**Texas Department of State Health Services**

**Weekly Report of New Concerning Tuberculosis Events**

Reporting jurisdiction:

Point of contact:

Report Date:

|  |  |  |
| --- | --- | --- |
| **Event** | **No. of cases** | **THISIS Event IDs** |
| **TB deaths** |  |  |
| **TB cases in children under 5 years of age** |  |  |
| **RR-TB**  **MDR-TB**  **Pre-XDR TB**  **XDR-TB** |  |  |

Report by COB each Friday via email to: [TBEpi@dshs.texas.gov](mailto:TBEpi@dshs.texas.gov); [Shawna.Blasingame@dshs.texas.gov](mailto:Shawna.Blasingame@dshs.texas.gov)