

**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 $\mu\text{g}/\text{dl}$) 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.

*AUTHORITY: sections 192.006, 192.020, 210.040, and 210.050, RSMo 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. Emergency amendment filed Aug. 29, 2016, effective Sept. 8, 2016, expired March 6, 2017. Amended: Filed Aug. 29, 2016, effective Feb. 28, 2017. Emergency amendment filed June 28, 2019, effective July 8, 2019, expires February 27, 2020. Amended: Filed June. 28, 2019.*

*Original authority: 192.006, RSMo 1993, amended 1995; 192.020, RSMo 1939, amended 1945, 1951, 2004, 2016; 210.040, RSMo 1941, amended 1993; and 210.050, RSMo 1941, amended 1993.

*Original authority: 192.006.1., RSMo 1993, amended 1995 and 192.020, RSMo 1939, amended 1945, 1951.

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.*