serogroup virus, Eastern Equine Encephalitis virus, and Western Equine Encephalitis virus.
- 3 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) 212-6596.
- 4 Any person suspected of having HIV should be reported, including HIV exposed infants. Questions on reporting procedures may be directed to (915) 212-6585. Fax 915-212-0174.
- 5 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.
- 6 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.
- 7 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*.
- 8 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.

Revised 2019