



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Epidemiology for School Nursing

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Suspected Communicable Disease

1

Recognize

Clinical suspicion based on symptoms, exposure, or vaccination status.

2

Separate

Move the student to a designated area. Limit exposure of other children and staff.

3

Gather

Collect minimum data before calling public health.

4

Report

Notify local health authority / DSHS Region 7 per 25 TAC § 97.2 and the Notifiable Conditions List.

5

Exclude

Exclude per 25 TAC § 97.7 until readmission criteria are met.

6

Coordinate

Support public health on case investigation, exposure review, and communication.

LEGAL

Schools have an affirmative duty to report. Under Tex. Health & Safety Code Ch. 81 and 25 TAC § 97.2(d), school authorities must report students suspected of having a notifiable condition to the local health authority or DSHS. Knowingly failing to report a reportable disease is a Class B misdemeanor under § 81.049.



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RECOMMENDED REPORTING ELEMENTS

■ Patient identifiers

Name, DOB, age, sex, race/ethnicity

■ Clinical detail

Disease or suspected condition, date of symptom onset

■ Provider

Attending physician name, address, phone

■ Vaccination status (VPDs)

Doses received, dates, exemption status

■ Contact information

Address, phone, parent/guardian

■ Diagnosis basis

Method of diagnosis (clinical, lab, imaging)

■ Exposure & travel

Known contacts, recent travel, gatherings

■ School context

Grade, classroom, last day of attendance, exposures on campus

Varicella Outbreaks



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SINGLE SUSPECTED CASE

EXCLUDE THE CASE

Keep the sick child home until lesions are crusted/scabbed, or for those who may not develop classical lesions, until no new lesions for 24 hours (25 TAC § 97.7; DSHS chickenpox guidance).

REPORT

Varicella is a notifiable condition in Texas. Report to the local health authority or DSHS.

EXPOSURE NOTICE

Notify parents of exposed classrooms, especially those with immunocompromised children or pregnant household members.

OUTBREAK

NOTIFY IMMEDIATELY

A suspected outbreak is reported immediately to the regional DSHS office or EAIDU. Outbreaks trigger a specific response.

SUSCEPTIBLES MAY BE EXCLUDED

During an outbreak, public health may direct exclusion of susceptible students without evidence of immunity... including during the incubation period - under the direction of the local health authority.

EXEMPTIONS SUSPENDED

During a declared outbreak, students with exemptions may be excluded per 25 TAC § 97.62.

SIBLINGS OF A SINGLE CASE

NOT AUTOMATICALLY EXCLUDED

Sibling status alone is not a basis to exclude a student from school for a single varicella case.

CHECK IMMUNITY

Review the sibling's record for evidence of immunity (2 doses varicella, serologic evidence, or documented disease per DSHS criteria).

OUTBREAK SHIFTS THE CALCULUS

If the school is in outbreak status and the sibling is susceptible, public health may direct exclusion.



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Texas School Flu Reporting

Reporting Requirements

Most routine seasonal influenza cases are not individually reportable in Texas.

If you suspect the following situations then you must report them to your local health department or Texas DSHS Region:

- 1. Novel or variant influenza**
- 2. An influenza like illness outbreak**
- 3. An influenza associated pediatric death**

Before you call make sure you gather the following: name, DOB, S/S, Onset Date, grade, classroom, attendance dates, hospitalization, or other ill students with a similar illness.

How to report flu numbers in DSHS Region 7

Qualtrics Survey Link: [Qualtrics Survey](#) | [Qualtrics Experience Management](#)

Additionally, if you need to call Texas DSHS you can reach us the following ways:

Shared Inbox: hsr7.epi@dshs.texas.gov

24/7 Number: 254-778-6744

Fax: 254-899-0405



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Texas Notifiable Conditions - 2026

Report all Confirmed and Suspected cases

24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by an asterisk (*), report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2,3}	Within 1 week
Anthrax ^{2,3,4}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2,5,6}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁷	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Meloidosis ^{2,4}	Call Immediately
Babesiosis ^{2,6}	Within 1 week	Meningococcal infection, invasive (Neisseria meningitidis) ^{2,3}	Call Immediately
Botulism (adult and infant) ^{2,3,4,8}	Call Immediately ⁹	Mumps ²	Within 1 work day
Brucellosis ^{2,3}	Within 1 work day	Paragonimiasis ²	Within 1 week
Campylobacteriosis ²	Within 1 week	Pertussis ²	Within 1 work day
*Cancer ⁹	See rules ⁹	*Pesticide poisoning, acute occupational ¹⁰	Within 1 week
Candida auris ^{2,3}	Within 1 work day	Plague (Yersinia pestis) ^{2,3,4}	Call Immediately
Carbapenem-resistant Enterobacterales (CRE) ^{2,11}	Within 1 work day	Poliomyelitis, acute paralytic ²	Call Immediately
Chagas disease ^{2,6}	Within 1 week	Poliovirus infection, non-paralytic ²	Within 1 work day
*Chancroid ¹	Within 1 week	Prion diseases, such as Creutzfeldt-Jakob disease (CJD) ^{2,12}	Within 1 week
*Chickenpox (varicella) ¹³	Within 1 week	Q fever ^{2,4}	Within 1 work day
*Chlamydia trachomatis infection ¹	Within 1 week	Rabies, human ²	Call Immediately
*Contaminated sharps injury ¹⁴	Within 1 month	Rubella (including congenital) ²	Within 1 work day
*Controlled substance overdose ¹⁵	Report Immediately	Salmonellosis, including typhoid fever ^{2,3}	Within 1 week
Coronavirus, novel ^{2,16}	Call Immediately	Shiga toxin-producing Escherichia coli ^{2,3}	Within 1 week
Cronobacter spp. in infants, invasive ²	Within 1 week	Shigellosis ²	Within 1 week
Cryptosporidiosis ²	Within 1 week	Smallpox ^{2,4}	Call Immediately
Cyclosporiasis ²	Within 1 week	*Spinal cord injury ¹⁷	Within 30 work days
Cysticercosis ²	Within 1 week	Spotted fever rickettsiosis ²	Within 1 week
Diphtheria ^{2,3}	Call Immediately	Streptococcal disease (S. pneumoniae), invasive ^{2,3}	Within 1 week
*Drowning/near drowning ¹⁷	Within 30 work days	*Syphilis – primary and secondary stages ^{1,18}	Within 1 work day
Echinococcosis ²	Within 1 week	*Syphilis – all other stages including congenital syphilis ^{1,18}	Within 1 week
Ehrlichiosis ²	Within 1 week	Taenia solium and undifferentiated Taenia infection ²	Within 1 week
Fascioliasis ²	Within 1 week	Tetanus ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
Haemophilus influenzae, invasive ^{2,3}	Within 1 week	*Traumatic brain injury ¹⁷	Within 30 work days
Hansen's disease (leprosy) ¹⁹	Within 1 week	Trichinosis ²	Within 1 week
Hantavirus infection ²	Within 1 week	Trichuriasis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Tuberculosis (Mycobacterium tuberculosis complex) ^{2,20}	Within 1 work day
Hepatitis A ²	Within 1 work day	Tuberculosis infection ²¹	Within 1 week
Hepatitis B, C, and E (acute) ²	Within 1 week	Tularemia ^{2,3,4}	Call Immediately
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Typhus ²	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ²	Within 1 work day	Vancomycin-intermediate Staph aureus (VISA) ^{2,3}	Call Immediately
Hookworm (ancyllostomiasis) ²	Within 1 week	Vancomycin-resistant Staph aureus (VRSA) ^{2,3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1,22}	Within 1 work day	Vibrio infection, including cholera ^{2,3}	Within 1 work day
*Human immunodeficiency virus (HIV), non-acute infection ^{1,22}	Within 1 week	Viral hemorrhagic fever (including Ebola) ^{2,4}	Call Immediately
Influenza-associated pediatric mortality ²	Within 1 work day	Yellow fever ²	Call Immediately
Influenza, novel ²	Call Immediately	Yersiniosis ²	Within 1 week
*Lead, child blood, any level & adult blood, any level ²³	Call/Fax Immediately		

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. ¹⁴ 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

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Go to <https://www.dshs.texas.gov/notifiable-conditions/investigation-guidance> or call your local or regional health



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Questions? Contact Us.



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24/7 Number: 254-778-6744

Fax: 254-899-0405

Resources



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TEXAS DSHS — PRIMARY

- **School & Childcare Immunizations (DSHS)**
dshs.texas.gov/immunizations/school
- **2025–2026 Texas Minimum State Vaccine Requirements, Grades K-12**
dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-14.pdf
- **Texas Immunization Exemptions (DSHS)**
dshs.texas.gov/immunizations/school/exemptions
- **Notifiable Conditions (DSHS)**
dshs.texas.gov/notifiable-conditions
- **School Communicable Disease Chart (DSHS)**
dshs.texas.gov/idps-home/school-communicable-disease-chart
- **Varicella (Chickenpox) - DSHS Program Page**
dshs.texas.gov/vaccine-preventable-diseases/vaccine-preventable-disease-conditions/varicella-chickenpox
- **DSHS Varicella Investigation Guidance (EAIDG)**
dshs.texas.gov/sites/default/files/IDCU/investigation/electronic/EAIDG/2026/Varicella.pdf
- **24/7 DSHS Epidemiology Response Teams**
dshs.texas.gov/center-health-emergency-preparedness-response/24-7-dshs-epidemiology-response-teams
- **DSHS Public Health Region 7 - Central Texas**
dshs.texas.gov/regional-local-health-operations/texas-public-health-region-7

TEXAS LAW & REGIONAL PARTNERS

- **Texas Administrative Code, Title 25, Chapter 97 (Communicable Diseases)**
texreg.sos.state.tx.us - 25 TAC Ch. 97
- **25 TAC § 97.2 - Reporting of Notifiable Conditions**
25 TAC § 97.2
- **25 TAC § 97.7 - Exclusion of Ill Children**
25 TAC § 97.7
- **25 TAC § 97.62 - Exclusions from Compliance (Exemptions)**
25 TAC § 97.62
- **25 TAC § 97.66 - Provisional Enrollment**
25 TAC § 97.66
- **25 TAC § 97.69 - Transfer of Immunization Records**
25 TAC § 97.69
- **Tex. Educ. Code § 38.001 - Immunization; Requirements**
statutes.capitol.texas.gov - Educ. Code 38.001
- **Tex. Health & Safety Code Ch. 81 - Communicable Diseases**
statutes.capitol.texas.gov - H&SC Ch. 81
- **Bell County Public Health District**
bellcountyhealth.org
- **Texas School Safety Center - Communicable Disease Annex Toolkit**
txssc.txstate.edu/tools/cda-toolkit
- **CDC - ACIP Immunization Schedules (secondary reference)**
cdc.gov/vaccines/schedules