

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 20—Division of Community and Public Health**  
**Chapter 20—Communicable Diseases**

**PROPOSED AMENDMENT**

**19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases.**

The department is amending subsection (2)(A) and section (5).

*PURPOSE: This amendment will bring the communicable disease reporting requirements into compliance with the current federal Centers for Disease Control guidelines as required by section 192.139, RSMo 2000, and updates the rule to require reporting of Carbapenem-resistant enterobacteriaceae (CRE) infections as provided by a legislative amendment to section 192.020 that goes into effect August 28, 2016.*

(2) Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile, or other rapid communication. Reportable within one (1) day diseases or findings are—

(A) Diseases, findings or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event:

- Animal (mammal) bite, wound, humans
- Brucellosis
- Chikungunya**
- Cholera
- Dengue virus infection
- Diphtheria
- Glanders (*Burkholderia mallei*)
- Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS), postdiarrheal
- Hepatitis A
- Influenza-associated mortality
- Influenza-associated public and/or private school closures
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter ( $\geq 45 \mu\text{g/dl}$ ) in any person
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Meningococcal disease, invasive
- Novel Influenza A virus infections, human
- Outbreaks (including nosocomial) or epidemics of any illness, disease, or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food
- Pertussis
- Poliovirus infection, nonparalytic
- Q fever (acute and chronic)
- Rabies (animal)
- Rubella, including congenital syndrome
- Shiga toxin-producing *Escherichia coli* (STEC)
- Shiga toxin positive, unknown organism
- Shigellosis
- Staphylococcal enterotoxin B
- Syphilis, including congenital syphilis
- T-2 mycotoxin
- Tetanus
- Tuberculosis disease

Tularemia (all cases other than suspected intentional release)  
Typhoid fever (*Salmonella typhi*)  
Vancomycin-intermediate *Staphylococcus aureus* (VISA), and Vancomycin-resistant *Staphylococcus aureus* (VRSA)  
Venezuelan equine encephalitis virus neuroinvasive disease  
Venezuelan equine encephalitis virus nonneuroinvasive disease  
Viral hemorrhagic fevers other than suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo)  
Yellow fever[;]  
**Zika;**

(5) Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These diseases or findings are:

**Carbapenem-resistant enterobacteriaceae (CRE), nosocomial**  
Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial  
Vancomycin-resistant enterococci (VRE), nosocomial.

*AUTHORITY: sections 192.006, 210.040, and 210.050, RSMo 2000, and section 192.020, RSMo Supp. [2013] (SB 579, 98<sup>th</sup> General Assembly, Second Regular Session (2016)). \* This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. Amended: Filed Sept. 1, 1981, effective Dec. 11, 1981. Rescinded and readopted: Filed Nov. 23, 1982, effective March 11, 1983. Emergency amendment filed June 10, 1983, effective June 20, 1983, expired Sept. 10, 1983. Amended: Filed June 10, 1983, effective Sept. 11, 1983. Amended: Filed Nov. 4, 1985, effective March 24, 1986. Amended: Filed Aug. 4, 1986, effective Oct. 11, 1986. Amended: Filed June 3, 1987, effective Oct. 25, 1987. Emergency amendment filed June 16, 1989, effective June 26, 1989, expired Oct. 23, 1989. Amended: Filed July 18, 1989, effective Sept. 28, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Emergency amendment filed Oct. 2, 1991, effective Oct. 12, 1991, expired Feb. 8, 1992. Amended: Filed Oct. 2, 1991, effective Feb. 6, 1992. Amended: Filed Jan. 31, 1992, effective June 25, 1992. Amended: Filed Aug. 14, 1992, effective April 8, 1993. Amended: Filed Sept. 15, 1994, effective March 30, 1995. Amended: Filed Sept. 15, 1995, effective April 30, 1996. Emergency amendment filed June 1, 2000, effective June 15, 2000, expired Dec. 11, 2000. Amended: Filed June 1, 2000, effective Nov. 30, 2000. Emergency amendment filed Dec. 16, 2002, effective Dec. 26, 2002, expired June 23, 2003. Amended: Filed Dec. 16, 2002, effective June 30, 2003. Amended: Filed Oct. 1, 2004, effective April 30, 2005. Amended: Filed Feb. 15, 2006, effective Sept. 30, 2006. Amended: Filed Nov. 15, 2007, effective May 30, 2008. Amended: Filed Nov. 10, 2015, effective April 30, 2016. Amended: Filed August 29, 2016.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 192.020, RSMo 1939, amended 1945, 1951, 2004; 210.040, RSMo 1941, amended 1993; and 210.050, RSMo 1941, amended 1993.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Harold Kirbey, Division Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.