

**Department of State Health Services
Council Agenda Memo for State Health Services Council
June 14, 2012**

Agenda Item Title: Amendments to rules and the repeal of a rule concerning the control of communicable diseases and amendments to rules concerning the Respiratory Syncytial Virus (RSV)

Agenda Number: 4.h

Recommended Council Action:

For Discussion Only

For Discussion and Action by the Council

Background:

The Infectious Disease Prevention Section, Infectious Disease Control Unit Branch, located in the Prevention and Preparedness Services Division, provides services to prevent, control, and reduce infectious disease. Such services include:

- investigating clusters of foodborne illnesses to identify contaminated food sources and remove them from circulation;
- recommending control measures (e.g. staying home from school, disinfection) to stop the spread of communicable diseases; and
- arranging diagnostic testing of persons with suspected communicable diseases.

Funding to the Infectious Disease Control Unit is provided through the Centers for Disease Control and Prevention federal funds and through state general revenue funds.

Summary:

The purpose of the rule revision is to provide updated language and offer clarification for rules concerning the control of communicable diseases and the RSV surveillance program. The rule changes:

- revise the notifiable conditions list;
- update exclusion criteria for school children with infectious diseases;
- update the responsibilities of the sentinel surveillance program for RSV infection in children and the capacity of the database affiliated with that program;
- update definitions for clarity and remove legacy references; and
- remove an expired pilot program.

Updates to the notifiable conditions list have removed conditions that are not amenable to public health intervention, such as aseptic meningitis. The list has added specific etiologies of meningitis that are amenable to public health intervention, such as amoebic meningitis. Additional revisions include clarifying the names of conditions to ensure proper reporting. The list has added conditions that have become relevant to Texas public health, such as babesiosis and Chagas disease.

The rule revision complies with the four-year review of agency rules required in Government Code, Section 2001.039.

Key Health Measures:

The proposed amendments update and clarify rule language but are not expected to change program outcomes or create any new measurements. Staff will continue to monitor population rates and trends of notifiable conditions in Texas. Staff will focus on conditions amenable to public health intervention.

Summary of Input from Stakeholder Groups:

The Infectious Disease Control Unit solicited preliminary feedback from stakeholders via e-mail and telephone during the development of the proposed changes to the rules. Stakeholders include regional and local health department staff, Texas Public Health Association, Texas Society for Infection Control and Prevention, Texas Education Agency, Texas Medical Association, Texas Pediatric Society, Texas Nurses Association, Higher Education Coordinating Board, Texas School Alliance, Texas Veterinary Medicine Association, Texas Veterinary Medical Diagnostic Laboratory, Texas Association of Local Health Organizations, Texas Hospital Association, DSHS Laboratory Services Section, DSHS Regulatory Services Division, DSHS Immunizations Branch, Department of Family and Protective Services, and DSHS School Health.

Stakeholder feedback focused on 25 TAC, Section 97.7, concerning Diseases Requiring Exclusion from Schools. Several school nurses (contacted through the Texas School Alliance and/or DSHS School Health) recommended changes to clarify the exclusion criteria and to bring the criteria in line with the American Academy of Pediatrics recommendations. These suggestions were incorporated into the proposed rules. Local health department support was received for removing aseptic meningitis from the conditions to report.

Stakeholders will have an additional opportunity to comment on the rules during the 30-day public comment period.

Proposed Motion:

Motion to recommend HHSC approval for publication of rules contained in agenda item #4.h.

Approved by Assistant Commissioner/Director: Adolfo M. Valadez, M.D., M.P.H. **Date:** 5-31-12

Presenter: Jeff Taylor **Program:** Emerging and Acute Infectious Disease Branch **Phone No.:** 776-6355

Approved by CCEA: Carolyn Bivens **Date:** 5-31-12

Title 25. HEALTH SERVICES
Part 1. DEPARTMENT OF STATE HEALTH SERVICES
Chapter 97. Communicable Diseases
Subchapter A. Control of Communicable Diseases
Amendments §§97.1 - 97.7 and 97.11, Repeal §97.14
Subchapter K. Respiratory Syncytial Virus
Amendments §97.255 and §97.257

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes amendments to §§97.1 - 97.7 and §97.11, and the repeal of §97.14, concerning the control of communicable diseases, and amendments to §97.255 and §97.257, concerning the Respiratory Syncytial Virus (RSV).

BACKGROUND AND PURPOSE

Government Code, §2001.039, requires that each state agency review and consider for re-adoption each rule adopted by that agency pursuant to the Government Code, Chapter 2001 (Administrative Procedure Act), according to the schedule listed therein. Sections 97.1 - 97.7, 97.11, 97.255 and 97.257 have been reviewed, and the department has determined that the rules should continue to exist with the amendments because rules on this subject are needed. Section 97.14 has been reviewed and is being repealed because the statute, (Health and Safety Code, §81.0445), requiring the pilot reporting program on methicillin-resistant *Staphylococcus aureus* expired on September 1, 2011.

SECTION-BY-SECTION SUMMARY

These are proposed rules concerning the control of communicable diseases and Respiratory Syncytial Virus located in Chapter 97, Subchapters A and K of this title.

The amendments to §97.1 update definitions by adding, deleting, and revising text as necessary for clarity.

The amendment to §97.2 adds an advanced practice nurse and a physician assistant to clarify who should report.

The amendments to §97.3 update legacy agency references, add amebic meningitis and encephalitis, anaplasmosis, babesiosis, Chagas' disease, novel influenza, and poliovirus infection, non-paralytic to the notifiable conditions list, update diseases requiring submission of specimens to the department's laboratory, remove encephalitis and meningitis and specific types of hepatitis from the list of notifiable conditions, and clarify which types of hemorrhagic *E. coli* should be reported. These amendments will allow the department to conduct more relevant and efficient disease surveillance.

Amendments to §97.4 change reporting time frames for *Haemophilus influenzae* type b infection, novel influenza, and any outbreak, exotic disease, and unusual presentations of disease. Also, poliovirus infection, non-paralytic were added to the notifiable conditions, legacy agency references were updated, and *E. coli* reporting times were clarified.

Amendments to §97.5 update legacy agency references and clarify submission of *E. coli* isolates.

Amendments to §97.6 update a rule reference and rule title.

Amendments to §97.7 update guidance for diseases requiring exclusion from child-care facilities and schools.

Amendments to §97.11 clarify which types of *E. coli* require notification of emergency responders.

Section 97.14 is proposed for repeal as it concerns a pilot reporting program on methicillin-resistant *Staphylococcus aureus* that expired on September 1, 2011.

Amendments to §97.255 and §97.257 update the responsibilities of the sentinel surveillance program for RSV infection in children and update the capacity of the database affiliated with that program.

FISCAL NOTE

Ms. Janna Zumbrun, Section Director, Infectious Disease Prevention Section, has determined that for each year of the first five years that the sections are in effect, there will be no fiscal implications to state or local governments as a result of enforcing and administering the sections as proposed.

SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Ms. Zumbrun has also determined that there will be no adverse economic costs to small businesses or micro-businesses required to comply with the sections as proposed. This was determined by interpretation of the rules that small businesses and micro-businesses will not be required to alter their business practices in order to comply with the sections.

ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL EMPLOYMENT

There are no anticipated costs to persons who are required to comply with the sections as proposed. There is no anticipated negative impact on local employment.

PUBLIC BENEFIT

In addition, Ms. Zumbrun also has determined that for each year of the first five years the sections are in effect, the public will benefit from their adoption. These rules impact the people

of Texas whose risk of illness is decreased by the early detection and control or prevention of infectious diseases in the community.

REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

TAKINGS IMPACT ASSESSMENT

The department has determined that the proposed rules do not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, do not constitute a taking under Government Code, §2007.043.

PUBLIC COMMENT

Comments on the proposal may be submitted to Rachel Wiseman, Epidemiologist, Emerging and Acute Infectious Disease Branch, Infectious Disease Control Unit, Infectious Disease Prevention Section, Division for Prevention and Preparedness, Department of State Health Services, Mail Code 1960, P.O. Box 149347, Austin, Texas 78714, (512) 776-7676 or by email to Rachel.Wiseman@dshs.state.tx.us. Comments will be accepted for 30 days following publication of the proposal in the *Texas Register*.

LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

STATUTORY AUTHORITY

The amendments and repeal are authorized by Health and Safety Code, §81.004, which authorizes rules necessary for the effective administration of the Communicable Disease Prevention and Control Act; §81.042, which requires a rule on the exclusion of children from schools; §81.050 which requires a rule to prescribe criteria that constitute exposure to reportable diseases; and §96.005, which requires rules to implement Health and Safety Code, Chapter 96, on Respiratory Syncytial Virus; and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001. Review of the sections implements Government Code, §2001.039.

The amendments and repeal affect Health and Safety Code, Chapters 81 and 96; and Government Code, Chapters 531 and 1001.

Section for repeal.

§97.14. Methicillin-resistant *Staphylococcus aureus* (MRSA) reporting.

Legend: (Proposed Amendments)

Single Underline = Proposed New Language

[Bold Print and Brackets] = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

Subchapter A. Control of Communicable Diseases

§97.1. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

(1) - (8) (No change.)

(9) Diarrhea--A watery or loose stool that takes the shape of the container that holds it.

(10) [(9)] Department--Department of State Health Services.

(11) [(10)] Disinfection--Application of chemical or physical agents to destroy infectious agents outside the body.

(12) [(11)] Epidemic--The occurrence in a community or region of a group of illnesses of similar nature, clearly in excess of normal expectancy, and derived from a common or a propagated source.

(13) [(12)] Exposure--A situation or circumstance in which there is significant risk of becoming infected with the etiologic agent for the disease involved.

(14) Fever--A temperature of 100 degrees Fahrenheit (37.8 degrees Celsius) or higher.

(15) [(13)] Health authority--A physician designated to administer state and local laws relating to public health under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121. The health authority, for purposes of this subchapter [these sections], may be:

(A) a local health authority appointed by the local government jurisdiction; or

(B) a regional director of the Department of State Health Services if no physician has been appointed by the local government.

(16) [(14)] Hospital laboratory--Any laboratory that performs laboratory test procedures for a patient of a hospital either as a part of the hospital or through contract with the hospital.

(17) [(15)] Notifiable condition--Any disease or condition that is required to be reported under the Act or by this chapter [these sections]. See §97.3 of this title (relating to What

Condition to Report and What Isolates to Report or Submit). Any outbreak, exotic disease, or unusual group expression of illness which may be of public health concern, whether or not the disease involved is listed in §97.3 of this title, shall be considered a "notifiable condition." [.] The term "notifiable condition" is the same as the term "reportable disease" as used in the Health and Safety Code.

(18) [(16)] Outbreak--See definition of epidemic in this section.

(19) Pandemic--A global disease epidemic or an epidemic that crosses international borders and affects an extremely large number of people.

(20) [(17)] Perinatal hepatitis B infection--HBsAg positivity in any infant aged >1-24 months.

(21) [(18)] Physician--A person licensed by the Texas Medical Board to practice medicine in Texas.

(22) [(19)] Physician assistant--A person licensed as a physician assistant by the Texas Physician Assistant Board.

(23) [(20)] Regional director--The physician who is the chief administrative officer of a region as designated by the department under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121.

(24) [(21)] Report--Information that is required to be provided to the department.

(25) [(22)] Report of a disease--The notification to the appropriate authority of the occurrence of a specific communicable disease in man or animals, including all information required by the procedures established by the department.

(26) [(23)] Research facility--A facility that is licensed by the United States Department of Agriculture to use vertebrate animals for research purposes and is in compliance with the federal Animal Welfare Act (7 U.S.C., Chapter 54).

(27) [(24)] School Administrator--The city or county superintendent of schools or the principal of any school not under the jurisdiction of a city or county board of education.

(28) [(25)] Significant risk--A determination relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, relating to the following:

(A) nature of the risk (how the disease is transmitted);

(B) duration of the risk (how long an infected person may be infectious);

(C) severity of the risk (what is the potential harm to others); and

(D) probability the disease will be transmitted and will cause varying degrees of harm.

(29) [(26)] Specimen Submission Form--A current Department of State Health Services laboratory specimen submission form available from the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas, 78756-3199.

(30) [(27)] Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA)--*Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) of 4 µg/mL through 8 µg/mL.

(31) [(28)] Vancomycin-resistant *Staphylococcus aureus* (VRSA)--*Staphylococcus aureus* with a vancomycin MIC of 16 µg/mL or greater.

(32) [(29)] Veterinarian--A person licensed by the Texas State Board of Veterinary Medical Examiners to practice veterinary medicine in Texas.

§97.2. Who Shall Report.

(a) A physician, dentist, veterinarian, chiropractor, advanced practice nurse, physician assistant, or person permitted by law to attend a pregnant woman during gestation or at the delivery of an infant shall report, as required by these sections, each patient (person or animal) he or she shall examine and who has or is suspected of having any notifiable condition, and shall report any outbreak, exotic disease, or unusual group expression of illness of any kind whether or not the disease is known to be communicable or reportable. An employee from the clinic or office staff may be designated to serve as the reporting officer. A physician, dentist, veterinarian, advanced practice nurse, physician assistant, or chiropractor who can assure that a designated or appointed person from the clinic or office is regularly reporting every occurrence of these diseases or health conditions in their clinic or office does not have to submit a duplicate report.

(b) - (h) (No change.)

§97.3. What Condition to Report and What Isolates to Report or Submit.

(a) Humans.

(1) Identification of notifiable conditions.

(A) A summary list of notifiable conditions and reporting time frames is published on the Department of State Health Services web site at <http://www.dshs.state.tx.us/idcu/>. Copies are filed in the Emerging and Acute Infectious Disease [Infectious Disease Surveillance and Epidemiology] Branch, Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756.

(B) (No change.)

(2) Notifiable conditions or isolates.

(A) Confirmed and suspected human cases of the following diseases/infections are reportable: acquired immune deficiency syndrome (AIDS); amebiasis; amebic meningitis and encephalitis; anaplasmosis; anthrax; arboviral infections caused by California serogroup virus, Eastern equine encephalitis (EEE) virus, Powassan virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, and West Nile (WN) virus; babesiosis; botulism-adult and infant; brucellosis; campylobacteriosis; Chagas' disease; chancroid; chickenpox (varicella); *Chlamydia trachomatis* infection; Creutzfeldt-Jakob disease (CJD); cryptosporidiosis; cyclosporiasis; dengue; diphtheria; ehrlichiosis; **[encephalitis (specify etiology)]**; shiga-toxin producing *Escherichia coli* [**enterohemorrhagic**] infection; gonorrhea; Hansen's disease (leprosy); *Haemophilus influenzae* type b infection, invasive; hantavirus infection; hemolytic uremic syndrome (HUS); hepatitis A, B, C, **[D,]** and E, **[and unspecified]** (acute); hepatitis B, (acute and chronic) identified prenatally or at delivery **[as described in §97.135 of this title (relating to Serologic Testing during Pregnancy and Delivery)]**; perinatal hepatitis B infection; human immunodeficiency virus (HIV) infection; influenza-associated pediatric mortality; legionellosis; leishmaniasis; listeriosis; Lyme disease; malaria; measles (rubeola); **[meningitis (specify type)]**; meningococcal infection, invasive; novel influenza; mumps; pertussis; plague; poliomyelitis, acute paralytic; poliovirus infection, non-paralytic; Q fever; rabies; relapsing fever; rubella (including congenital); salmonellosis, including typhoid fever; severe acute respiratory syndrome (SARS) as defined by the United States Centers for Disease Control and Prevention; shigellosis; smallpox; spotted fever group rickettsioses (such as Rocky Mountain spotted fever); streptococcal disease: invasive group A, invasive group B, or invasive *Streptococcus pneumoniae*; syphilis; *Taenia solium* and undifferentiated *Taenia* infections, including cysticercosis; tetanus; trichinosis; tuberculosis; tularemia; typhus; *Vibrio* infection, including cholera (specify species); viral hemorrhagic fevers; yellow fever; yersiniosis; and vancomycin-intermediate resistant *Staphylococcus aureus* (VISA), and vancomycin-resistant *Staphylococcus aureus* (VRSA).

(B) (No change.)

(3) Minimal reportable information requirements. The minimal information that shall be reported for each disease is as follows:

(A) AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis shall be reported in accordance with §§97.132-97.134 **[97.135]** of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) [**, including AIDS and HIV infection**]);

(B) - (E) (No change.)

(F) for hepatitis A, B, C, and **[D,]** E - name, address, telephone number, age, date of birth, sex, race and ethnicity, disease, diagnostic indicators (diagnostic lab results, including all positive and negative hepatitis panel results, liver function tests, and symptoms), date of onset, pregnancy status, and physician name, address, and telephone number;

(G) - (I) (No change.)

(J) for Hansen's disease - name; date of birth; sex; race and ethnicity; social security number; disease type; place of birth; address; telephone number; date entered Texas; date entered U.S.; education/employment; insurance status; location and inclusive dates of residence outside U.S.; date of onset and history prior to diagnosis; date of initial biopsy and result; date initial drugs prescribed and name of drugs; name, date of birth and relationship of household contacts; and name, address, and telephone number of physician; **[and]**

(K) for novel influenza investigations occurring during an influenza pandemic--minimal reportable information on individual cases, a subset of cases or aggregate data will be specified by the department;

(L) [(K)] for all other notifiable conditions listed in paragraph (2)(A) of this subsection - name, address, telephone number, age, date of birth, sex, race and ethnicity, disease, diagnostic indicators (diagnostic lab results and specimen source, and clinical indicators), date of onset, and physician name, address, and telephone number; and

(M) other information may be required as part of an investigation in accordance with Texas Health and Safety Code, §81.061.

(4) - (5) (No change.)

(b) Animals.

(1) Clinically diagnosed or laboratory-confirmed animal cases of the following diseases are reportable: anthrax, arboviral encephalitis, Chagas' disease, *Mycobacterium tuberculosis* infection in animals other than those housed in research facilities, plague, and psittacosis. Also, all non-negative rabies tests performed on animals from Texas at laboratories located outside of Texas shall be reported; all non-negative rabies tests performed in Texas will be reported by the laboratory conducting the testing. In addition to individual case reports, any outbreak, exotic disease, or unusual group expression of disease which may be of public health concern should be reported by the most expeditious means.

(2) (No change.)

§97.4. When to Report a Condition or Isolate.

(a) Humans.

(1) The following notifiable conditions are public health emergencies and suspect cases shall be reported immediately by phone to the local health authority or the regional director of the Department of State Health Services (department): anthrax; botulism[, **foodborne**]; diphtheria; [***Haemophilus influenzae* type b infection, invasive;**] measles (rubeola); meningococcal infection, invasive; poliomyelitis, acute paralytic; plague; novel influenza; rabies; severe acute respiratory syndrome (SARS); smallpox; tularemia; viral hemorrhagic fevers;

yellow fever; and any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern. Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA) shall be reported immediately by phone to the Emerging and Acute Infectious Disease [Infectious Disease Surveillance and Epidemiology] Branch, Department of State Health Services, Austin at (800) 252-8239.

(2) The following notifiable conditions shall be reported within one working day of identification as a suspected case: brucellosis, hepatitis A (acute), influenza-associated pediatric mortality, perinatal hepatitis B, pertussis, Q fever, poliovirus infection, non-paralytic, rubella (including congenital), tuberculosis, *Vibrio* infection (including cholera).

(3) AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection, and syphilis shall be reported in accordance with §§97.132 - 97.134 [97.135] of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) [including **AIDS and HIV infection**]);

(4) - (5) (No change.)

(6) All anthrax (*Bacillus anthracis*), botulism-adult and infant (*Clostridium botulinum*), brucellosis (*Brucella* species), *E.coli* 0157:H7 or other Shiga-toxin producing *E. coli*, isolates or specimens from cases where Shiga-toxin activity is demonstrated, *Listeria monocytogenes*, meningococcal infection, invasive (*Neisseria meningitides*) from normally sterile sites)] or purpuric lesions, plague (*Yersinia pestis*), tuberculosis (*Mycobacterium tuberculosis* complex), tularemia (*Francisella tularensis*), VISA, VRSA and *Vibrio* species shall be submitted as pure cultures to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199 as they become available.

(b) (No change.)

§97.5. Where To Report a Condition or Isolate; Where To Submit an Isolate.

(a) Humans.

(1) (No change.)

(2) The administrative officer of a clinical laboratory, blood bank, mobile unit, or other facility shall report a condition or submit an isolate as follows.

(A) - (C) (No change.)

(D) All anthrax (*Bacillus anthracis*), botulism-adult and infant (*Clostridium botulinum*), brucellosis (*Brucella* species), *E.coli* 0157:H7 or other Shiga-toxin producing *E. coli*, isolates or specimens from cases where Shiga-toxin activity is demonstrated, *Listeria monocytogenes*, meningococcal infection, invasive (*Neisseria meningitidis*) from normally sterile sites or purpuric lesions, plague (*Yersinia pestis*), tuberculosis (*Mycobacterium tuberculosis* complex), tularemia (*Francisella tularensis*), all *Staphylococcus aureus* with a

vancomycin MIC greater than 2 µg/mL, and *Vibrio* species shall be submitted as pure cultures to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street, Austin, Texas 78756-3199.

(3) Sexually transmitted diseases including HIV and AIDS shall be reported in accordance with §§97.132 — 97.134 **[97.135]** of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)).

(b) (No change.)

§97.6. Reporting and Other Duties of Local Health Authorities and Regional Directors.

(a) - (b) (No change.)

(c) AIDS, chancroid, *Chlamydia trachomatis* infection, gonorrhea, HIV infection and syphilis shall be reported in accordance with §§97.132 - 97.134 **[97.135]** of this title (relating to Sexually Transmitted Diseases Including Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) **[including AIDS and HIV infection]**).

(d) - (i) (No change.)

§97.7. Diseases Requiring Exclusion from Schools.

(a) The school administrator shall exclude from attendance any child having or suspected of having a communicable condition. Exclusion shall continue until the readmission criteria for the conditions are met. The conditions and readmission criteria are as follows:

(1) amebiasis--exclude until treatment is initiated;

(2) campylobacteriosis--exclude until after diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications **[subside]**;

(3) chickenpox--exclude until the lesions become dry or if lesions are not vesicular, until 24 hours have passed with no new lesions occurring;

(4) common cold--exclude until fever free for 24 hours without the use of fever suppressing medications **[subsides]**;

(5) conjunctivitis, bacterial and/or viral--exclude until permission and/or permit is issued by a physician or local health authority or until symptom free;

(6) fever--exclude until fever free for 24 hours **[subsides]** without use of fever suppressing medications;

(7) fifth disease (erythema infectiosum)--exclude until fever free for 24 hours without the use of fever suppressing medications [**subsides**];

(8) gastroenteritis--exclude until diarrhea free for 24 hours [**subsides**] without the use of diarrhea suppressing medications;

(9) giardiasis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications [**subsides**];

[(10) head lice (pediculosis)--exclude until one medicated shampoo or lotion treatment has been given;]

(10) [(11)] hepatitis A--exclude until one week after onset of illness;

(11) [(12)] infections (wounds, skin, and soft tissue)--exclude until drainage from wounds or skin and soft tissue infections is contained and maintained in a clean dry bandage; restrict from situations that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised;

(12) [(13)] infectious mononucleosis--exclude until physician decides or fever free for 24 hours without the use of fever suppressing medications [**subsides**];

(13) [(14)] influenza--exclude until fever free for 24 hours without the use of fever suppressing medications [**subsides**];

(14) [(15)] measles (rubeola)--exclude until four days after rash onset or in the case of an outbreak, unimmunized children should also be excluded until [**for**] at least two weeks after the onset of the last rash [**onset occurs**];

(15) [(16)] meningitis, bacterial--exclude until written permission and/or permit is issued by a physician or local health authority;

(16) [(17)] meningitis, viral--exclude until fever free for 24 hours without the use of fever suppressing medications [**subsides**];

(17) [(18)] mumps—exclude until five [**nine**] days after the onset of swelling;

(18) [(19)] pertussis (whooping cough)--exclude until completion of five days of antibiotic therapy;

(19) [(20)] ringworm--none, if infected area can be completely covered by clothing or a bandage, otherwise exclude until treatment has begun;

(20) [(21)] rubella (German measles)--exclude until seven days after rash onset or in the case of an outbreak, unimmunized children should be excluded until [**for**] at least three weeks after the onset of the last rash [**onset occurs**];

(21) [(22)] salmonellosis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications [subside];

(22) [(23)] scabies--exclude until treatment has begun;

(23) [(24)] shigellosis--exclude until diarrhea free for 24 hours without the use of diarrhea suppressing medications and fever free for 24 hours without the use of fever suppressing medications [subside];

(24) [(25)] streptococcal sore throat and scarlet fever--exclude until 24 hours from time antibiotic treatment was begun and fever free for 24 hours without the use of fever suppressing medications [subsided]; and

(25) [(26)] tuberculosis, pulmonary--exclude until antibiotic treatment has begun and a physician's certificate or health permit obtained.

(b) - (c) (No change.)

§97.11. Notification of Emergency Medical Personnel, Fire Fighters, Peace Officers, Detention Officers, County Jailers, or Other Persons Providing Emergency Care of Possible Exposure to a Disease.

(a) (No change.)

(b) Disease and criteria which constitute exposure. The following diseases and conditions constitute a possible exposure to the disease for the purposes of the Act, §81.048:

(1) - (3) (No change.)

(4) amebiasis; campylobacteriosis; cholera; cryptosporidiosis; *Escherichia coli* [Escherichia coli] O157:H7 or other Shiga-toxin producing *E. coli* infection; hepatitis A; salmonellosis, including typhoid fever; shigellosis; and *Vibrio* [Vibrio] infections, if fecal material is ingested; and

(5) (No change.)

(c) - (d) (No change.)

Subchapter K. Respiratory Syncytial Virus.

§97.255. Sentinel Surveillance Program.

[(a)] The department shall establish and maintain a sentinel surveillance program for RSV infection in children. The program will:

[(1) identify by sentinel surveillance RSV infection in children; and]

[(1) [(2)] maintain a central database of laboratory-confirmed cases of RSV that can be used to investigate the incidence, prevalence, and trends of RSV; and

[(2) [(b) The department will] recruit at least one health care facility or provider associated with a health care facility in each Health Service Region of the State to report RSV data.

[(c) The department will endeavor to recruit a provider from each county with more than 500,000 residents, according to the 2000 census.]

[(d) The department may use existing data collected by health facilities.]

§97.257. Database.

[(a) Information collected and analyzed by the department or an authorized agent under this chapter may be placed in a central database to facilitate information sharing and provider education. The department may consult with pediatric infectious disease experts in these analyses.]

[(b)] The department may use the data to:

(1) design and evaluate measures to prevent the occurrence of RSV and other health conditions; and

(2) provide information and education to providers on the incidence of RSV infection.

Proposed Repealed Language

~~Strikethrough=repealed text~~

~~§97.14 Methicillin-resistant *Staphylococcus aureus* (MRSA) reporting~~

~~(a) Purpose. The Communicable Disease Prevention and Control Act, Health and Safety Code, §81.0445, requires the establishment of a pilot program for the reporting of methicillin-resistant *Staphylococcus aureus*.~~

~~(b) Definitions. For the purposes of this section, the following words and terms shall have the following meanings:~~

~~(1) Methicillin-resistant *Staphylococcus aureus* (MRSA) – *Staphylococcus aureus* for which resistance to oxacillin or ceftazidime is detected as defined by the Clinical and Laboratory Standards Institute, Wayne, Pennsylvania, for the specific test performed in the laboratory.~~

~~(2) Methicillin-resistant *Staphylococcus aureus* infection – Invasion and multiplication of MRSA in a bodily part or tissue, which produces cell or tissue injury.~~

~~(c) Where to report. The pilot program is being conducted in Angelina, Fort Bend and McLennan counties only. These jurisdictions meet the requirements of Health and Safety Code, §81.0445(b).~~

~~(1) An administrative officer of a clinical or hospital laboratory or physicians located in Angelina County shall report MRSA to the Health Authority appointed by the Angelina County and Cities Health District.~~

~~(2) An administrative officer of a clinical or hospital laboratory or physicians located in Fort Bend County shall report MRSA to the Fort Bend County Health Authority.~~

~~(3) An administrative officer of a clinical or hospital laboratory or physicians located in McLennan County shall report MRSA to the Health Authority appointed by the Waco-McLennan County Public Health District.~~

~~(4) An administrative officer of a clinical or hospital laboratory or physician who can assure that a designated or appointed person from the laboratory or clinic or office is regularly reporting every culture of methicillin-resistant *Staphylococcus aureus* does not have to submit a duplicate report.~~

~~(d) Reportable information requirements.~~

~~(1) The information that shall be reported for each person with laboratory confirmation of an infection caused by methicillin-resistant *Staphylococcus aureus* is as follows: patient name, address, telephone number, age, date of birth, sex, race and ethnicity, date of culture, site of culture, drug susceptibility results, and physician name, address, and telephone number.~~

~~(2) Additional information necessary to determine and analyze the source and possible prevention of MRSA shall also be reported if requested.~~

~~(e) When to report. Any clinical specimen collected on March 1, 2011 through March 31, 2011 that is positive for methicillin-resistant *Staphylococcus aureus* shall be reported within seven calendar days of identification.~~

~~(f) This section expires September 1, 2011.~~