



“Please be kind...report on time!”

Changes to the Texas Administrative Code (Title 25, Part 1, Chapter 97, Subchapter A) Impacting Notifiable Conditions and School Exclusion Criteria

The Texas notifiable conditions list has been updated for the 2013 calendar year, reflecting recent changes in the Texas Administrative Code (TAC). Newly reportable conditions include amebic meningitis and encephalitis, anaplasmosis, babesiosis, Chagas’ disease (human and animal), novel influenza, and polio virus infection, non-paralytic. “*Escherichia coli*, enterohemorrhagic infection,” listed on the 2012 notifiable condition list was renamed “*Escherichia coli* infection, shiga-toxin producing” on the 2013 notifiable condition list. Conditions that are no longer reportable include acute hepatitis D, unspecified acute hepatitis, and non-arboviral encephalitis/meningitis - specifically fungal meningitis, aseptic or viral meningitis, and bacterial meningitis **caused by a non-reportable pathogen**. Meningitis is still a notifiable condition if it is caused by a reportable pathogen including but not limited to *Neisseria meningitidis* (meningococcal meningitis), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus pneumoniae*, *Listeria monocytogenes*, *Haemophilus influenzae* type b, mumps, or varicella. Please refer to the 2013 Texas Notifiable Conditions list to determine specific reporting requirements for each condition. This list can be found at: <http://www.dshs.state.tx.us/idcu/investigation/conditions/>.



Triatoma infestans or “kissing bug” is a vector for Chagas’ disease, a new reportable condition in Texas. Photo courtesy of the CDC/World Health Organization.

Along with revisions to the notifiable conditions list, the school exclusion requirements were recently modified in the TAC. Changes include:

- Children with fever (100 degrees Fahrenheit or higher), should be excluded from school until they are fever free for 24 hours without the use of fever suppressing medications. This applies to fever as a specific condition and to other conditions listed in the TAC in which fever is an exclusion criteria.
- Children with diarrheal illnesses listed in the TAC should be excluded from school until they are diarrhea free for 24 hours without the use of diarrhea suppressing medications.
- Children with chickenpox should be excluded from school until the lesions become dry or if lesions are not vesicular and until 24 hours have passed with no new lesions occurring.
- Children with conjunctivitis, either bacterial or viral, should be excluded from school until physician permission to return is issued or until symptom free.
- Children with mumps should be excluded from school until five days after the onset of swelling.
- No exclusion is required for children with ringworm if the infected area can be completely covered by clothing or a bandage; otherwise, children with ringworm must be excluded until treatment has begun.
- The exclusion requirements for head lice have been removed.

You can find these changes in the Texas Administrative Code §97.7 Diseases Requiring Exclusion from Schools at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&tac=&ti=25&pt=1&ch=97&rl=7](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&tac=&ti=25&pt=1&ch=97&rl=7).

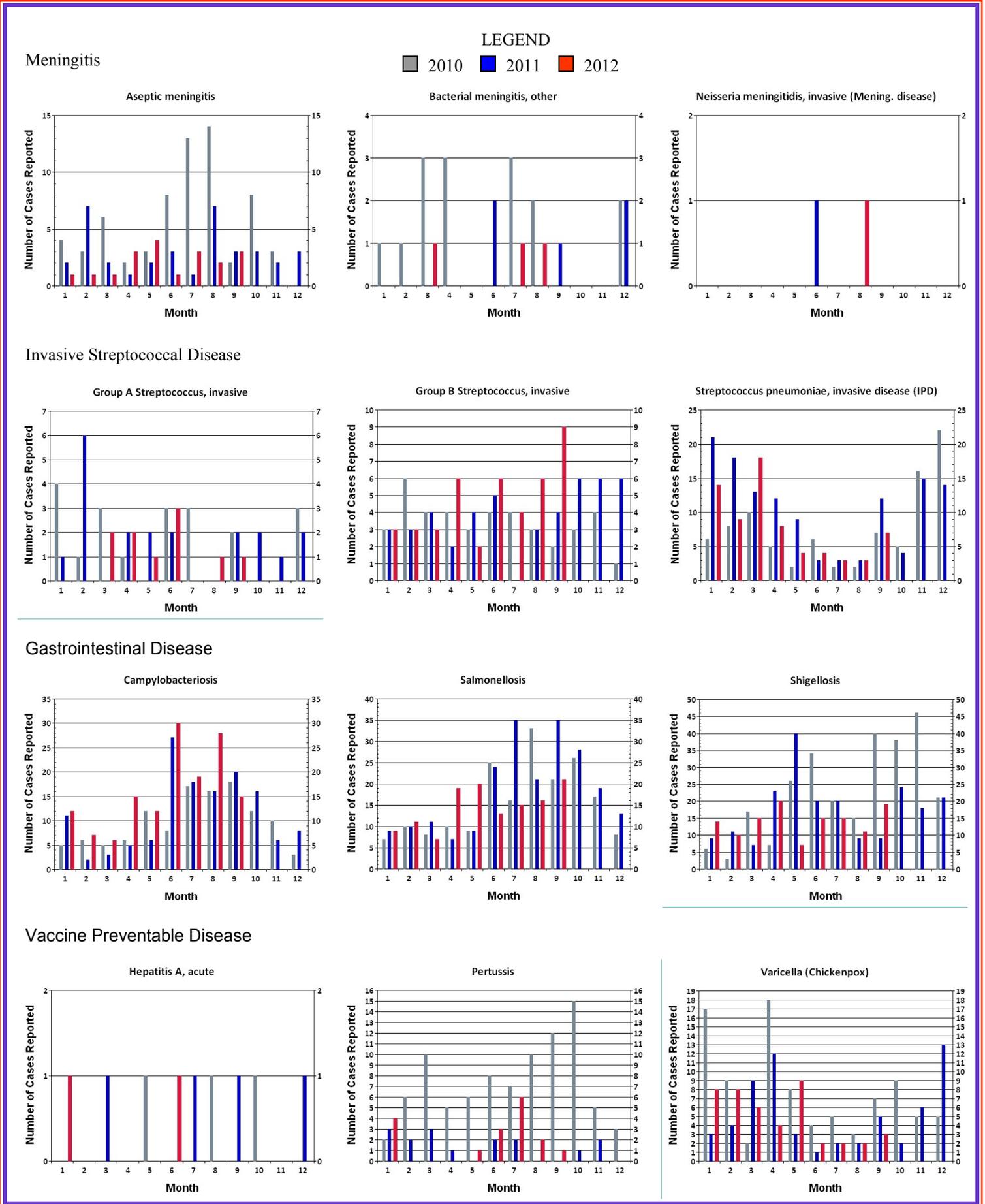
The Texas Department of State Health Services, Health Service Region 1 (DSHS HSR1) Epidemiology Response Team will be sending healthcare providers, hospital infection control staff, and school nurses new notifiable condition posters and flyers for 2013. Keep an eye out for your copy!



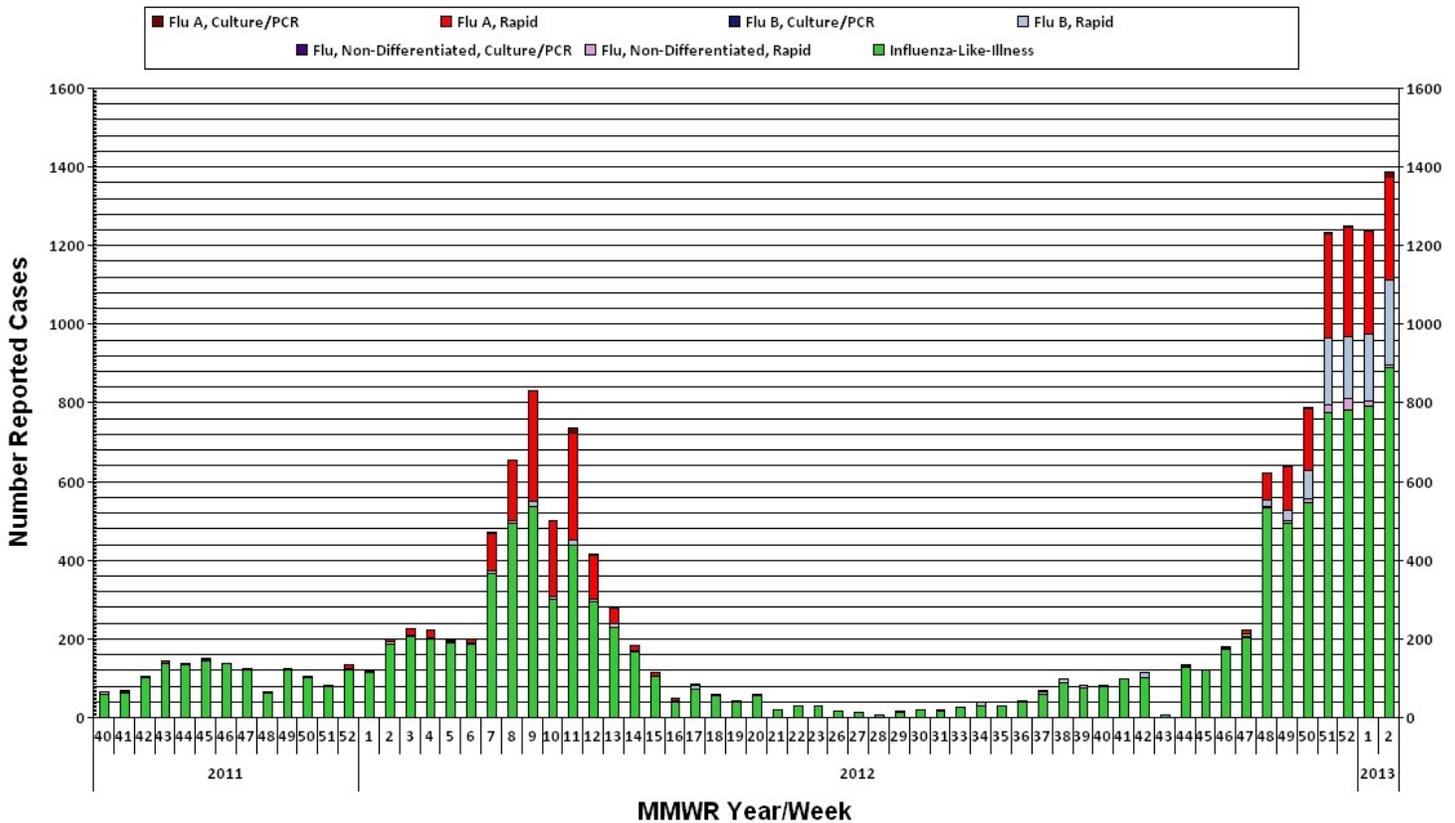
Table 1: Select reportable conditions, confirmed and probable (as applicable), DSHS HSR 1, all public health jurisdictions January 01, 2010 through September 30, 2012, by Month/Year
 Data source: Texas NEDSS Database. Date extracted: 01/22/13. 2012 data is preliminary and is subject to change.

Condition	2010 - 2nd Six Months						2011 - 2nd Six Months						2012 - 2nd Six Months						2012 Total (→Sep)	2011 Total	2010 Total			
	Jul	Aug	Sep	Oct	Nov	Dec	Jul	Aug	Sep	Oct	Nov	Dec	Jul	Aug	Sep	Oct	Nov	Dec				Total (6 mo.)	Total (6 mo.)	Total (→Sep)
	Total (6 mo.)						Total (6 mo.)						Total (→Sep)											
Amebiasis																			0	0	1			
Aseptic (viral) meningitis	13	14	2	8	3		1	7	3	3	2	3	3	2	3				19	8	19			
Bacterial and other meningitis	3	2				2			1				1	1					3	2	3			
Botulism, infant																			0	0	0			
Campylobacteriosis	17	16	18	12	10	3	18	16	20	16	6	8	19	28	15				84	62	144			
Cryptosporidiosis	1	5	11	1	3		4	5	6	2			3	1					17	4	5			
Escherichia coli, Shiga toxin-producing	1	3		1	2		2	2	3	1		1	1	1	3				9	5	11			
Group A Streptococcus, invasive	3	2				3			2	2	1	2	1	1	1				7	2	10			
Group B Streptococcus, invasive	4	3	2	3	4	1	3	4	6	6	6	6	4	6	9				25	19	42			
Haemophilus influenzae, invasive																			0	0	0			
Hemolytic uremic syndrome, postdiarrheal					1		1	1											1	0	1			
Hepatitis A, acute	1	1		1			1	1	1		1								3	0	2			
Hepatitis B Viral Infection, Perinatal													1						0	1	1			
Hepatitis B, acute	1	1	1	2	1				3	1	1	1							5	0	2			
Hepatitis C, acute									2										2	0	1			
Influenza-associated pediatric mortality																			0	0	0			
Legionellosis	2						2	1	2										3	0	0			
Listeriosis			1				1	1	2	1									4	0	0			
Lyme disease																			0	0	1			
Malaria	1										1								1	0	1			
Mumps						1				1	1								2	0	2			
Neisseria meningitidis, invasive																			0	1	1			
Pertussis	7	10	12	15	5	3	2			1	2		6	2	1				5	9	17			
S. aureus, vancomycin intermediate susc			1									1							1	0	0			
Salmonellosis	16	33	21	26	17	8	35	21	35	28	19	13	15	16	21				151	52	131			
Shigellosis	20	15	40	38	46	21	20	9	9	24	18	21	15	11	19				101	45	126			
Spotted Fever Rickettsiosis											1								1	0	0			
Streptococcus pneumoniae, invasive disease	2	2	7	5	16	22	3	3	12	4	15	14	3	3	7				51	13	70			
Typhoid fever (Salmonella typhi)																			0	0	0			
Vaccinia (Chickenpox)	5	3	7	9	5	5	2	2	5	2	6	13	2	2	3				30	7	44			
Vibrio vulnificus infection																			0	0	1			
Vibriosis, other or unspecified													2						0	2	2			

Chart 1: Select reportable conditions, confirmed and probable (as applicable), DSHS HSR 1, all public health jurisdictions
 January 01, 2010 through September 30, 2012, by Month/Year
 Data source: Texas NEDSS Database. Data extracted: 01/22/13. 2012 data is preliminary and subject to change.



DSHS HSR 1 Influenza-Like-Illness by Test Type



Influenza-Like-Illness Surveillance in DSHS HSR 1, 2012-2013

The graph above depicts influenza-like-illness (ILI) surveillance reporting within Texas Department of State Health Services (DSHS) Health Service Region 1 (HSR 1) for the current and past influenza seasons. This data should be interpreted with caution as ILI is not a reportable condition in Texas; therefore, the above graphic indicates only relative levels of ILI activity. In addition, inconsistencies in sentinel site reporting may influence data curves.

ILI surveillance starts around the first of October and continues through mid-May of the following year. Influenza season in Texas usually peaks between mid-January and mid-March. The 2011-2012 flu season, included for comparison, was a typical season with low ILI activity. The 2012-13 season has proven thus far to be a more severe flu season with an early start in November and higher ILI activity. DSHS HSR 1 regional data reflects state and national influenza trends (see links below).

DSHS HSR 1 Epidemiology routinely collects ILI data from hospitals and local health care providers. These flu surveillance sites provide ILI data broken down by county, reporting rapid flu test results, flu culture test results, and non-test-confirmed ILI. The sites report these statistics on a weekly basis. DSHS HSR 1 Epidemiology provides this data to the DSHS central office in Austin, who generates a weekly state-wide report. This report includes several ILI surveillance methodologies including this ILI sentinel surveillance, the National Respiratory and Enteric Virus Surveillance System (NREVSS), and the CDC's ILINet. The current state-wide influenza report can be accessed at:

<http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/2013/>

National flu activity and surveillance data can be found at:

<http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>

DSHS HSR 1 Epidemiology wishes to thank all of the ILI sentinels who participate in this important surveillance activity. If your facility is interested in helping DSHS HSR 1 monitor ILI in the region, please contact Cindy Hernandez by phone, (806) 783-6448 or by email, cynthiaa.hernandez@dshs.state.tx.us.