
REQUIREMENTS FOR EXCLUDING STUDENTS AND REPORTING CONDITIONS

The information on the chart below has been collected from Department of Health rules at 25 TAC 97.3, 97.6, 97.7, and 97.132

The major criterion for excluding students from attendance is the condition-s probability of spread from person to person. A student may have a nonexcludable disease, yet require care at home or in a hospital. The school may require a note from a parent or physician for readmission regardless of the reason for the absence. [See also FDD (LOCAL)]

The conditions listed for readmitting students may be subject to additional directives by local health authorities.

CONDITION	EXCLUDE	READMIT	REPORT
Amebiasis	Yes	When treatment initiated	Yes
Anthrax	No		Yes
Botulism	No		Yes
Brucellosis	No		Yes
Campylobacteriosis	Yes	After diarrhea and fever subside	Yes
Chickenpox	Yes	After 7 days form onset of rash, except immunocompromised individuals who should not return until all blisters have crusted over (may be longer than 7 days)	Yes
Cholera	No		Yes
Creutzfeldt-Jakob disease	No		Yes
Cryptosporidiosis	No		Yes
Cyclosporiasis	No		Yes
Common Cold with fever	Yes	When fever subsides	No
Dengue	No		Yes

HEALTH REQUIREMENTS AND SERVICES:
COMMUNICABLE DISEASES

FFAD
(EXHIBIT)

CONDITION	EXCLUDE	READMIT	REPORT
Diphtheria	No		Yes
Ehrlichiosis	No		Yes
Encephalitis	No		Yes (specify etiology)
Enterococcus	No		Yes
Escherichia coli enterohemorrhagic infection	No		Yes
Fifth disease (erythema infectiosum)	Yes	When fever subsides	No
Gastroenteritis, Viral	Yes	When diarrhea subsides	No
Giardiasis	Yes	When diarrhea subsides	No
Haemophilus influenzae type B infection, invasive	No		Yes
Hantavirus	No		Yes
Head Lice (Pediculosis)	Yes	When one medicated shampoo or lotion treatment has been given	No
Hemolytic Uremic Syndrome (HUS)	No		Yes
Hepatitis, A (acute)	Yes	After one week from onset of Illness	Yes
Hepatitis B, (chronic) (identified prenatally or at delivery as described in ' 97.135	No		Yes

HEALTH REQUIREMENTS AND SERVICES:
COMMUNICABLE DISEASES

FFAD
(EXHIBIT)

CONDITION	EXCLUDE	READMIT	REPORT
Hepatitis C (newly diagnosed)	No		Yes
Hepatitis B, D, E and unspecified (acute)	No		Yes (specify type)
HIV/AIDS	only in special cases*	When physician determines	No
Impetigo	Yes	When treatment begun	No
Infectious mononucleosis	Yes	When physician decides or fever subsides	No
Influenza	Yes	When fever subsides	Yes
Legionellosis	No		Yes
Leprosy (Hansen-s disease)	No		Yes
Listeriosis	No		Yes
Lyme Disease	No		Yes
Malaria	No		Yes
Measles (Rubeola)	Yes	After 4 days from appearance of rash. In an outbreak, unimmunized children should also be excluded for at least 2 weeks after last rash onset occurs.	Yes
Meningitis, Bacterial	Yes	With doctor-s written statement or local health authority permit	Yes
Meningitis, Bacterial	Yes	With doctor-s written statement or local health authority permit	Yes

HEALTH REQUIREMENTS AND SERVICES:
COMMUNICABLE DISEASES

FFAD
(EXHIBIT)

CONDITION	EXCLUDE	READMIT	REPORT
Meningitis, Viral	No, unless fever is present	When fever subsides	Yes
Meningococcal infection, invasive	No		Yes
Mumps	Yes	After 9 days from the onset of swelling	Yes
Pink Eye (Conjunctivitis)	Yes	With doctor-s written statement or local health authority permit	No
Plague	No		Yes
Poliomyelitis (Polio)	No		Yes
Rabies in man	No		Yes
Relapsing fever	No		Yes
Ringworm of the scalp	Yes	When treatment begun	No
Rubella (German Measles), including congenital	Yes	After 7 days from appearance of rash. In an outbreak, unimmunized children should be excluded for at least 3 weeks after last rash onset occurs.	Yes
Salmonellosis, including typhoid fever	Yes	When diarrhea and fever subside	Yes
Scabies	Yes	When treatment begun	No
Shigellosis	Yes	When diarrhea and fever subside	Yes
Smallpox	No		Yes
Spotted fever group rickettsioses	No		Yes

HEALTH REQUIREMENTS AND SERVICES:
COMMUNICABLE DISEASES

FFAD
(EXHIBIT)

CONDITION	EXCLUDE	READMIT	REPORT
Streptococcal disease, invasive (group A or B)	Yes	After 24 hours from time antibiotic treatment begun	No
Streptococcus pneumoniae	No		Yes
Tetanus	No		Yes
Trichinosis	No		Yes
Tuberculosis, Pulmonary	Yes	After antibiotic treatment begun AND a physician-s certificate or health authority permit obtained	Yes
Tularemia	No		Yes
Typhus	No		Yes
Vibrio infection (including cholera)	No		Yes (specify species)
Viral hemorrhagic fevers	No		Yes
Whooping Cough (Pertussis)	Yes	After completion of 5 days of antibiotic therapy	Yes
Yellow fever	No		Yes
Yersiniosis	No		Yes

* Students with HIV/AIDS may be excluded when the child-s physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. The child-s parents and physician should be advised in the case of measles, rubella, or chickenpox outbreaks in the school that may pose a health threat to the immunosuppressed child.