

01-419

disease prevention news

Recent Changes in Reporting Rules

State statute requires health care providers, hospitals, laboratories, schools, and others to report confirmed or suspected cases designated as a "reportable disease" (Title 25 Texas Administrative Code, Article 97 and Chapter 81 of the Health & Safety Code). Included as reportable diseases are outbreaks, exotic diseases, and unusual group expressions of disease. Thus, any disease that may be caused by a bioterrorist—including anthrax, brucellosis, foodborne botulism, plague, Q fever, smallpox, tularemia, Venezuelan equine encephalitis (VEE), and viral hemorrhagic fevers—should be reported.

To ensure prompt receipt of reports on infectious diseases, the Texas Department of Health (TDH) has amended certain reporting requirements. These changes went into effect December 20, 2000. Minor, though numerous, editorial changes were made; among these, the term "reportable disease" was changed to "notifiable condition." One important legislative requirement has not been modified: failure to report a notifiable condition is still a Class B misdemeanor.

The most extensive changes were to the reporting regulations for chickenpox (varicella) and hepatitis C. In the past reporters provided only the number of chickenpox cases and age groups of patients. With the advent of the chickenpox vaccine, reporters must now also include patient name, address, telephone number, age, date of birth, sex, race and ethnicity; type of diagnosis; date of onset; and physician name, address, and telephone number. This additional information will allow chickenpox cases to be investigated like those of any other vaccine preventable disease.

The change in hepatitis C reporting reflects the fact that the majority of acute hepatitis C infections are asymptomatic, and most acute infections become chronic. Effective December 20, 2000, the rules include all cases newly diagnosed since January 1, 2000. Knowledge of all newly diagnosed cases will help health care workers better understand the scope of hepatitis C infection in Texas and facilitate public health planning. Hepatitis C cases should continue to be reported weekly.

A number of simple but important changes were made for many diseases that can result from acts of bioterrorism. Anthrax, foodborne botulism, brucellosis, plague, VEE, and viral hemorrhagic fevers have been notifiable in Texas for a number of years. Q fever, tularemia, and smallpox had been removed from Texas' notifiable condition list years ago because of low (or no) incidence, but have been put back on the list due to their potential for use by bioterrorists. Suspected cases of anthrax (previously reportable within one week of identification), foodborne botulism, plague, smallpox, VEE, and

viral hemorrhagic fevers are public health emergencies and must be reported immediately by telephone (call 800/705-8868 or 800/252-8239). Suspected cases of brucellosis, Q fever, and tularemia must be reported by telephone within one working day.

The following small reporting changes were implemented to increase the probability of a timely public health response to food- and waterborne disease. Cyclosporiasis has been added to the notifiable disease list because there have been large nationwide *Cyclospora* outbreaks associated with imported berries in recent years. The number of serotypes of notifiable *Escherichia coli* has been increased to include all enterohemorrhagic *E. coli* (rather than just *E. coli* O157:H7). *Vibrio* infections (including cholera) and acute hepatitis A must be reported within one working day instead of weekly. The change pertaining to *Vibrio* infections will also allow compliance with federal Food and Drug Administration guidelines for investigation of illnesses potentially associated with shellfish consumption. The hepatitis A change reflects the fact that infection can spread quickly within a family or daycare facility or from a food handler. The accelerated reporting deadline should translate into quicker intervention and reduced community morbidity.

Last (but not least), invasive streptococcal disease reporting is limited to group A and B *Streptococcus* infections.



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Notifiable Conditions in Texas

Several Texas laws (Health & Safety Code, Chapters 81, 84, and 87) require specific information regarding notifiable conditions to be provided to the Texas Department of Health (TDH). 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.)

General Instructions

WHAT: The table on the other side of this sheet lists notifiable conditions in Texas. In addition to these conditions, any **outbreaks, exotic diseases, and unusual group expressions of disease** must be reported. All diseases shall be reported by patient name, age, sex, race/ethnicity, DOB, address, and telephone number; disease; date of onset; method of diagnosis; and name, address, and telephone number of physician.

WHEN: The table on the opposite side lists when to report each condition. Cases or suspected cases of illness considered to be **public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease** must be reported to the local health department or TDH **immediately**. Other diseases for which there must be a quick public health response must be reported **within one working day**. All other conditions must be reported to the local health department or TDH **within one week**.

HOW: The table on the opposite side lists methods for reporting various conditions. **Note that any notifiable condition can be reported by calling (800) 705-8868.** In case of emergency, calling this number after hours will reach the physician/epidemiologist-on-call. Paper forms can be obtained by calling your local health department, or by calling (512) 458-7218.

Special Instructions

- **Acquired immune deficiency syndrome (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/percentage < 14% must also be included with the report.
- **Chancroid, Chlamydia trachomatis infection, gonorrhea, human immunodeficiency virus (HIV) infection, and syphilis** reports must also include the report date, type and results of tests, including a CD4 + T lymphocyte cell count below 200 cells per microliter/percentage < 14% for **HIV infection**.
- **Meningitis** types include aseptic/viral, bacterial (specify etiology), fungal, parasitic, and other.
- **Invasive streptococcal disease or invasive meningococcal infection** refers to isolates from normally sterile sites and includes meningitis, septicemia, cellulitis, epiglottitis, osteomyelitis, pericarditis, and septic arthritis.

Reporting by Laboratories

Laboratories, blood banks, mobile units, and other facilities in which a laboratory examination of a blood specimen is made are required to report **patients with a CD4 + T lymphocyte cell count below 200 cells per microliter or CD4 + T lymphocyte percentage less than 14%**.

Immediately report isolates of **vancomycin-resistant *Staphylococcus aureus* (VRSA) and vancomycin-resistant coagulase negative *Staphylococcus* species** by calling ([800] 252-8239) or faxing ([512] 458-7616). Isolates of **VRSA and vancomycin-resistant coagulase negative *Staphylococcus* species** shall be submitted to the Bureau of Laboratories, 1100 West 49th Street, Austin, Texas 78756-3199.

Isolates of **vancomycin-resistant *Enterococcus* (VRE) species and penicillin-resistant *Streptococcus pneumoniae*** shall be reported to the TDH Infectious Disease Epidemiology and Surveillance Division on at least a quarterly basis.

All reports of **VRSA, vancomycin-resistant coagulase negative *Staphylococcus* species, VRE, and penicillin-resistant *Streptococcus pneumoniae*** shall include patient name, date of birth or age, and sex; city of submitter; anatomic site of culture; date of culture; and minimum inhibitory concentration (MIC) if available. For **VRE**, name the species of *Enterococcus*.

In addition, numeric totals of all isolates of *Enterococcus* species and all isolates of *Streptococcus pneumoniae* shall be reported to the TDH Infectious Disease Epidemiology and Surveillance Division no later than the last working day of March, June, September, and December.

Laboratories shall submit all *Neisseria meningitidis* isolates from normally sterile sites to the Texas Department of Health, Bureau of Laboratories, 1100 West 49th Street, Austin, TX 78756-3199.

For more information, call your local health department or call the Texas Department of Health Infectious Disease Epidemiology and Surveillance Division at (800) 252-8239 (press 1).

NOTIFIABLE CONDITIONS IN TEXAS

NOTIFIABLE CONDITION	WHEN TO REPORT	HOW TO REPORT
Acquired immune deficiency syndrome (AIDS)*	Within one week	CDC form 50.42 A (or 50.42 B for < 13 years of age)
Amebiasis	Within one week	EPI-1 or EPI-4 form
Anthrax	Immediately	Call (800) 705-8868 or (800) 252-8239
Asbestosis	Within one week	EPI-1 or EPI-4 form
Botulism, foodborne	Immediately	Call (800) 705-8868 or (800) 252-8239
Botulism (infant)	Within one week	EPI-1 or EPI-4 form
Brucellosis	Within one working day	Call (800) 705-8868 or (800) 252-8239
Campylobacteriosis	Within one week	EPI-1 or EPI-4 form
Chancroid*	Within one week	EPI-4 or STD 27 form
Chickenpox (varicella)	Within one week	EPI-1 or EPI-4 form
<i>Chlamydia trachomatis</i> infection*	Within one week	EPI-4 or STD 27 form
Creutzfeldt-Jakob disease (CJD)	Within one week	EPI-1 or EPI-4 form
Cryptosporidiosis	Within one week	EPI-1 or EPI-4 form
Cyclosporiasis	Within one week	EPI-1 or EPI-4 form
Dengue	Within one week	EPI-1 or EPI-4 form
Diphtheria	Immediately	Call (800) 252-9152
Drowning/near drowning	Within one week	EPI-1 or EPI-4 form
Ehrlichiosis	Within one week	EPI-1 or EPI-4 form
Encephalitis (specify etiology)	Within one week	EPI-1 or EPI-4 form
<i>Escherichia coli</i> , enterohemorrhagic	Within one week	EPI-1 or EPI-4 form
Gonorrhea*	Within one week	EPI-4 or STD 27 form
Hansen's disease (leprosy)	Within one week	EPI-1 or EPI-4 form
Hantavirus infection	Within one week	EPI-1 or EPI-4 form
Hemolytic uremic syndrome (HUS)	Within one week	EPI-1 or EPI-4 form
<i>Haemophilus influenzae</i> type b infections, invasive *	Immediately	Call (800) 252-9152
Hepatitis A (acute)	Within one working day	Call (800) 705-8868 or (800) 252-8239
Hepatitis B, D, E, and unspecified (acute)	Within one week	EPI-1 or EPI-4 form
Hepatitis C (newly diagnosed infection)	Within one week	EPI-1 or EPI-4 form
Human immunodeficiency virus (HIV) infection *	Within one week	CDC form 50.42 A (or 50.42 B for < 13 years of age)
Lead, adult elevated blood	Within one week	EPI-1 or EPI-4 form
Lead, childhood elevated blood	Within one week	EPI-1 or EPI-4 form
Legionellosis	Within one week	EPI-1 or EPI-4 form
Listeriosis	Within one week	EPI-1 or EPI-4 form
Lyme disease	Within one week	EPI-1 or EPI-4 form
Malaria	Within one week	EPI-1 or EPI-4 form
Meningococcal infections, invasive *	Immediately	Call (800) 705-8868 or (800) 252-8239
Meningitis (specify type) *	Within one week	EPI-1 or EPI-4 form
Measles (rubeola)	Immediately	Call (800) 252-9152
Mumps	Within one week	EPI-1 or EPI-4 form
Pertussis	Immediately	Call (800) 252-9152
Pesticide poisoning, acute occupational	Within one week	EPI-1 or EPI-4 form
Plague	Immediately	Call (800) 705-8868 or (800) 252-8239
Poliomyelitis, acute paralytic	Immediately	Call (800) 252-9152
Q fever	Within one working day	Call (800) 705-8868 or (800) 252-8239
Rabies, human	Immediately	Call (800) 705-8868 or (800) 252-8239
Relapsing fever	Within one week	EPI-1 or EPI-4 form
Rubella (including congenital)	Within one working day	Call (800) 252-9152
Salmonellosis, including typhoid fever	Within one week	EPI-1 or EPI-4 form
Shigellosis	Within one week	EPI-1 or EPI-4 form
Silicosis	Within one week	EPI-1 or EPI-4 form
Smallpox	Immediately	Call (800) 705-8868 or (800) 252-8239
Spotted fever group rickettsioses	Within one week	EPI-1 or EPI-4 form
Streptococcal disease (group A or B), invasive *	Within one week	EPI-1 or EPI-4 form
Syphilis *	Within one week	EPI-4 or STD 27 form
Tetanus	Within one week	EPI-1 or EPI-4 form
Trichinosis	Within one week	EPI-1 or EPI-4 form
Tuberculosis	Within one working day	TB-400 form
Tularemia	Within one working day	Call (800) 705-8868 or (800) 252-8239
Typhus	Within one week	EPI-1 or EPI-4 form
<i>Vibrio</i> infection, including cholera	Within one working day	Call (800) 705-8868 or (800) 252-8239
Viral hemorrhagic fever	Immediately	Call (800) 705-8868 or (800) 252-8239
Yellow fever	Immediately	Call (800) 705-8868 or (800) 252-8239
Yersiniosis	Within one week	EPI-1 or EPI-4 form

* See reverse for special instructions



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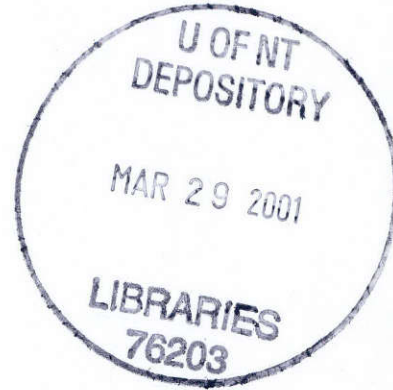
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Hepatitis C: Supplemental Information

The recently adopted rules, which require that all *newly diagnosed cases* of hepatitis C virus (HCV) infection be reported, are designed to improve tracking of HCV infections and thus provide more accurate data regarding the magnitude of this disease in Texas. The old reporting requirement, which was limited to acute cases, yielded a very incomplete picture of HCV activity. This inadequacy was a result of the following characteristics of HCV infection: acute infection is typically asymptomatic, making its detection and diagnosis difficult; most acute HCV infections become chronic; and morbidity and mortality are closely associated with chronicity.

While the new reporting rules go a long way toward providing a more complete picture of hepatitis C infection morbidity and mortality in Texas, advances in laboratory testing and molecular biology have the potential to enhance and refine this picture. The inclusion of additional laboratory test values, in particular the results of viral and molecular analysis, in HCV reports will provide a new level of detail: ie, viral genotype for tracking movement in a community or liver enzyme levels to help determine chronicity. The following supplemental information on reports is welcomed, though not required.

- Viral load
- Viral genotype
- IgM and IgG levels
- Liver enzyme levels: ALT, AST
- Coinfections such as hepatitis A and B, HIV, and TB
- Risk factor or exposure information, especially IV drug use

This information, particularly the laboratory information, can be submitted electronically, by fax, or by hard copy. Information will be combined from all sources to describe and make available a detailed picture of HCV activity in Texas.

Any notifiable condition can be reported by calling 800/705-8868. In case of emergency, calling this number after hours will reach the physician/epidemiologist-on-call. Paper reporting forms can be obtained by calling your local health department, 512/458-7676, or 512/458-7218.