



CITY OF HOUSTON  
Department of Health and Human Services

Bill White  
Mayor

Stephen L. Williams, M.Ed., M.P.A.  
Director  
Health and Human Services  
Department  
8000 N. Stadium Drive  
Houston, Texas 77054-1823

T.713.794.9181  
F.713.794.9182  
[www.houstonhealth.org](http://www.houstonhealth.org)

May 12, 2005

Dear Provider,

Thank you for inquiring about reporting to the Houston Department of Health and Human Services Bureau of Epidemiology. Timely reporting allows the Health Department to respond to and control potential disease outbreaks. Reporting also allows the Health Department to monitor disease trends in Houston. The number of Houston cases of reportable diseases received by the Bureau of Epidemiology per year since 1995 can be viewed at <http://www.houstontx.gov/health/Epidemiology/index.html>

I am attaching the form used to report most diseases to the City of Houston Department of Health and Human Services Bureau of Epidemiology (Morbidity Report Form). This form can be faxed to 713-794-9182. You may also call 713-794-9181 24 hours a day, seven days a week to report diseases requiring immediate attention (see attached list of reportable diseases).

When using this form to report, please fill out as much information as is available.

The minimum information needed on this form is:

- Name and phone of person completing report
- Last name
- Gender
- Home phone
- Date of collection
- Attending Physician
- First name
- Race
- Disease name
- Diagnostic test and result
- comments regarding known risks or exposures.
- Date of birth
- Home address
- Source of specimen
- Hospital/Clinic

I am also including the form used to report STDS and HIV. Forms reporting STDs can be faxed to 713-798-0825. **Please do NOT fax any report form indicating HIV/AIDS status.** These forms can be mailed to:

Houston Department of Health & Human Services  
8000 N Stadium  
4<sup>th</sup> floor – Epidemiology  
Houston, TX 77054

Thank you for your assistance. If you have any additional questions about reporting please call 713-794-9181 and ask for the Epi on Duty.

Sincerely,

Osama M. Ibrahim, MD, MSC, DrPH  
Bureau Chief of Epidemiology

Attachments:  
HDHHS Morbidity Report Form  
DSHS STD/HIV Report Form  
Reportable Disease List  
Reporting Resources  
Reporting & HIPAA

**Houston Department of Health and Human Services  
Office of Surveillance and Public Health Preparedness**

24/7/365 Disease Reporting Number

**713-794-9181**

For non-emergencies: call between 8am and 5pm Mon -Fri. For reporting outbreaks, immediate attention diseases, or potential bioterrorism agents: call anytime day or night. Non-immediate attention diseases can be faxed to 713-794-9182. Do NOT fax HIV/AIDS status information.

**Helpful Reporting Websites**

Houston Department of Health and Human Services

Homepage <http://www.houstontx.gov/health/index.html>  
Epidemiology <http://www.houstontx.gov/health/Epidemiology/index.html>  
(Morbidity Report Form located here)

Texas Department of State Health Services (formerly TDH)

Homepage <http://www.dshs.state.tx.us/>  
Disease Surveillance <http://www.tdh.state.tx.us/ideas/report/default.asp>  
(list of reportable diseases and reporting info found here)  
HIPPA information <http://www.tdh.state.tx.us/hipaa/default.htm>

Houston Metropolitan Medical Response System

Homepage <http://www.hmmrs.com/>  
Education Section <http://www.hmmrs.com/education.aspx>  
(has a presentation on disease reporting)

## REPORTABLE DISEASES OF TEXAS

The Health and Safety Code, Chapter 81, Section 81.041, authorizes the Texas Board of Health to establish and maintain a list of reportable diseases or health conditions. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations. Physicians, nurses, and other health professionals found the system upon the clinical recognition or suspicion of these diseases. Physicians, veterinarians, dentists, chiropractors, hospitals, hospital laboratories, HIV counseling and testing services, and clinical laboratory directors are required to report. The following individuals should also report: school authorities, college administrators, registered nurses, directors of child-care facilities, directors of nursing homes and home-health agencies, and managers of restaurants, dairies, and other food-handling establishments. In addition, anyone having knowledge of a case(s) of a communicable disease is required to report by name, address, city, zip code, telephone number, date of birth, age, sex, race/ethnicity, diseases, type of lab confirmation, date of onset, physician and source of infection. Failure to report is a class B misdemeanor.

### DISEASES REPORTABLE IMMEDIATELY BY TELEPHONE/FAX EVEN IF SUSPECTED\*

Anthrax	Botulism, foodborne	Cholera	Diphtheria	<i>H. influenzae</i> type B infection,	invasive Meningococcal disease
Measles	Pertussis	Plague	Poliomyelitis	Rabies in Man	Smallpox
				Viral hemorrhagic fever	Yellow fever

### REPORTABLE DISEASES

Acquired immune deficiency syndrome (AIDS) <sup>1</sup> Amebiasis Anthrax Botulism - adult and infant Brucellosis* Campylobacteriosis Chancroid <sup>2</sup> <i>Chlamydia trachomatis</i> infection <sup>2</sup> Cholera Creutzfeldt-Jakob disease Cryptosporidium infections Cyclosporiasis Dengue Diphtheria <sup>3</sup> Ehrlichiosis Encephalitis (specify etiology) <i>Escherichia coli</i> O157:H7 infection Gonorrhea <sup>2</sup> <i>H. influenzae</i> type b infections	Hansen's disease (leprosy) <sup>4</sup> Hantavirus infection Hemolytic uremic syndrome (HUS) Hepatitis, acute viral A, B, D, E Hepatitis C (newly diagnosed infection) Human immunodeficiency virus (HIV) infection <sup>1</sup> Lead, childhood elevated blood Legionellosis Listeriosis Lyme Disease Malaria Measles (rubeola) <sup>3</sup> Meningitis (specify type) Meningococcal infection, invasive* Mumps <sup>3</sup> Pertussis <sup>3</sup> Plague Poliomyelitis, acute paralytic <sup>3</sup> Q fever*	Rabies in man Relapsing fever Spotted fever group rickettsioses Rubella (including congenital) <sup>3</sup> * Salmonellosis, including typhoid fever Shigellosis Smallpox Streptococcal disease, invasive Syphilis <sup>2</sup> Tetanus <sup>3</sup> Trichinosis Tuberculosis <sup>4</sup> * Tularemia Typhus Varicella <sup>3</sup> <i>Vibrio</i> infections* Viral hemorrhagic fever Yellow fever Yersiniosis
--	--	---

### Reportable Occupational Diseases

Acute Pesticide Poisoning                      Asbestosis                      Silicosis  
 Elevated Blood Lead in Adults (blood lead levels at or above 25 micrograms/Dl in persons >15 years of age)

### Reportable Injuries

Spinal cord injuries                      Submersion injuries (drowning death or near-drowning)

*In addition to the requirements of individual case reports, any unusual or group expression of illness - whether related to communicable disease, occupationally caused sickness, or due to an unknown cause, which may be of public health concern, should be reported to the local health authorities.*

**All reports may be made to 1-800-705-8868**

- <sup>1</sup> AIDS and HIV infection reporting forms and guidelines are available from the HIV/AIDS Surveillance Program at (713)794-9441.
- <sup>2</sup> Chancroid, *Chlamydia trachomatis* infection, gonorrhea and syphilis are to be reported on the "Confidential Report of Sexually Transmitted Disease" form STD-27 or STD-28, supplied by the S.T.D. Program at (713)794-9252 or FAX (713)798-0825.
- <sup>3</sup> Varicella is reportable disease; report to the Bureau of Epidemiology at (713) 794-9181 or FAX (713) 794-9182..
- <sup>4</sup> Tuberculosis cases are to be reported on form TB-400, "Report of Case and Patient Services," supplied by Bureau of TB Control Program at (713)840-8352 or FAX Case Registry at (713)267-9010.
- \* Diseases to be reported within one working day of identification of a suspected case.

Report all other notifiable diseases and conditions to: Bureau of Epidemiology  
 Houston Department of Health and Human Services  
 8000 North Stadium Drive  
 Houston, Texas 77054  
 (713)794-9181, Fax (713)794-9182



# MORBIDITY REPORT FORM

Houston Department of Health and Human Services

8000 North Stadium Drive Houston, Texas 77054

1-800-705-8868

Fax: (713)794-9182 [Do NOT fax HIV/AIDS-related patient information]



Reported By : \_\_\_\_\_ Date : \_\_\_\_\_  
Case Number : \_\_\_\_\_

## PATIENT DEMOGRAPHIC DATA

Last Name : \_\_\_\_\_ FirstName & MI : \_\_\_\_\_  
DOB : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
Race/Ethnicity : \_\_\_\_\_ SocSecNumber : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, Zipcode : \_\_\_\_\_ Home Phone : ( ) --  
Occupation/Work Place : \_\_\_\_\_ Tel: ( ) --  
School/Day Care Center : \_\_\_\_\_ Tel: ( ) --  
Parent/Contact Person : \_\_\_\_\_ Tel: ( ) --

## DISEASE DATA

Date of Onset: \_\_\_\_\_  
**REPORTABLE DISEASE/ORGANISM:** \_\_\_\_\_  
Species/serotype : \_\_\_\_\_

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result
Specific Viral Hepatitis Studies		Anti-HAV IgM _____ Anti-HAV Total _____	Anti-HBc IgM ____ Anti-HBc Total ____ Anti-HBs ____ HbsAg ____ HbeAg ____	Anti-HCV ____ HCV RIBA ____ HCV RNA by PCR ____	AST/SGOT ____ ALT/SGPT ____

## HOSPITAL or CLINIC DATA

Hospital/Clinic : \_\_\_\_\_ Attending Physician : \_\_\_\_\_  
Medical RecNumber : \_\_\_\_\_ Address : \_\_\_\_\_  
Date Admitted : \_\_\_\_\_ Pager/Phone : \_\_\_\_\_  
Date Discharged : \_\_\_\_\_ Other Physician : \_\_\_\_\_  
Date Expired : \_\_\_\_\_

Comments/patient history/risk factors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

FILENO:	RPTBY :	HSA:	INTRV :	STATUS :
KMAP :	CENTRCT:	DX :	OCCUP:	

**CONFIDENTIAL INFORMATION - HIV/AIDS REPORT**

Reporting Institution / Practice / Clinic \_\_\_\_\_

Person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT NAME** (Last, F, M) \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Sex \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone \_\_\_\_\_ Race / Ethnicity \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Med. Rec. No. \_\_\_\_\_ Country of Birth \_\_\_\_\_

If Patient Expired: Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Death \_\_\_\_\_

Date of First Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Most Recent Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

Other who can provide information (Hospital, Doctor, Clinic) \_\_\_\_\_

**How patient became HIV-infected: (✓ all that apply)**

- Male who had sex with another male  
 Injection drug user  
 Sex with partner of opposite sex who is: (✓)  
 Injection drug user  
 Bisexual male  
 Hemophiliac  
 Person with HIV/AIDS  
 Other (specify) \_\_\_\_\_
- Blood/blood product recipient, date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Facility where transfused \_\_\_\_\_  
 Treatment of hemophilia: Factor VIII (A) \_\_\_\_\_ Factor IX (B) \_\_\_\_\_  
 Occupational exposure (give details) \_\_\_\_\_  
 \_\_\_\_\_  
 No risk identified or patient denied all risk behavior  
 date patient was interviewed (Mo/Yr) \_\_\_\_/\_\_\_\_

HIV Test Results (+)	Date	Facility	CD4 Test	Results	Date	Facility
1 <sup>st</sup> ELISA	_____	_____	First CD4 < 200 (cells/mm <sup>3</sup> )	_____	_____	_____
1 <sup>st</sup> Western Blot	_____	_____	First CD4 percent < 14 (%)	_____	_____	_____
1 <sup>st</sup> WB after 1998	_____	_____	First CD4 count (cells/mm <sup>3</sup> )	_____	_____	_____
Other	_____	_____	First CD4 percent (%)	_____	_____	_____
1 <sup>st</sup> detectable Viral Load after Dec. 1999(copies/mm <sup>3</sup> )			Date	_____	Facility	_____

**If patient has had an opportunistic infection (O.I.) or neoplasm, please fill in blanks. (See other side of form for list.)**

O.I./Neoplasm \_\_\_\_\_ Method of Diagnosis \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

O.I./Neoplasm \_\_\_\_\_ Method of Diagnosis \_\_\_\_\_ Date \_\_\_\_\_ Facility \_\_\_\_\_

- If patient is a woman:
- (a) Patient receiving or referred for OB/GYN services: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
- (b) Patient delivered live-born infant(s) after 1977: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
- If Yes, and information is available, enter each child's name, DOB, and hospital of delivery on back of this form.
- (c) Patient currently pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_ Due Date \_\_\_\_\_

**Has this patient been notified of his/her HIV infection?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

**This patient's partners will be notified about their HIV exposure and counseled by:**

Health Dept. \_\_\_\_\_ Doctor/provider \_\_\_\_\_ Patient \_\_\_\_\_ Unknown \_\_\_\_\_

**This patient is receiving or has been referred for:**

HIV related medical services: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Substance abuse treatment services:

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_ Unknown \_\_\_\_\_

**NOTES:**

Date of first diagnosis: \_\_\_\_\_

Where: \_\_\_\_\_  
Facility \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_**Other Significant Information:**

# OPPORTUNISTIC INFECTIONS and NEOPLASMS

(If patient has any of these diagnoses, enter on front of form.)

## PATIENTS OF ALL AGES

Candidiasis, bronchi, trachea or lungs  
Candidiasis, esophageal  
Carcinoma, invasive cervical  
Coccidioidomycosis, disseminated or extrapulmonary  
Cryptococcosis, extrapulmonary  
Cryptosporidiosis, chronic intestinal (>1 month)  
CMV disease (please specify anatomical site)  
CMV retinitis  
HIV encephalopathy (AIDS dementia complex)  
Herpes simplex chronic ulcer (>1 month)  
Herpes simplex bronchitis, pneumonitis or esophagitis  
Histoplasmosis, disseminated or extrapulmonary  
Isosporiasis, chronic intestinal (>1 month)  
Kaposi's sarcoma  
Lymphoma, primary in brain  
Lymphoma, other (please specify the pathology)  
*M. avium* or *M. kansasii*, disseminated or extrapulmonary  
*M. tuberculosis*, pulmonary  
*M. tuberculosis*, disseminated or extrapulmonary  
*Mycobacterium*, other/unknown, dissem. or extrapulmonary  
*Pneumocystis carinii* pneumonia (PCP)  
Pneumonia, recurrent (two or more in 12 month period)  
Progressive multifocal leukoencephalopathy (PML)  
*Salmonella* septicemia, recurrent  
Toxoplasmosis of brain  
Wasting syndrome due to HIV

## PATIENTS LESS THAN 13 YEARS OLD ONLY

Bacterial infections, multiple, recurrent  
Lymphoid interstitial pneumonia and/or  
pulmonary lymphoid hyperplasia

### **For resident of Harris County, send report to:**

Houston Department of Health and Human Services  
HIV/AIDS Surveillance, 4<sup>th</sup> Floor  
8000 North Stadium Drive  
Houston, TX 77054  
(713) 794-9441

### **For resident of Galveston, Chambers or Brazoria County, send report to:**

Galveston County Health District  
P.O. Box 838  
Galveston, TX 77553  
(409) 765-2528

### **For resident of Austin, Colorado, Fort Bend, Hardin, Jefferson, Liberty, Matagorda, Montgomery, Orange, Walker, Waller or Wharton County, send report to:**

Texas Department of Health PHR 6/5 South  
STD Department  
5425 Polk Ave., Ste. J  
Houston, TX 77023-1497  
(713) 767-3420

# CONFIDENTIAL STD MORBIDITY REPORT FORM



Houston Department of Health and Human Services  
 ATTN: Bureau of Epidemiology – STD Surveillance 4<sup>th</sup> floor  
 8000 North Stadium Drive Houston, Texas 77054  
 Tel: (713)794-9441 Fax: (713)798-0825



Reported by: \_\_\_\_\_

Facility/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## PATIENT DEMOGRAPHIC DATA

Last Name _____	First Name, MI _____
DOB _____	Social Security # _____ Sex _____
Race _____	Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N
Address _____	Home Phone ( ) --
City, State Zipcode _____	Other Phone ( ) --
Emergency Contact Name _____	Contact Phone ( ) --
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	
Pregnancy Status <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (Expected delivery date ___/___/___) <input type="checkbox"/> Unknown (Last menstrual date ___/___/___)	
Reason for Test (STD related, prenatal, immigration, etc): _____	

## DISEASE DATA

Check Reportable Disease(s)

Syphilis                       Gonorrhea                       Chlamydia                       Chancroid

List Signs and Symptoms: \_\_\_\_\_

Check Voluntary Disease(s)

Genital Herpes                       Genital Warts                       Non-specific Urethritis                       Pelvic Inflammatory Disease  
 Trichomoniasis                       Other non-specific Vaginitis                       Mucopurulent Cervicitis                       Other \_\_\_\_\_

## LABORATORY DATA

Date of Collection/Test	Diagnostic Test	Results	Laboratory

## TREATMENT INFORMATION

Prior History of Treatment  Yes  No  Unknown                      Date of Previous Treatment \_\_\_/\_\_\_/\_\_\_

Method of Prior Treatment \_\_\_\_\_

### CURRENT TREATMENT INFORMATION:

Date (s) of Treatment	Method of Treatment / Dose	Provider

Notes/Comments/Patient History/Risk Factors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HIPAA Privacy Rules and Texas Reporting Regulations

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule governs the use and disclosure of individually identifiable health information. The rule applies to health plans, health care clearinghouses, and health care providers who transmit certain health claims information electronically. These are covered entities under the privacy rule and must comply by April 14, 2003.

For certain uses and disclosures of individually identifiable health information, covered entities must obtain consent or authorization from the individual. For other uses and disclosures, however, no consent or authorization is required.

In the rules adopted in Title 45 Code of Federal Regulations (CFR) Parts 160 and 164, Section 164.512 addresses the uses and disclosures for which consent or authorization is **not** required. Section 164.512(a) permits disclosures that are required by law:

- (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

→ Section 164.512(b) permits disclosures to public health authorities for public health activities and purposes:

- (1) *Permitted disclosures.* A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph [§164.512(b)(1)] to

- (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. . . .

Health care providers are required by Texas law to report certain health conditions (referred to legally as “notifiable” or “reportable” conditions) to the Texas Department of Health. Clearly the HIPAA Privacy Rule provides no basis for health care providers to stop notifying TDH of reportable conditions. It also does not preclude reporting of other conditions when they occur in the context of an outbreak or any other situation of public health concern (eg, individual cases of conditions associated with bioterrorism).

*The legal statute quoted above is available online at [www.hhs.gov/ocr/hipaa/index.html](http://www.hhs.gov/ocr/hipaa/index.html). For further information regarding the HIPAA Privacy Rule and reportable diseases, visit the Web sites for the US Department of Health and Human Services at [www.hhs.gov/ocr/hipaa/govtaccess.html](http://www.hhs.gov/ocr/hipaa/govtaccess.html) or the Centers for Disease Control and Prevention at [www.cdc.gov/nip/registry/hipaa7.htm](http://www.cdc.gov/nip/registry/hipaa7.htm), or contact John Scott, the TDH HIPAA Privacy Officer, by phone: 512/458-7111, x6170 or e-mail: [john.scott@tdh.state.tx.us](mailto:john.scott@tdh.state.tx.us).*