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] Infectious, Contagious, Communicable or Dangerous Diseases. The department is amending section (2) to move Legionellosis from the list of diseases or findings that must be reported within three (3) days to the list of diseases or findings that must be reported within one (1) day.

PURPOSE: This amendment moves Legionellosis from a three (3) day report to a one (1) day report. This amendment also changes the rule title and rule purpose to match the language of §192.020, RSMo., which is the source of statutory authority for this rule.

PURPOSE: This rule designates the diseases[, disabilities, conditions, and findings that] which are infectious, contagious, communicable or dangerous and must be reported to the local health authority or the Department of Health and Senior Services. It also establishes when they must be reported.

(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 (≥45 µg/dl) in any person
Legionellosis
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;
(B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:
Accidental administration
Contact transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)
Eczema vaccinatum
Erythema multiforme (roseola vaccinia, toxic urticaria)
Fetal vaccinia (congenital vaccinia)
Generalized vaccinia
Inadvertent autoinoculation (accidental implantation)
Myocarditis, pericarditis, or myopericarditis
Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis)
Post-vaccinial encephalitis or encephalomyelitis
Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)
Pyogenic infection of the vaccination site
Stevens-Johnson Syndrome.
(3) Reportable within three (3) days diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. These diseases or findings are—
Acquired immunodeficiency syndrome (AIDS)/Human immunodeficiency virus (HIV) infection, Stage 3
Babesiosis
California serogroup virus neuroinvasive disease
California serogroup virus non-neuroinvasive disease
Campylobacteriosis
Carbon monoxide exposure
CD4+ T cell count and percent
Chancroid
Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B)
Chlamydia trachomatis, infections
Coccidioidomycosis
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cyclosporiasis
Eastern equine encephalitis virus neuroinvasive disease
Eastern equine encephalitis virus non-neuroinvasive disease
Ehrlichiosis/Anaplasmosis (Ehrlichia chaffeensis infection, Ehrlichia ewingii infection, Anaplasma phagocytophilum infection, and Ehrlichiosis/Anaplasmosis, human, undetermined)
Giardiasis
Gonorrhea
Hansen’s disease (Leprosy)
Heavy metal poisoning including, but not limited to, arsenic, cadmium, and mercury
Hepatitis B, acute
Hepatitis B, chronic
Hepatitis B surface antigen (prenatal HBsAg) in pregnant women
Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (≤24) months who was born to an HBsAg-positive mother)
Hepatitis C, acute
Hepatitis C, chronic
Human immunodeficiency virus (HIV) infection, exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)
Human immunodeficiency virus (HIV) infection, including any test or series of tests used for the diagnosis or periodic monitoring of HIV infection. For series of tests which indicate HIV infection, all test results in the series (both positive and negative) must be reported.

Human immunodeficiency virus (HIV) infection, including any negative, undetectable, or indeterminate test or series of tests used for the diagnosis or periodic monitoring of HIV infection conducted within one hundred eighty (180) days prior to the test result used for diagnosis of HIV infection

Human immunodeficiency virus (HIV) infection, pregnancy in newly identified or pre-existing HIV positive women

Human immunodeficiency virus (HIV) infection, test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV

Human immunodeficiency virus (HIV) infection, viral load measurement (including undetectable results)

Hyperthermia

Hypothermia

Lead (blood) level less than forty-five micrograms per deciliter (<45 µg/dl) in any person

Legionellosis

Leptospirosis

Listeriosis

Lyme disease

Malaria

Methemoglobinemia, environmentally induced

Mumps

Non-tuberculosis mycobacteria (NTM)

Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer’s lung, and toxic organic dust syndrome

Pesticide poisoning

Powassan virus neuroinvasive disease

Powassan virus non-neuroinvasive disease

Psittacosis

Rabies Post-Exposure Prophylaxis (Initiated)

Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis

Rickettsiosis, Spotted Fever

Saint Louis encephalitis/virus neuroinvasive disease

Saint Louis encephalitis virus non-neuroinvasive disease

Salmonellosis

Streptococcus pneumoniae, Invasive disease (IPD-Invasive Pneumococcal Disease)

Streptococcal toxic shock syndrome (STSS)

Toxic shock syndrome, non-streptococcal

Trichinellosis
Tuberculosis infection
Varicella (Chickenpox)
Varicella deaths
Vibriosis (non-cholera Vibrio species infections)
West Nile virus neuroinvasive disease
West Nile virus non-neuroinvasive disease
Western equine encephalitis virus neuroinvasive disease
Western equine encephalitis virus non-neuroinvasive disease
Yersiniosis.


PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500.00) in the aggregate.
PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500.00) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Adam Crumbliss, Director, Department of Health and Senior Services, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102. 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.