



City of El Paso Department of Public Health



PUBLIC HEALTH
CITY OF EL PASO

PH: (915) 212-6520

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FAX: (915) 212-0170

24/7 Confidential Web-Based Disease Reporting System: <https://elpaso.phims.org/cmr/login.aspx>

Report by Name, Age, DOB, Gender, Race/Ethnicity, Address, Telephone number, Disease, Date of Onset, Method of Diagnosis, and Name, Address and Telephone Number of Physician

IMMEDIATELY NOTIFIABLE - 24/7 telephone (915) 212-6520

Anthrax ¹ Botulism (foodborne, infant, and wound) ¹ Candida auris Chikungunya virus Coronavirus, novel (including MERS and SARS) Dengue virus	Diphtheria ¹ Lead, any blood level (child or adult) Measles (rubeola) Meningococcal infections, invasive ¹ Monkeypox Novel Influenza Plague (<i>Yersinia pestis</i>) ¹ Poliomyelitis, acute paralytic	Rabies, human Smallpox <i>Staphylococcus aureus</i>, VISA and VRSA ¹ Tularemia ¹ Viral hemorrhagic fever (including Ebola) Yellow fever Zika virus
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Notifiable within 24 hours

Brucellosis ¹ Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) Hepatitis A (acute) Hepatitis B, perinatal (HBsAg+ <24 months old (child)) Human immunodeficiency virus (HIV) infection, acute infection ⁴	Influenza-associated pediatric mortality Mumps Pertussis Poliovirus infection, non-paralytic Q fever	Rubella (including congenital) Syphilis – primary and secondary stages ³ Tuberculosis (<i>M. tuberculosis</i> complex) ^{1,6,7} <i>Vibrio</i> infection, including cholera ¹
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Notifiable within 72 hours

Acquired immune deficiency syndrome (AIDS) Amebic meningitis and encephalitis Anaplasmosis Arbovirus infection ² Asbestosis Ascariasis Babesiosis Campylobacteriosis Chagas Disease Chancroid ³ Chickenpox (Varicella) <i>Chlamydia trachomatis</i> infection ³ Coccidioidomycosis Cryptosporidiosis Cyclosporiasis Cysticercosis Drowning/near drowning Echinococcosis Ehrlichiosis Fascioliasis	Giardiasis Gonorrhea ³ <i>Haemophilus influenzae</i> , invasive ¹ Hansen's disease (Leprosy) Heat Stroke Hantavirus infection Hemolytic Uremic Syndrome (HUS) Hepatitis B infection identified prenatally or at delivery (mother) Hepatitis B and E (acute) Hepatitis C (acute and chronic) Hookworm (Ancylostomiasis) Human immunodeficiency virus (HIV) infection, non-acute infection ⁴ Influenza, type A and B Leishmaniasis Legionellosis Listeriosis ¹ Lyme Disease Malaria Paragonimiasis	Prion disease such as Creutzfeldt-Jakob disease (CJD) ⁵ Relapsing fever (tick-borne) Saint Louis Encephalitis virus Salmonellosis, including typhoid fever ¹ Shiga toxin-producing <i>Escherichia coli</i> ¹ Shigellosis Silicosis Spotted fever group rickettsioses <i>Streptococcus pneumoniae</i> , invasive ¹ Syphilis – all other stages ³ <i>Taenia solium</i> & undifferentiated <i>Taenia</i> infection Tetanus Trichinosis Trichuriasis Tuberculosis infection ^{6,8} Typhus West Nile Virus (neuroinvasive and fever) Yersiniosis
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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 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 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, 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), Variable 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. canerrii, 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.

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