

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

PROPOSED AMENDMENT

19 CSR 20-20.040 [*Measures for the Control of Communicable, Environmental, and Occupational Diseases*] **Measures to Determine the Prevalence and Prevent the Spread of Diseases which are Infectious, Contagious, Communicable or Dangerous in their Nature.** The department is amending the title and sections (1), (2), (3) and (5) and adding new sections (6) and (7).

PURPOSE: This amendment changes the title and disease categories to be in accordance with the disease categories listed in section 192.020, RSMo and listed and updated in 19 CSR 20-20.020 and updates the department of health to department. This amendment also sets forth additional methods to determine the prevalence and to prevent the spread of diseases which are infectious, contagious, communicable or dangerous in their nature within Missouri including notification of the public and potentially exposed individuals and the issuance of orders.

(1) [*In controlling the diseases and findings listed in 19 CSR 20-20.020, the director shall comply with the methods of control section of one (1) of the two (2) books listed in 19 CSR 20-20.030(2)(B) or the recommendations of the Immunization Practices Advisory Committee (ACIP) published by the Centers for Disease Control in the Morbidity and Mortality Weekly Report listed in 19 CSR 20-20.030(2)(B).*] The director shall use the legal means necessary to control, investigate, or both, any disease or condition listed in 19 CSR 20-20.020 which is a threat to the public health.

(2) It shall be the duty of the local health authority, the director of the Department of Health or the director's designated representative on receiving a report of a [*communicable, environmental or occupational disease*] **disease which is infectious, contagious, communicable or dangerous in its nature as included in 19 CSR 20-20.020** to—

(A) Inspect any premises that they have reasonable grounds to believe are in a condition conducive to the spread of [*any communicable*] **the** disease;

(B) Confer with the physician, laboratory or person making the report;

(C) Collect for laboratory analysis any samples or specimens that may be necessary to confirm the diagnosis or presence of the disease or biological, chemical or physical agents and to determine the source of the infection, epidemic or exposure. Health program representatives and other personnel employed by the [D]department [of Health], after training and certification to perform venipuncture, and after specific authorization from a physician, are authorized to perform venipuncture utilizing procedures within the scope of the training they have been given. The content and scope of this training shall be established by the [D] department [of Health]. Training shall be provided by a physician or his/her designee and the certificate shall be signed by the physician. Nothing in this rule shall limit the authority of local public health departments to establish their own training policies, with or without certification, or to limit their voluntary participation in the certification program developed by the [D]department [of Health], nor shall it apply to venipuncture for other purposes;

(D) Make a complete epidemiological, environmental or occupational industrial hygiene investigation and record of the findings on a communicable disease or exposure report form;

(E) Establish and maintain quarantine, isolation or other measures as required;

(F) Provide the opportunity to be immunized to all contacts of persons suffering from those diseases for which there is a reliable and approved means of immunization;

(G) Establish appropriate control measures which may include isolation, quarantine, disinfection, immunization, closure of establishment, **notification to potentially exposed individuals to make them aware of the risk or potential risk of the disease and such information required to avoid or appropriately respond to the exposure, notification to the public of the risk or potential risk of the disease and such information required to avoid or appropriately respond to the exposure, the creation and enforcement of adequate orders to prevent the spread of the disease** and other measures considered [appropriate by medical experts for the protection of public health] **by the department and/or local health authority as appropriate disease control measures based upon the disease, the patient's circumstances, the type of facility available and any other available information related to the patient and the disease or infection;**

(H) Establish, as the local health authority, whenever a case of unrecognized illness is reported or otherwise brought to the attention of the local health authority or the [D]department [of Health] and investigation presents symptoms of a communicable disease, but sufficient time has not elapsed to render a positive diagnosis, after consultation with the director or his/her designated representative, the control measures applicable in actual cases of the suspected communicable disease, until a positive diagnosis can be established. If a disease proves to be noncommunicable, the temporary control measures shall be terminated at once;

(I) Assume direct responsibility as director of health to make necessary investigation and immediately institute appropriate control measures necessary for the protection of the public health in occurrence of outbreaks or unusual clusters of illness involving more than one (1) county or a general regional area; and

(J) Investigate, as the local health authority, the disease within the local jurisdiction with assistance from the director of the [D]department [*of Health*] or his/her designated representative when any outbreak or unusual occurrence of a reportable disease is identified through reports required by 19 CSR 20-20.020. If, in the judgment of the director, the disease outbreak or unusual occurrence constitutes a medical emergency, the director may assume direct responsibility for the investigation.

(3) It shall be the duty of the local health authority, upon identification of a case of a reportable disease or upon receipt of a report of that disease, to take actions and measures as may be necessary according to any policies which have been or may be established by the director of the [D]department [*of Health*], within the provisions of section (2) and subsections (2)(A)–(J) of this rule.

(A) When the local health authority is notified of a reportable disease or has reason to suspect the existence of a reportable disease within the local jurisdiction, the local health authority, either in person or through a designated representative, shall make an investigation as is necessary and immediately institute appropriate control measures as set forth in section (2) and subsections (2)(A)–(J) of this rule.

(B) The local health authority shall use every reasonable means to determine the presence of a communicable disease or the source of any disease listed in 19 CSR 20-20.020 or of any epidemic disease of unknown cause. In the performance of this duty, the local health authority shall examine or cause to be examined any person reasonably suspected of being infected or of being a source or contact of infection and any person who refuses examination shall be quarantined or isolated.

(C) Control measures implemented by the local health authority shall be at least as stringent as those established by the director of the [D]department [*of Health*] and shall be subject to review and alteration by the director. If the local health authority fails to carry out appropriate control measures, the director or his/her designated representative shall take steps necessary to protect the public health.

(4) It shall be the duty of the attending physician, immediately upon diagnosing a case of a reportable communicable disease, to give detailed instructions to the patient, members of the household and attendants regarding proper control measures. When a person dies while infected with a communicable disease, it shall be the duty of the attending physician to learn immediately who is to prepare the body for burial or cremation and then notify the funeral director, embalmer or other responsible person regarding the communicable disease the deceased had at the time of death. A tag shall also be affixed to the body providing the name of the communicable disease likely to have been present at the time of death.

(5) Every practitioner of the healing arts and every person in charge of any medical care facility shall permit the director of the [D]department [*of Health*] or the director's designated representative to examine and review any medical records which are in the practitioner's or person's possession or to which the practitioner or person has access, upon request of the director or the director's designated representative in the course of investigation of reportable diseases in 19 CSR 20-20.020.

(6) In order to determine the prevalence of infectious diseases, contagious diseases, communicable diseases or diseases dangerous in their nature within Missouri, the department may inspect, investigate, make findings and make and enforce adequate orders to prevent the spread of such diseases included in 19 CSR 20-20.020.

(7) In order to prevent the spread of infectious diseases, contagious diseases, communicable diseases or diseases that are dangerous in their nature within Missouri, it shall be the duty of the local health authority, the director of the Department of Health or the director's designated representative to do the following:

(A) Notify or ensure adequate notice is given to potentially exposed individuals when such official determines that a case or outbreak of any such disease subjects such individuals to serious illness or death, if acquired; and

(B) Notify or ensure adequate notice is given to the public when such official determines that a case or outbreak of any such disease subjects the public to serious illness or death, if acquired, and the identity of potentially exposed individuals is not known at such time or cannot be known.

Such notice shall provide necessary information for the recipient to avoid or appropriately respond to the exposure.

*AUTHORITY: section[s] 192.006 RSMo 2000 and section 192.020, RSMo [2000] Supp. 2018. * This rule was previously filed as 13 CSR 50-101.050. Original rule filed July 15, 1948, effective Sept. 13, 1948. Rescinded and readopted: Filed Dec. 11, 1981, effective May 13, 1982. Amended: Filed Sept. 16, 1982, effective Jan. 14, 1983. Amended: Filed March 21, 1984, effective July 15, 1984. Amended: Filed June 2, 1988, effective Aug. 25, 1988. Amended: Filed Nov. 15, 1989, effective Feb. 11, 1990. Amended: Filed Aug. 14, 1992, effective April 8, 1993. Amended: Filed Sept. 15, 1995, effective April 30, 1996. Emergency amendment filed June 13, 2002, effective July 1, 2002, expires Dec. 27, 2002. Amended: Filed June 13, 2002, effective Nov. 30, 2002. **Emergency amendment filed June 28, 2019, effective July 8, 2019, expires February 27, 2020. Amended: Filed June 28, 2019.***

**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.*