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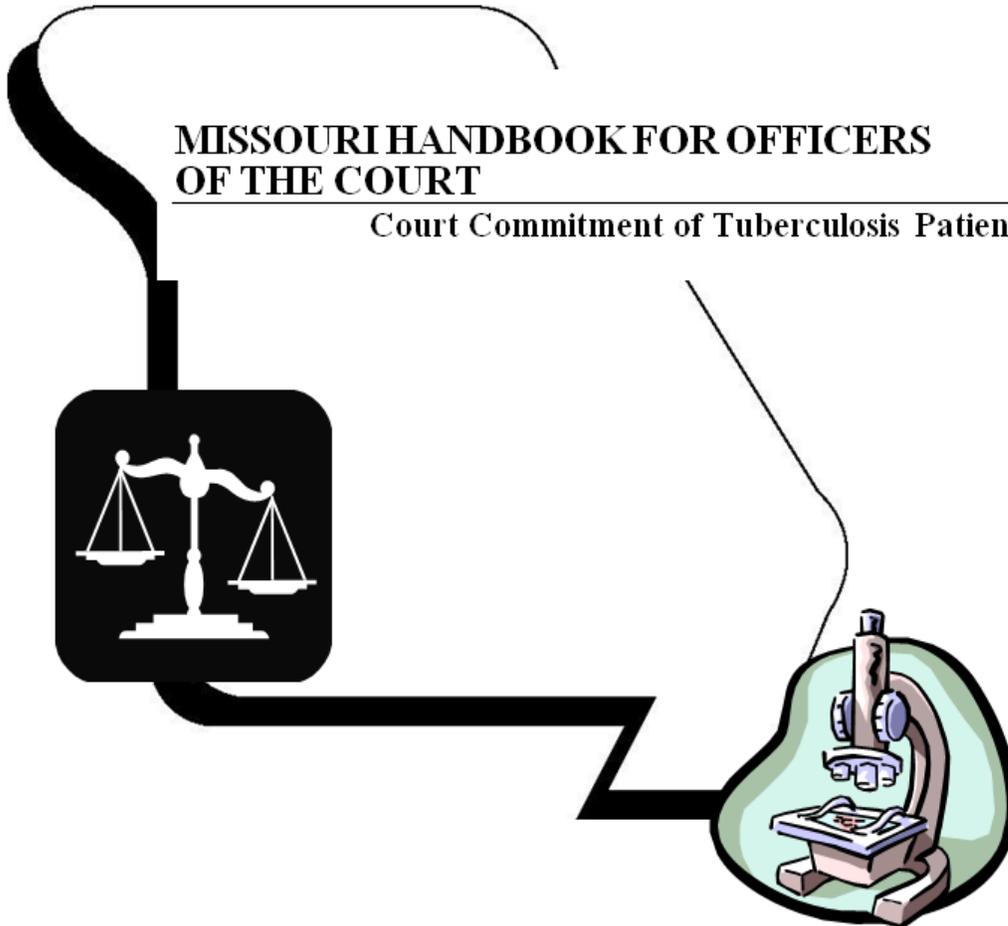
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May 2020

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MISSOURI HANDBOOK FOR OFFICERS OF THE COURT

Court Commitment of Tuberculosis Patients



Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
930 Wildwood
Jefferson City, MO 65109
Phone: (573) 751-6113
Fax: (573) 526-0234
www.health.mo.gov
Revised 2017

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Introduction

Missouri statutes have been developed to meet the need for more comprehensive and specific TB control measure to:

- Help ensure that potentially infectious TB cases are made non-infectious as quickly as possible,
- Help ensure that TB cases complete a prescribed regimen, and
- Prevent the emergence and spread of multidrug-resistant TB (MDR-TB).

When infectious TB patients are not complying with treatment regimens or following other protocols (such as isolation) to ensure that they do not infect others, public health agencies must consider committing them to a facility that provides treatment. Committing an infectious TB patient to a treatment facility requires collaboration between courts and public health agencies to minimize the spread of TB. This collaboration assures TB cases are made non-infectious as quickly as possible.

This manual shows how the courts can assure the public's health by restricting movements of infectious persons. It contains sample documents that can be used during the commitment process, a fact sheet on tuberculosis for officers of the court and transporters of TB patients, definitions, as well as Missouri statutes and regulations that pertain to TB.

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Sample Documents and the Commitment Process

Sample forms and guidelines that can be used in the commitment process are provided in the handbook. The following outline describes the process and when to use the forms.

I. TB patient is identified.

The patient responsibility notification is completed (see example [7.02.1](#)). The local public health agency (LPHA) initiates this notification when the patient is identified. At this time, the nurse informs the patient of their responsibility to adhere to the treatment plan. The nurse also informs the patient that they could be involuntarily committed to a facility designated by the Missouri Department of Health and Senior Services (DHSS) for treatment if they do not follow the plan.

II. TB patient is not complying with treatment plan.

If the patient does not comply with the treatment plan (not taking medications, not making appointments for directly observed therapy (DOT), not appearing for follow-up doctor's appointments, etc.) or if they are infectious and refuse to stay at home or wear a mask, the nurse informs the director of the LPHA who prepares and sends a warning letter to the patient (see example [7.02.2](#)). All instances of noncompliance shall be documented and maintained in the patients chart.

III. TB patient still is not complying with the treatment plan.

If the patient is still not complying with the treatment plan or if an infectious patient is not complying with orders to stay at home and wear a mask when appropriate, the LPHA prepares an affidavit (see example [7.02.3](#)). The LPHA also notifies DHSS, which prepares the certification for the nurse (see example [7.02.4](#)). The nurse collects all the available documentation of noncompliance. The evidentiary tuberculosis information sheet for attorneys lists different types of appropriate evidence (see example [7.02.5](#)). The certification state that the records that are transferred from DHSS are bona fide records. The LPHA then contacts the prosecuting attorney and sends all of the documentation.

IV. The prosecuting attorney at this point should prepare the petition to the court and present it to the court for a hearing date (see example [7.02.6](#)).

V. The petition is also used for 96-hour emergency commitment. Emergency commitment is utilized for a contagious noncompliant individual while the court date for commitment is being scheduled.

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Tuberculosis (TB) Patient Responsibilities Notification

I, _____ (patient's name), understand I have been diagnosed with tuberculosis and that I have the following responsibilities in regards to my condition and treatment.

- That while infectious I must remain at home (including not working or attending school) so I will not spread TB bacteria to other people.
- If I must leave my home or I have guests into my home, I must wear the protective mask provided to me.
- That I will be placed on several different medications for the next several months and that this medication must be taken exactly as the doctor or nurse has instructed me to take it.
- That while on these medications I will be participating in Directly Observed Therapy (DOT) and must be available to the health care worker at the time and place we agreed upon to receive my medications.
- That while taking these medications I will report any serious side effects to my doctor or nurse. These side effects may include, but are not limited to, the following:

- | | |
|--------------------------|---------------------------------------|
| No appetite | Tingling or numbness around the mouth |
| Nausea | Easy bruising |
| Vomiting | Blurred vision |
| Yellowish skin or eyes | ringing in the ears |
| Fever for 3 or more days | Hearing loss |
| Abdominal pain | Dizziness |
| Tingling fingers or toes | Aching joints |
| Skin rash | Easy bleeding |

- That I must keep all scheduled appointments.

I understand that my failure to comply with these responsibilities could result in prolonging my illness and pose a health risk to others as long as I remain infectious. By my signature below I certify that my responsibilities in regards to my treatment for tuberculosis and the consequences of not meeting my responsibilities have been explained to me and that I understand these responsibilities. I further certify that my failure to meet these responsibilities could result in my involuntary hospitalization pursuant to § 199.180 of the Missouri Revised Statutes.

(Signature of Patient)

(Date Signed)

(Witnessed By)

(Date Signed)

I was present when the above was read to _____

(Witnessed by)

(Date Signed)

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(Date)

Name
Street
City, MO Zip code

Dear Mr./Mrs./Ms. _____:

I have been informed by _____ (health care worker), in accordance with Section 192.067 of the Missouri Revised Statutes and 19 CSR 20-20.020, that you have been diagnosed as having tuberculosis disease as confirmed by _____ (lab results, physician diagnosis, hospital tests). You were placed on notice on (month/day/year) that you had been diagnosed with tuberculosis disease and were given notice of your responsibilities and obligations as a result, including the need to follow your prescribed treatment plan. You acknowledged on (month/day/year), by signing the “Tuberculosis Patient Responsibilities Notification”, that you understood your responsibilities and the importance of your compliance with these responsibilities and obligations.

You have indicated to _____ (health care worker), our records indicate that you are now unable/unwilling to adhere to your prescribed treatment plan. As a result, you pose a risk to the public health of others. Continued failure/refusal to comply with the prescribed course of treatment will result in you remaining in a continued infectious state, thereby exposing other persons to danger of infection.

This letter is to place you on notice that you must complete treatment as prescribed by your physician. If you continue to fail to comply with the prescribed treatment, then pursuant to Section 199.180 of the Missouri Revised Statutes, the Board of Public Health may file a Petition with the Circuit Court, seeking to have you committed to a specified facility, where you will remain confined for the period of your treatment.

This agency will continue to work with you and your physician to provide such assistance as is reasonably appropriate to facilitate the completion of your prescribed treatment plan. If you have any questions, please call () - .

Dated at _____, Missouri on _____.

LPHA Director’s Signature
Title
Town, Missouri

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STATE OF MISSOURI)
) ss.
 County of _____)

AFFIDAVIT

I, _____, (name of provider) of lawful age and being first duly sworn, do hereby state the facts contained in the Affidavit are true to my best knowledge, information and belief.

That I am presently licensed as a (List license R.N., M.D. etc.) in the State of _____. As a part of my education, training and experience in the health care field, I have worked closely with patients who were treated for active tuberculosis. Additionally, I have _____ years of experience in the area of treatment of persons with tuberculosis. I am currently employed at (list treatment facility/or department), located in (list city and county).

_____ is a patient at the _____ (list facility where the patient is being treated). Further during treatment and testing of _____, (name of patient) was diagnosed as having active tuberculosis. The basis of the diagnosis of active tuberculosis was:

(Here list the relevant diagnosis information) Example:

1. An abnormal x-ray.
2. A positive smear report indicating acid-fast bacilli (AFB). Attached Exhibit
3. A culture report of the sputum of Amy Jones showing AFB was present. Attached as Exhibit 2.

During the treatment of _____ (patient name), Mr./Ms. _____ (patient last name) was advised of the responsibilities of a tuberculosis patient as evidenced by the Patient Responsibilities Notification forms signed by _____ (patient name) on (list date), a copy of which is attached to this affidavit and incorporated herein by reference. Attached as Exhibit 3.

Further, _____ (patient name) has refused to follow the treatment plans as outlined for her by her treating physicians. By failing to follow the treatment plans, _____ (patient name) is creating a health risk to himself/herself and the general population at large. Moreover, if _____ is not ordered to follow a prescribed treatment plan (list here results of her failure to follow the plan and any other relevant information you may have to show why the court should issue its order).

 (name or provider)

On this _____ Day of _____ in the year 20__ before me, Ima Friend (name of notary), a Notary Public in and for said state, personally appeared Florence Nightingale (name of individual), known to me to be the person who executed the within Affidavit, and acknowledged to me that she executed the same for the purposes therein stated.

(Notary Seal or Stamp)

 Notary Public

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EVIDENTIARY TUBERCULOSIS (TB) INFORMATION SHEET FOR ATTORNEYS

EVIDENCE OF CONTAGIOUSNESS

Smear Report

- The results from the smear will be available in about 24 hours after it reaches the laboratory.
- This is derived from a sample of sputum collected from the patient, and indicates that AFB (acid-fast bacilli) is present.
- There are many different kinds of AFB and tuberculosis is one.
- Tuberculosis (TB) is the only AFB that is contagious from person to person.
- Positive AFB smear reports will have a +1 (rare), +2 (few), +3 (moderate) or +4 (many) on them. With +4 indicating the highest degree of contagiousness.
- After the patient has been on treatment for a couple of weeks the numbers on the AFB smear reports should begin to decrease until there is no AFB present.

Culture Report

- This is the final report on the sputum and may take from two to eight weeks to get the results.
- It identifies which AFBs are present.
- TB culture reports that identify TB are said to be positive. Culture reports that do not identify TB are said to be negative.
- It is the gold standard used to diagnose TB.
- A person with TB, receiving adequate treatment, should have negative culture reports within one to three months after treatment is started.

Sensitivity Report

- Medications used to treat patients are tested to see if these particular TB bacteria can be eliminated with these medicines.
- If the bacteria can be eliminated using the medication listed, it will say TB bacteria are sensitive to each medication.
- If the bacteria cannot be eliminated by using these medications, the report will say they are resistant to the medication.

Chest X-ray Report

- Most people who have active TB will have abnormal chest x-ray findings, but not always.
- Most abnormal findings will be in the upper lobes of the lungs, but not always.
- The chest x-ray should improve after the patient has been on an adequate treatment regimen and taking medication as prescribed.

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Documented Skin Test Conversions Among Contacts

- Contacts are people who have spent a significant amount of time with the person with TB.
- Contacts that have a positive (>5millimeter) TST (tuberculin skin test) reaction or a positive Interferon-Gamma Release Assay are said to have a skin test conversion.
- Skin test conversion on contacts indicates that the person with TB is contagious and is infecting others with TB.

Physical Exam

- If the doctor suspects the person has TB he often will write “suspected TB” and list reasons for this suspected diagnosis. Example: Patient is experiencing night sweats, has lost 30 pounds in two months, low grade fever, productive cough for 2 months, and his wife had active TB about 5 years ago. He has a positive TST.

EVIDENCE OF NON-COMPLIANCE OR POTENTIAL FOR NON-COMPLIANCE

Missed Clinic Appointments

- Indicates that the patient is not following up as instructed. There may be a multitude of reasons for this.

Missed Medication Dosages

- This is important because TB bacteria can rapidly become resistant to the medications treating TB if they are not adhered to exactly as prescribed.

Psychosocial Concerns:

- Homelessness – if a person with TB has no home, they may wander from place to place, increasing the number of people they infect. The nurse may not be able to locate the patient to give the medication, thus increasing chances of missed doses and prolonging time of contagiousness and possibly drug resistance.
- Alcoholism – When alcohol is consumed while taking TB medications it increases the potential for liver damage. When liver dysfunction occurs, TB treatment can be extremely difficult. If a person is inebriated, it also increases the risk that isolation from other people will not be maintained and the person will not use precautions such as wearing a mask or covering their mouth when coughing, etc.

EVIDENCE OF PROBLEMS MAINTAINING ISOLATION

- Homelessness – the person will not have a place to stay away from other people. Also, a person without adequate shelter may be exposed to severe weather such as heavy rains, snow, ice, and extreme heat, thus increasing the possibility of developing other illnesses.

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Young Children in Home

- Young children who become infected with TB bacteria have a much higher risk of rapidly developing TB disease and often develop TB meningitis.

EVIDENCE OF EDUCATION PROVIDED TO PATIENT

This information should be kept in the patient's medical record at the local health department. This is a record showing that the patient has been informed of their responsibilities and what they can expect if these instructions aren't followed.

- Prescription information, including dosage amounts and frequency.
- Information on infectiousness and the importance of isolation.
- Potential for drug resistance if medications are not taken as prescribed.

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PETITION

IN THE CIRCUIT COURT OF _____, COUNTY
STATE OF MISSOURI

_____ COUNTY)	
PUBLIC HEALTH DEPARTMENT,)	
Petitioner)	Case No. _____
v.)	
_____)	
Respondent.)	

PETITION FOR COMMITMENT

Petitioner the _____ County Public Health Department, by and through its attorney _____, states and alleges as follows:

1. Respondent (individual), a _____ male/female, age _____, is a person with active tuberculosis, as demonstrated by the following clinical, bacteriological or radiological evidence: _____.(or is a person who is a potential transmitter of tuberculosis, in that he/she has the diagnosis of pulmonary tuberculosis as of (date/ place of diagnosis) _____ but has not begun a recommended course of therapy, or having begun a recommended course of therapy, has not completed the therapy.)

2. Respondent is conducting himself/herself in such a manner as to expose other persons to danger of infection, in that respondent is violating the rules, regulations, instructions or orders promulgated by the Department of Health and Senior Services or this Board of Public Health by: _____ (set forth ways in which respondent is violating rules, etc.).

3. Respondent has been previously directed by this Board of Public Health to comply with such rules, regulations, instructions or orders, but respondent has refused and continues to refuse to so comply.

4. (Set forth any other relevant facts or special circumstances here.)

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5. Respondent resides at _____, in _____ County, Missouri. (or Respondent is a nonresident or has no fixed place of abode, but may be found at _____ in _____ County.)

6. Section 199.180 of the Revised Missouri Statutes provides that when a person with active tuberculosis (or a person who is a potential transmitter) violates the rules, regulations, instructions, or orders promulgated by the Missouri Department of Health and Senior Services or the local board, and is thereby conducting himself or herself so as to expose other persons to danger of infection, after having been directed by the local board to comply with such rules, regulations, instructions or orders, the local board may institute proceedings by petition for commitment in the circuit court of the county in which such person resides, or if a nonresident or has not fixed place of abode, where such person may be found.

7. Public health requires the commitment of respondent so that he/she is no longer a risk to himself/herself or other members of the public.

8. Due to the public health risk, petitioner also asks this Court to order that respondent be ordered to wear a surgical mask during all times that respondent is being transported by public transportation, such as a taxi, or by police, to the place of commitment.

Wherefore, Petitioner _____ Board of Public Health prays this Court for its Order committing respondent _____ to a facility designated by the Missouri Department of Health and Senior Services until such time as the patient's discharge will not

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endanger public health, in accordance with Section 199.230 of the Missouri Revised Statutes, further ordering that respondent be required to wear a surgical mask during any times in which respondent is being transported by public vehicle or by the police to the place of commitment, and for such other relief as this Court deems just and proper.

Respectfully submitted,

 Attorney for Petitioner
 (Address)

Verification of Health Care Provider

State of Missouri)
) ss.
 County of _____)

The undersigned, being duly sworn on his/her oath, states that he/she is a health care provider licensed in the State of Missouri; that he/she has reviewed the foregoing Petition for Commitment, and is familiar with the facts of this matter; and that the statements and matters alleged in the Petition for Commitment are true to the best of his/her knowledge and belief.

 Name Date

Subscribed and sworn to before me this ____ day of _____, 20__.

 Notary Public My commission expires:

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DEFINITIONS OF TERMS IN THIS GUIDE

Active Tuberculosis – tuberculosis (TB) disease that is demonstrated to be contagious by clinical, bacteriological, or radiological evidence. TB is considered active until cured.

Cavity - a hole in the lung resulting from the destruction of pulmonary tissue by TB or other pulmonary infections or conditions. TB patients who have cavities in their lungs are referred to as having cavitory disease and they are often more infectious than TB patients without cavitory disease.

Culture – the process of growing bacteria in the laboratory so that organisms can be identified.

Cure/Treatment to Cure – the completion of a recommended course of therapy as determined by the attending physician and as defined in subdivision (5) of this section.

Directly Observed Therapy – an adherence-enhancing strategy in which a health care worker or other designated person watches the patient swallow each dose of medication.

Interferon-Gamma Release Assays – (IGRAs) are whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis* infection.

Latent TB Infection – a condition in which living tubercle bacilli are present in the body but the disease is not active. Infected persons usually have positive tuberculin reactions, but they have no symptoms related to the infection and are not infectious. However, infected persons remain at lifelong risk of developing disease unless preventive therapy is given.

Local Board – any legally constituted local city or county board of health or health center board of trustees or the director of health of the city of Kansas City, the director of the Springfield-Greene County health department the director of health of St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such board, the county commission or the county board of tuberculosis hospital commissioners of any county.

Mycobacterium tuberculosis – Is the bacteria that causes TB. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain.

N95 – a personal respiratory protection mask, worn by the patient, to prevent tuberculosis bacteria from entering into the atmosphere.

Potential Transmitter – any person who has the diagnosis of pulmonary tuberculosis that has not begun a recommended course of therapy, or who has the diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has not completed the therapy to the extent they are no longer infectious.

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Recommended Course of Therapy – an anti-tuberculosis regimen of chemotherapy that is in accordance with the medical standards of the American Thoracic Society and the Centers for Disease Control and Prevention.

Smear – a laboratory technique for visualizing mycobacteria. The specimen is smeared onto a slide and stained, then examined using a microscope.

Sputum – phlegm coughed up from deep within the lungs.

Tuberculin Skin Test– (TST) is the standard method in aiding in the diagnosis of *Mycobacterium tuberculosis*. The TB skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm.

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Chapter 192
Department of Health and Senior Services

- **Section 192.005.1**

May 29, 2020

Department of health and senior services created--division of health abolished--duties.

192.005. Department of health and senior services created — division of health abolished — duties. — There is hereby created and established as a department of state government the “Department of Health and Senior Services”. The department of health and senior services shall supervise and manage all public health functions and programs. The department shall be governed by the provisions of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo, unless otherwise provided in sections 192.005 to [192.014](#). The division of health of the department of social services, chapter 191, this chapter, and others, including, but not limited to, such agencies and functions as the state health planning and development agency, the crippled children's service*, chapter 201, the bureau and the program for the prevention of developmental disability, the hospital subsidy program, chapter 189, the state board of health and senior services, section 191.400, the student loan program, sections [191.500](#) to [191.550](#), the family practice residency program, the licensure and certification of hospitals, chapter 197, the Missouri chest hospital, sections [199.010](#) to [199.070](#)**, are hereby transferred to the department of health and senior services by a type I transfer, and the state cancer center and cancer commission, chapter 200, is hereby transferred to the department of health and senior services by a type III transfer as such transfers are defined in section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984. The provisions of section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984, relating to the manner and procedures for transfers of state agencies shall apply to the transfers provided in this section. The division of health of the department of social services is abolished.

(L. 1985 S.B. 25 § 1, A.L. 1993 S.B. 52, A.L. 2011 H.B. 555 merged with H.B. 648, A.L. 2018 S.B. 843)

*Section 201.020 as amended in H.B. 1270, 2010, changed the name to the “Children's Special Health Care Needs Service”.

**Section 199.070 was repealed by S.B. 19, 1985.

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Chapter 192
Department of Health and Senior Services

- **Section 192.067.1**

May 29, 2020

Patients' medical records, department may receive information from--purpose-- confidentiality--immunity for persons releasing records, exception--penalty--costs, how paid.

192.067. Patients' medical records, department may receive information from — purpose — confidentiality — immunity for persons releasing records, exception — reimbursement of costs of abstracting data — penalty. — 1. The department of health and senior services, for purposes of conducting epidemiological studies to be used in promoting and safeguarding the health of the citizens of Missouri under the authority of this chapter is authorized to receive information from patient medical records. The provisions of this section shall also apply to the collection, analysis, and disclosure of nosocomial infection data from patient records collected pursuant to section [192.667](#) and to the collection of data under section [192.990](#).

2. The department shall maintain the confidentiality of all medical record information abstracted by or reported to the department. Medical information secured pursuant to the provisions of subsection 1 of this section may be released by the department only in a statistical aggregate form that precludes and prevents the identification of patient, physician, or medical facility except that medical information may be shared with other public health authorities and coinvestigators of a health study if they abide by the same confidentiality restrictions required of the department of health and senior services and except as otherwise authorized by the provisions of sections [192.665](#) to [192.667](#), or section [192.990](#). The department of health and senior services, public health authorities and coinvestigators shall use the information collected only for the purposes provided for in this section, section [192.667](#), or section [192.990](#).

3. No individual or organization providing information to the department in accordance with this section shall be deemed to be or be held liable, either civilly or criminally, for divulging confidential information unless such individual organization acted in bad faith or with malicious purpose.

4. The department of health and senior services is authorized to reimburse medical care facilities, within the limits of appropriations made for that purpose, for the costs associated with abstracting data for special studies.

5. Any department of health and senior services employee, public health authority or coinvestigator of a study who knowingly releases information which violates the provisions of this section shall be guilty of a class A misdemeanor and, upon conviction, shall be punished as provided by law.

(L. 1988 H.B. 1134 § 3, A.L. 2004 S.B. 1279, A.L. 2019 S.B. 514)

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Chapter 199 Rehabilitation Center--Head Injury--Tuberculosis Testing and Commitment

- **Section 199.170.1**

May 29, 2020

Definitions.

[199.170](#). The following terms, as used in sections [199.170 to 199.350](#), mean:

(1) "Active tuberculosis", tuberculosis disease caused by the mycobacterium tuberculosis complex that is demonstrated to be contagious by clinical, bacteriological, or radiological evidence. Tuberculosis is considered active until cured;

(2) "Cure" or "treatment to cure", the completion of a recommended course of therapy as defined in subdivision (11) of this section and as determined by the attending physician in conjunction with the local public health authority or the department of health and senior services;

(3) "Department", the department of health and senior services;

(4) "Directly observed therapy" or "DOT", a strategy in which a health care provider or other trained person watches a patient swallow each dose of prescribed antituberculosis medication;

(5) "Facility", any hospital licensed under [chapter 197](#), any public nonlicensed hospital, any long-term care facility licensed under [chapter 198](#), any health care institution, any correctional or detention facility, or any mental health facility approved by the local public health authority or the department;

(6) "Immediate threat", a rebuttable presumption that a person has active tuberculosis and:

(a) Is not taking medications as prescribed;

(b) Is not following the recommendations of the treating physician, local public health authority, or the department;

(c) Is not seeking treatment for signs and symptoms compatible with tuberculosis; or

(d) Evidences a disregard for the health of the public;

(7) "Isolation", the physical separation in a single-occupancy room to isolate persons with suspected or confirmed infectious tuberculosis disease. An isolation should provide negative pressure in the room, an airflow rate of six to twelve air changes per hour, and direct exhaust of air from the room to the outside of the building or recirculation of the air through a high efficiency particulate air (HEPA) filter;

(8) "Latent tuberculosis infection", infection with mycobacterium tuberculosis without symptoms or signs of disease. Patients with such infection do not have tuberculosis disease, are not infectious and cannot spread tuberculosis infection to others;

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(9) "Local public health authority", any legally constituted local city or county board of health or health center board of trustees or the director of health of the city of Kansas City, the director of the Springfield-Greene County health department, the director of health of St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such board, the county commission or the county board of tuberculosis hospital commissioners of any county;

(10) "Potential transmitter", any person who has the diagnosis of pulmonary or laryngeal tuberculosis but has not begun a recommended course of therapy, or who has the diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has not completed the therapy. This status applies to any individual with tuberculosis, regardless of his or her current bacteriologic status;

(11) "Recommended course of therapy", a regimen of antituberculosis chemotherapy in accordance with medical standards of the American Thoracic Society, the Centers for Disease Control and Prevention, the Infectious Diseases Society of America, or the American Academy of Pediatrics;

(12) "Targeted testing program", a program that screens all faculty and students to identify those at high risk for latent tuberculosis infection and persons at high risk for developing tuberculosis disease, and includes testing of identified high-risk populations to determine those that would benefit from treatment. Screening shall require the completion of a tuberculosis risk assessment questionnaire form recommended by the American College of Health Association or the Centers for Disease Control and Prevention. High-risk populations include students from countries where tuberculosis is endemic or students with other risk factors for tuberculosis as identified by the Centers for Disease Control and Prevention.

(L. 1961 p. 518 § 1, A.L. 1986 H.B. 1554 Revision, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1999 H.B. 721 merged with S.B. 261, A.L. 2001 S.B. 266, A.L. 2013 S.B. 197)

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Chapter 199
Rehabilitation Center--Head Injury--Tuberculosis Testing and Commitment

- **Section 199.180.1**

May 29, 2020

Local health agency may institute proceedings for commitment--emergency temporary commitment permitted, when.

[199.180](#). 1. A person found to have tuberculosis shall follow the instructions of the local public health authority or the department, shall obtain the required treatment, and shall minimize the risk of infecting others with tuberculosis.

2. When a person with active tuberculosis, or a person who is a potential transmitter, violates the rules, regulations, instructions, or orders promulgated by the department of health and senior services or the local public health authority, and is thereby conducting himself or herself so as to expose other persons to danger of tuberculosis, after having been directed by the local public health authority to comply with such rules, regulations, instructions, or orders, the local public health authority may institute proceedings by petition for DOT or commitment, returnable to the circuit court of the county in which such person resides, or if the person be a nonresident or has no fixed place of abode, then in the county in which the person is found. Strictness of pleading shall not be required and a general allegation that the public health requires DOT or commitment of the person named therein shall be sufficient.

3. If the public health authority determines that a person with active tuberculosis, or a person who is a potential transmitter, poses an immediate threat by conducting himself or herself so as to expose other persons to an immediate danger of tuberculosis, the public health authority may file an ex parte petition for emergency temporary commitment pursuant to subsection 5 of section [199.200](#).

(L. 1961 p. 518 § 2, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1999 H.B. 721 merged with S.B. 261, A.L. 2001 S.B. 266, A.L. 2013 S.B. 197)

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- **Section 199.190.1**

May 29, 2020

Patients not to be committed, when.

[199.190](#). No potential transmitter who in his or her home or other place obeys the rules and regulations of the public health authority or the department of health and senior services, and the policies of the treating facility, for the control of tuberculosis or who voluntarily accepts care in a tuberculosis institution, hospital, home, or other place and obeys the rules and regulations of the public health authority or the department of health and senior services for the control of contagious tuberculosis shall be committed under the provisions of sections [199.170](#) to [199.350](#).

(L. 1961 p. 518 § 8, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 2013 S.B. 197)

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Chapter 199
Rehabilitation Center--Head Injury--Tuberculosis Testing and Commitment

- **Section 199.200.1**

May 29, 2020

Procedure in circuit court--duties of local prosecuting officers--costs--emergency temporary commitment, procedures.

[199.200](#). 1. Upon filing of the petition, the court shall set the matter down for a hearing either during term time or in vacation, which time shall be not less than five days nor more than fifteen days subsequent to filing. A copy of the petition together with summons stating the time and place of hearing shall be served upon the person three days or more prior to the time set for the hearing. Any X-ray picture and report of any written report relating to sputum examinations certified by the department of health and senior services or local public health authority shall be admissible in evidence without the necessity of the personal testimony of the person or persons making the examination and report.

2. The prosecuting attorney or the city attorney shall act as legal counsel for their respective local public health authorities in this proceeding and such authority is hereby granted. The court shall appoint legal counsel for the individual named in the petition if requested to do so if such individual is unable to employ counsel.

3. All court costs incurred in proceedings under sections [199.170 to 199.350](#), including examinations required by order of the court but excluding examinations procured by the person named in the petition, shall be borne by the county in which the proceedings are brought.

4. Summons shall be served by the sheriff of the county in which proceedings under sections [199.170 to 199.350](#) are initiated and return thereof shall be made as in other civil cases.

5. Upon the filing of an ex parte petition for emergency temporary commitment pursuant to subsection 3 of section [199.180](#), the court shall hear the matter within ninety-six hours of such filing. The local public health authority shall have the authority to detain the individual named in the petition pending the court's ruling on the ex parte petition for emergency temporary commitment. If the petition is granted, the individual named in the petition shall be confined in a facility designated by the department of health and senior services in accordance with section [199.230](#) until a full hearing pursuant to subsections 1 to 4 of this section is held.

(L. 1961 p. 518 § 3, A.L. 2001 S.B. 266, A.L. 2010 S.B. 1007, A.L. 2013 S.B. 197)

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Chapter 199
Rehabilitation Center--Head Injury--Tuberculosis Testing and Commitment

- **Section 199.210.1**

May 29, 2020

Rights of patient, witnesses--order of court--transportation costs--department may contract for care.

199.210. 1. Upon the hearing set in the order, the individual named in the order shall have a right to be represented by counsel, to confront and cross-examine witnesses against him or her, and to have compulsory process for the securing of witnesses and evidence in his or her own behalf. The court may in its discretion call and examine witnesses and secure the production of evidence in addition to that adduced by the parties; such additional witnesses being subject to cross-examination by either or both parties.

2. Upon a consideration of the petition and evidence, if the court finds that the person named in the petition is a potential transmitter and conducts himself or herself so as to be a danger to the public health, an order shall be issued committing the individual named in the petition to a facility designated by the department of health and senior services and directing the sheriff to take such individual into custody and deliver him or her to the facility or designated pickup location. If the court does not so find, the petition shall be dismissed. The cost of transporting the person to the facility or pickup location designated by the department of health and senior services shall be paid out of general county funds.

3. The department may contract for the care of any tuberculosis patient. Such contracts shall provide that state payment shall be available for the treatment and care of such patients only after benefits from all third-party payers have been exhausted.

(L. 1961 p. 518 § 4, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1996 S.B. 540, A.L. 2010 S.B. 1007, A.L. 2013 S.B. 197)

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- **Section 199.220.1**

May 29, 2020

Order appealable.

[199.220](#). The order shall be subject to review at the instance of either party, as in other civil cases.

(L. 1961 p. 518 § 5)

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- **Section 199.230.1**

May 29, 2020

Confinement on order, duration.

[199.230](#). Upon commitment, the patient shall be confined in a facility designated by the department of health and senior services until such time as the patient's discharge will not endanger public health.

(L. 1961 p. 518 § 6, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540, A.L. 1999 H.B. 721 merged with S.B. 261, A.L. 2010 S.B. 1007)

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Chapter 199
Rehabilitation Center--Head Injury--Tuberculosis Testing and Commitment

- **Section 199.240.1**

May 29, 2020

Consent required for medical or surgical treatment.

[199.240](#). No person committed to a facility designated by the department of health and senior services under sections [199.170 to 199.350](#) shall be required to submit to medical or surgical treatment without such person's consent, or, if incapacitated, without the consent of his or her legal guardian, or, if a minor, without the consent of a parent or next of kin, unless authorized by a written order of the circuit court under section [199.200](#) or as otherwise permitted by law.

(L. 1961 p. 518 § 9, A.L. 1971 H.B. 581, A.L. 1983 S.B. 44 & 45, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540, A.L. 2010 S.B. 1007, A.L. 2013 S.B. 197)

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Chapter 199
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- **Section 199.250.1**

May 29, 2020

Facilities, contracts with, costs, how paid.

[199.250](#). 1. The department of health and senior services may contract for such facilities as are necessary to carry out the functions of sections [199.010 to 199.350](#). Such contracts shall be exempt from the competitive bidding requirements of chapter 34.

2. State payment shall be available for the treatment and care of individuals committed under section [199.210](#) only after benefits from all third-party payers have been exhausted.

(L. 1961 p. 518 §§ 10, 11, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1991 H.B. 218 merged with S.B. 125 & 341, A.L. 1996 S.B. 540, A.L. 2010 S.B. 1007, A.L. 2013 S.B. 197)

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Chapter 199
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- **Section 199.260.1**

May 29, 2020

Apprehension and return of patient leaving rehabilitation center without discharge.

[199.260](#). Any person committed under the provisions of sections [199.170 to 199.350](#) who leaves the facility designated by the department of health and senior services without having been discharged by the director of the facility or other officer in charge or by order of court shall be taken into custody and returned thereto by the sheriff of any county where such person may be found, upon an affidavit being filed with the sheriff by the director of the facility, or duly authorized officer in charge thereof, to which the person had been committed. The action may be prosecuted under section [199.275](#), if appropriate.

(L. 1961 p. 518 § 12, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540, A.L. 2010 S.B. 1007, A.L. 2013 S.B. 197).

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Chapter 199
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- **Section 199.270.1**

May 29, 2020

Proceedings for release of patient.

[199.270](#). Any time after commitment, the patient or, if incapacitated, the patient's legal guardian, or if a minor, a parent or next of kin having reason to believe that such patient no longer has contagious tuberculosis or that his or her discharge will not endanger public health, may institute proceedings by petition, in the circuit court of the county that originally issued the order for commitment, whereupon the court shall set the matter down for a hearing before the court within fifteen days requiring the local public health authority to show cause on a day certain why the patient should not be released. The court shall also require that the patient be allowed the right to be examined prior to the hearing by a licensed physician of the patient's own choice, if so desired, and at the patient's own personal expense. Thereafter all proceedings shall be conducted the same as on the proceedings for commitment with the right of appeal by either party as herein provided; provided, however, such petition for discharge shall not be brought or renewed more than once every six months.

(L. 1961 p. 518 § 7, A.L. 2013 S.B. 197)

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Chapter 199
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- **Section 199.275.1**

May 29, 2020

Active tuberculosis, infected persons, unlawful acts--violation, penalty.

[199.275](#). 1. It shall be unlawful for any person knowingly infected with active pulmonary or laryngeal tuberculosis to:

(1) Act in a reckless manner by exposing another person to tuberculosis without the knowledge and consent of such person to be exposed to tuberculosis; or

(2) Report to work with active contagious tuberculosis. The person may report to work if adhering to his or her prescribed treatment regimen and is deemed noninfectious by the attending physician in conjunction with the department or the local public health authority; or

(3) Violate the requirements of a commitment order.

2. Any person who violates subdivision* (1), (2), or (3) of subsection 1 of this section is guilty of a class B misdemeanor unless the victim contracts tuberculosis from such contact, in which case it is a class A misdemeanor.

(L. 2013 S.B. 197)

*Word "subdivisions" appears in original rolls.

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- **Section 199.280.1**

May 29, 2020

Department authority in response to outbreaks.

[199.280](#). The department retains all powers granted under section [192.020](#) in responding to tuberculosis cases, outbreaks, and tuberculosis disease investigations.

(L. 2013 S.B. 197)



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Chapter 199
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- **Section 199.290.1**

May 29, 2020

Mandatory testing of health care facility workers--higher education, students and faculty, testing program required--rulemaking authority.

[199.290](#). 1. All employees and volunteers of a health care facility shall receive a tuberculin skin test or interferon gamma release assay (IGRA) test upon employment as recommended in the most recent version of the Centers for Disease Control and Prevention (CDC) Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Settings. If the screening test is positive, appropriate evaluation and follow-up shall be done in accordance with such CDC guidelines. This provision shall not be construed to prohibit any institution from establishing requirements for employees or volunteers that exceed those stated in the CDC guidelines.

2. All institutions of higher education in Missouri shall implement a targeted testing program on their campuses for all on-campus students and faculty upon matriculation. If an institution does not have a student health center or similar facility, such person identified by the targeted testing program to be at high risk for latent tuberculosis infection or for developing tuberculosis disease shall be referred to a local public health agency for a course of action consistent with sections [199.170 to 199.350](#).

3. Any entering student of an institution of higher education in Missouri who does not comply with the targeted testing program shall not be permitted to maintain enrollment in the subsequent semester at such institution.

4. Any rule or portion of a rule, as that term is defined in section [536.010](#), that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of [chapter 536](#) and, if applicable, section [536.028](#). This section and [chapter 536](#) are nonseverable and if any of the powers vested with the general assembly pursuant to [chapter 536](#) to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

(L. 2013 S.B. 197)

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Chapter 199
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- **Section 199.350.1**

May 29, 2020

Nursing homes and correctional centers, authority to promulgate rules for testing.

[199.350](#). The department shall have the authority to promulgate rules and regulations which require the preadmission testing for tuberculosis of all residents in nursing homes in the state and the annual testing of all health care workers and volunteers in nursing homes in the state, and residents and staff of state correctional centers. The department shall annually issue screening guidelines on other groups determined by the department to be at high risk for tuberculosis.

(L. 1992 S.B. 511 & 556 § 2)

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Information Contacts

Traci Hadley, RN, BSN, TB Controller
 Public Health Consultant Nurse
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 1110 East 7th Street, Suite 12
 Joplin, MO 64801
 (417) 629-3487

Miranda Schloman, MPH, MPA
 Epidemiology Specialist
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 930 Wildwood Dr., PO Box 570
 Jefferson City, Mo 65109
 (573) 751-6411

Bev Myers, RN,
 Public Health Senior Nurse
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 930 Wildwood Dr., PO Box 570
 Jefferson City, Mo 65109
 (573) 518-2697

Opeyemi Faseyitan, MBBS, MPH
 Epidemiology Specialist
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 930 Wildwood Dr., PO Box 570
 Jefferson City, Mo 65109
 (573) 751-6496

Terry Eslahi, TB Program Manager
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 930 Wildwood Dr., PO Box 570
 Jefferson City, Mo 65109
 (573) 522-2728

Diana Winder, MPA, BAA, AA
 Health Program Representative/DSP Manager
 Missouri Department of Health and
 Senior Services
 TB Elimination Program
 930 Wildwood Dr., PO Box 570
 Jefferson City, MO 65109
 (573) 526-5832



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Presented by the

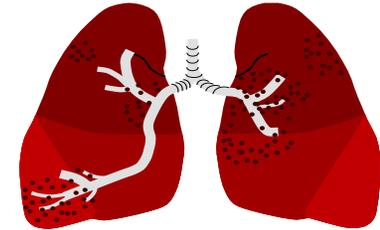


Missouri Department of

Health

And

Senior Services



FOR
OFFICERS OF THE COURT
AND
TRANSPORTERS



WHAT IS TUBERCULOSIS

TUBERCULOSIS
FACT SHEET



Tuberculosis (TB) is a serious disease caused by a type of bacteria called mycobacterium tuberculosis.

TB usually attacks the lungs, but may cause disease in any part of the body. TB disease is the leading cause of death in the world.

IF I AM AROUND SOMEONE WITH TB, WILL I CATCH IT?

Usually, a person needs to spend a lot of time with a TB patient before they become infected. People that live in the same house or work with the person daily are the most at risk. Spending a few hours with a person is usually not enough to catch TB.

HOW DO YOU GET TB?

TB is spread through the air from one person to another. The bacteria get into the air when a person with TB disease of the lungs or throat coughs, sneezes, talks, or sings. People nearby may breathe in these bacteria and become infected. TB is NOT spread by sharing dishes, drinking glasses, clothing or touching a person with the disease.

HOW CAN I PROTECT MYSELF?

There are special masks (N-95) that you can wear when you are around a TB patient. These masks block the germs in the air so you can't breathe them into your lungs. These

masks filter the air before you inhale it. If you are wearing your masks, the TB patient does not need to wear their mask.

CAN A TB PATIENT SAFELY BE IN A COURTROOM?

If the TB patient is wearing a surgical mask at all times, they should not be able to transmit TB. Since TB is spread only through the air, if masks are worn – it will be enough protection.

SHOULD THE TB PATIENT WEAR A MASK?

If a person has TB they should wear a regular surgical mask. This keeps the TB germs from entering the air. If a TB patient is wearing their mask, people around them do not need to wear the surgical mask.

WHAT SHOULD I DO IF I AM IN THE CAR WITH A TB PATIENT?

Either you or the TB patient should wear your mask at all times. Since TB is spread only through the air, if masks are worn – it will be enough protection.

HOW LONG IS SOMEONE WITH TB CONTAGIOUS?

A person with TB disease is contagious from the time he or she becomes ill until their

sputum does not test positive. The person is not considered cured until a full course of medications have been completed, which is usually at least 6 months.

WHAT ACTIVITIES CAN SOMEONE WITH TB PARTICIPATE IN?

When the person is still contagious he should stay out of crowds, and wear a mask when out in public. If someone visits with a person with TB disease they should wear an appropriate mask. **Once the person is no longer contagious he may return to all normal activities.**

