



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

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MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# **Communicable Disease Control and Prevention (BCDCP)**

## Local Public Health Agency Roles and Responsibilities

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John Bos, MPH  
Bureau Chief

# **Bureau of Communicable Disease Control and Prevention (BCDCP)**

BCDCP Programs:

- General Communicable Diseases
- TB Elimination
- Zoonotic Diseases

**Districts for Statewide Disease Investigation / Terrorism Response / TB Control**  
 Missouri Department of Health and Senior Services  
 Division of Community and Public Health  
 Bureau of Communicable Disease Control and Prevention  
 930 Wildwood, Jefferson City, MO 65109  
 573-751-6113

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# Investigate Reportable Diseases and Conditions



# Reportable Conditions in Missouri

## Diseases and Conditions Reportable in Missouri (19 CSR 20-20.020) Numbers in parenthesis represent ICD-10 Codes

Report Diseases and Conditions to your local health agency or to:  
Missouri Department of Health and Senior Services during business hours 573-751-6113,  
after hours and on weekends 800-392-0272 or by fax 573-526-0235

### 1. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone, facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event (Y38, Z65.4):

- Anthrax (A22, Z03.810, Z20.810)
- Botulism (A05.1, A48.51, A48.52)
- Paralytic Poliomyelitis (A80.0, A80.1, A80.2, A80.30, A80.39, A80.9)
- Plague (A20)
- Rabies (Human) (A82, Z20.3)
- Ricin Toxin (Y38.6X)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease (J12.81, B97.21)
- Smallpox (B03)
- Tularemia (suspected intentional release) (A21)
- Viral hemorrhagic fevers, suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo virus) (A96, A98, A99)

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air. (Y38, Z65.4)

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control. (A08.11, A08.31)

### 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 (A23)
- Cholera (A00)
- Dengue virus infection (A90, A91)
- Diphtheria (A36, Z22.2)
- Glanders (*Burkholderia mallei*) (A24.0)
- *Haemophilus influenzae*, invasive disease (A41.3, A49.2, B96.3, J14, G00.0)
- Hantavirus pulmonary syndrome (B33.4)
- Hemolytic uremic syndrome (HUS), post-diarheal (D59.3)
- Hepatitis A (B15)
- Influenza-associated mortality (J09, J10, J11)
- Influenza-associated public and/or private school closures (J09, J10, J11)
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter ( $\geq 45 \mu\text{g/dl}$ ) in any person (R78.71, T56.0X, Z77.011)
- Measles (rubeola) (B05)
- Melioidosis (*Burkholderia pseudomallei*) (A24.1-A24.9)
- Meningococcal disease, invasive (A39, Z20.811)
- Novel Influenza A virus infections, human (J09)

• Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including illness in a food handler that is potentially transmissible through food. (A05)

- Pertussis (A37)
- Poliovirus infection, nonparalytic (A80.4, A80.9, B91)
- Q fever (acute and chronic) (A78)
- Rabies (animal)
- Rubella, including congenital syndrome (B06, P35.0, Z20.4)
- Shiga toxin-producing *Escherichia coli* (STEC) (A04.3, B96.21-B96.23)
- Shiga toxin positive, unknown organism
- Shigellosis (A03)
- Staphylococcal enterotoxin B (A05.0)
- Syphilis, including congenital syphilis (A50-A53, A65, O98.11, O98.12, O98.13)
- T-2 mycotoxins (T64.81-T64.84, Y38.6X)
- Tetanus (A33-A35)
- Tuberculosis disease (A15, A17-A19, B90, J65, O98.0, P37.0)
- Tularemia (all cases other than suspected intentional release) (A21)
- Typhoid fever (*Salmonella Typhi*) (A01, Z22.0)
- Vancomycin-intermediate Staphylococcus aureus (VISA), and Vancomycin-resistant Staphylococcus aureus (VRSA)
- Venezuelan equine encephalitis virus neuroinvasive disease (A92.8, A92.9)
- Venezuelan equine encephalitis virus non-neuroinvasive disease (A92.2, A92.8, A92.9)
- Viral hemorrhagic fevers other than suspected intentional (e.g., Ebola, Marburg, Lassa, Lujo, new world Arenaviruses (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo virus) (A96, A98, A99)
- Yellow fever (A95)

(B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following, (T50.B15):

- 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-vaccinia encephalitis or encephalomyelitis
- Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)
- Pyogenic infection of the vaccination site
- Stevens-Johnson Syndrome (L51.1, L51.3)

### 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 (B20)
- Babesiosis (B60.0)
- California serogroup virus neuroinvasive disease (A83.5)
- California serogroup virus non-neuroinvasive disease (A92.8)
- Campylobacteriosis (A04.5)

(Continued on page 2)

- Carbon monoxide exposure (T58)
- CD4 + T cell count and percent
- Chancroid (A56)
- 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 (A55, A56, A74, P23.1)
- Coccidioidomycosis (B38)
- Creutzfeldt-Jakob disease (A81.0, A81.81-A81.83)
- Cryptosporidiosis (A07.2)
- Cyclosporiasis (A07.4)
- Eastern equine encephalitis virus neuroinvasive disease (A83.2)
- Eastern equine encephalitis virus non-neuroinvasive disease (A92.8)
- Ehrlichiosis / Anaplasmosis, human (*Ehrlichia chaffeensis*, *Ehrlichia ewingii*, and *Anaplasma phagocytophilum* infection) and undetermined (A77.4)
- Giardiasis (A07.1)
- Gonorrhea (A54, O98.2)
- Hansen's disease (Leprosy) (A30)
- Heavy metal poisoning including, but not limited to, arsenic, cadmium and mercury (N14.3, R78.79, T57.0X, Z77.010, T56.3X, T56.1X)
- Hepatitis B, acute (B16, B19.1)
- Hepatitis B, chronic (B18.0, B18.1, Z22.51)
- Hepatitis B surface antigen (prenatal HBsAg) in pregnant women (B16, B18.0, B18.1, O98.419)
- Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four ( $\leq 24$ ) months who was born to an HBsAg-positive mother) (B16, B18.0, B18.1)
- Hepatitis C, acute (B17.1, B19.2)
- Hepatitis C, chronic (B18.2, Z22.52)
- Human immunodeficiency virus (HIV) infection, exposed newborn infant (i.e., newborn infant whose mother is infected with HIV) (Z20.6)
- 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 (B20)
- 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 180 days prior to the test result used for diagnosis of HIV infection (B20, R75, Z11.4)
- Human immunodeficiency virus (HIV) infection, pregnancy in newly identified or pre-existing HIV positive women (B20)
- Human immunodeficiency virus (HIV) infection, test results (including both positive and negative results) for children less than two years of age whose mothers are infected with HIV (R75, Z11.4, Z20.6)
- Human immunodeficiency virus (HIV) infection, viral load measurement (including nondetectable results) (B20)
- Erythema (T67.0-T67.7, X30)
- Hypothermia (T68, X31)
- Lead (blood) level less than forty-five micrograms per deciliter ( $< 45 \mu\text{g/dl}$ ) in any person (R78.71, T56.0X, Z77.011)
- Legionellosis (A48.1, A48.2)
- Leptospirosis (A27)
- Listeriosis (A32, P37.2)
- Lyme disease (A69.2)
- Malaria (B50-B54, P37.3, P37.4)
- Methemoglobinemia, environmentally-induced (D74.8, D74.9)
- Mumps (B26)
- Non-tuberculous mycobacteria (NTM) (A31)
- Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome (C45.0, J61, J62.8, J66, J92.0, Z57.2, Z57.39)
- Pesticide poisoning (T60.8X, Z57.4)
- Powassan virus neuroinvasive disease (A83.8)
- Powassan virus non-neuroinvasive disease (A92.8)
- Psittacosis (A70)
- Rabies Post-Exposure Prophylaxis (Initiated) (Z20.3)
- Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis (J68.0)

- Rickettsiosis, Spotted fever (A77.0-A77.3, A77.8, A77.9)
- Saint Louis encephalitis virus neuroinvasive disease (A83.3)
- Saint Louis encephalitis virus non-neuroinvasive disease (A92.8)
- Salmonellosis (A02)
- *Streptococcus pneumoniae*, Invasive disease (IPD-Invasive Pneumococcal Disease) (A40.3, B95.3, J13)
- Streptococcal toxic shock syndrome (STSS)
- Toxic shock syndrome, non-streptococcal (TSS) (A48.3)
- Trichinellosis (B75)
- Tuberculosis infection (R76.1)
- Varicella (chickenpox) (B01)
- Varicella deaths (B01)
- Vibrios (non-cholera *Vibrio* species infections) (A05.3, A05.5, B96.82)
- West Nile virus neuroinvasive disease (A92.31, A92.32)
- West Nile virus non-neuroinvasive disease (A92.30, A92.39, A92.8, A92.9)
- Western equine encephalitis virus neuroinvasive disease (A83.1, A83.8, A83.9)
- Western equine encephalitis virus non-neuroinvasive disease (A92.8, A92.9)
- Yersiniosis (A04.6, A28.2)

### 4. Reportable weekly diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. These diseases or findings are—

- Influenza, laboratory-confirmed (J09, J10)

### 5. Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These disease or findings are—

- Methicillin-resistant Staphylococcus aureus (MRSA), nosocomial (Y95 plus one or more of the following: A41.02, A49.02, B59.62, J15.212, Z22.322)
- Vancomycin-resistant enterococci (VRE), nosocomial

NOTE: Cancer is also a reportable disease. Please refer to CSR 70-21.010 for complete information.

### Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes:

- Anthrax (*Bacillus anthracis*)
- Cholera (*Vibrio cholerae*)
- Diphtheria (*Corynebacterium diphtheriae*)
- *Escherichia coli* O157:H7
- Glanders (*Burkholderia mallei*)
- *Haemophilus influenzae*, invasive disease
- Influenza Virus-associated mortality
- Listeriosis
- Malaria (*Plasmodium* species)
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, invasive disease
- Orthopoxvirus (smallpox / cowpox-vaccinia / monkeypox)
- Other Shiga Toxin positive organisms
- Pertussis (*Bordetella pertussis*)
- Plague (*Yersinia pestis*)
- *Salmonella* species
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
- *Shigella* species
- Tularemia (*Francisella tularensis*)
- Potential Vancomycin Resistant *Staphylococcus aureus* (VRSA), with MIC greater than or equal to eight ( $\geq 8$ ).



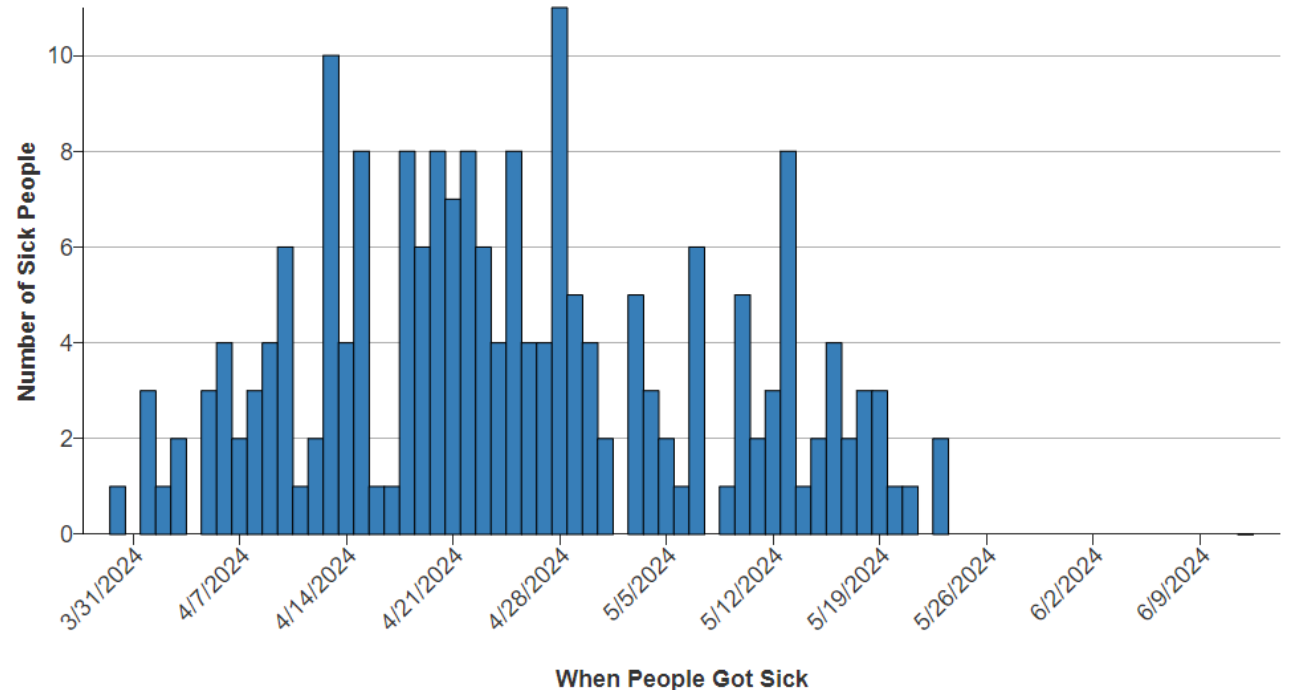
The reporting rule can be accessed by clicking 19 CSR 20-20.020  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.

Revised 5/2016

# Surveillance, Investigate, Report, and Implement Control Measures

- **Surveillance** – gather disease information to determine baseline (endemic) levels, monitor trends, and identify suspected outbreaks.
- **Report** – LPHAs share information on investigations of reportable conditions and outbreaks (DHSS and other partners, as appropriate).
- **Investigate:**
  - Investigate individual cases and outbreaks identify risk factors and populations most affected.
  - Develop and implement control measures to prevent additional cases and future outbreaks.

Salmonella Outbreak Linked to Cucumbers



Source CDC: <https://www.cdc.gov/salmonella/africana-06-24/index.html>

# Clinical vs. Epidemiological Perspective

## Clinician

- Patient's diagnostician
- Collect medical history, perform physical exam, laboratory results (patient)
- Diagnosis of individual patient
- Treat disease
- Cure disease



## Epidemiologist

- Community's diagnostician
- Collect information from medical history, physical exam, laboratory results, personal interviews (patients)
- Predict trends in population
- Control spread of disease
- Prevention of future cases





# Tuberculosis (TB)

- Active TB Disease and/or Latent Tuberculosis Infection (LTBI)
- Investigate Reported Cases
  - Determine if an active disease case and if infectious
  - Conduct contact investigation (skin test, symptom evaluation)
- Active TB Disease Case Management
  - Ensure case is isolating (additional resources may be needed)
  - Obtain and provide medication
  - Directly Observed Therapy (DOT) or electronic DOT (eDOT)
- TB Case Management Manual:  
<http://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/tbmanual/index.php>

# Partnership between LPHAs and BCDCP



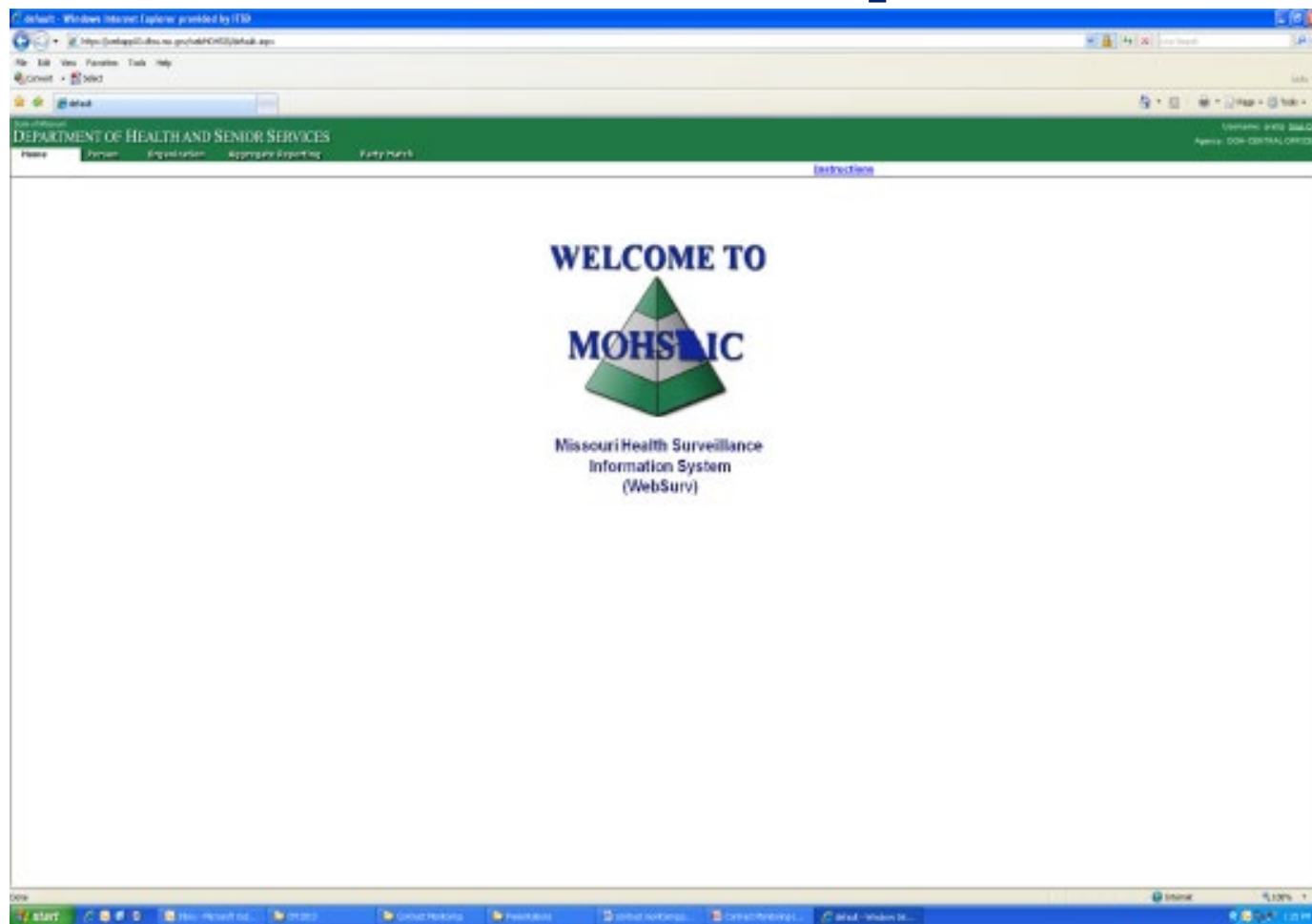
# Resources

- BCDCP Staff:  
[https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/BCDCP\\_district\\_map.pdf](https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/BCDCP_district_map.pdf)
- Communicable Disease Investigation Reference Manual (CDIRM):  
<http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/index.php>
- Control of Communicable Diseases Manual and the Red Book (American Academy of Pediatrics)
- Missouri 19 CSR 20-20:  
<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>
- Missouri Code of State Regulations: MO 19 CSR 20.20.020:  
<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>

# **SCDP LISTSERV**

Contact the BCDPCP Epidemiologists  
for your region to be added.

# Missouri's Current Disease Registries WebSurv and EpiTrax



# Missouri's New Disease Registry (ShowMeWorldcare)

- SMWC – Under development to replace Websurv and several other DHSS programs surveillance platforms.
- Initial roll out August/September – replace EpiTrax (COVID-19 and mpox)
- Winter 2025 – all communicable disease conditions will be transferred from Websurv to ShowMeWorldcare
- Added benefits:
  - Import of electronic laboratory reporting
  - Variables that align with data collection needs.
  - More robust data query functionality
  - Increased efficiencies in overall surveillance efforts
- Trainings will be provided.

# Training

BCDCP offers training in:

- Principles of Epidemiology
- WebSurv/ShowMeWorldcare
- TB or Not TB
- Drug Resistant TB
- TB Contact Investigation



MISSOURI DEPARTMENT OF  
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# QUESTIONS?

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MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

**PROTECTING HEALTH AND  
KEEPING PEOPLE SAFE**