"Serving all of Webb County"

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Hector F. Gonzalez, M.D., M.P.H
Director of Health

TO: **HEALTH CARE PROVIDERS**

FROM: **CITY OF LAREDO HEALTH DEPARTMENT**

SUBJECT: **NOTIFIABLE DISEASES REPORTING SYSTEM**

DATE: **FEBRUARY 2, 2012**

The Disease Control and Epidemiology Division of the City of Laredo Health Department greatly appreciate your contribution to public health with reporting notifiable conditions and emerging threats to our department. The disease reporting process is critical to monitor the health of our population and promptly detect outbreaks.

Attached you will find the latest version of the Notifiable Conditions list for 2012. This list is revised yearly to reflect current trends in communicable diseases. For this year there were two minor changes:

- Change of wording from Chromosomal results to Cytogenetic results.
- Updated links for reporting Cancer and TB.

Disease surveillance can also provide us with the necessary information to better serve our population with their health care needs. Morbidity and mortality reports can reveal disease trends and assist us with allocating resources efficiently. The reported conditions are used to create a morbidity report that is available online at: http://www.cityoflaredo.com/Health/Healthindex.htm. This report includes the five leading diseases for Webb County, the five leading causes of death and an epidemiology report for the current and past year.

Through participation in disease reporting systems, physicians and other health care providers are better able to provide adequate health care and prevention while ensuring that public health resources are used most effectively. Again, we would like to thank you for your assistance in reporting and if you have questions please feel free to contact us at 956-795-4938.

Notifiable diseases must be reported to the Disease Control and Epidemiology Division by phone 24/7 to 956-763-1697or by **fax 956-795-4953**.

Texas Notifiable Conditions

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

Report confirmed and suspected cases.

Unless noted by *, report to your local or regional health department using number above or find contact information at http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/

A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS)[1, 2]	Within 1 week	Leishmaniasis[3]	Within 1 week
Amebiasis[3]	Within 1 week	Listeriosis[3, 4]	Within 1 week
Anthrax[3, 4]	**Call Immediately**	Lyme disease[3]	Within 1 week
Arbovirus infection[3, 5]	Within 1 week	Malaria[3]	Within 1 week
*Asbestosis[6]	Within 1 week	**Measles (rubeola)**[3]	**Call Immediately**
Botulism, foodborne[3, 4]	**Call Immediately**	Meningitis (specify type)[3]	Within 1 week
Botulism, infant, wound, and other[3, 4]	Within 1 week	**Meningococcal infections, invasive**[3, 4]	**Call Immediately**
Brucellosis[3, 4]	**Within 1 work day**	Mumps[3]	Within 1 week
Campylobacteriosis[3]	Within 1 week	**Pertussis**[3]	**Within 1 work day**
*Cancer[7]	See rules[7]	*Pesticide poisoning, acute occupational[6]	Within 1 week
*Chancroid[1]	Within 1 week	**Plague (*Yersinia pestis*)**[3, 4]	**Call Immediately**
Chickenpox (varicella)[8]	Within 1 week	**Poliomyelitis, acute paralytic**[3]	**Call Immediately**
**Chlamydia trachomatis* infection[1]	Within 1 week	**Q fever**[3]	**Within 1 work day**
*Contaminated sharps injury[9]	Within 1 month	**Rabies, human**[3]	**Call Immediately**
***Controlled substance overdose**[10]	**Call Immediately**	Relapsing fever[3]	Within 1 week
Creutzfeldt-Jakob disease (CJD)[3]	Within 1 week	**Rubella (including congenital)**[3]	**Within 1 work day**
Cryptosporidiosis[3]	Within 1 week	Salmonellosis, including typhoid fever[3]	Within 1 week
Cyclosporiasis[3]	Within 1 week	**Severe Acute Respiratory Syndrome (SARS)**[3]	**Call Immediately**
Cysticercosis[3]	Within 1 week	Shigellosis[3]	Within 1 week
*Cytogenetic results (fetus and infant only)[11]	See rules[11]	*Silicosis[6]	Within 1 week
Dengue[3]	Within 1 week	**Smallpox**[3]	**Call Immediately**
Diphtheria[3]	**Call Immediately**	*Spinal cord injury[12]	Within 10 work days
*Drowning/near drowning[12]	Within 10 work days	Spotted fever group rickettsioses[3]	Within 1 week
Ehrlichiosis[3]	Within 1 week	***Staph. aureus*, vancomycin-resistant (VISA and VRSA)**[3, 4]	**Call Immediately**
Encephalitis (specify etiology)[3]	Within 1 week	Streptococcal disease (group A, B, *S. pneumo*), invasive[3]	Within 1 week
Escherichia coli, enterohemorrhagic[3, 4]	Within 1 week	***Syphilis – primary and secondary stages** [1, 13]	**Call within 1 work day**
*Gonorrhea[1]	Within 1 week	*Syphilis – all other stages[1, 13]	Within 1 week
***Haemophilus influenzae* type b infections, invasive**[3]	**Call Immediately**	*Taenia solium* and undifferentiated *Taenia* infection[3]	Within 1 week
Hansen's disease (leprosy)[3]	Within 1 week	Tetanus[3]	Within 1 week
Hantavirus infection[3]	Within 1 week	*Traumatic brain injury[12]	Within 10 work days
Hemolytic Uremic Syndrome (HUS)[3]	Within 1 week	Trichinosis[3]	Within 1 week
Hepatitis A[3]	**Within 1 work day**	**Tuberculosis (includes all *M. tuberculosis* complex)**[4, 14]	**Within 1 work day**
Hepatitis B, C, D, E, and unspecified (acute)[3]	Within 1 week	**Tularemia**[3, 4]	**Call Immediately**
Hepatitis B identified prenatally or at delivery (acute & chronic)[3]	Within 1 week	Typhus[3]	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old)[3]	**Within 1 work day**	***Vibrio* infection, including cholera**[3, 4]	**Within 1 work day**
*Human immunodeficiency virus (HIV) infection[1, 2]	Within 1 week	**Viral hemorrhagic fever, including Ebola**[3]	**Call Immediately**
Influenza-associated pediatric mortality[3]	**Within 1 work day**	West Nile Fever[3]	Within 1 week
***Lead, child blood, any level & adult blood, any level**[6]	**Call/Fax Immediately**	**Yellow fever**[3]	**Call Immediately**
Legionellosis[3]	Within 1 week	Yersiniosis[3]	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*

***See condition-specific footnote for reporting contact information**

[1] Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm.
[2] Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3041 for details.
[3] Reporting forms are available at http://www.dshs.state.tx.us/idcu/investigation/forms/. Investigation forms at http://www.dshs.state.tx.us/idcu/investigation/ Call as indicated for immediately reportable conditions.
[4] Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
[5] Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup including Cache Valley, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
[6] Please refer to specific rules and regulations for environmental and toxicology reporting and who to report to at http://www.dshs.state.tx.us/epitox/default.shtm.
[7] Please refer to specific rules and regulations for cancer reporting and who to report to at http://www.dshs.state.tx.us/tcr/reporting.shtm.
[8] Varicella reporting form is at http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf. Call local health dept for copy with their fax number.
[9] Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.
[10] Contact local poison center at 1-800-222-1222. For instructions, forms, and fax numbers see http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rcso.
[11] Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.
[12] Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dshs.state.tx.us/injury/default.shtm.
[13] Laboratories should report syphilis test results within 3 work days of the testing outcome.
[14] MTB complex includes *M. tuberculosis, M. bovis, M. africanum, M. canettii, M. microti, M. caprae, and M. pinnipedii.* Please see rules at http://www.dshs.state.tx.us/idcu/disease/tb/reporting/.

City of Laredo Health Department: (956)795-4938; Fax: (956)795-4953
Urgent Reports 24/7 call: (956)763-1697

TEXAS Department of State Health Services

Initial Provider
Infectious Disease Report

Form is published at
http://www.dshs.state.tx.us/idcu/investigation/conditions/

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 reverse side of this form or available at www.dshs.state.tx.us/idcu/investigation/forms/101A.pdf. 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. Information needed to classify cases of infectious disease is outlined in the Epi Case Criteria Guide found at www.dshs.state.tx.us/idcu/investigation/forms/EpiCaseGuide.pdf.

Suspected cases and cases should be reported to your local or regional health department at the following address, phone or fax number.

City of Laredo Health Department
Email: lcastillo@ci.laredo.tx.us
Cell: (956) 763-1697
Fax: (956) 795-4953

As needed, cases may be reported to the Department of State Health Services at 1-800-252-8239, 512-458-7676, or after-hours at 512-458-7111

Disease or Condition		Date: _____ (*Check type*) *(Please fill in onset or closest known date)*		☐ Onset ☐ Specimen collection ☐ Absence ☐ Office visit	
Physician Name	Physician Address ☐ See Facility address below			Physician Phone ☐ See Facility phone below (_____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Result and Specimen Source or Clinical Indicators)					
Patient Name (Last)	(First)		(MI)	Telephone (_____) _____ - _____	
Address (Street)		City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex ☐ Male ☐ Female	Ethnicity ☐ Hispanic ☐ Not Hispanic	Race ☐ White ☐ Black ☐ Asian ☐ Other ☐ Unknown	
Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history					
Name of Reporting Facility			Address		
Name of Person Reporting	Title		Phone Number (_____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)	E-mail				

Health Department (local, regional, or state) use only

☐ Confirmed ☐ Probable ☐ Suspected ☐ Dropped ☐ Duplicate, with new information

Above Information is CONFIDENTIAL. Please notify sender if received in error and return or destroy.

VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local or regional health office, or you can fax a copy of this document to the Texas Department of State Health Services in Austin at (512) 458-7616 at the end of every week.

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: _____/_____/_____ , _____/_____/_____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: _____/_____/_____ , _____/_____/_____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: _____/_____/_____ , _____/_____/_____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? Yes No	

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: _____/_____/_____ , _____/_____/_____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? Yes No	

AGENCY REPORTED BY: _____ **PHONE:** _____

CITY: _____ **COUNTY:** _____

DATE REPORTED: _____

TEXAS DEPARTMENT OF STATE HEALTH SERVICES CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES (STD)
Use the spaces below to report your patient's sexual or needle sharing partners for confidential notification by Disease Intervention Specialists (DIS). When those listed below are notified of exposure, the DIS will not reveal your patient's identity.

Please consult with me or my designated staff before contacting my patient: ☐

Designated Staff Person | Telephone | Extension | Best time to call me or my staff

Partner's Name (Last, First)	Nickname or Alias:	Hispanic Ethnicity Yes ☐ No ☐	Race	Sex	DOB
Partner's Address (Street, Apartment, City, State)	Telephone: Home _____ Work _____	Best time to call or visit partner:			
Date of last exposure to patient: Partner's Marital Status	Partner's Place of Employment: Work Hours:	Treatment given: _____ Date: _____			
Partner's Name (Last, First)	Nickname or Alias:	Hispanic Ethnicity Yes ☐ No ☐	Race	Sex	DOB
Partner's Address (Street, Apartment, City, State)	Telephone: Home _____ Work _____	Best time to call or visit partner:			
Date of last exposure to patient: Partner's Marital Status	Partner's Place of Employment: Work Hours:	Treatment given: _____ Date: _____			

Mail to local health department or DSHS HIV/STD Control Program. Call (512) 533-3000 for the address of your local or regional health authority.

For more information, go to www.dshs.state.tx.us/hivstd

Please keep this as your master copy and make copies as needed.

Send all reports to:
of fax to (956) 444-3245

Please mark envelope:
CONFIDENTIAL

Department of State Health Services
Public Health Region 11
HIV/STD Division
601 W. Sesame Dr.
Harlingen, Texas 78550

ATTN: Emma Gonzalez

Please mark envelope:
CONFIDENTIAL

Please keep this as your master copy and make copies as needed.

DEPARTMENT OF STATE HEALTH SERVICES CONFIDENTIAL REPORT OF SEXUALLY TRANSMITTED DISEASES (STD)

All physicians who diagnose or treat a reportable sexually transmitted disease and others required to report shall report it within seven (7) days.
Complete all spaces or check all boxes as appropriate. Shaded areas are not required by law, but necessary for appropriate identification or follow-up.

Patient's Name (Last, First, MI.)	Birth Date	Age	Sex M ☐ F ☐	Pregnant? Y ☐ ____ # of weeks N ☐
Address (Street, City, State, Zip)	Hispanic Ethnicity Yes ☐ No ☐	Race: *check all that apply* W ☐ B ☐ AIS ☐ AI ☐ PI ☐		
Telephone:	Employment	Marital Status: S ☐ M ☐ W ☐ D ☐	SSN / Medical Record No.	

Exam Date:
Lab Results:

Provider Codes: ☐ HIV Sites ☐ STD Clinic ☐ Drug Treatment ☐ Family Planning Sites ☐ Prenatal/OB clinic ☐ TB Clinic ☐ Other Clinic ☐ Private Phy/HMO ☐ Hospital ☐ Emergency ☐ Correctional Facility ☐ Laboratory ☐ Blood/Plasma ☐ Other

Exam Reason: ☐ DIS Partner Referral ☐ DIS Suspect Referral ☐ Referred by Partner ☐ Prenatal ☐ Delivery ☐ Screening in Jail/Prison ☐ Other Screening ☐ Referred by another provider ☐ Volunteer

Treatment Given: Date: ☐ **No Treatment Given**

100 **Chancroid**

200 **Chlamydia** (Not PID)
☐ Genital
☐ Ophthalmia

490 Pelvic Inflammatory Disease
Disease: ☐ Chlamydia ☐ Gonococcal ☐ Other or Unknown Etiology

300 **Gonorrhea** (Not PID)
☐ Genital ☐ Pharyngeal
☐ Rectal ☐ Ophthalmia
☐ Other ☐ Resistant GC

600 **LGV** ☐

700 **Syphilis**
☐ Primary (Lesions)
☐ Secondary (Symptoms)
☐ Early Latent (< 1 year)
☐ Late Latent (> 1 year)
☐ Late (with Symptoms)
☐ Congenital Syphilis

Y ☐ N ☐ Unk. ☐ Neurologic involvement

900 **HIV Non-AIDS** ☐
HIV With AIDS ☐

Reporting HIV on this document serves as proof of timely report; however, the health department requires additional information on HIV patients.

☐ **Send my office additional cards**

Reported by:

Name | Office Address | City | Phone Number

STD-27 (Rev 6/2006)

MMWR WEEKLY FLU REPORT

Agency Name: _____

WEEK ENDING: _____

Is flu activity occurring in the County? (X yes or no) ___ **YES** ___ **NO**
(If yes, please complete the report. If no, the report is complete).

Flu activity is defined as:

- Influenza-like illness activity (ILI): ILI is defined as fever over 100°F and cough and/or sore throat. (Can be assessed using a variety of sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor ILI). Please include a total number of patients seen as well. **And/or**,
- Lab confirmed case: Flu case confirmed by rapid test, culture, antigen detection, or PCR. **And/or**,
- Institutional outbreak: A-lab confirmed outbreak in a nursing home, hospital, prison, school, etc.

Please complete the table listing the counties where flu activity is occurring. Enter a (+) in the table where applicable. Also, if available, please enter the number (#) of persons with known flu activity under the appropriate column.

COUNTY	Name of facility/organization/ clinic	Flu A	Flu B	ND*	Patients with ILI/Total patients seen	INSTITUTIONAL OUTBREAK (include name of facility)	SCHOOL CLOSURE (include name of facility)

*Not Differentiated Flu

Please email report to Luis Castillo at lcastillo@ci.laredo.tx.us by 5 p.m. Mondays. The report may also be faxed to 956-795-4953. If you have any questions or comments, contact Luis Castillo at 956-712-6016 or Keila Castillo at 956-795-4938. If sending additional information for a previously submitted report, please highlight the changes being made. **Thank you!**