



CORPUS CHRISTI - NUECES COUNTY
PUBLIC HEALTH DISTRICT

2026 Texas Notifiable Conditions

Report all Suspected and Confirmed cases to the Corpus Christi-Nueces County Public Health District unless noted by an asterisk (*)

24/7 Number for Immediately Reportable 361-533-3183

Epidemiology (EPI) Dept Main Line: 361-826-7250 Fax: 361-826-1328

Tuberculosis (TB) Program Main Line: 361-826-7247 Fax: 361-826-1316 and 361-826-7284

STI/HIV Clinic Main Line: 361-826-7237 Fax: 361-826-1330

| A - L | When to Report | Report to | L - Y | When to Report | Report to |
|--|-----------------------------|----------------|--|--------------------------|----------------|
| *Acquired immune deficiency syndrome (AIDS) ¹ | Within 1 week | STI/HIV | Legionellosis ² | Within 1 week | EPI |
| Amebic meningitis and encephalitis ² | Within 1 week | EPI | Leishmaniasis ² | Within 1 week | EPI |
| Anaplasmosis ² | Within 1 week | EPI | Listeriosis ^{2, 3} | Within 1 week | EPI |
| Anthrax^{2, 3, 4} | Call Immediately | EPI | Lyme disease ² | Within 1 week | EPI |
| Arboviral infections ^{2, 5, 6} | Within 1 week | EPI | Malaria ² | Within 1 week | EPI |
| Asbestosis ⁷ | Within 1 week | EPI | Measles (rubeola)² | Call Immediately | EPI |
| Ascariasis ² | Within 1 week | EPI | Melioidosis^{2, 4} | Call Immediately | EPI |
| Babesiosis ^{2, 6} | Within 1 week | EPI | Meningococcal infection, invasive (Neisseria meningitidis)^{2, 3} | Call Immediately | EPI |
| Botulism (adult and infant)^{2, 3, 4, 8} | Call Immediately | EPI | Mumps² | Within 1 work day | EPI |
| Brucellosis^{2, 3} | Within 1 work day | EPI | Paragonimiasis ² | Within 1 week | EPI |
| Campylobacteriosis ² | Within 1 week | EPI | Pertussis² | Within 1 work day | EPI |
| *Cancer ⁹ | See rules 9 | EPI | *Pesticide poisoning, acute occupational ¹⁰ | Within 1 week | EPI |
| Candida auris^{2, 3} | Within 1 work day | EPI | Plague (Yersinia pestis)^{2, 3, 4} | Call Immediately | EPI |
| Carbapenem-resistant Enterobacteriales (CRE)^{2, 11} | Within 1 work day | EPI | Poliomyelitis, acute paralytic² | Call Immediately | EPI |
| Chagas disease ^{2, 6} | Within 1 week | EPI | Poliovirus infection, non-paralytic² | Within 1 work day | EPI |
| *Chancroid ¹ | Within 1 week | STI/HIV | Prion diseases, such as Creutzfeldt-Jakob disease (CJD) ^{2, 12} | Within 1 week | EPI |
| *Chickenpox (varicella) ¹³ | Within 1 week | EPI | Q fever^{2, 4} | Within 1 work day | EPI |
| *Chlamydia trachomatis infection ¹ | Within 1 week | STI/HIV | Rabies, human² | Call Immediately | EPI |
| *Contaminated sharps injury ¹⁴ | Within 1 month | EPI | Rubella (including congenital)² | Within 1 work day | EPI |
| *Controlled substance overdose¹⁵ | Report Immediately | EPI | Salmonellosis, including typhoid fever ^{2, 3} | Within 1 week | EPI |
| Coronavirus, novel^{2, 16} | Call Immediately | EPI | Shiga toxin-producing Escherichia coli ^{2, 3} | Within 1 week | EPI |
| Cronobacter spp. in infants, invasive ² | Within 1 week | EPI | Shigellosis ² | Within 1 week | EPI |
| Cryptosporidiosis ² | Within 1 week | EPI | Smallpox^{2, 4} | Call Immediately | EPI |
| Cyclosporiasis ² | Within 1 week | EPI | *Spinal cord injury ¹⁷ | Within 10 work days | EPI |
| Cysticercosis ² | Within 1 week | EPI | Spotted fever rickettsiosis ² | Within 1 week | EPI |
| Diphtheria^{2, 3} | Call Immediately | EPI | Streptococcal disease (S. pneumonia), invasive ^{2, 3} | Within 1 week | EPI |
| *Drowning/near drowning ¹⁷ | Within 10 work days | EPI | *Syphilis – primary and secondary stages^{1, 18} | Within 1 work day | STI/HIV |
| Echinococcosis ² | Within 1 week | EPI | *Syphilis – all other stages including congenital syphilis ^{1, 18} | Within 1 week | STI/HIV |
| Ehrlichiosis ² | Within 1 week | EPI | Taenia solium and undifferentiated Taenia infection ² | Within 1 week | EPI |
| Fascioliasis ² | Within 1 week | EPI | Tetanus ² | Within 1 week | EPI |
| *Gonorrhea ¹ | Within 1 week | STI/HIV | Tick-borne relapsing fever (TBRF) ² | Within 1 week | EPI |
| Haemophilus influenzae, invasive ^{2, 3} | Within 1 week | EPI | *Traumatic brain injury ¹⁷ | Within 10 work days | EPI |
| Hansen's disease (leprosy) ¹⁹ | Within 1 week | EPI | Trichinosis ² | Within 1 week | EPI |
| Hantavirus infection ² | Within 1 week | EPI | Trichuriasis ² | Within 1 week | EPI |
| Hemolytic uremic syndrome (HUS) ² | Within 1 week | EPI | Tuberculosis (Mycobacterium tuberculosis complex)^{3, 20} | Within 1 work day | TB |
| Hepatitis A² | Within 1 work day | EPI | Tuberculosis infection ²¹ | Within 1 week | TB |
| Hepatitis B, C, and E (acute) ² | Within 1 week | EPI | Tularemia^{2, 3, 4} | Call Immediately | EPI |
| Hepatitis B infection identified prenatally or at delivery (mother) ² | Within 1 week | EPI | Typhus ² | Within 1 week | EPI |
| Hepatitis B, perinatal (HBsAg+ < 24 months old) (child)² | Within 1 work day | EPI | Vancomycin-intermediate Staph aureus (VISA)^{2, 3} | Call Immediately | EPI |
| Hookworm (ancylostomiasis) ² | Within 1 week | EPI | Vancomycin-resistant Staph aureus (VRSA)^{2, 3} | Call Immediately | EPI |
| *Human immunodeficiency virus (HIV), acute infection^{1, 22} | Within 1 work day | STI/HIV | Vibrio infection, including cholera^{2, 3} | Within 1 work day | EPI |
| *Human immunodeficiency virus (HIV), non-acute infection ^{1, 22} | Within 1 week | STI/HIV | Viral hemorrhagic fever (including Ebola)^{2, 4} | Call Immediately | EPI |
| Influenza-associated pediatric mortality² | Within 1 work day | EPI | Yellow fever² | Call Immediately | EPI |
| Influenza, novel² | Call Immediately | EPI | Yersiniosis ² | Within 1 week | EPI |
| *Lead, child blood, any level & adult blood, any level²³ | Call/Fax Immediately | EPI | | | |

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

(Revised 01/13/2025) Expires 12/31/2026

2026 Texas Notifiable Conditions Footnotes

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 (μ g/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-Scheinkersyndrome (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. See 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. See 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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Go to <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance> or call the Corpus Christi-Nueces County Public Health District at 361-826-7250

