Access List Online

Texas Notifiable Conditions - 2026

Contact Information

Report all Confirmed and Suspected cases

24/7 Number for Immediately Reportable: 817-822-6786

Unless noted by an asterisk (*), 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/*

▲ Epidemiology Fax: 817-264-4557	● HIV/STD Fax: 817-264-4778	■ TB Fax: 817-264-4895	♦ Zoonosis Fax: 817-264-4925

A – L	When to Report	L – Y	When to Report
● *Acquired immune deficiency syndrome (AIDS) [1]	Within 1 week	▲ Legionellosis [2]	Within 1 week
▲ Amebic meningitis and encephalitis [2]	Within 1 week	♦ Leishmaniasis [2]	Within 1 week
♦ Anaplasmosis [2]	Within 1 week	▲ Listeriosis [2, 3]	Within 1 week
♦ **Anthrax** [2, 3, 4]	**Call Immediately**	♦ Lyme disease [2]	Within 1 week
♦ Arboviral infections [2, 5, 6]	Within 1 week	♦ Malaria [2]	Within 1 week
*Asbestosis [7]	Within 1 week	▲ **Measles (rubeola)** [2]	**Call Immediately**
▲ Ascariasis [2]	Within 1 week	♦ **Melioidosis**[2,4]	**Call Immediately**
♦ Babesiosis [2,6]	Within 1 week	▲ **Meningococcal infection, invasive (*Neisseria meningitidis*)**[2, 3]	**Call Immediately**
▲ **Botulism (adult and infant)** [2, 3, 4, 8]	**Call Immediately**[8]	▲ **Mumps** [2]	**Within 1 work day**
♦ **Brucellosis** [2, 3]	**Within 1 work day**	▲ Paragonimiasis [2]	Within 1 week
▲ Campylobacteriosis [2]	Within 1 week	▲ **Pertussis** [2]	**Within 1 work day**
*Cancer [9]	See rules[9]	*Pesticide poisoning, acute occupational [10]	Within 1 week
▲ ***Candida auris*** [2, 3]	**Within 1 work day**	♦ **Plague (*Yersinia pestis*)** [2, 3, 4]	**Call Immediately**
▲ **Carbapenem-resistant Enterobacterales (CRE)** [2, 11]	**Within 1 work day**	▲ **Poliomyelitis, acute paralytic** [2]	**Call Immediately**
♦ Chagas disease [2, 6]	Within 1 week	▲ **Poliovirus infection, non-paralytic** [2]	**Within 1 work day**
● *Chancroid [1]	Within 1 week	▲ Prion diseases, such as Creutzfeldt-Jakob disease (CJD) [2, 12]	Within 1 week
▲ *Chickenpox (varicella) [13]	Within 1 week	♦ **Q fever** [2,4]	**Within 1 work day**
● **Chlamydia trachomatis* 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]	**Report Immediately**	▲ Salmonellosis, including typhoid fever [2, 3]	Within 1 week
▲ **Coronavirus, novel** [2, 16]	**Call Immediately**	▲ Shiga toxin-producing *Escherichia coli* [2, 3]	Within 1 week
▲ *Cronobacter spp.* in infants, invasive [2]	Within 1 week	▲ Shigellosis [2]	Within 1 week
▲ Cryptosporidiosis [2]	Within 1 week	▲ **Smallpox** [2, 4]	**Call Immediately**
▲ Cyclosporiasis [2]	Within 1 week	*Spinal cord injury [17]	Within 10 workdays
♦ Cysticercosis [2]	Within 1 week	♦ Spotted fever rickettsiosis [2]	Within 1 week
▲ **Diphtheria** [2, 3]	**Call Immediately**	▲ Streptococcaldisease (*S. pneumo*), invasive [2, 3]	Within 1 week
*Drowning/near drowning [17]	Within 10 workdays	● ***Syphilis – primary and secondary stages** [1, 18]	**Within 1 work day**
♦ Echinococcosis [2]	Within 1 week	● *Syphilis – all other stages including congenital syphilis [1, 18]	Within 1 week
♦ Ehrlichiosis [2]	Within 1 week	♦ *Taenia solium* and undifferentiated *Taenia* infection [2]	Within 1 week
▲ Fascioliasis [2]	Within 1 week	▲ Tetanus [2]	Within 1 week
● *Gonorrhea [1]	Within 1 week	♦ Tick-borne relapsing fever (TBRF) [2]	Within 1 week
▲ *Haemophilus influenzae*, invasive [2, 3]	Within 1 week	*Traumatic brain injury [17]	Within 10 workdays
■ Hansen's disease (leprosy) [19]	Within 1 week	♦ Trichinosis [2]	Within 1 week
♦ Hantavirus infection [2]	Within 1 week	▲ Trichuriasis [2]	Within 1 week
▲ Hemolytic uremic syndrome (HUS) [2]	Within 1 week	■ **Tuberculosis (*Mycobacterium tuberculosis* complex)** [3, 20]	**Within 1 work day**
▲ **Hepatitis A** [2]	**Within 1 work day**	■ Tuberculosis infection [21]	Within 1 week
▲ Hepatitis B, C, and E (acute) [2]	Within 1 week	♦ **Tularemia** [2, 3, 4]	**Call Immediately**
Hepatitis B infection identified prenatally or at delivery (mother) [2]	Within 1 week	♦ Typhus [2]	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) [2]	**Within 1 work day**	▲ **Vancomycin-intermediate *Staph aureus* (VISA)** [2, 3]	**Call Immediately**
▲ Hookworm (ancylostomiasis) [2]	Within 1 week	▲ **Vancomycin-resistant *Staph aureus* (VRSA)** [2, 3]	**Call Immediately**
● ***Human immunodeficiency virus (HIV), acute infection** [1, 22]	**Within 1 work day**	▲ ***Vibrio* infection, including cholera** [2, 3]	**Within 1 work day**
● *Human immunodeficiency virus (HIV), non-acute infection[1,22]	Within 1 week	▲ **Viral hemorrhagic fever (including Ebola)** [2, 4]	**Call Immediately**
▲ **Influenza-associated pediatric mortality** [2]	**Within 1 work day**	♦ **Yellow fever** [2]	**Call Immediately**
▲ **Influenza, novel** [2]	**Call Immediately**	▲ Yersiniosis [2]	Within 1 week
***Lead, child blood, any level & adult blood, any level** [23]	**Call/Fax Immediately**		

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.** [24] **This includes any case of a select agent.** [4]
See select agent list at *https://www.selectagents.gov/selectagentsandtoxinslist.html*

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

Go to *https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance* or call your local or regional health

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Texas Notifiable Conditions Footnotes - 2026

[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: anthrax (*Bacillus anthracis*); botulism, adult and infant (*Clostridium botulinum*); brucellosis (*Brucella* species); *Candida auris*; diphtheria (*Corynebacteria diphtheriae* from any site); all *Haemophilus influenzae* , invasive, in children under five years old (*Haemophilus influenzae* from normally sterile sites); listeriosis (*Listeria monocytogenes*); meningococcal infection, invasive (*Neisseria meningitidis* from normally sterile sites or purpuric lesions); plague (*Yersinia pestis*); salmonellosis, including typhoid fever (*Salmonella* species); Shiga toxin-producing *Escherichia coli* infection (*E.coli* O157:H7, isolates or specimens from cases where Shiga toxin activity is demonstrated); *Staphylococcus aureus* with a vancomycin minimum inhibition concentration (MIC) greater than 2 micrograms per milliliter (µg/mL); all *Streptococcus pneumoniae* , invasive, in children under five years old (*Streptococcus pneumoniae* from normally sterile sites); tuberculosis (*Mycobacterium tuberculosis* complex); tularemia (*Francisella tularensis*); vibriosis (*Vibrio* species); and any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern may require submission of cultures or specimens. 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), Title 25, Chapter 97, Subchapter A*: §97.3(a)(4), §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information.

[4] 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.

[5] Arboviral infections including, but not limited to, those caused by California serogroup viruses, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, Oropouche virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.

[6] All blood collection centers should report all donors with reactive tests for West Nile virus, Zika virus, *Babesia* species, and *Trypanosoma cruzi* (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, send a secure email to WNV@dshs.texas.gov or fax the report to 512-776-7454. Providing the following: 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, DSHS recommends that you also share this same information with them.

[7] For asbestos reporting information see http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/.

[8] Report suspected botulism immediately by phone to 888-963-7111.

[9] For more information on cancer reporting rules and requirements go to http://www.dshs.texas.gov/tcr/reporting.shtm.

[10] For pesticide reporting information see https://www.dshs.texas.gov/sites/default/files/epitox/pestrptfrm.pdf.

[11] *Escherichia coli* or *Klebsiella* species that are resistant to at least one carbapenem antibiotic or produce a carbapenemase.

[12] For purposes of surveillance and notification, Prion diseases, such as Creutzfeldt-Jakob disease (CJD) includes sporadic CJD (sCJD), and also includes sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), any genetic CJD (gCJD) or familial CJD (fCJD), fatal familial insomnia (FFI), Gerstmann-Sträussler-Scheinker syndrome (GSS), iatrogenic CJD (iCJD), Kuru, variant CJD (vCJD), 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] To report a Controlled Substance Overdose, go to https://odreport.dshs.texas.gov/.

[16] Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Call immediately for SARS, MERS, or any other novel coronavirus cases. Coronavirus Disease 2019 (COVID-19) is no longer considered a novel coronavirus and as of March 1, 2024 is no longer a notifiable disease condition in Texas.

[17] Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dshs.texas.gov/injury/rules.shtm.

[18] Laboratories should report syphilis test results within 3 work days of the testing outcome.

[19] Reporting forms are available at https://www.dshs.texas.gov/idcu/disease/hansens/forms.shtm.

[20] 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. S*ee rules and reporting information at http://www.dshs.texas.gov/idcu/disease/tb/reporting/.

[21] 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. *S*ee rules and reporting information at http://www.dshs.texas.gov/idcu/disease/tb/reporting/. Please report skin test results in millimeters.

[22] Any person suspected of having HIV should be reported, including HIV exposed infants.

[23] For lead reporting information see http://www.dshs.texas.gov/lead/Reporting-Laws-Administrative-Code.aspx.

[24] For more information on mpox reporting requirements go to https://www.dshs.texas.gov/high-consequence-infectious-diseases/mpox/mpox-information-public-health.

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