



OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
POLICY AND PROCEDURE MANUAL



Subject COMMUNICABLE DISEASE ENCOUNTERS		Policy Number 846	
Effective Date January 14, 2015	Revision Date	Reevaluation Date Annually	Number of Pages 11
Reference Standards Texas Health and Safety Code Chapter 81 and Chapter 85 Texas Administrative Code Title 25, Part 1, Chapter 97, Rule §97.2 TPCA: CALEA: 2.2.7 IACLEA:		Rescinds or Amends Policy Number C-7	

I. PURPOSE

The purpose of this policy is to provide guidelines for the handling, care and treatment of persons infected with HIV/AIDS or other communicable diseases including, but not limited to diseases/illnesses such as tuberculosis, hepatitis, severe acute respiratory syndrome (SARS), influenza and the Ebola virus, with whom members of the University of Texas System Police (UTSP) come in contact; this policy also extends to circumstances in which members of the UTSP may have experienced an exposure to a communicable disease including, but not limited to, those noted above. This policy was drafted based on direct consultation with the UTSP Medical Director.

This policy should be read in conjunction with ODOP/UTSP Training Bulletin 006, October 13, 2014, "Ebola Virus Disease Officer Guidelines" and ODOP/UTSP Policy 728 "Director of Police Notification".

Statutory language in this policy is denoted by italics.

II. NOTIFICATION

All probable or confirmed exposures of a communicable disease experienced by UTSP sworn officers or civilian personnel shall be reported to the Office of the Director of Police (ODOP) immediately.

III. HIV/AIDS EMPLOYEE EDUCATION

The Texas Health and Safety Code, Chapter 85, requires that *“Each state agency annually shall provide to each state employee an educational pamphlet”* about HIV/AIDS.

- (a) *“Each state agency annually shall provide to each state employee an educational pamphlet about:*
 - (1) *Methods of transmission and prevention of HIV infection;*
 - (2) *State laws relating to the transmission of HIV infection; and*
 - (3) *Conduct that may result in the transmission of HIV infection.*
- (b) *The educational pamphlet shall be provided to a newly hired state employee on the first day of employment.*
- (c) *The educational pamphlet shall be based on the model developed by the department and shall include the workplace guidelines adopted by the state agency.*

The Texas Department of Health Services’ *“HIV/AIDS in the Workplace”* document accompanying this policy is attached for use by those institution police departments requiring such a source of information. (Appendix A)

The International Association of Chiefs of Police National Law Enforcement Policy Center’s Model Policy guidelines for HIV/AIDS prevention (Appendix B) can provide additional guidance for consideration for sworn officers and civilian personnel.

IV. DEFINITIONS

The Board—is a reference to the Texas Board of Health. Under reorganization, the board was abolished and the powers of the board have devolved upon the director of the Health and Human Services Commission (HHSC).

Bloodborne Pathogens—infectious microorganisms in human blood that can cause disease in humans. Pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Communicable disease—an infectious disease capable of being passed to another by direct contact with an infected individual or his/her discharges or an animal.

Department—means the Texas Department of Health.

Director—in the context of the Health and Safety Code, refers to the director of the local health department.

Exposure to an infectious disease—those situations where an employee is exposed by airborne transmission or direct contact to an individual or animal suspected of having a disease, or where an employee comes in contact with the blood or body fluids of an individual or animal suspected of having an infectious disease. Exposure incidents can also include, but are not limited to:

- human or animal bites
- hypodermic needle punctures or other contaminated sharp instrument
- exposure to an animal suspected of having an infectious disease
- contact with the saliva or central nervous system tissue of an animal suspected of having an infectious disease

Health Authority—a physician appointed by the local government (county, city or health district) to exercise the duties assigned to him by law. He/she is usually the medical director of the local health department.

If the local government has not appointed a Health Authority, the regional director may exercise that authority.

The particular Health Authority to be used can only be one with jurisdiction where the incident took place.

HIV/AIDS—HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV damages the immune system which eventually becomes so weak that diseases and infections begin to attack the body. As these conditions worsen, a person is diagnosed with AIDS.

Hospital—Means a licensed public or private institution and includes a general hospital and a special hospital

Regional Director—Texas Department of State Health Services regional directors that serve various counties within the State of Texas. (Appendices C and D)

Special Hospital—Means an establishment that:

- a) offers services, facilities, and beds for use for more than 24 hours for two or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care;
- b) has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment;
- c) has a medical staff in regular attendance; and
- d) maintains records of the clinical work performed for each patient.

V. UNIVERSAL PRECAUTIONS

All human blood and certain body fluids are to be treated as if they are known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), or other bloodborne pathogens. Additionally, all animal saliva and central nervous system tissue are to be treated as if they are known to be infectious for rabies.

VI. GUIDELINES FOR EXPOSURE TO INFECTIOUS DISEASES

- A. An employee who has been exposed to an infectious disease shall immediately notify their supervisor who will then notify the Chief of Police. The Chief of Police shall ensure that the appropriate consultation is done with emergency medical service personnel, the infected person/family/acquaintances, medical providers and other persons and public health authorities as needed.
- B. Wear disposable gloves if contact with an individual's blood or body fluids is a possibility.
- C. Wash hands with soap and water (disinfectant soap, if available), after removing disposable gloves. Glove kits containing antiseptic wipes, gloves, and disposable bag should be used when hand-washing facilities are not available. Hands should always be washed after gloves are removed, even if the gloves appear to be intact.
- D. Immediately and thoroughly wash hands or other unprotected body parts if they come in contact with an individual's blood or body fluids; or if bitten, scratched, abraded, by an animal, or if there is contact between the member and the animal's saliva or nervous system tissue. Use disinfectant soap if possible.
- E. Remove and machine wash (hot cycle), or have dry cleaned, as soon as possible, any part of uniform/civilian clothes that come in contact with an individual's blood or body fluids and promptly clean any equipment other than that made of fabric.
- F. Use extraordinary care to avoid accidental puncture wounds from needles which may be contaminated with potentially infectious material.
- G. Affix Biohazard label to any property, evidence, or waste which may be contaminated.

VII. SUPPLIES

Each UTSP Police department shall make infection control supplies and equipment readily available to its employees as necessary. (HSC § 85.143).

Suggested minimum equipment should consist of:

Individual officers:

- Rubber gloves (latex or non-latex)
- Waterless hand sanitizer

Vehicles:

- Disposable eye protection and/or “spit sock hoods”

At each department:

- Shoe covers
- Tyvek suits
- Eye protection
- Heavy duty latex gloves

VIII. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Texas Health and Safety Code (HSC) §§ 81.301-81.304 require governmental entities—*including an institution of higher education*--whose employees may have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with sharps to adopt minimum standards for a bloodborne pathogen exposure control plan.

At the time this policy was published, each UT System institution had in place a current and applicable exposure plan at each respective campus; each institution police department will be expected to rely upon and follow the guidance of that particular plan.

IX. CONSIDERATIONS FOR LAW ENFORCEMENT

Fights and assaults—officers can be exposed to assaultive and disruptive behaviors where they may potentially become exposed to blood or other body fluids containing blood. Of particular concern are bites, attacks resulting in blood exposure, and attacks with sharp objects.

Cardiopulmonary resuscitation—While there have been no documented cases of HIV transmission through CPR, the possibility of transmission of other infectious diseases exists. The most preferable CPR devices are those with one-way valves that prevent the subject’s saliva or vomitus from entering the officer’s mouth.

Searches and evidence handling—Officers have the potential to acquire Hepatitis B Virus or HIV infection through exposures which occur during searches and evidence handling. Puncture wounds and needle sticks in particular pose a hazard during searches of persons, vehicles, or during evidence handling.

Officers and crime scene technicians may confront unusual hazards, especially when the crime scene involves violent behavior where large amounts of blood are present.

The following recommendations can help in reducing exposure to communicable diseases:

- Wear gloves if exposure to blood is expected
- Wear gloves for all body cavity searches
- While wearing gloves, avoid handling personal items such as combs or pens
- Always carry a flashlight—even during daylight—to search hidden areas
- Contents of a purse should always be emptied by turning it upside down onto a table or other flat surface
- Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items

X. MANDATORY TESTING OF PERSONS SUSPECTED OF EXPOSING CERTAIN OTHER PERSONS TO REPORTABLE DISEASES, INCLUDING HIV INFECTION (HSC § 81.050)

- (b) *“A person whose occupation or whose volunteer service is included in one or more of the following categories may request the department or a local health authority to the testing of another person who may have exposed the person to a reportable disease, including HIV infection”.*
1. *A law enforcement officer;*
 2. *A fire fighter;*
 3. *An emergency medical service employee or paramedic;*
 4. *A correctional officer”.*

In the event that the Texas Department of Health or a local health authority is inaccessible or unavailable or otherwise during exigent circumstances, the UTSP Medical Director or Deputy Medical Director will be the alternate sources of authority for ordering the testing.

- (c) *“A request under this section may be made only if the person:*
1. *Has experienced the exposure in the course of employment or volunteer service;*
 2. *Believes that the exposure places the person at risk of a reportable disease, including HIV infection; and*
 3. *Presents to the department (Texas Department of Health) or local health authority a sworn affidavit that delineates the reasons for the request”.*

(b) *“The board by rule shall prescribe the criteria that constitute exposure to reportable diseases, including HIV infection. The criteria must be based on activities that the United States Public Health Service determines poses a risk of infection”. If probable exposure is determined, the Department of State Health Services or a local health authority will follow these guidelines:*

(e) *“The department or the department’s designee shall give the person who is subject to the order prompt and confidential written notice of the order. The order must:*

 - a. *State the grounds and provisions of the order, including the factual basis for its issuance;*

- b. *Refer the person to appropriate health care facilities where the person can be tested for reportable diseases, including HIV infection, and*
- c. *Inform the person who is subject to the order of that person's right to refuse to be tested, and the authority of the department or health authority to ask for a court order requiring the test".*

(f) *"If the person who is subject to the order refuses to comply, the prosecuting attorney who represents the state in district court, on request of the department or the department's designee, shall petition the district court for a hearing on the order.*

The person who is subject to the order has the right to an attorney at the hearing, and the court shall appoint an attorney for a person who cannot afford legal representation. The person may not waive the right to an attorney unless the person has consulted with an attorney".

(g) *"In reviewing the order, the court shall determine whether exposure occurred and whether that exposure presents a possible risk of infection as defined by board rule. The attorney for the state and the attorney for the person subject to the order may introduce evidence at the hearing in support of or opposition to the testing of the person.*

On conclusion of the hearing, the court shall either issue an appropriate order requiring counseling and testing of the person for reportable diseases, including HIV infection, or refuse to issue the order if the court has determined that the counseling and testing of the person is unnecessary.

The court may assess court costs against the person who requested the test if the court finds that there was not reasonable cause for the request".

(h) *"The department or the department's designee shall inform the person who requested the order of the results of the test.*

If the person subject to the order is found to have a reportable disease, the department or the department's designee shall inform that person and the person who requested the order of the need for medical follow-up and counseling services".

(i) *"For the purpose of qualifying for workers' compensation or any other similar benefits for compensation, an employee who claims a possible work-related exposure to a reportable disease, including HIV infection, must provide the employer with a sworn affidavit of the date and circumstances of the exposure and document that, not later than the 10th day after the date of the exposure, the employee had a test result that indicated an absence of the reportable disease, including HIV infection".*

(k) *"A person listed in subsection (b) who may have been exposed to a reportable disease, including HIV infection may not be required to be tested".*

XI. NOTIFICATION OF EMERGENCY PERSONNEL, PEACE OFFICERS, DETENTION OFFICERS, COUNTY JAILERS, AND FIRE FIGHTERS (§ 81.048)

- (b) *“Notice of a positive test result for a reportable disease shall be given to an emergency medical service personnel, peace officer, detention officer, county jailer, or fire fighter as provided in this section if:*
- (1) The emergency medical service personnel, peace officer, detention officer, county jailer, or fire fighter delivered a person to a hospital as defined by Section 74.001, Civil Practice Remedies Code;*
 - (2) The hospital has knowledge that the person has a reportable disease and has medical reason to believe that the person had the disease when the person was admitted to the hospital; and*
 - (3) The emergency medical service personnel, peace officer, detention officer, county jailer, or fire fighter was exposed to the reportable disease during the course of duty.*
- (c) *Notice of the possible exposure shall be given:*
- (1) By the hospital to the local health authority;*
 - (2) By the local health authority to the director of the appropriate department of the entity that employs the emergency medical service personnel, peace officer, detention officer, county jailer, or fire fighter; and*
 - (3) By the director to the employee affected.*
- (d) *A person notified of a possible exposure under this section shall maintain the confidentiality of the information as provided by this chapter.*
- (e) *A person is not liable for good faith compliance with this section.*
- (f) *This section does not create a duty for a hospital to perform a test that is not necessary for the medical management of the person delivered to the hospital.”*

XII. TESTING AND COUNSELING FOR STATE EMPLOYEES EXPOSED TO HIV INFECTION ON THE JOB (HSC § 85.116)

- (a) *“On an employee’s request, a state agency shall pay the costs of testing and counseling an employee of that agency concerning HIV infection if:*
- (1) The employee documents to the agency’s satisfaction that the employee may have been exposed to HIV while performing duties of employment with that agency; and*
 - (2) The employee was exposed to HIV in a manner that the United States Public Health Service has determined is capable of transmitting HIV.*
- (b) *The board by rule shall prescribe the criteria that constitute possible exposure to HIV under this section. The criteria must be based on activities the United States Public Health Service determines pose a risk of HIV infection.*

- (c) *For the purpose of qualifying for worker's compensation or any other similar benefits or compensation, an employee who claims a possible work-related exposure to HIV infection must provide the employer with a written statement of the date and circumstances of the exposure and document that, within 10 days after the date of the exposure, the employee had a test result that indicated an absence of HIV infection.*
- (d) *The cost of a state employee's testing and counseling shall be paid from funds appropriated for payment of worker's compensation benefits to state employees.*
- (e) *Counseling or a test conducted under this section must conform to the model protocol on HIV counseling and testing prescribed by the department.*
- (f) *A state employee who may have been exposed to HIV while performing duties of state employment may not be required to be tested."*

XIII. CONFIDENTIALITY (HSC § 81.046)

- (a) *"Reports, records, and information furnished to a health authority or the department that relate to cases or suspected cases of diseases or health conditions are confidential and may only be used only for the purposes of this chapter".*
- (b) *"Reports, records, and information relating to cases or suspected cases of disease or health conditions are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise except as provided by Subsections (c), (d), and (f)".*
- (c) *"Medical or epidemiological information may be released:*
 - (1) *For statistical purposes if released in a manner that prevents the identification of any person;*
 - (2) *With the consent of each person identified in the information;*
 - (3) *To medical personnel, appropriate state agencies, or county and district courts to comply with this chapter and related rules relating to the control and treatment of communicable diseases and health conditions;*
- (d) *In a case of sexually transmitted disease involving a minor under 13 years of age, information may not be released, except that the child's name, age, and address and the name of the disease may be released to appropriate agents as required by Chapter 261, Family Code. If that information is required in a court proceeding involving child abuse, the information shall be disclosed in camera.*

- (f) *Reports, records, and information relating to cases or suspected cases of diseases or health conditions may be released to the extent necessary during a public health disaster to law enforcement personnel solely for the purposes of protecting the health or life of the person identified in the report, record, or information. Only the minimum necessary information may be released under this subsection, as determined by the health authority or the department.*"

XIV. REPORTABLE DISEASES AND HEALTH CONDITIONS

Texas Health and Safety Code Chapters 81, 84 and 87 and the Texas Administrative Code Chapter 97, require specific information regarding notifiable conditions be provided to the Texas Department of Health Services.

The attached *TDHS Notifiable Conditions List* (Appendix E) provides guidance on:

- What conditions must be reported;
- When to report each condition;
- How to report each condition.

XV. PERSONS REQUIRED TO REPORT (§ 81.042)


(e) *The following person shall report to the local health authority or the department a suspected case of a reportable disease and all information known concerning the person who has or is suspected of having the disease if a report is not made as required by Subsections (a)—(d):*

(11) *Emergency medical service personnel, a peace officer, or a firefighter.*

Note: Subsections (a)—(d) referenced above concern dentists, veterinarians, local school authorities and other health professionals.

XVI. FAILURE TO REPORT, CRIMINAL PENALTY (HSC § 81.049)

"A person commits an offense if the person knowingly fails to report a reportable disease or health condition under this chapter. An offense under this section is a Class B misdemeanor".



Michael J. Heidingsfield
Director of Police

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APPENDIX B

IACP National Law Enforcement Policy Center

HIV/AIDS Prevention

Model Policy

May 2000

I. PURPOSE

The purpose of this policy is to provide guidelines for law enforcement officers in preventing the contraction of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).

II. POLICY

It is the responsibility of this agency to ensure that its employees are able to perform their duties in a safe and effective manner. The safe performance of daily operations can be threatened by life-endangering communicable diseases. Therefore, it shall be the policy of this department to provide employees with up-to-date HIV/AIDS information that will assist in minimizing potential exposure, while increasing employee understanding of the nature and potential risks of the disease.

III. DEFINITIONS

Body Fluids: Liquid secretions including blood, semen, vaginal, or other secretions that might contain these fluids such as saliva, vomit or urine.

Exposure: Any contact with body fluids including, but not limited to, direct contact with skin, eyes, nose and mouth, and through needle sticks.

IV. PROCEDURES

A. HIV/AIDS Prevention

1. In order to minimize potential exposure to HIV/AIDS, officers should assume that all persons are potential carriers of a communicable disease.
2. Disposable gloves shall be worn when handling any persons, clothing or equipment with body fluids on them.
3. Where possible and appropriate, masks, protective eyewear, and coveralls should be worn where body fluids may be splashed on the officer.
4. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever an officer performs CPR or mouth-to-mouth resuscitation.
5. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care, and should be considered contaminated items.
 - a. Leather gloves should be worn when searching for or handling sharp instruments.

- b. Officers should not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted, using a flashlight where necessary. The suspect may also be asked to remove such objects from his/her person.
 - c. Needles should not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.
 6. Officers should not smoke, eat, drink, or apply cosmetics near body fluid spills.
 7. Evidence contaminated with body fluids will be dried, double-bagged in plastic bags, and marked to identify potential or known communicable disease contamination.
- B. Transport and Custody
 1. Where appropriate protective equipment is available, no officer shall refuse to arrest or otherwise physically handle any person who may have a communicable disease.
 2. Officers should not put their fingers in or near any person's mouth.
 3. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals after appropriate medical treatment by paramedics or other qualified medical personnel. The individual may be required to wear a suitable protective covering if he is bleeding or otherwise emitting body fluids where reasonable or possible.
 4. Officers have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his person.
 5. Suspects taken into custody with body fluids on their persons shall be placed directly in the designated holding area for processing, and should change into uncontaminated clothing where reasonable/possible. The holding area shall be posted with an "Isolated Area-Do Not Enter" sign.
 6. Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has body fluids on his person.
- C. Disinfection
 1. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with soap and hot water.
 - a. Alcohol or antiseptic towelettes may be used where soap and water are unavailable.
 - b. Disposable gloves should be rinsed before removal. The hands and forearms should then be washed.
 - c. Hand lotion should be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
 - d. All open cuts and abrasions shall be covered with waterproof bandages before the employee reports for duty.

2. Employees should remove clothing that has been contaminated with body fluids as soon as practical. Any skin area that has come into contact with this clothing should then be cleansed in the prescribed fashion. Contaminated clothing should be handled carefully and laundered separately.
3. Disinfection procedures shall be followed whenever body fluids are spilled, or an individual with body fluids on his/her person is transported in a departmental vehicle.
 - a. A supervisor shall be notified and the vehicle taken to the service center as soon as possible.
 - b. Affected vehicles should be designated by the posting of an "Infectious Disease Contamination" sign upon arrival at the service center and while awaiting disinfection.
 - c. All organic matter should be removed with an absorbent cloth before disinfectant is applied to the area.
4. The affected area should be cleansed with a hospital-grade disinfectant. Employees shall not hose/flood the affected area.
5. Nondisposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
 - a. All body fluids should first be removed with absorbent materials.
 - b. The area shall be cleansed with a hospital-grade disinfectant.
6. All disposable equipment, cleaning materials or evidence contaminated with body fluids shall be bagged and disposed of in compliance with state law provisions for disposal of biologically hazardous waste material.

D. Supplies

1. Supervisors are responsible for continuously maintaining and storing in a convenient location adequate HIV/AIDS control supplies for their units.
2. Supervisors are responsible for dissemination of supplies for HIV/AIDS control. Protective gloves, other first-aid supplies, and disinfecting materials will be made readily available at all times.
3. All departmental vehicles shall be continuously stocked with the following communicable-disease control supplies:
 - a. Clean coveralls in appropriate sizes
 - b. Disposable gloves and leather gloves
 - c. Puncture-resistant containers and sealable plastic bags
 - d. Barrier resuscitation equipment, goggles and masks
 - e. Hospital grade disinfectant
 - f. Disposable towelettes (70 percent isopropyl alcohol)
 - g. Waterproof bandages
 - h. Absorbent cleaning materials
 - i. "Isolation Area-Do Not Enter" signs
4. Employees who use supplies stored in police vehicles are responsible for replacing them.
5. Employees are required to keep disposable gloves in their possession while on either motor or foot patrol.

E. Line-of-Duty Exposure to Communicable Diseases

1. Any employee who has been bitten by a person, stuck by a needle or who has had physical contact with body fluids of another person while in the line of duty shall be considered to have been exposed to HIV/AIDS.
2. A supervisor shall be contacted, and all appropriate duty injury and medical forms shall be completed by the supervisor.
3. Immediately after exposure, the officer shall be transported to the appropriate health care facility for clinical and serological testing for evidence of infection.
 - a. The department shall ensure continued testing of the officer for evidence of infection and provide psychological counseling as determined necessary by the health care official.
 - b. Unless disclosure to an appropriate departmental official is authorized by the officer or by state law, the employee's test results shall remain confidential.
4. Any person responsible for potentially exposing the employee to HIV/AIDS shall be encouraged to undergo testing to determine if the person has HIV/AIDS.
5. Employees who test positive for HIV/AIDS may continue working as long as they maintain acceptable performance and do not pose an additional safety and health threat to themselves, the public or members of the department.
 - a. The department shall make all decisions concerning the employee's work status solely on the medical opinions and advice of the department's health care officials.
 - b. The department may require an employee to be examined by a physician to determine if he/she is able to perform his/her duties without hazard to him/herself or others.
6. All personnel shall treat employees who have contracted HIV/AIDS with fairness, courtesy and dignity.

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Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this model policy incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no "model" policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities, among other factors.

APPENDIX C

Texas Department of State Health Services

Health Service Regions

Current as of November 12, 2014

HEALTH SERVICE REGION 1 - Lubbock

Peter W. Pendergrass, MD, M.P.H., Regional Medical Director

Deborah Evans, Deputy Regional Director

Regional Headquarters: 6302 Iola Ave, Lubbock, Texas 79424, Mail Code 1899

Phone: (806) 744-3577 FAX: (806) 783-6435

[Map to Region 1 office](#) [Web site](#)

HEALTH SERVICE REGION 2/3 - Arlington

James A. Zoretic, M.D., M.P.H., Regional Medical Director

Earlene Quinn, Deputy Regional Director

Regional Headquarters: 1301 South Bowen Road, Suite 200, Arlington, Texas 76013, Mail Code 1905

Phone: (817) 264-4500 FAX: (817) 264-4506

TDD: (817) 264-4505

[Map to Region 2/3 office](#) [Web site](#)

HEALTH SERVICE REGION 4/5 NORTH - Tyler

Paul K. McGaha, D.O., M.P.H., Regional Medical Director

Roger Barker, Deputy Regional Director

Regional Headquarters: 1517 West Front Street, Tyler, Texas 75702, Mail Code 1901

Phone: (903) 595-3585 FAX: (903) 593-4187

[Map to Region 4/5 North office](#) [Web site](#)

HEALTH SERVICE REGION 6/5 SOUTH - Houston

Paul K. McGaha, D.O., M.P.H., Acting Regional Medical Director

Greta Etnyre, Deputy Regional Director

Regional Headquarters: 5425 Polk, Suite J, Houston, Texas 77023, Mail Code 1906

Phone: (713) 767-3000 FAX: (713) 767-3049

[Map to Region 6/5 South office](#) [Web site](#)

HEALTH SERVICE REGION 7 - Temple

Sharon K. Melville, M.D., M.P.H., Regional Medical Director

Keith Johnson R.S., Deputy Regional Director

Regional Headquarters: 2408 South 37th Street, Temple, Texas 76504, Mail Code 1902

Phone: (254) 778-6744 FAX: (254) 778-4066

[Map to Region 7 office](#) [Web site](#)

HEALTH SERVICE REGION 8 - San Antonio

Lillian Ringsdorf, M.D., M.P.H., Regional Medical Director

Gale Morrow, Deputy Regional Director

Regional Headquarters: 7430 Louis Pasteur Drive, San Antonio, Texas 78229, Mail Code 5716

Phone: (210) 949-2000 FAX: (210) 949-2015

[Map to Region 8 office](#) [Web site](#)

HEALTH SERVICE REGION 9/10 - El Paso

Mary Anderson, M.D., M.P.H., Regional Medical Director

Art G. Alvarado, R.S, M.P.H., Deputy Regional Director

Regional Headquarters: 401 East Franklin, Suite 210, El Paso, Texas 79901, Mail Code 1903

Phone: (915) 834-7675 FAX: (915) 834-7799

[Map to Region 9/10 office](#) [Web site](#)

APPENDIX C

HEALTH SERVICE REGION 11 - Harlingen

Brian Smith, M.D., M.P.H., Regional Medical Director

Sylvia Hobbs, Deputy Regional Director

Regional Headquarters: 601 West Sesame Drive, Harlingen, Texas 78550, Mail Code 1907

Phone: (956) 423-0130 FAX: (956) 444-3298

[Map to Region 11 office](#) [Web site](#)

TEXAS HEALTH FACILITIES

RIO GRANDE STATE CENTER / SOUTH TEXAS HEALTH CARE SYSTEM

Sonia Hernandez-Keeble, Acting Director

Headquarters: Post Office Box 592 (78551), 1301 Rangerville Road, Harlingen, Texas 78552

Phone: (956) 423-3420 FAX: (956) 421-2974

[Map to South Texas Health Care System](#) [Web site](#)

TEXAS CENTER FOR INFECTIOUS DISEASE

Jim N. Elkins, F.A.C.H.E., Hospital Director

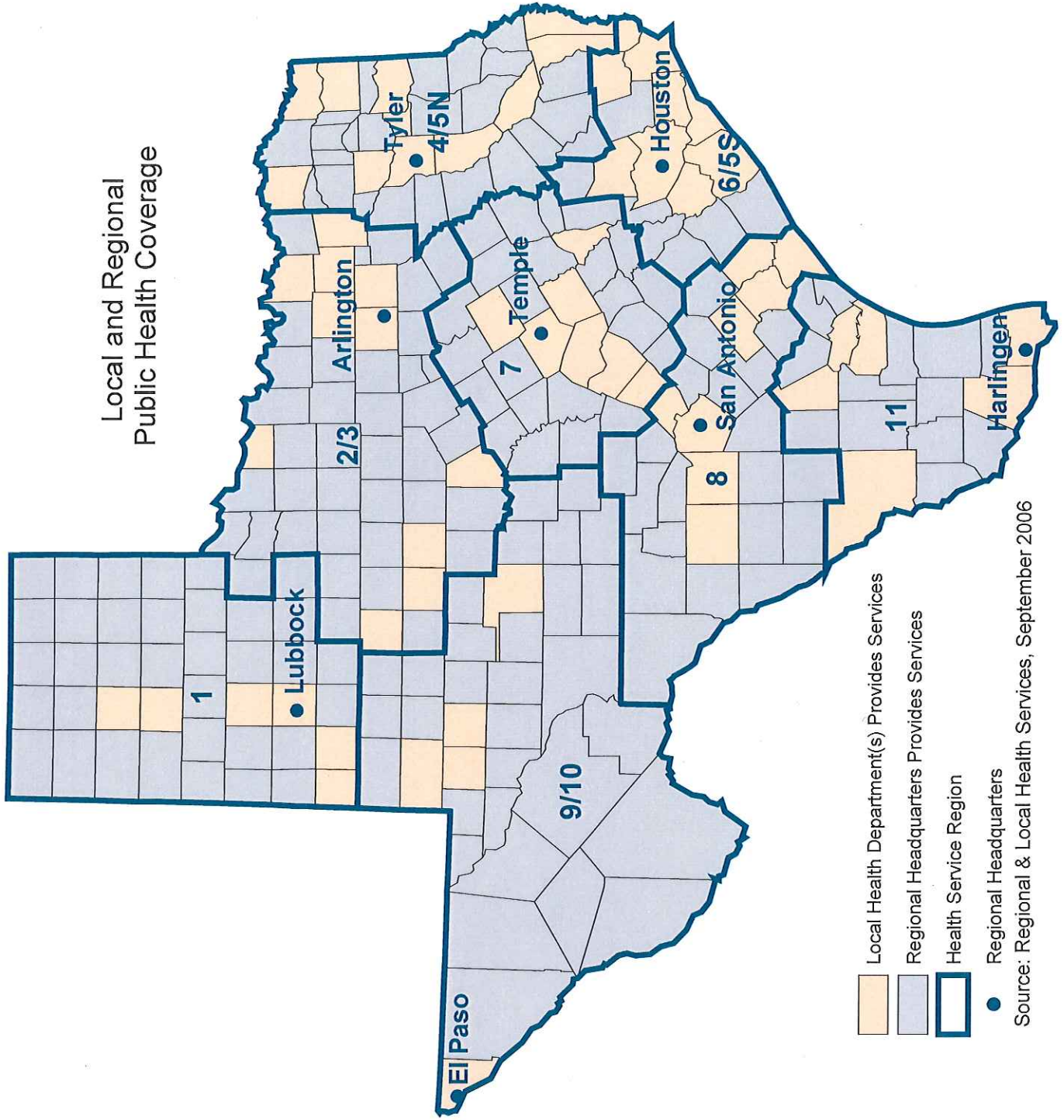
Therese M. Shoffner, R.N., M.S.N., Director, Patient Care

Headquarters: 2303 South East Military Drive, San Antonio, Texas 78223

Phone: (210) 534-8857 FAX: (210) 531-4502

[Map to Texas Center for Infectious Disease](#) [Web site](#)

Local and Regional
Public Health Coverage



- Local Health Department(s) Provides Services
 - Regional Headquarters Provides Services
 - Health Service Region
 - Regional Headquarters
- Source: Regional & Local Health Services, September 2006



A – I	When to Report	I – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ^{1,2}	Within 1 week	Influenza, Novel ³	Call Immediately
Amebiasis ³	Within 1 week	*Lead, child blood, any level & adult blood, any level ⁴	Call/Fax Immediately
Amebic meningitis and encephalitis ³	Within 1 week	Legionellosis ³	Within 1 week
Anaplasmosis ³	Within 1 week	Leishmaniasis ³	Within 1 week
Anthrax ^{3,5}	Call Immediately	Listeriosis ^{3,5}	Within 1 week
Arbovirus infection ^{3,6}	Within 1 week	Lyme disease ³	Within 1 week
*Asbestosis ⁷	Within 1 week	Malaria ³	Within 1 week
Babesiosis ³	Within 1 week	Measles (rubeola) ³	Call Immediately
*Botulism (adult and infant) ^{3,5,8}	Call Immediately	Meningococcal infections, invasive ^{3,5}	Call Immediately
Brucellosis ^{3,5}	Within 1 work day	Multi-drug resistant <i>Acinetobacter</i> (MDR-A) ^{9,10}	Call Immediately
Campylobacteriosis ³	Within 1 week	Mumps ³	Within 1 week
*Cancer ¹¹	See rules ¹¹	Pertussis ³	Within 1 work day
Carbapenem resistant <i>Enterobacteriaceae</i> (CRE) ^{9,12}	Call Immediately	*Pesticide poisoning, acute occupational ¹³	Within 1 week
Chagas' disease ³	Within 1 week	Plague (<i>Yersinia pestis</i>) ^{3,5}	Call Immediately
*Chancroid ¹	Within 1 week	Poliomyelitis, acute paralytic ³	Call Immediately
Chickenpox (varicella) ¹⁴	Within 1 week	Poliovirus infection, non-paralytic ³	Within 1 work day
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Q fever ³	Within 1 work day
*Contaminated sharps injury ¹⁵	Within 1 month	Rabies, human ³	Call Immediately
*Controlled substance overdose ¹⁶	Call Immediately	Relapsing fever ³	Within 1 week
Creutzfeldt-Jakob disease (CJD) ³	Within 1 week	Rubella (including congenital) ³	Within 1 work day
Coronavirus, novel causing severe acute respiratory disease ^{3,17}	Call Immediately	Salmonellosis, including typhoid fever ³	Within 1 week
Cryptosporidiosis ³	Within 1 week	Shigellosis ³	Within 1 week
Cyclosporiasis ³	Within 1 week	*Silicosis ¹⁸	Within 1 week
Cysticercosis ³	Within 1 week	Smallpox ³	Call Immediately
*Cytogenetic results (fetus and infant only) ¹⁹	See rules ¹⁹	*Spinal cord injury ²⁰	Within 10 work days
Dengue ³	Within 1 week	Spotted fever group rickettsioses ³	Within 1 week
Diphtheria ³	Call Immediately	<i>Staph. aureus</i> , vancomycin-resistant (VISA and VRSA) ^{3,5}	Call Immediately
*Drowning/near drowning ²⁰	Within 10 work days	Streptococcal disease (group A, B, S. pneumo), invasive ³	Within 1 week
Ehrlichiosis ³	Within 1 week	*Syphilis – primary and secondary stages ^{1,21}	Within 1 work day
<i>Escherichia coli</i> infection, Shiga toxin-producing ^{3,5}	Within 1 week	*Syphilis – all other stages ^{1,21}	Within 1 week
*Gonorrhea ¹	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ³	Within 1 week
<i>Haemophilus influenzae</i> type b infections, invasive ³	Within 1 week	Tetanus ³	Within 1 week
Hansen's disease (leprosy) ³	Within 1 week	*Traumatic brain injury ²⁰	Within 10 work days
Hantavirus infection ³	Within 1 week	Trichinosis ³	Within 1 week
Hemolytic Uremic Syndrome (HUS) ³	Within 1 week	Tuberculosis (includes all <i>M. tuberculosis</i> complex) ^{5,22}	Within 1 work day
Hepatitis A (acute) ³	Within 1 work day	Tularemia ^{3,5}	Call Immediately
Hepatitis B, C, and E (acute) ³	Within 1 week	Typhus ³	Within 1 week
Hepatitis B identified prenatally or at delivery (acute & chronic) ³	Within 1 week	<i>Vibrio</i> infection, including cholera ^{3,5}	Within 1 work day
Hepatitis B, perinatal (HBsAg+ < 24 months old) ³	Within 1 work day	Viral hemorrhagic fever, including Ebola ³	Call Immediately
*Human immunodeficiency virus (HIV) infection ^{1,2}	Within 1 week	Yellow fever ³	Call Immediately
Influenza-associated pediatric mortality ³	Within 1 work day	Yersiniosis ³	Within 1 week

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.

*See condition-specific footnote for reporting contact information

- ¹ Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.
- ² Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.
- ³ Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- ⁴ For reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.
- ⁵ Lab isolate must be sent to DSHS lab. Call 512-776-7598 for specimen submission information.
- ⁶ Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup including Cache Valley and La Crosse, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE).
- ⁷ For reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.
- ⁸ Report suspected botulism immediately by phone to 888-963-7111.
- ⁹ CRE and MDR-A reporting is covered and encouraged as a rare or exotic disease and will be specified by Texas Administrative Code (TAC) rule with an estimated effective date of April 1, 2014. See proposed amendments at <http://www.sos.state.tx.us/texreg/pdf/backview/1206/1206prop.pdf>, 25 TAC §§97.1, 97.3, 97.4, 97.7.
- ¹⁰ See additional reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
- ¹¹ Please refer to specific rules and regulations for cancer reporting and who to report to at <http://www.dshs.state.tx.us/tcr/reporting.shtm>.
- ¹² See additional reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
- ¹³ For reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/#reporting>.
- ¹⁴ 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.
- ¹⁵ Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.
- ¹⁶ Contact local poison center at 1-800-222-1222. For instructions, see <http://www.dshs.state.tx.us/epidemiology/epipoison.shtm#rcso>.
- ¹⁷ Novel coronavirus causing severe acute respiratory disease includes previously reportable Severe Acute Respiratory Syndrome (SARS).
- ¹⁸ For reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.
- ¹⁹ Report cytogenetic results, including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.
- ²⁰ Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.
- ²¹ Laboratories should report syphilis test results within 3 work days of the testing outcome.
- ²² MTB complex includes *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.